

Guinea

Executive Summary

In 2015, Guinea continued to battle the Ebola Virus Disease (EVD) crisis that began in December 2013. As of December 31, 2015, there were 3,804 cases of EVD, 749 were children. There were 2,536 deaths (including 519 children 0-17 years). As a result of EVD, 6,220 children were orphaned. The outbreak worsened the health system's situation, which was already weak. A major UNICEF Guinea achievement in 2015 was its significant contribution to controlling EVD and reaching "Ebola Zero". On December 29, 2015, WHO officially declared Guinea Ebola free.

UNICEF Guinea successfully worked to address the impact of EVD on children. In child protection, 6,001 EVD orphans received cash transfers, psycho-social support, family tracing and reunification or placement in alternative based care. In education, UNICEF Guinea supported the Government to reopen 12,455 schools in January 2015; 1,437,648 school children benefited from hygiene promotion and WASH kits for their protection.

UNICEF Guinea's social mobilization and community engagement efforts led to greater community collaboration across the 33 prefectures in the country and the five communes of Conakry. Greater community collaboration helped to reduce cases in the country steadily. In contributing to that achievement, UNICEF Guinea reached 1,427,664 households in door-to-door sensitization campaigns; established six new and rehabilitated 23 rural radios; deployed over 22,000 social mobilizers including members of 2,487 Community Watch Committees; trained and deployed 18,850 youth leaders, 1,000 women leaders and 4,324 trained religious leaders (imams and priests). UNICEF Guinea also worked with the Ministries of Transport and Security (police) to control movement of contacts, sick people and dead bodies. In health, UNICEF Guinea constructed seven community transit centres, two medical isolation and treatment units, and provided two trucks, 80 vehicles Toyota 4x4 and ambulances, and 468 motorbikes to the Government. Out of 800 targeted health facilities in EVD-affected areas, UNICEF Guinea equipped 723 health centres with Infection Prevention and Control supplies including personal protective equipment. In WASH, 2,537,728 people received household WASH kits and around 400 water points were established in areas affected by EVD. In nutrition, 2,232 EVD patients and 2,380 EVD-affected children received nutritional support.

In 2015, Guinea also faced outbreaks of measles, meningitis and Polio. UNICEF Guinea provided support to the immunization of 858,547 children (98 per cent of the target) against measles; 573,435 children (98 per cent of the target) against meningitis; 1,175,963 children against Polio (round 1) and 1,224,364 against Polio (round 2) and 2,635,392 (104 per cent of the target) against Polio (round 3).

The Health Programme, while responding to the epidemics, also supported the delivery of health care in health structures and at community level. Equity in the supply of care was enhanced by giving midwifery kits to all maternity units in the country; providing drugs and basic medical equipment to 1,300 health posts; and scaling-up community IMCI to 30 additional districts (five districts in 2014). The Prevention of Mother to Child Transmission of HIV (PMTCT) was scaled-up with the opening of 152 new sites in 2015. In an effort to improve and strengthen

data collection, management tools and posters were revised according to the new WHO Guidelines and made available to 219 integrated sites.

In nutrition, 1,360 image boxes to promote IYCF and essential nutrition practices were printed, and a training of trainers on the use of that tool was carried out; 29,319 children suffering from Severe Acute Malnutrition (SAM) were admitted for treatment in supported health facilities. Health providers were trained in inpatient (about 120) and outpatient (860) treatments and 122 others were trained on the nutritional care of children born to mothers living with HIV. Between January and September 2015, 1,451,655 children received Vitamin A, and 1,231,132 children were de-wormed throughout the country.

In WASH, 314,100 people had access to safe drinking water; 535 villages adopted the open defecation free approach; 66,951 households used hygienic latrines; 121 health structures received WASH infrastructures and 1,004 health agents were trained.

Strong partnerships were built with seven ministries, the National EVD Coordination, the National University, 35 national non-government organisations (NGOs) and civil society organizations (CSOs) and major donors (World Bank, Islamic Development Bank, GAVI, European Union/ECHO, Global Fund, USAID/DART, MPTF, Japan, Spain, Belgium, UK, Sweden, Canada, Netherlands, United Arab Emirates, Norway, Switzerland, Denmark, Russia, Germany, France and private local companies).

Funds were managed effectively with 99.98 per cent utilization rate; 0.05 per cent of Direct Cash Transfers (DCT) less than six months and 0 per cent less than nine months.

The CO reduced its environmental footprint establishing a green committee and action plan, and using solar panels

This year, the UNICEF Guinea CO team received the 2014 UNICEF Staff Award.

Humanitarian Assistance

Throughout 2015, the CO responded to several major emergencies:

- EVD Epidemic L-3 Emergency
- A large outbreak of measles
- A large outbreak of meningitis
- An outbreak of Polio

The Ebola Virus Disease (EVD) Response Plan covered the 33 prefectures in Gambia and five communes of Conakry. UNICEF Guinea supported reaching and maintaining “EVD zero” and contributed to Social Mobilization and Community Engagement, Logistics and Support, Surveillance, Contact Tracing and Safe Burial.

Under Phase 2 (January–July 2015), inter-pillar coordination improved significantly as the CO continued providing leadership and commitment on social mobilization, using social mobilization platforms on the ground. The CO deployed in a timely manner large, rapid-response teams to hot spots to increase inhabitants understanding, engagement and ownership, including cooperation to contact tracing. In the meantime, case isolation capacity increased with Core Commitments for Children for greater and safer case management of suspected EVD cases.

In Phase 3 (July to December 2015), the CO focused on stopping chains of transmission along with innovative strategic approaches based on containment, restriction of movement and active case search with strong community engagement. Consecutive campaigns in Forecariah, Coyah and Dubreka and Boke prefectures led to zero cases of Ebola in Guinea by December 2015. An inter-agency rapid response mechanism was put in place to ensure timely and effective response in the event of a resurgence of EVD cases in Guinea.

In contributing to these achievements, UNICEF Guinea reached 1,427,664 households in door-to-door sensitization campaigns, established six new and rehabilitated 23 rural radios, deployed more than 22,000 social mobilizers including members of 2,487 Community Watch Committees (CVV); trained and deployed 18,850 youth leaders and 1,000 women leaders. UNICEF Guinea also worked with trained religious leaders (4,324 imams and priests) and with the Ministries of Transport and Security (police) to control movement of contacts, sick people and dead bodies.

UNICEF Guinea constructed seven community transit centres, two medical isolation and treatment units and around 400 water points in EVD-affected areas. ‘

To alleviate the impact of EVD on children, UNICEF Guinea strengthened delivery of basic social services across the country. UNICEF Guinea supported the Government to reopen 12,455 schools; 1,437,648 school children benefited from hygiene promotion in 7,176 school equipped with WASH Kits by UNICEF Guinea. In addition to the distribution of hygiene kits in school, 2,537,728 people in area affected by the epidemic received household WASH kits. In child protection 6,001 EVD orphans (out of 6,620) received cash transfers, psychosocial support, family tracing and reunification or placement in alternative based care. Out of 800 targeted health facilities in EVD-affected areas, UNICEF Guinea equipped 723 health centres with Infection Prevention and Control supplies.

On operation support, UNICEF Guinea provided a supply and logistics including two trucks, 80 vehicles Toyota 4x4 and ambulances and 468 motorbikes. In addition. A total of 246 UNICEF staff were fully committed to the EVD response.

While confronted to the EVD epidemic, Guinea also faced outbreaks of measles, meningitis and Polio. UNICEF Guinea provided support to the immunization of 858,547 children (98 per cent of the target) against measles; 573,435 children (98 per cent of the target) against meningitis; 1,175,963 children (103 per cent of the target) against Polio (round 1); 1,224, 364 (104 per cent) against Polio (round 2) and 2,635,392 (104 per cent) children against Polio (round 3). 8,433 pregnant women received LLIN.

The Nutrition Cluster was active since January 2015, and on average 20 nutrition sector organizations took part in the meetings. All partners received special training on the cluster approach. Tools used for information management and coordination within the nutrition cluster were regularly updated and shared. A total of 2,232 EVD patients and 2,380 EVD-affected children received nutritional support. This represents 86 per cent and 92 per cent respectively of the programme targets. In addition, 7,117 severely malnourished children under five years of age were identified in the hardest hit EVD areas, and benefited from adequate nutritional treatment and support (98.1 per cent of target). Nutrition and Food Security component is included in the inter-agency contingency plan and also the national contingency plan for Guinea. Nutrition supplies and materials were prepositioned to respond to different emergency scenarios described in the contingency plan.

Mid-term Review of the Strategic Plan

In line with the UNDAF Mid Term Review (MTR), the CO had its CPAP MTR with the opportunity to reflect on the Mid-Term Strategic Plan (MTSP) 2014-2017.

First lesson learned: the impact of the EVD epidemic the link between the outcomes of health, nutrition, HIV/AIDS and WASH. The CO reviewed its programme structure to have a Child Survival and Development section; the reflection was on-going to better reorganise and link sectoral outputs in support to inter-sectoral outcomes.

Second lesson learned: Given the huge investment in social mobilisation and community engagement during the EVD response, the C4D output of the cross-sectoral outcome was quite a challenge to structure, given the fact that social mobilisation and community engagement concept is larger than the C4D as outlined in the MTSP. In addition social mobilisation and community engagement during EVD was itself a specific Outcome with projected relevant outputs in term of better budget allocation on activities. The cross sectoral function of C4D is well recognized.

Third lesson learned: the “supply and demand” relationship outlined in the MTSP provided an accountability framework in terms of monitoring and achieving results and for building more efficiency and ownership.

Summary Notes and Acronyms

AMP Annual Management Plan
BCP – Business Continuity Plan
C4D – Communication For Development
CDC – Center for Disease Control
CLTS Community Led Total Sanitation
CMT Country Management Team
CO – Country Office
CP – Country Programme
CPAP – Country Programme Action Plan
CSO – Civil Society Organizations
CVV - Community Watch Committees
DCT Direct Cash Transfers
ERM – Emergency Response Management
EU European Union
EVD – Ebola Virus Disease
FGM Female Genital Mutilation
GBV Gender Based Violence
HAC – Humanitarian Action for Children
HACT Harmonized Approach to Cash Transfers
HIV/AIDS - Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HPM - Humanitarian Performance Monitoring
IFRC - International Federation of Red Cross and Red Crescent
IYCF – Infant and Young Child Feeding
LTA – Long Term Agreement
MNCH - Maternal, Newborn and Child Health
MODA – Multi-dimensional Overlapping Deprivations Analysis
MoH Ministry of Health

MPTF – Multi-Partner Trust Fund
MTR – Mid Term Review
MTSP – Medium-Term Strategic Plan
NGO Non-Government Organisation
PLWHA - People Living With HIV/AIDS
PMTCT – Prevention of Mother to Child Transmission (of HIV/AIDS)
SAM Severe Acute Malnutrition
SMART - Standardized Monitoring and Assessment of Relief and Transitions (survey)
SUN - Scale Up Nutrition
UASC Unaccompanied/Separated Children
UNFPA - United Nations Population Fund
UNICEF Guinea - United Nations Children’s Fund
UNMEER - UN Mission for Ebola Emergency Response
WASH – Water, Sanitation and Hygiene
WHO – World Health Organization
ZO Zonal Offices

Capacity Development

The EVD response was an opportunity for the CO to strengthen national and community capacities. In the area of partnership, the CO led the initiative in supporting the Government in the design and implementation of the EVD strategic communication plan that helped contain the epidemic. The concepts of C4D, social mobilization and community engagement were technically designed as well as the path of delivery modes.

At the central and decentralized level more than 40,000 people, including members of CVVs, youth leaders, women leaders, religious leaders, were trained in communication techniques; six new and 23 rehabilitated rural radio served as channels of dialogue with communities and information sources on EVD prevention.

UNICEF Guinea provided transfer of knowledge to the national and community partners on Emergency Response Management (ERM) including Health, Nutrition, WASH and Education. Areas of support included emergency coordination platforms, rapid assessments, rapid response, data collection and reporting (Humanitarian Performance Monitoring) through Nutrition , Education, WASH and Protection programmes.

The CO recruited dedicated Information Management Officers who helped national authorities develop and set up national a database on schools, orphans, and mapping of WASH coverage.

A national nutrition SMART survey was conducted and provided needed data on child and maternal nutrition in the context of EVD. At the central level, UNICEF Guinea provided training to the National Institute of Statistic on DevInfo, and supported the MoH and the Ministry of Planning to set up Rapid Pro.

Evidence Generation, Policy Dialogue and Advocacy

The CO worked in several key areas of policy dialogue and advocacy to address children’s vulnerabilities. Based on the MODA study of 2014, the CO engaged in policy dialogue with the Government and other stakeholders that led to the adoption of the 12 commitments of Guinean State to Guinean children, jointly signed by the President of the Parliament and the Prime-Minister. In addition the Government initiated the process of elaboration of a national social

protection policy, which will be finalized in 2016.

On Female Genital Mutilation (FGM), the 2015 anthropo-sociological study on FGM confirmed the findings of the DHS-MICS 2012: approximately 30 per cent of 0-14 age girls excision were performed by health professionals in health structures. The 2015 study emphasized that health facilities have become the second place of performance of the practice, after the family home. Based on these results, strong advocacy efforts from UNICEF Guinea and partners led to the Government commitment to ban the practice at the hospital/health centre settings and established sanctions for health agents who do not comply.

UNICEF Guinea also used the evidence generated by a Nutrition SMART survey conducted in 2015 to advocate for a stronger Nutrition Programme with the President's Office and the Ministry of Health and successfully engaged the country in the Scale Up Nutrition (SUN) movement as well as the REACH initiative. As a result of this advocacy, the First Lady agreed to become a nutrition advocate/champion in Guinea.

Finally, UNICEF Guinea supported a study on the impact of EVD on health services which showed a decrease in key health services to children and women .

Partnerships

In response to EVD, UNICEF Guinea developed a Humanitarian Action for Children with defined progress indicators. Progress was possible through effective partnerships with the Government, CSOs, NGOs and communities, local universities and international donors.

With the Government, UNICEF Guinea worked with the EVD National Coordination, MoH, Ministry of Social Action, Ministry of Youth, Ministry of Security, Ministry of Transport, Ministry of Education, University of Guinea and Ministry of Environment to provide human resource support, financial support and supply/logistic support.

At the central and decentralized levels, UNICEF Guinea worked with the EVD national coordination to strengthen coordination. As the lead of the social mobilization and community engagement group, UNICEF Guinea lead and shared roles and responsibilities with partners such WHO, CDC, IFRC, UNFPA, UNMEER.

In the area of service delivery, UNICEF Guinea built 38 partnerships through a Project Cooperation agreement, 35 are national NGOs and CSOs.

With the EVD Epidemic, UNICEF Guinea translated into reality key principles of the transformative agenda i.e. strengthening coordination mechanisms with the activation of WASH, Nutrition, Education and Protection clusters. This fostered greater partnerships and collaboration on UNICEF Guinea agenda.

UNICEF Guinea set forward the social mobilization and community-engagement working group. In the health sector. UNICEF led the Health Technical and Financial Partners group and co-led with the MoH the Health Thematic working group; and worked with WHO and the World Bank to support the Government in developing the 10 year (2015-2025) National Health Plan.

Given UNICEF Guinea's comparative advantage and performance in supporting the health recovery plan, the following strategic partnerships were achieved:

- World Bank: US\$ 13 million
- Islamic Development Bank: US\$ 7 million
- European Union: US\$ 4.5 million
- GAVI: US\$ 4 million
- Global Fund: US\$ 4.5 million
- Spain Government: US\$ 1.8 million

External Communication and Public Advocacy

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

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

UNICEF Guinea advocacy made particular 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 Guinea regularly informed audiences through regular press releases and social media posts, in English and French. UNICEF Guinea strategy used multiple channels including the Web, Facebook, Flickr, Tumblr, Instagram, Vine, Youtube and Twitter. UNICEF Guinea secured coverage throughout 2015 in international media outlets such as CNN, Reuters, DPA, AFP, AP, Le Monde, El Pais, El Diario, Radio COPE, BBC, RFI, New York Times, as well as most national media outlets in Guinea. International media NGOs were also used including Internews, Hironnelle and BBC Media Action. UNICEF Guinea frequently posted updates about the emergency and its response on Twitter, Facebook, Flickr and Tumblr.

In January 2015, the CO published its Humanitarian Action for Children (HAC) with a total funding request of US\$ 93,514,000. As of June 2015, US\$ 100,495,691 was mobilized leading the CO to revised the funding needs to US\$ 142,000,000. As of December 2015, US\$ 110,000,000 was mobilized.

The CO published weekly SitRep (now bi-weekly) and hosted donors and stakeholders who visited Guinea during the EVD crisis. With the support of UNICEF Brussels, the Representative attended and spoke at a donor meeting in Brussels focused on Education in Emergencies.

Many video reports were made with a focus on children and the EVD response. The reports were published on YouTube and shared by our Headquarters in New York. UNICEF Gambia also contributed to media campaigns from Huffington Post and Ebola Deeply.

Priorities in 2016 will include further improving the communication and public advocacy strategy and ensuring its proper monitoring, with clear performance indicators.

South-South Cooperation and Triangular Cooperation

In order to strengthen social mobilization and involve communities on the border areas that harbour the last pockets of EVD cases, UNICEF Guinea supported the coordination of EVD interventions across the border region of Forecariah (Guinea) and Kambia (Sierra Leone). Starting with information exchanges, the collaboration led to a full-fledge system based on effective daily contact tracing, identification of crossing points and joint sanitary measures at strategic locations. As a result, the control of movement of people across the border was implemented and appropriate actions taken for any suspected case notified.

The Head of States of Sierra Leone and of Guinea made a joint visit to Pamelap in June 2015 reinforcing the “Cross Border Emergency Sanitary Declaration” in a spirit of advocacy undertaking and operational support to teams from both sides.

The cross-border collaboration with Sierra Leone also involved cross-border coordination meetings and, more importantly, sharing experience with Sierra Leone counterparts on social mobilization and psycho-social support to EVD orphans.

Identification and Promotion of Innovation

In the EVD response and in order to foster community engagement, UNICEF Guinea designed with the Government a new social mobilization and community participation strategy and supported the Government across the country, i.e. the Village Watch Committees (Comites de Veille Villageois or CVV). CVV are community-based structures composed of representatives of different socio-professional categories of the village that build on existing traditional management and governance structures and systems. The main objective was to improve community participation, buy-in and ownership, destigmatize, early identification of suspected cases, care seeking for persons with illness, and contact tracing of exposed family members. The CVV served as an interface between the community/village and external groups including the National Coordination Committee, NGOs and other stakeholders.

The CVVs were composed of five to seven members and included traditional and religious leaders, representatives of women and youth, representatives of traditional hunters and healers and other opinion leaders and groups of the village.

For data collection, UNICEF Guinea introduced a real time approach of data collection and analysis called Rapid Pro using phones and provided funds to the National Coordination to partner with The Millennium Promise Alliance (USA-based group) to procure 1,000 smartphones and use them for contact tracing in affected areas.

Other innovations included the close surveillance campaign strategy instead of quarantine, and multifunction platforms to strengthen population ownership and partners coordination.

Support to Integration and cross-sectoral linkages

The key successes in the fight against EVD were possible through integrated approaches and synergies, at the national level inter-pillars coordination between surveillance, contact tracing, C4D, and safe burials.

Working toward a safe return of children to school in February 2015, WASH in School

interventions coupled with C4D interventions made a huge difference in keeping children, teachers and school staff safe---no EVD contamination was registered in a school setting.

At the height of the epidemic, UNICEF Guinea organized in affected districts multifunctional platforms in 10 districts to deliver integrated packages of C4D, Health, WASH, Protection and Education activities. For instance in Forecariah, Coyah, Dubreka, Boffa, Boke and Kindai, mobile health clinics were integrated into communication and surveillance activities. In other districts, Mother and Child Health Weeks were organized to deliver integrated packages of Health, Nutrition and WASH.

Service Delivery

The Health programme addressed measles in 20 districts, epidemic meningitis in five districts, and polio at the border with Mali. The programme, while focusing on this, also supported the delivery of health care in health structures and at community level. UNICEF Guinea helped immunize 858,547 children against measles; 573,435 children against meningitis; 1,175,963 children (round 1), 1,224,364 children (round 2) and 2,635,392 children (round 3) against Polio. 8,433 pregnant women received long lasting insecticide nets for malaria prevention.

Equity in the supply of care was enhanced by giving midwifery kits to all maternity units in the country; providing drugs and basic medical equipment to all 1,300 health posts; and scaling up community IMCI to 30 additional districts (five districts in 2014). The PMTCT was scaled up with by opening of 152 new sites in 2015. In an effort to improve and strengthen data collection, management tools and posters were revised according to the new WHO guidelines and made available to 219 integrated sites.

In nutrition, 1,360 image boxes to promote IYCF and essential nutrition practices were printed, and trainers were trained on the use of that tool; 29,319 children suffering from SAM were admitted for treatment in supported health facilities. Training of health providers in CRENIS (about 120) and OTP (860) was carried out and 122 health providers were trained on the nutritional care of children born to HIV mothers. Between January and September 2015, 1,451,655 children were supplemented with Vitamin A, and 1,231,132 children were dewormed.

In WASH, 314,100 people had access to safe drinking water through the construction of 548 and the rehabilitation of 499 water points; 535 villages adopted the open defecation free approach and 66,951 household used hygienic latrines; 121 health structures received WASH infrastructure and 1004 health agents trained.

Human Rights-Based Approach to Cooperation

As part of its commitment to human rights for all children, the CO supported communities to abandon FGM and child marriage. In 2015, 19,471 un-cut girls and women and 6,174 non-married girls 12-18 years old were identified in 350 villages and received a specific package of awareness raising and follow-up for protection. Also 20 districts reported the abandonment of FGM and child marriage practices.

The Protection programme contributed to fighting against the stigmatization of people affected by the EVD, supporting a national campaign to mobilize solidarity vis-a-vis the EVD survivors (activity still ongoing). The campaign mobilized the Guinean public through nearly 2,000 radio broadcasts and TV spot, and three telethons. 32,000 key players were also reached through

434 talks in schools and in communities. The programme supported the participation of more than 18,000 young people in the fight against EVD and promoting the abandonment of harmful practices, especially FGM and child marriage.

Gender Mainstreaming and Equality

UNICEF Guinea focused on the access of girls and boys to a healthy life and same development opportunities.

In gender responsive adolescent health, particularly in HIV/AIDS prevention, the CO supported youth associations to sensitize 16,883 adolescents and youths, among whom 8,753 girls, and 12,274 young people (including 7,364 girls) were tested against HIV/AIDS.

UNICEF Guinea supported the assessment of good practices in girls' education, through two NGOs selected by the UNGEI Secretariat. The CO supported the assessment and involved national partners and civil society at central and local levels to ensure that the practices will inform policies and programme development. Particular attention was paid to this aspect during the MTR. UNICEF Guinea supported the Government to invest in the access and retention of girls to basic education, especially through partnerships with one international and three national NGOs that were instrumental for avoiding the worsening of gender disparity in the EVD context. The community animators, all women graduated from higher education, daily carried out strong proximity campaigns in favour of schooling of girls, supported the setting up and functioning of Parents Associations, with a particular focus on Associations of Mothers of Girls, and in some areas supported women groups' income generating activities to support education costs.

Under the EVD response, the service package offered to orphans and other affected children took into account the different needs of girls and boys, including psychosocial support, distribution of family, individual and hygiene kits to children and their families. Also, dignity kits were integrated into the response packet specifically for girls.

In preventing violence against girls, including FGM and child marriage, UNICEF Guinea contributed with child protection actors and community members in providing protection and monitoring for 19,471 non-excised girls/women who have not been cut or circumcised and 6,174 unmarried girls and adolescents under 18 years.

Vocational training was also undertaken for approximately 2,700 young persons (among them 1,434 girls) contributing to the professional and socio-economic development and increased employment opportunities.

Gender expertise and capacities among the staff remain a weakness, which the CO will address in 2016.

Environmental Sustainability

Despite efforts made by UNICEF Guinea and Government, the population sanitation coverage rate remains low at 20 per cent at national level (12 per cent in rural areas and 34 per cent urban areas). Open defecation is practiced by 24 per cent of the rural population, against a national average of 15 per cent.

Open defecation causes heavy pollution on receiving environment (water, soil and air) with the

consequent deterioration of the population's health and increasing poverty. Indeed, diseases related to water and lack of sanitation are the major causes of skin infections, intestinal and diarrheal diseases, with 15.21 per cent morbidity according to studies by the University of Conakry with funding from UNICEF Guinea.

In light of this observation, UNICEF Guinea supported the Government in the fight against fecal risk and improving the living environment of the communities by implementing the Community-Lead Total Sanitation (CLTS) approach. The implementation of this approach yielded spectacular results, as good practices in the communities have taken over (construction and proper use of hygienic latrines, hand washing with soap, home water treatment with chlorine, villages remediation, stabulation of divagating pigs, setting up health committees, etc.).

For the year 2015, 1,094 villages of the eight administrative regions of the country were triggered against open defecation. This action improved the sustainable living environment and the health of more than 554,020 people living now in a sanitized setting, with positive impact on the reduction of certain diseases related to environmental degradation.

The demand for the CLTS approach by communities rose after EVD, due to the fact that villages declared free of open defecation were more resilient than un-triggered villages.

To reduce the environmental footprint of the CO itself, an analysis of the footprint was conducted and a green committee with SMART objectives established. In addition, solar panels were used to supply energy to the central office in Conakry and to the Kankan Zonal Office. Solar panels were installed in NZerekore Zonal Office.

Effective Leadership

The CO Annual Management Plan (AMP) outlined key programmatic and operation priorities including monitoring of DCT, grants, donor reports, supply and human resources. The CO management performances were monitored in statutory meetings such as Zonal Managements Teams, Programme & Operation Meetings, Emergency Task Forces Meetings, Senior Management Group and CMT.

A key priorities was the implementation of a strengthened Harmonized Approach to Cash Transfers (HACT) with assurance plan activities including programme visits, spot checks and audits. A total of 24 micro-assessments, 101 spot checks and 25 audits were conducted; and 101 programmatic reports were filed. In addition the CO finalized an ERM that addressed significant programme and operational risks in the context of an L-3 emergency. One of the challenges was the office preparedness to quickly respond to the scale of the emergency, especially in the area of human resource surge capacity. This was alleviated by an effective partnership and strong supply and logistics management.

In addition, the CO mobilized US\$ 110 million out of US\$ 142 million planned in response to the EVD epidemic. The CO also led in social mobilization and community engagement through partnerships and alliances with community leaders, religious leaders, youth and women groups and national and international organizations.

Given the political and social context, the CO conducted Business Continuity Plan (BCP) training and exercises. Based on the emergency risks profiles, the CO consolidated three contingency plans that provided greater readiness and stronger response capacity to the office.

Financial Resources Management

The budget in 2015 amounted to US\$ 128,824,725. Within the allocated amount, there was US\$ 14.3 million of RR, US\$ 10.8 million of ORR; US\$ 76.2 million of ORE and US\$.5 million of IB. Allocations were in accordance with agreements with donors and the needs and priorities of the CO. With Country Management Team (CMT) monitoring of budgetary allocations and performance indicators, the following results were achieved:

- 99.98 per cent of utilization as of 31 December with a loss of US\$ 28,044 on 27 grants (average value of comparator countries is US\$ 411,519), most of which is due to funds released on air-freight cost of supplies after grants expired.
- A value of US\$ 85,671 of controlled inventory more than 12 months vs. US\$ 632,257 for comparator countries
- An amount of US\$ 6,418 (0.05 per cent) in Direct Cash Transfers (DCTs) of six to nine months and US\$ 0 (0 per cent) DCT over nine months vs. US\$ 576,697 for six to nine months and US\$ 276,403 for more than nine months for comparator countries.
- 8 per cent of reports to donors not submitted on time compared to 14 per cent in comparator countries.
- Bank reconciliations were prepared and submitted within deadline, and average pending transactions do not overlap over two periods.
- Accounting transactions less than 12 months overdue were corrected and the CO established a monthly reporting system to monitor all transactions.

Statutory and non-statutory committees contributed to enhancing transparency in the management of resources and strengthening the CO governance system. The CO also made investments in solar energy in order to reduce fuel consumption and electricity bills.

Close monitoring of DCTs will continue as a key priority in 2016, particularly as the CO has more than US\$ 5 million in outstanding DCTs on expired grants to be liquidated within one year.

Fund-raising and Donor Relations

In January 2015, the CO published its Humanitarian Action for Children (HAC) with a total funding requirement of US\$ 93,514,000. As of June 2015, UNICEF Guinea had mobilized US\$ 100,495,691; by 30 November 2015, US\$ 110,000,000 (revised HAC figure is US\$ 142,000,000 leaving a gap of US\$ 32 million).

The CO published a weekly (now bi-weekly) sitrep and had the opportunity to host numerous donors and stakeholders who visited Guinea during the EVD crisis. With the support of UNICEF Brussels, the Country Representative attended and spoke at a donor meeting in Brussels focused on EVD and Education in Emergencies.

Relationships with various national (private companies) and international donors were good and fruitful.

In support of the Post-EVD Health Recovery Plan, the following strategic partnerships were achieved:

- World Bank on health system strengthening and social inclusion: US\$ 13 Million
- Islamic Development Bank on health system strengthening: US\$ 7 Million

- European Union on primary and community health: US\$ 4.5 Million
- GAVI for the revitalization of the Immunization Programme: US\$ 4 Million
- Global Fund to fight HIV/AIDS: US\$ 4.5 Million
- Government of Spain: US\$ 1.8 Million

To ensure quality reporting, the CO recruited a reporting specialist.

Evaluation

The CO generated evidence by conducting studies, surveys and assessments. Among the 20 studies, surveys and assessments planned for this year, 10 (eight studies/assessments and two surveys) were completed the remaining are on-going or were postponed to 2016.

Capacity to undertake studies and evaluations were hampered by the measures of a L3 Emergency: temporary suspension on consultancy contracts, replaced by temporary assignments.

Evidence generated from the studies and surveys improved advocacy and programming at both national and sub-national levels and policy design at central level. For example, the findings from the third-party monitoring of the child protection programme to EVD orphans and cash transfers was incorporated in the 2016 programme planning of the Protection Programme.

The formal validation of the Audit of institutional capacities of the National Institute for Pedagogical Research and Action led to the elaboration and implementation of the Education Action Plan.

The nutrition SMART survey showed improvements in child malnutrition, and provided information on the highest pockets of malnutrition, particularly around Kankan region (and in particular in Siguiri) that require a targeted approach in 2016.

The study on the impact of EVD on the health system showed dramatic decrease in several services to children and women. In response, UNICEF Guinea and the MoH prioritized community health interventions and distribution of kits containing essential medicines throughout the country.

The UNDAF 2013-2017 and the CPD/CPAP for the same period were reviewed at mid-term this year, and the priority areas were identified for the rest of the UNDAF and the CPD/CPAP. The CO received substantial technical support in this process from the RO, with nine regional thematic advisers participating in the sectorial and the central reviews.

Efficiency Gains and Cost Savings

During 2015 the CO achieved substantial cost savings on field missions by reducing the number of car rentals and improving the management of field missions. The CO shared offices with other UN agencies (including UNFPA, UNOPS, IOM) in Kankan, Nzerekore and Conakry. By sharing operating expenses (security, rent, electricity, internet connection), a cost saving of approximately US\$ 30,000 to US\$ 50,000 was realized.

From the second half of 2015, the CO launched a series of tenders for the development of long-term agreements (LTAs) for the supply of key administrative services such as vehicle maintenance, office equipment maintenance, rental vehicles; thus avoiding placing orders in

piecemeal at varying prices. This exercise gave advantage by increasing the effectiveness of transactions and reducing service costs. With the conclusion and signing of over 15 LTAs for procurement of repetitive goods and/or administrative services, the CO will make a substantial cost saving of an estimated US\$ 100,000 in 2016.

The 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

Supply Management

UNICEF Guinea 2015 Supply input (goods and services)	Value in US\$
Programme supplies	24,228,410
Operational supplies	1,440,381
Services	4,782,891
Construction	5,257,173
Total	35,708,855

Supplies channelled via Procurement Services	Value in US\$
Regular Procurement Services	0
GAVI	4,344,840
Total	4,344,840

Locally managed procurement	Value in US\$
Programme supplies	9,345,717
Operational supplies	1,415,576
Services	10,040,064
Total	20,801,357

Current value of inventory in the CO controlled warehouses

The value of the inventory of programme supplies controlled by the CO, recorded as physically in the warehouse as of December 31st 2015, was US\$ 5.139.319, of which US\$ 1.816.441 were supplies prepositioned for emergencies.

Value of programme supplies issued from local warehouses controlled by the CO

The value of programme supplies issued from local warehouses controlled by the CO, recorded in VISION as of December 31st 2015 was \$ 23,251,783.

Total value of supplies managed by the CO controlled warehouses

The value of supplies managed by the CO controlled warehouses through the year was US\$ 28,391,102.

2015 highlights:

- Set up logistics framework to support EVD response in Conakry, Kankan and Nzerekore: team mobilization; increased storage capacity; strengthened strategic partnerships (producers, transit agents, transporters and UNMEER/WFP/WHO) and 15 LTAs with local suppliers
- Technical assistance to support the National EVD Logistics Coordination.
- Strengthened the national health system:
 - Built six Epidemiologic Treatment Centres (work in progress)
 - Reinforced logistics capacity: two trucks; 80 vehicles and ambulances; 468 motorbikes
 - Equipment for 41 health centres and eight regional labs
 - Provided universal protection (PPE) for health staff
 - Supported large-scale hygiene promotion campaigns in schools, health facilities and at community/family level.

Security for Staff and Premises

The outbreak of EVD and increase of criminal activities raised the risk level for all staff living and working in Guinea. In this regard, the CO took urgent steps on the safety and security of staff and premises throughout the country.

The security system was enhanced in the EVD-affected areas where UNICEF Guinea staff were actively conducting field operations. The CO created a Security Unit run by a Field Security Advisor and a Local Security Assistant. Security assessments were conducted in all locations and lapses were addressed timely.

Security projects implemented:

- Renewed contract with Security Services that provided 24/7 security for the compound;
- Constructed concrete perimeter wall and a security guards' room;
- Installed and maintained additional security lighting systems;
- Installed and maintained CCTV system, Vehicle Underside Scanning System (VUSS), Central Smoke Detection System and a physical Scanner;
- Upgraded main country and sub-offices physical security.

Safety and security of staff was factored in all aspects of UNICEF Guinea operations. The CO took action to ensure safety of staff, assets and programme delivery:

- Conducted security surveys on and subsequent acquisition of two additional generators in the country main office and sub-office;
- Established good contacts with key players in Government and with community and religious leaders in all EVD-affected areas, for security assurances for UNICEF Rapid Response Mechanism (RRM) missions;
- Conducted joint security assessment missions with WHO, UNDSS and host Government security partners for RRM missions and UNICEF programme activities.

Security awareness trainings, information and advisories were regularly provided to staff.

The CO took appropriate action to manage the stress of staff during the EVD crisis.

Human Resources

Recruitment indicators: recruitment took 50 days, on average, and were fast-tracked through desk-reviews. Diversity and especially gender were given priority. Of the 45 national officer positions filled, 13 female were appointed. All five National UN Volunteers are female staff.

PERs: 85.56 per cent of 2014 PERs were completed by end of February 2015 and 100 per cent by June 15, 2015. The performance appraisal system monitoring report was updated weekly and the status was reported to the CMT. Completion rate of 2015 PAS is: 100 per cent planning phase, 98 per cent mid-year review.

Learning and Development: The CO developed a learning plan to respond to individual and office needs. Overall, 33 per cent of the plan was achieved with a budget utilization rate of 25 per cent.

Global Staff Survey Action Plan: Areas HR addressed were stress management and work/life balance. Staff were briefed on flexible workplace arrangements. Stress management sessions were held. Plans for the support of the Regional Stress Counsellor fell through due to an agenda issue.

UN Cares: Online training was mandatory for all staff. The CO UN Cares Committee's Vice-Chair participated in a UN Cares training this year.

Ethics and Integrity: 100 per cent completion rate of mandatory online course. Sexual harassment and abuse of authority online course was mandatory.

Two Joint Consultative Committee (JCC) meetings were held this year and the signed minutes were shared with all staff.

No HR Audit observation remained open; the 2015 Audit was postponed for 2016.

Effective Use of Information and Communication Technology

The CO ensured that UNICEF ICT guidelines and rules were applied consistently. Existing LTAs with global and local suppliers were used to purchase IT and telecommunications equipment according to predefined UNICEF standards.

The CO updated the Business Continuity Plan (BCP) and conducted a simulation exercise to test its effectiveness. The test was performed under the lead of BCP Regional Advisor, and was very informative and positive. Lessons learned and recommendations made at the end of the test were put in an Action Plan that was scrupulously followed.

For example, the three BCP sites (Representative, Deputy-Representative and Chief of Operations) were interconnected via CISCO radio links and necessary ICT equipment + Thurayas Bgans are available in these sites. The ICT DRP was updated and the final version available in the ICT Office Profile.

In telecommunications, IP CISCO Telephony system was installed, connecting the three office

areas and the central office in terms of telephone communication, and all options are operational (VoIP Extension Direct number, E1 Link, billing system and GSM Gateway) in all offices for calls and free talks between all offices.

The operational costs related to the use of tools and high ICT services was cut through the renewal of computer equipment, acquisition of a new conference system/POLYCOM whose supply order was finalized; installation of the Universal and Guest Wi-Fi separated internet traffic between UNICEF laptops and those of visitors in all offices.

A substantial improvement in computing speed was expected after installing fibre optics to a rate of 18 symmetrical MO, which tender was launched in November 2015.

Finally, after support missions and identifying needs in the ICT offices, an ICT Development Plan was developed and being implemented. The CO received support from the RO both in situ and through remote guidance.

Programme Components from Results Assessment Module

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:

Immunization coverage was low, with less than 50 per cent of children aged 12-23 months fully immunized. The immediate causes for under-five mortality rate in Guinea are neonatal causes (31 per cent) followed by malaria (24 per cent) then diarrhoea diseases (13 per cent), pneumonia and/or ARI (12 per cent), measles (3 per cent) and HIV/AIDS (2 per cent).

Although the national budget allocation to the health sector increased in 2015 (3.76 per cent - the largest budget allocation rate since 2006), it is still far from the target established (11.6 per cent by 2017). Human resources were insufficient in quality and quantity with an inequity repartition (more than 50 per cent of qualified health workers are in Conakry; and in rural areas many health facilities and hospitals are understaffed); the EVD epidemic further decreased health indicators.

During 2015 UNICEF Guinea contributed to reduce the impact of EVD on the health system and service delivery. Major achievements were the following:

- Elaboration of the National Health Plan (PNDS 2015-2025) with a two years EVD Recovery Plan
- Supply Chain: Provision of drugs, medical equipment and supply, vaccines and cold chain, ambulances and supervision logistics
- Training and capacity building of health workers
- Health service delivery: Routine immunization and campaigns, maternal health services, C-IMCI and promotion of breastfeeding, etc.

Major constraints and perspectives for 2016: The health system suffered tremendously during the EVD outbreak, which challenged the implementation of the whole UNICEF Guinea programme and particularly the Health Programme. Assessing and drawing on the lessons learnt from the EVD outbreak are an important aspect of the 2016 work plan, in the context of the implementation of the EVD recovery plan.

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:

In 2015, 3.76 per cent of the national budget was allocated to the health sector. Although it was an increase from previous years, it was below the set target of 5.8 per cent for 2015. According to the MoH financial statistics, 90 per cent of allocated budget is for staff costs. The Government is committed to increasing the health budget and UNICEF Guinea will advocate for an increase and a better fiscal space for children. UNICEF Guinea was the lead agency for the health sector's technical and financial partners and used the platforms to support the MoH to mobilize additional resources for the health sector and specifically for maternal and child health.

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:

UNICEF Guinea supported the MoH to introduce the RapidPro realtime monitoring system on monitoring maternal and child mortality indicators and some other indicators via SMS; 410 chiefs of health centres and 124 community health workers were trained to use the RapidPro. The Rapid Pro data collection is gradual and will be fully implemented in 2016.

Data collection and analysis remained weak both at central and decentralized levels. During the MTR, UNICEF Guinea and the MoH identified key constraints, among them the insufficient number of health staff specially at the decentralized level. UNICEF Guinea and other partners advocated for the revitalization and reorganization of Bureau de Suivi et Development within the MoH. The CO worked with partners to organise a MICS, to be conducted in 2016.

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 EVD epidemic weakened the health system and affected the routine immunization.

According to the MoH administrative data, the following coverage was reported: BCG (85 per cent); VPO1(92 per cent); VPO3 (81 per cent); DTP-HepB-Hib3 (82 per cent); VAA (90 per cent); VAR (85 per cent).

Despite this coverage, Guinea registered outbreaks of measles, meningitis and Polio, which was evidence of a weak immunization system. Cold chain, vaccines supply chain, staffing issues and community ownership were among the key constraints identified.

UNICEF Guinea with the support of stakeholders and in close collaboration with GAVI and WHO outlined a road map for the revitalization of the EPI. During 2015, The Inactivated Polio Vaccine (IPV) and solar power refrigerators were introduced in Guinea with UNICEF support.

UNICEF Guinea provided essential drugs and medical supplies to 466 health centres and 45 hospitals as well as training to health professionals in order to foster improved maternal health services. Reliable data, in term of coverage of key maternal health indicators, will be validated in 2016.

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:

The coverage of IMCI increased from 17 health districts in 2014 to 30 in 2015. 2,314 (100 per cent) of community health workers (CHWs) were trained in 2015 to implement integrated community case management and on rapid diagnostic testing (RDT) for malaria and thus skilled to treat children at community level. All CHWs were provided with drugs to treat diarrhoea (ORS and Zinc), pneumonia (amoxicillin dispensable) and fever (paracetamol). (The malaria drugs were provided by partners GFAN and PMI). In 2015, 42 members of health districts teams, 103 members of local NGOs, and 367 health workers in health centres were trained and can conduct coaching and supervision of CHWs. All health centres and health posts were provided with essential drugs for the care of children for a population of 1,000 persons for a period of three months.

The interventions helped to achieve the following results: 70 per cent of children under five years of age slept under mosquito long lasting insecticide treated nets ; 34 per cent of children under five years with diarrhoea received ORS-Zinc-based treatment and 38 per cent of children under five with suspected pneumonia received antibiotics.

During 2015, focus was put on antenatal care. The training document of CHWs was under review to include antenatal care and home visits of new-borns. The country has a reference centre (INSE) and three functional units of neonatology in the regional hospitals. The installation of three other units was ongoing. During the period 2014-2015 the three units took care of 1,413 cases of disease of the new-born with a peak of 21 per cent in March 2015. Foetal pain and neonatal infections were the main causes of consultation of new-borns (39 per cent and 37 per cent respectively).

OUTPUT 5 Project support (health staff salary)

Analytical Statement of Progress:

The Health Programme had a total of 15 staff:

- Seven IPs: one P5 (the CSD chief, supervising also the Nutrition, HIV and WASH sections), three P4 and three P3;
- Eight NOs (among whom three are based in the three zonal offices); and
- Two programme assistants (GS).

The total support cost for the Health Programme was US\$ 1,933,909 in 2015: US\$ 1,038,984 were emergency funds (ORE) for EVD.

OUTPUT 6 Interventions in Humanitarian Response EVD

Analytical Statement of Progress:

On December 29, 2015, WHO declared the end of EVD transmission in the Republic of Guinea, almost two years after the WHO declared EVD in West Africa a “public health emergency of international concern”.

Among many reasons, ending the EVD epidemic in Guinea was possible by scaling-up social mobilization and community engagement efforts throughout the country. With the support of UNICEF Guinea, significant progress was made over the past year in responding to the EVD outbreak in Guinea, where more than 749 children were infected with EVD;

On operational support, UNICEF Guinea provided more than US\$ 35.6 million worth of supplies and logistic (including two trucks, 80 vehicles Toyota 4x4 and ambulances, and 468 motorbikes) to the Government. UNICEF Guinea used a risk-informed programming approach to design its supports to the MoH in regard to the EVD epidemic. This led to the development of post recovery plan implemented early on to quickly rebuild the health system through training and planning both at central and decentralized levels.

OUTPUT 7 Response to health emergencies

Analytical Statement of Progress:

While confronted with the EVD epidemic, Guinea also faced outbreaks of measles, meningitis and Polio. UNICEF Guinea provided support to the immunization of 858,547 children (98 per cent of the target) against measles; 573,435 children (98 per cent of the target) against meningitis; 1,175,963 children (103 per cent of the target) against Polio (round 1); 1,224,364 (104 per cent) against Polio (round 2); and 2,635,392 (104 per cent of the target) for polio round 3.

UNICEF Guinea and other partners provided support to national authorities to improve the national surveillance system in an effort to help anticipate, prepare and deal more effectively with future outbreaks.

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:

In 2015, the survey using SMART methodology showed progress in the nutrition situation of Guinean children. In fact, data revealed that the percentage of under five children facing chronic

malnutrition decreased from 31 per cent in 2012 (DHS/MICS 2012) to 26 per cent in 2015. During that same period Global Acute Malnutrition (GAM) fell from 10 per cent to 8 per cent.

Progress was revealed on breastfeeding as exclusive breastfeeding for the first six months of life increased from 21 per cent to 26 per cent in the same reference period. However, information showed also disparities among regions, the worst regions being Kankan for acute malnutrition and N'Zerekore for chronic malnutrition.

Despite the EVD crisis, there were milestones achieved by the Nutrition Programme during 2015 such as inclusion of the nutrition component in post EVD recovery plans and national health policy plans. Nutrition information systems as well as national capacities to deal with the severe acute malnutrition problem were reinforced. To face the challenges on the onset of the epidemic, nutrition partners were around the Nutrition Programme to cope with the urgent needs associated with the crisis. The Nutrition Programme was an effective coordinating mechanism to properly channel the most important nutrition interventions in 2015, such as the national nutrition survey using the SMART methodology.

In 2016, priorities will include mitigation strategies for each major constraint identified and to funds unpredictability and weakness of Government counterparts, through a strong resource mobilisation strategy and increased capacity building of Government counterparts.

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 percent

Analytical Statement of Progress:

In 2015, an unprecedented amount of resources (funds and HR) were made available to the nutrition section.

Nutrition was well positioned in key strategic post-EVD documents for recovery in Guinea, especially in the health sector. The ambitious post-EVD recovery plan targets the fight against malnutrition as a priority intervention. The most important national normative documents were finalized, including the national food and nutrition policy, multi sectoral national plan to reduce malnutrition and national standards for the young infant and child feeding guiding book (final validation pending).

The participation of Guinea in the Scaling Up Nutrition movement and the REACH Initiative was effective and appreciated. An international and national REACH facilitators were recruited. The costing of the multi sectoral plan will be determined. A special training on the OneHealth budgeting tool was made as prerequisite in this process.

To finalize and adopt in Guinea the code of use of breast milk substitutes and to secure a budgetary line for nutrition in the national budget are key priorities for 2016.

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:

Data and information management for programmatic decisions improved in 2015. A national survey using SMART methodology was conducted countrywide with representative results from every region and every prefecture in the region of Kankan, involving more than 8,000 participants. The prevalence of acute malnutrition was 8 per cent. It was significantly higher in Siguiri prefecture (14.5 per cent). Chronic malnutrition was prevalent at 26 per cent at national level, but exceeds the 30 per cent threshold in Nzérékoré region and Kouroussa prefecture. The prevalence of both acute malnutrition and chronic malnutrition decreased from the 2012 DHS/MICS from 10 per cent to 8 per cent and 31 per cent to 26 per cent respectively.

The establishment of regional technical groups on nutrition improved the completeness of data. Nevertheless, data remains low, particularly in regions such as Conakry, Mamou and Boke. Quality of data for the management of acute malnutrition and for prevention is far from optimal, nevertheless revised information tools should help improve its quality in the near future.

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:

The prevention of stunting remains the main challenge in Guinea. The strategic approach agreed between UNICEF Guinea and the Government was based on community participation on prevention activities, including promotion of Essential Nutrition Practices through health and nutrition community workers (HNCWs) and women's lead groups. Twenty certified baby-friendly hospitals in 2013 (in Boke and Labe regions) were under evaluation and also a re-assessment for additional five facilities in Labé scheduled; and 1,360 image boxes to promote IYCF and essential nutrition practices were printed, and the training of trainers on the use of that tool was carried out. These trainers will replicate the training to HNCWs and women's groups in all prefectures. Nearly 500 women's groups were selected for supporting IYCF promotion. Exclusive breastfeeding rate increased from 21 per cent (DHS 2012) to 26 per cent (SMART 2015).

As of September, 737,936 children were screened for Severe Acute Malnutrition (SAM); 29,319 children suffering from SAM were admitted for treatment in supported health facilities. With UNICEG Guinea support, 45,000 cartons of Ready to Use Therapeutic Foods (RUTF), 500 cartons of F100 and 500 cartons of F75 were available for children with SAM as well as systematic and specific treatment medicines.

Training and refreshing sessions for health providers (caregivers) in CRENIS (about 120) and OTP (860) were carried out and 122 health providers (caregivers) were trained on the nutritional care of children born to HIV mothers.

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:

Between January and September 2015, 1,451,655 children were supplemented with Vitamin A, and 1,231,132 children were de-wormed throughout the country. A total of 121,314 women received the IFA (Iron and Folic Acid) in the regions of Kankan and Faranah. The second Vitamin A campaign coupled with the Polio round 3 in December reached 1,637,799 children.

The main constraint in 2015 was an extremely difficult implementing process in prefectures active with the EVD epidemic.

The introduction of multiple micronutrient powders (MMP) for home fortification will start in Guinea from December 2015.

OUTPUT 5 Nutrition Project Support Staff

Analytical Statement of Progress:

The Nutrition Programme was running in 2015 with six staff members: one P4 (the chief of section), one P3 and one P2; three NOs (based in the three Zonal Offices); and one programme assistant (GS).

The total support cost for the Nutrition Programme amounted US\$ 657,928 in 2015, of which US\$ 310,199 were emergency funds (ORE) to fight EVD.

OUTPUT 6 EVD emergencies

Analytical Statement of Progress:

The Nutrition cluster was active since January 2015, and on average 20 nutrition sector organizations took part in its meetings. All partners received special training on the cluster approach. Tools used for information management and coordination within the nutrition cluster were regularly updated and shared.

A total of 2,232 EVD patients and 2,380 EVD-affected children received nutritional support. This represents 86 per cent and 92 per cent respectively of the programme targets. A total of 7,117 severely malnourished children under five years of age (98.1 per cent of target) were identified in the hardest hit EVD areas (Forécariah, Kindia, Coyah, Dubréka, Bofa, Conakry, Macenta, Gueckedou, Kissidougou, Nzerekore, Lola, Beyla, Faranah and Siguiri), and benefited from adequate nutritional treatment and support.

A Nutrition and Food Security component was included in the inter-agency contingency plan, and also the national contingency plan for Guinea. Nutrition supplies and material were prepositioned to respond to different emergency scenarios described in the contingency plan.

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 2015, the HIV/AIDS component mostly focused on developing a strategic document, reinforcing coordination at all levels, increasing geographic coverage for women, children and

adolescents to have access to high impact interventions in order to reduce HIV transmission, and eliminate mother to child HIV transmission.

Although there was an increase in the number of integrated MNCH/PMTCT sites (135 in 2013, 262 in 2014 and 295 in 2015), the need to integrate PMTCT into ANC sites was a priority to reduce the inequities in access to PMTCT services, and accelerate the elimination of new pediatric infections in Guinea.

According to programme data, 90 per cent (869 of 962) HIV-positive pregnant women received ARV prophylaxis in PMTCT sites in the first half 2015 (data completeness of 55 per cent of sites).

Very few exposed children benefitted from early infant diagnosis for early treatment for better odds of survival. Concerning youths, the programme supported knowledge improvement and awareness through capacity reinforcement of some CECOJE, though actions were limited.

Globally, geographical coverage, accessibility and utilization of PMTCT and paediatric services and support including treatment of infected adolescents was a challenge in light of current results in 2015.

Consequently, in 2016-2017 strategies to improve coverage of the needs of pregnant women, mothers and their exposed children will be on integrating PMTCT in all the regions and especially Nzerekore, Conakry and Kindia; integrating PMTCT into private health facilities; and strengthen HIV screening in outreach activities especially in remote areas. Also in 2016- 2017, integration of PMTCT sites in the other care facilities will continue and public-private partnerships will be reinforced. Another priority will be the revision of the strategic plan SRAJ and reducing new HIV infections and HIV-related deaths among adolescents and young people by making them user-friendly accessible health services for their ownership and development of their leadership.

Some constraints in implementing the HIV/AIDS component were: insufficient data collection and analysis; very limited collaboration between the national HIV programme and other structures in charge of youth programmes; supply and management problems; limited collaboration between the HIV national programme and the Department of Family Health and Nutrition within the MoH; weak public-private partnership; inadequacy of community involvement (men) in PMTCT; insufficient staffing of the HIV national programme; and the EVD emergency.

In 2015, UNICEF Guinea was selected as second recipient for Global Fund grant.

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:

In 2015, focus was placed on strengthening coordination at the central level with financial and technical assistance provided to the CCM during its restructuring, and capacity building processes. In order to mobilize more funds for HIV activities, the Government was supported in the development of the Concept Note of the New Funding Mechanism of the Global Fund, especially in PMTCT and Pediatric HIV, and over US\$ 48 million was raised for the 2015-2017 period. These funds will boost the rolling out of HIV control activities and the implementation of

the 2015-2017 EMTCT plan, also developed with support from UNICEF Guinea. This also served as a learning exercise for programme managers to plan, implement and monitor high impact interventions.

Strategic partnership and collaboration was developed with the Paediatric department of Gamal University to generate evidence and knowledge with the on-going situational analysis of Paediatric Aids management in Guinea.

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 anti retroviral 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:

Geographic 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 2015 showing that:

- From programme data, 90 per cent (869 of 962) HIV positive pregnant women received ARV prophylaxis in PMTCT sites in the first half of 2015 (data completeness of 55 per cent of sites);
- 90 per cent of exposed children benefited from ARV prophylactic (programme data);
- 15 per cent (144 of 962 HIV) of exposed children benefited from early infant diagnosis according to programme data;
- Data on ARV treatment of infected adolescents are not available.

Data shows that few children, 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 services such as service delivery modes, mobile clinics, 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; and weak monitoring and data reporting system. These issues will be dealt with in the 2016-2017 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:

As part of promotional activities to increase awareness and knowledge among adolescents and young people, the Government was supported with the equipment of 15 CECOJE receiving sound systems in order to boost primary prevention. IPC activities were also promoted through youth and women groups, and community conversations.

Community implication being an essential element to foster demand, community action strengthening PMTCT was reinforced with the establishment of associations of PLWHA in 15 health districts coordinated by REGAP+ (national coordination of PLWHA) to allow for optimum utilization of PMTCT services by pregnant women and support for HIV positive pregnant women

and their families in the community. This support enabled awareness of 36,813 women; 10,977 girls and women of childbearing age and 550 husbands were counselled and screened in health facilities. However, data collection and analysis remain a worry, especially reliable data disaggregated by age and sex.

OUTPUT 4 Project staff support for HIV / AIDS

Analytical Statement of Progress:

The HIV&AIDS programme was running in 2015 with three staff members, among whom two were IPs (one P4 and one P3) and one NO. In the Zonal Offices, the Health NOs were dealing with the HIV&AIDS component as well.

The total support cost for the HIV/AIDS section amounted US\$ 465,159 in 2015, of which US\$ 213,253 were emergency funds (ORE) to fight EVD.

OUTPUT 5 Emergencies

Analytical Statement of Progress:

To scale up the elimination of transmission of HIV from mother to child, 152 new sites/public health facilities were added, bringing the total to 295 sites in 2015 against 410 sites targeted. This reinforced support provided the Government to develop the HIV Mitigation Plan. Ensuring continuity of ARV treatment for mothers and their babies was an imperative during the EVD emergency. The Government was supported with the provision of 2,740 packets of single dose ARV (TDF+3TC+EFV) and 2,500 bottles of NVP syrup for PMTCT for 22 health districts hit by the EVD, to ensure continuity of tri-therapy for HIV-positive pregnant women and mothers in need.

Some 374 HIV-positive pregnant women and mothers who were lost to follow up, especially during EVD, were re-enrolled to follow the programme with the efforts of community support groups and association (REFIG).

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:

The EVD outbreak made it difficult to measure progress in reducing diarrhoea and helminthiasis, however important results were made since 2013. More than 314,100 more people gained access to safe drinking water through the construction of 548 water points and the rehabilitation of 499 others.

The EVD outbreak led to increased sensitization for hand-washing with soap. With the efforts from various actors, this good practice was adopted by more than 60 per cent of households in the EVD-affected areas (28 out of 38 prefectures of the country). The adoption was enhanced by several factors, including the distribution of 355,424 hand washing kits including a 20 litre bucket with tap and lid, five pieces of soap and five bottles of 250 ml chlorine to 2,537,728 people. This provision improved community resilience to cope with diseases of potential epidemic outbreak, including EVD and cholera.

Over 6,548,256 people were sensitized to the prevention of EVD and cholera as well as the adoption of good hygiene and sanitation practices namely treating water at home with chlorine. Community-led total sanitation is gained momentum, with 535 villages declared free from open defecation and 66,951 households using hygienic latrines.

Thanks to these efforts, Guinea did not experience a cholera epidemic during 2015, which would have been catastrophic in the context of continuous EVD outbreak. These results were possible because of resources initially planned for the regular WASH Programme and agreements with donors that made it possible to rapidly reconvert resources and plans to respond to the EVD outbreak.

At policy level, the National Water Strategy on Hygiene and Sanitation in schools, taking into account the management of menses, was validated.

In 2015, the priority of the CP was to support joint efforts against EVD by mobilizing all cluster WASH partners with a coordinated response at the community level, in schools and in health facilities, and a productive advocacy at the national coordination of the fight against this epidemic.

Priority for 2016 included capitalizing on the EVD response and building on the post EVD recovery plan to boost the improvement of sanitary conditions through the reduction of the prevalence of diarrheal diseases and helminth infections through safe water consumption, adoption of hygiene best practices and sanitation.

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:

During 2015, the CP strengthened dialogue with different authorities at both central and local levels. This enhanced the dissemination of the National Strategy for Public Hygiene and advocacy for the inclusion of WASH activities in local development plans (four rural communes out of 306 integrated WASH activities in their plans).

Coordination of activities was a priority; regional coordination committees were established in the water sector; 56 coordination meetings were held by WASH actors; 15 meetings were held by Regional Task Force and National Community Led Total Sanitation and 15 joint missions on the ground were carried out.

OUTPUT 2 By the end of 2017, reliable data disaggregated by sex and age that provide information on access to safe water and sanitation, the management of quality of household water and hand washing are regularly produced and used for improved WASH programming.

Analytical Statement of Progress:

The CO participated in the implementation of Joint Monitoring Programme (JPM) initiative which gave an opportunity to update key sectorial indicators.

The Wash cluster carried out an analysis based on lessons learned from the EVD response that provided strategic orientation to improve gender in the context of post-EVD.

The programme updated the database of water points, building on the Akvo flow tool. To date, 2,000 water points were inventoried and recorded in the online platform.

OUTPUT 3 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:

314,100 additional people gained access to safe drinking water through the completion of 548 new water points and the rehabilitation of 499 existing water points. To assure sustainability of those infrastructures, 285 public committee of water management were established and trained in the management of water infrastructures.

Promotion of hygiene, including hand-washing was a key priority. Over 60 per cent of the population in the EVD-affected areas adopted the practice of hand washing, with sensitization and distribution of 355,424 hand-washing kits (including a 20 litre bucket with tap and lid, five pieces of soap and five bottles of 250 ml of chlorine) to 2,537,728 people.

Through community led total sanitation programme, 2406 triggered villages (among which 535 villages were declared free from open defecation and 66,951 households) used hygienic latrines (around 468,657 persons). A total of 391 additional schools with 60,600 students (29,088 girls) used best practices of hygiene with water, sanitation and hygiene packages provided; 121 health structures benefited from WASH infrastructures while 1,004 health workers were trained in WASH.

OUTPUT 4 The prevalence of diarrhea 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:

In 2015, the CP pursued the implementation of the operational response plan against EVD, in collaboration with cluster members and the national coordination of EVD response.

UNICEF Guinea led and supported the coordination of the WASH cluster at both central and decentralized levels, including the staffing with support of a cluster coordinator and Information manager that improved data and information availability for timely decision making, programme planning and reporting.

A contingency plan taking account of cholera and EVD was also developed.

At community level, 355,424 hand washing kits were distributed to 2,537,728 persons and strengthened community resilience against the EVD epidemic, while 6,548,256 persons were sensitized on the adoption of good practices against EVD and cholera.

The CP supported EVD community, treatment and holding centres with essential WASH services and some non-EVD health centres in EVD-affected areas with hand washing stations.

OUTPUT 5 Project support for WASH staff

Analytical Statement of Progress:

The WASH programme ran in 2015 with nine staff members: two IPs; one P4 (the chief of section) and 1 P2; six NOs (three based in the three Zonal Offices), and one programme assistant (GS).

The total support cost for the Health section amounted US\$ 873,240 in 2015, of which US\$ 569,940 were emergency funds (ORE) to fight EVD.

OUTCOME 5 By the end of 2017, 60 per cent of the most vulnerable children (girls and boys), female and male adolescents and women, are protected against exploitation, abuse, violence, and benefitted from socio-professional reintegration, families adopted the right behaviour regarding birth registration which is increased from 43 to 70 per cent, FGM/C, forced marriages and early pregnancy which are reduced by 25 per cent

Analytical Statement of Progress:

Strengthening the child protection response to the EVD outbreak was the priority of the child protection component. This response was rolled out in all 26 affected prefectures and in Conakry by the Government with the assistance of eight NGO partners.

According to the results of an independent monitoring carried out by the University Gamal Abdel Nasser in August 2015 on the delivery of services to children orphaned by EVD, 97.6 per cent benefited to varying levels of the response. In November 2015, 5,743 of these children out of 6,220 identified and registered in the national database received at least four services, including cash transfer, as part of the national package of seven services.

The response was gradual to adjust to the pace of the epidemic and continued to provide the whole package to 100 per cent of children orphaned by EVD in all affected villages.

In addition, 132,592 affected children including 62,318 girls, along with the children orphaned by EVD, benefited from psychosocial support through community sessions of plays and recreational activities provided by 2,030 community volunteers. A total of 154,415 affected children, mainly those involved in the psychosocial sessions (60,000 girls) benefitted from family or dignity kits and/or school supplies.

Independent monitoring reported that the child protection response was considered highly relevant by the beneficiary communities (though they wanted extension of the national package of services for orphaned children to all vulnerable children in their communities). The report also revealed that the child protection response contributed significantly to mitigate communities' reluctance against the national EVD response and eased the family and community reintegration of the orphaned children and other affected people.

In parallel, the national child protection system was supported to strengthen the protective environment for children. Thus for the first time 120 social workers who supported the EVD-affected children were deployed on the ground. The policy and legal framework was also enhanced by the adoption of a revised version of the national child protection policy.

A 2015 costed national EVD post recovery plan for child protection was developed with UNICEF Guinea technical assistance. A draft of a revised version of the Children's Code was developed in alignment with the 2013 recommendations from the Geneva Child rights Committee. A national strategy for psychosocial support was adopted with a set of new national child protection standards and tools to improve the quality of child protection services. With the other

three policy documents supported the previous two years, the child protection legal and policy framework was strengthened with a total of seven instruments of which three were implemented.

Since 2014, with UNICEF Guinea advocacy and support, the General Secretariat of Religious Affairs promoted abandonment of excision in the religious sector which reached 1,148 religious leaders. In July 2015, the Guinea President, at Sonfonia University, publicly declared his support to the abandonment of FGM/C. The MoH, following the public commitment in August 2015, issued a memorandum announcing administrative measures and sanctions to combat FGM/C medicalization and the firm intention to fire any medical staff caught in the act of performing excision in health facilities. A total of 356 new villages and 126 districts, representing an estimated population of about 170,000 people, publicly committed to ending FGM/C and child marriage in the presence of 19,471 uncut girls/women and 6,174 under 18 years unmarried girls. An estimated 10 per cent of the total number of Guinean villages made public commitments to end the practices. Twenty cases of collective or individual FGM/C were prevented by the early warning FGM/C monitoring mechanism putting together police/human rights NGOs/journalists set up around the green line, 116 on GBV/FGM. Fourteen arrests of FGM/C practitioners, including midwives, were recorded leading to a total of seven convictions.

Community empowerment initiatives targeting families and communities led to a total of over 400,000 people including community, youth and religious leaders, of which at least 200,000 parents/families better informed through educational talks and community dialogues held over the last three years. Those parents/families are likely more equipped to protect their children. These educative sessions were organised by nearly 1,500 operational child protection community structures.

Efforts led to, over the three years, a total of 634,838 children provided with a birth certificate and appropriate child protection services provided a total of 112,976 children/adolescents and youth. This includes over 2,700 vulnerable adolescents and youth (1,309 girls/young women) reintegrated into vocational training.

The main constraints and bottlenecks: limited national budget allocation to the sector (although increased by 32 per cent); low priority given to the reform of civil registration which did not move since 2014; the absence of a national child protection data system except for the EVD response; the slow scaling up of community actions to promote abandonment of harmful practices due to the limited number of specialized implementing partners and the slow pace of functionality of the decentralized child protection structures. These issues will be of key priorities in 2016, along with managing the transition from EVD response to post-EVD recovery, taking into account the significant reduction in human and financial resources expected in 2016.

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 Guinea support strengthened the national legal and policy framework with a total of seven instruments, including three 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 particularly on prevention through continuous empowerment of families and communities. It also 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 in particular the 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 into account juvenile justice with UNICEF Guinea advocacy and technical assistance provided by an international expert.

This advocacy was based on the assessment report on juvenile justice carried out by the Government in 2013/2014 with UNICEF Guinea support: (vi) The national strategic plan 2012-2016 on FGM/C implemented since 2013 in particular with UNICEF Guinea support and its continuous advocacy. This strategic plan was revised in 2014 to ensure a better alignment with international strategies and standards and was extended to 2018; (vii) a 2014 roadmap for the reform of the civil registration system developed with an international expert technical assistance supported by UNICEF Guinea. This was possible with the report carried out in 2013/2014 with UNICEF Guinea support on the bottlenecks analysis of the civil registration system.

UNICEF Guinea technical contribution was provided for the development of the paediatric protocol of care for EVD infected children received in EVD health facilities. The Ministry of Social Affairs received further funding to reinforce the national child protection system for addressing FGM/C. The additional funds represented a 32 per cent increase of the sector allocation from the national budget.

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:

A national monitoring and evaluation framework for the child protection system validated in 2014 includes child protection indicators, data collection tools and defined responsibilities for the involved child protection structures/bodies. However, implementation of this framework is still weak and needs to be reinforced.

In 2015, a community-based monitoring and reporting system using mobile phone was established and is operational for data collection on the EVD child protection response. This system is using Kobo collect as the application platform for online data collection. This system supported by UNICEF Guinea allowed transmission of data on a weekly basis to the national EVD child protection database in place at the Ministry of Social Affairs. It is anticipated an adaptation and extension of this system to the entire sector in 2016. The national M&E framework will be revised accordingly.

From 2013 to 2015, thirteen research/studies were carried out by the Government with UNICEF Guinea support, used to guide child protection decisions and strategies and to support UNICEF Guinea advocacy. This includes:

(i) A 2013 situation analysis of the vocational training system in the context of the project of socio-professional reintegration of 1,300 vulnerable girls and young women and

- (ii) a 2013 baseline study for an impact evaluation of that project, both carried out with USAID funding;
 - (iii) The 2014 assessment report on Juvenile Justice;
 - (iv) The 2014 bottlenecks analysis of the Civil Registration system;
 - (v) A 2014 Study on conflicts in Middle Guinea,
 - (vi) a 2014 study on employment opportunities in mining and agricultural sectors for women and young people and
 - (vii) a 2014 evaluation of the project for socio-professional reintegration of adolescents and young people irregularly recruited into the national army, all three with Peace Building Fund (PBF) funding;
 - (viii) A 2014 rapid assessment of psychosocial and protection needs of the EVD children affected;
 - (ix) A 2015 anthropological study of the determining factors of FGM/C in Guinean that gives a very thorough insight into the perpetuating factors of the practice with funding from Guinea US Embassy and UNICEF Guinea Swiss Natcom;
 - (x) A situation analysis of children protection in Guinea in light of the CRC provisions carried out in 2014 by UNICEF Guinea Netherlands, edited and disseminated in 2015;
 - (xi) A 2015 mid-term evaluation of the project for vocational training of 230 vulnerable girls and young women carried out by Paul Gerin Lajoie Foundation and
 - (xii) A 2015 follow-up survey on the socio-economic situation of 3000 vulnerable women and girls (including those from the group integrated into vocational training –as the group under treatment- and those from the control group) in the context of the impact evaluation of the vocational training project for 1300 vulnerable girls and young women initiated in 2013. Both above studies were supported with USAID funding;
 - (xiii) A 2015 independent monitoring report on the CP response to children orphaned by EVD carried out with ECHO, US and German Natcom funding.
- Key priorities for 2016 include revising and reinforcing the implementation of the national M&E framework.

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 a boys (with particular attention on birth registration, FGM and child marriages and early pregnancy) including in emergencies

Analytical Statement of Progress:

A set of national standards and tools were developed and used to ensure harmonization and quality child protection services for children. This included:

- (i) a set of three training manuals for strengthening child protection community structures and training of involved actors;
- (ii) a training manual on FGM/C, a training manual of life skills targeting adolescents and youth,
- (iii) a training manual on child rights for initial training of police agents and gendarmes and already integrated into the two gendarmerie schools;
- (iv) standard procedures for the management of transit care centres for unaccompanied/separated children:
- (v) standard procedures for care for separated/unaccompanied children in temporary foster families;
- (vi) a training manual for trainers on PSS for children and a specific tool on psychosocial first aid for training of health and community agents.

These tools were used to train 40,183 actors in charge of child protection on prevention and

response, particularly to the child protection targeting issues. The trainings reached specifically 2,030 community volunteers, around 200 peer educators and peace operators, community and religious leaders from at least 2,695 child protection community structures, 2,229 health professionals, media and traditional communicators, 1,200 police agents and gendarmes, 600 child protection professionals with 120 social workers. Twelve high level authorities and professionals were equipped on child protection with participation to international events. At least 60 per cent of 3,463 child protection structures, at sub-prefecture, district and village levels, were restructured and developed their child protection action plans. About 2,000 restructured child protection structures were functioning. These initiatives allowed to provide, over the three years, a total of 634,838 children 0-17 years with a birth certificate including 513,076 children aged 0-6 months and a total of 112,976 children/adolescents and youth with at least one appropriate CP services, not including EVD-affected children assisted. This included more than 2,700 adolescents and youth, including 1,309 vulnerable girls inserted to vocational training along with 25,645 girls and women who are being protected against MGF/E or child marriage. More than 2,460 community child protection structures and 360 institutional actors through their respective child protection bodies at central and decentralized levels were equipped with transportation means (seven vehicles, 350 motorcycles and 2,478 bicycles), which allowed them to assist the most difficult to reach, vulnerable children.

At least 60 bodies including vocational training centres, public and NGOs were equipped with IT equipment. UNICEF Guinea technical contribution was provided for the development of a paediatric protocol of care for EVD -nfected children received in EVD health facilities. Two drafts of image boxes respectively on VAC and FGM/C developed by the Ministry of Education were pending for validation and integration into the primary and secondary schools curricula.

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, strengthen their capacity to prevent, respond and undertake actions to abandon those practices (with particular attention to FGM/E and 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:

Community empowerment activities and periodic community campaigns led to at least 400,000 people/leaders, including over 200,000 parents/families better informed on children rights, to be protected against violence, exploitation and abuse through educational talks and community dialogues. These actions were organized by at least 1,500 functioning community child protection structures, also supported by the C4D platforms at sub-prefectural and prefectural levels. So far, 1,379 districts and villages benefited from a sustained community empowerment programme promoting in particular abandonment of FGM/C and child marriage. Since 2013, at least seven national/community and media campaigns on FGM/C, GBV, child marriage, non-violence and peace, solidarity with EVD survivors were realized. Over the three years, 648 villages and districts (126) representing an estimate population of about 220,000 people publicly declared abandonment of FGM/C and child marriage.

In 2015, the 482 FGM/C and child marriage public declarations recorded at village and districts levels were made in the presence of 19,471 uncut girls/women and 6,174 under 18 years unmarried girls in front of whom these communities committed in writing to protect from these practices. This is a key innovation in the approach. This led to a total of over 1,200 villages representing an estimate 10 per cent of Guinean villages who already publicly engaged to abandon these practices. Twenty cases of collective or individual FGM/C were prevented through the FGM/C monitoring mechanism set up around the green line, 116, on GBV/FGM. 14

arrests of FGM/C practitioners including midwives were recorded including seven convictions. Over three years, with UNICEF Guinea sustained advocacy, an increased commitment of the highest authorities was registered.

In 2014, almost the entire Government including the Prime Minister signed a memorandum that committed to FGM/C abandonment in accordance with their specific agenda. There was active involvement of the General Secretariat of Religious Affairs to promote abandonment of excision towards the religious sector, initiated in 2014, that reached 1,148 religious leaders. Using the need to prevent the spread of EVD, this Secretariat issued in 2014 and 2015, two consecutive harmonized sermons recommending abandonment of FGM/C broadcasted over 500 mosques in Conakry and 3,300 other at decentralized level. In August 2015, the Guinean President, at University of Sonfonia, publicly announced his support to the efforts for FGM/C abandonment.

The Minister of Health, following his public commitment against FGM/C medicalisation in August 2015, issued a memorandum announcing administrative measures and sanctions against any medical staff caught in the act of performing excision in health facilities. Moreover, at least one annual community and media campaign was organised to sensitize families and provide free birth registration to numbers of children from 0-17 years.

OUTPUT 5 Project support for staff protection

Analytical Statement of Progress:

The Child Protection programme was running in 2015 with a total of 24 staff members:

- Nine IPs: one P4 (chief of section), four P3 (all recruited for the fight against EVD), one P3 (Information Manager), two P2 and one P1
- Three surge (from the Thaïlande, DRC and CAR COs)
- Ten NOs (among whom six are based in the three zonal offices); and
- two programme assistants (GS).

The total support cost for the Child Protection section amounted US\$ 1,906,364.27 in 2015, of which 1,080,615.70 were emergency funds (ORE) to fight EVD.

OUTPUT 6 EVD emergencies

Analytical Statement of Progress:

In 2015, the child protection response to the EVD outbreak, initiated in 2014, was reinforced and rolled out in all 26 affected prefectures and in Conakry, by eight NGO partners. Donors' contribution to fight EVD was crucial and allowed to achieve the following results: 6220 registered orphaned children, including 2,916 girls were assisted. According to the results of the independent monitoring carried out on the delivery of services to the orphaned children by EVD, 97.7 per cent benefited to at least one service, as part of the national package of seven services. A total of 5,743 orphaned children received four services, including cash transfer. The provision of the whole package to 100 per cent of children orphaned by EVD in all affected villages is the goal. Fifteen foster families established in the Lower Guinea and Guinea Forest areas were supported to take care of EVD unaccompanied/separated children (UASC) and provided services to 10 UASC along with eight other UASC, assisted through the Guéckédou

community transit centre until February 2015. All these UASC were reintegrated into their families and communities.

A total of 132,592 affected children including 62,318 girls along with the children orphaned by EVD received psychosocial support through community sessions of plays and recreational activities. The sessions were organised according to four age groups, by 2,030 community volunteers equipped consequently. A total of 154,415 affected children, mainly those involved in the psychosocial sessions (60,000 girls) from at least 15,000 families received material assistance through family/dignity kits and/or school supplies.

Three child protection sub-clusters were operational respectively at national level and in two prefectures along with at least 15 operational child protection prefecture coordinations, and at least 500 functioning village councils for child protection.

At least 300 CP actors, 120 public social workers, 3,939 community leaders, 2,229 health workers were trained in particular on PSS and/or case management to ensure provision of specialized care and support to the affected children and their families. At least 100,000 leaders, parents and young people benefitted from community dialogue sessions or educative talks particularly on family separation and solidarity with EVD-affected people. The independent monitoring reported that the CP response was considered highly relevant by the beneficiary communities. The report also revealed that the child protection response contributed significantly to mitigate communities' reluctance against the national EVD response and ease the reintegration of the orphaned children and other affected people into their families and communities.

OUTCOME 6 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 2015, the programme continued to support the Government in the response against the EVD, while supporting the gradual shift to the implementation of the regular programme, with the decrease in the scale of the EVD epidemic since March 2015.

During the year, several programmes and policy documents were developed and/or updated through an evidence-based approach. Quantitative and qualitative evidences were generated since 2013 through 20 studies/assessments and three surveys. The evidences generated were instrumental in the design of the National Health Development Plan (PNDS) 2015-2024; the policy and strategy for girls' education; the national policy for promotion and protection child rights and child well-being, among others.

The cash-transfer project undertaken by the Child Protection section in support to EVD orphans improved access to basic needs of already poor families confronted with EVD. It facilitated the insertion of orphans in foster families, and minimized the risk of exploitation of children in families. This experience, combined with the World Bank pilot cash transfer programme through cash-for-work that has undergone recent evaluation, as well the community engagement and social mobilization local settings initiated as local response mechanisms to the EVD outbreak, will be an on-going process of elaboration of the national social protection policy, a key priority in 2016, in collaboration with the World Bank.

The outcome seven, "Social Inclusion", as initially designed in the CPD/CPAP in 2012, brought together many thematic areas (Social inclusion, PM&E, Emergency, C4D). The CPAP MTR carried out in November 2015 was an opportunity to revise the structure of the programme and better align with the global UNICEF Strategic Plan, thus putting Programme Monitoring and Evaluation, Emergency and C4D outputs under the "Intersectoral/Programme Development" outcome, as it will appear in the new structure of the programme in VISION in 2016.

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 2015, building on findings from MODA analysis and national budget analysis for the sectors of health and education conducted both in 2014, the programme aimed to strengthen the evidence based advocacy to the Government and the Parliament to increase their sensitivity in allocating resources to social sectors in the national budget and build child sensitive and inclusive programmes.

During the period, the programme supported the Government to transform the document of 12 commitments in favour of children (developed and signed by the Prime Minister and the President of Parliament in November 2014) into operational plans. Outcomes from the document were gradually integrated into domestic planning process at both national and communal level with a focus to the most disadvantaged. A social protection policy is under design with support from WB, ILO and UNICEF. It was built on an assessment of social protection mechanism in the country and therefore secured that different vulnerabilities, especially for children and women, are taken account.

At local level, the programme influenced the design of local development plans in 10 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 are still low, it is observed a high sensitivity of authorities to build child-centred budgets and programmes.

Priorities for next year will include supporting the Government to move with the implementation and monitoring of the 12 commitments' operational plans at both national and regional levels, and support more communes to come up with local development plans that incorporate the 12 commitments' for children, pursue advocacy to put children at the centre of budgeting and programming accordingly to the central role they will be playing in the Sustainable Development Goals. Finalization of the national Social Protection Policy will also be top priority in 2016.

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 2015, the CO strengthened its efforts of generating evidences to respond to the high demand of information, particularly for the update of the SITAN and the mid-term review of both the

UNDAF and the UNICEF CP 2013-2017.

This was possible through conducting studies, surveys and assessments. Among the 20 studies/surveys/assessments planned for this year, 10 out (eight studies/assessments and two surveys) were completed, and the others are on-going or postponed to 2016. Capacity to undertake studies and evaluations were hampered by the L3 Emergency measures of temporary suspension on consultancy contracts (replaced by TAs), combined with the fact that several international consultants were reluctant to come to Guinea in the EVD period.

Evidences generated from the studies and surveys played a critical role in improving advocacy and programming at both national and sub-national levels and policy design at central level. For example, the SITAN (in finalisation) provides an analysis of deprivations of children and women's rights, with equity lenses and also including specific impact analysis of the EVD virus disease on children and women. The findings from the third party monitoring of the child protection support programme to EVD orphans and cash transfer is already being incorporated in the 2016 programme planning of the Protection section.

The formal validation of the Audit of institutional capacities of the National Institute for Pedagogical Research and Action (INRAP/Ministry of Education) led to the elaboration and implementation of the Action Plan based on the main recommendations from the audit.

The nutrition SMART survey completed this year showed global improvements in child malnutrition, but provided more clear information on highest pockets of malnutrition, particularly around Kankan region (in particular the prefecture of Siguiri), which will need a more targeted approach in 2016. The EVD impact study on the health system showed dramatic decreases in several services to children and women, which triggered the office and the MoH to prioritize community health interventions and distribution of kits containing essential medicines throughout the country.

Key priority for 2016 will be to strengthen the decentralized monitoring and working with communities to identify and address the bottlenecks to the access and utilization of social services, and to develop a risk informed programming approach in order to build community resilience.

OUTPUT 3 Preparation and Responses to Emergencies

Analytical Statement of Progress:

The CO managed to obtain tremendous results through effective immediate response against the main humanitarian priority affecting children and women: the EVD outbreak. Focusing on strategic support to the National Coordination, capacity building of partners and promoting community engagement against EVD, zero EVD was reached through sensitization and social mobilization activities, as well as specific interventions such as community based alerts systems, contact tracing and isolation in the 26 prefectures out of 33 that reported confirmed cases in 2015.

UNICEF Guinea supported the CNLEB in finding innovative solutions through "door-to door campaigns" and "micro containments operations" consisting of maintaining the contacts and directly affected households for 21 consecutive days period of tracing together with a full package of assistance including water, food, basic medicines, along with social mobilization in Coyah, Dubreka, Forecariah, Boke and Conakry.

Upon declaration of new EVD cases, Rapid Response teams were deployed to ensure proper implementation of UNICEF EVD key accountabilities in line with the sub regional agreed programme guidance. Enhancing sensitization activities and reinforcing community ownership, keen to ring alerts, reluctances/resistances dropped down, allowing better access to safe burials and surveillance. Contacts tracing, corps handling, vaccines, hand washing and many other good practices were among key messages, and community radios were important to stop rumours.

The conjunction of all these efforts, in partnership with other key actors under the umbrella of the national Coordination body, led to the country being declared EVD-free by WHO on 29 December 2015.

While confronted to the EVD epidemic, Guinea also faced outbreaks of measles, meningitis and Polio. UNICEF Guinea provided support to the immunization of 858,547 children (98 per cent of the target) against measles; 573,435 children (98 per cent of the target) against meningitis; 1,175,963 children (103 per cent of the target) against Polio (round 1); 1,224,364 (104 per cent) against Polio (round 2) and 2,635,392 (104 per cent) children against Polio (round 3).

In order to improve the country's preparation and readiness to deal with future contingencies, UNICEF Guinea supported the elaboration of three regional/zonal multi-risk contingency for the East, West and Southern natural regions. That process ensured greater sector leads role in the field and contributed to wider UN multi-risk contingency plan and enhanced preparedness and response capacities for all partners. Negotiations are being held with strategic NGO partners and the IFRC to accelerate the operationalization (training and supply pre-positioning) as part of those contingency plans in case of a sudden emergency other than EVD.

Planning priorities of 2016 will be to build on the EVD response to increase readiness to respond to all potential emergency and to support the Government institutional counterpart - the national service for humanitarian actions (SENAH). Also, in line with the post EVD recovery, UNICEF Guinea will reinforce community resilience and support the establishment of disaster risk reduction policies and strategies.

OUTPUT 4 Coordination, Programme Planning and Reviews

Analytical Statement of Progress:

In 2015, the CO continued to support the Government in the response against the EVD virus disease, as well as supporting the implementation of the regular programme.

2015 was also the year of the UNDAF and the CPAP MTR. UNICEF Guinea fully participated in the UNDAF MTR and used the results in its own MTR, to review progress and agree with

Government counterparts on the priorities for the 2 last years of the CPAP.

Key priority for 2016 will be to strengthen the decentralization approach and the search for intersectorality and convergence of UNICEF Guinea interventions in key prefectures and sub-prefectures most deprived. This will go with the reinforcement of decentralized monitoring and working with communities to identify and address the bottlenecks to the access and utilization of social services, and to develop a risk informed programming approach in order to build community resilience.

OUTPUT 5 Project support staff PSPS

Analytical Statement of Progress:

The Social Policy and PM&E section was running in 2015 with a total of 7 staff members, among whom:

- Two IPs: 1 P4 (chief of section) and one P3 (hired on TA as HPM Specialist for seven months, and then as Planning Specialist since September 2015);
- Two NOs (a Social Policy Specialist and a Data Manager in charge of the Rapidpro project); and
- One programme assistant (GS).
- Two NOs were also in place for 3 months (on TA) to work respectively on the SitAn update and the preparation of the MICS for 2016.

The total support cost for the SPPM&E section amounted US\$ 998,147 in 2015, mainly paid from RR resources (ORE funds to SPPM&E salaries only amounted US\$ 302,954).

OUTCOME 7 (intersectorial salaries, zonal offices, supply/log and IT, intersectorial C4D and external communication)

Analytical Statement of Progress:

In order to reinforce the Equity approach and bring services closer to the remotest and most vulnerable users, UNICEF Guinea continued to consolidate the option of decentralization through three Zonal Offices (ZOs) that cover all 8 regions of the country and which are closely involved with partners at regional level, in planning exercises (including the development of biannual and annual work plans), implementation and programme reviews.

For better monitoring of activities in the three ZOs, each ZO was considered an "Output" in VISION, so as to better analyze the performance of each ZO. Similarly the "central level" was also considered an "Output" to better analyze its contribution to ZOs and central level activities. The mid-year and annual review coupled with the mid-term review of the CPAP, organized at the regional and central levels have shown the appropriateness of national coverage by the 3 ZOs. The ZOs also played a key role in the fight against EVD, by allowing UNICEF Guinea to be closer to the EVD field response operations.

Indeed, the key successes in the fight against EVD were possible through integrated approaches and intersectorial linkages. At the high of the epidemic, UNICEF Guinea organized in the affected districts multifunctional platforms in 10 districts to deliver integrated packages of C4D, health, WASH, Protection and education activities. For instance in Forecariah, Coyah, Dubreka, Boffa, Boke, Kindia, mobile health clinics were integrated into communication and surveillance activities. In others districts, Mother and Child health weeks were organized to deliver integrated packages of health, nutrition and WASH.

OUTPUT 1 National staff salaries

Analytical Statement of Progress: In 2015, staff salaries accounted for a total of US\$ 14,708,212, representing nearly 15 per cent of the total integrated budget (programme and institutional budget), compared to 11 per cent in 2014. This increase is explained by the need to recruit a significant number of additional staff (74 TAs in 2015) to answer the needs raised by the response against EVD. With the end of EVD, the salary expenses will be decreasing as the office is aiming at right-sizing the structure commensurate to the normal programme and related operational support? the CO will however maintain an adequate staffing structure to address the post-EVD recovery period and to sustain actions initiated during the crisis with long term effects. To that effect, the bulk of the salaries will be funded from OR and ORE grants.

OUTPUT 2 Central level activities

Analytical Statement of Progress

To achieve the goals set in the 2013-2017 Cooperation Programme and counter the identified bottlenecks, three main strategies were adopted, namely: a) To influence the political dialogue in order to strengthen the programmes and investment in SSB accessible, equitable and quality; b) Strengthen the management system between the central level and the regions, prefectures and sub-prefectures; and c) To strengthen and improve the delivery and use of services at the community level and the adoption of key norms and behaviors where inequality indicators are strongest.

The approach taken by the central level, advocacy and policy dialogue and technical support for the development of sectoral policies and strategies that meet the needs of the most vulnerable populations, bore fruit in 2013. It is as well as in the areas of maternal and Child Health, HIV, Nutrition, Water, Health, Sanitation, strategy documents were developed or revised, and will be in full operationalization from 2014.

The central level is also involved in capacity building in the various sectors, both in the management of departments that executives of the decentralized services of the State, and also participates in supervision missions and field monitoring, as well as journals biannual and annual to better absorb the realities and constraints and suggest corrective measures.

OUTPUT 3 Intersectoral activities of the West Zonal Office

Analytical Statement of Progress:

The Western Zonal Office (BZO), based in Conakry, covers the administrative regions of Conakry, Boké, Kindia, Labé and Mamou. In 2015, the BZO was composed of 12 staff members, of whom a Chief Zonal Office (NO3), 10 thematic NOs (three on Health/Nutrition/HIV, two on WASH, two on Education, two on Protection, and one on C4D) and a Programme Assistant (GS). The Chief Zonal Office is in charge of coordinating the interventions and ensuring proper linkage between the sections at central level and the field. The chief Zonal Office is also in charge of SPPM&E.

In order to ensure programme efficiency with quality delivery and results, the CO opted to adopt a Zonal Management Plan with clearly defined performance indicators to be monitored regularly. The Zonal achieved the following core functions:

Internal statutory Zonal Management Teams and monitoring of results

- Field results monitoring and supervision
- HACT Implementation: the CO achieved 0 per cent of DCTs over nine months and less than one per cent of DCTs over 6 months
- Coordination Platforms: sub-clusters, MTR and Annual Reviews
- Technical Support to Government regional institutions and coordination mechanisms
- Implementation of MORES

OUTPUT 4 East Area Office Activities

Analytical Statement of Progress:

The Eastern Zonal Office (BZE), based in Kankan, covers the administrative regions of Kankan and Faranah, represents over 40 per cent of the country and has very low social indicators. The high level of multi-dimensional deprivations led the UNCT (under the leadership of UNICEF Guinea) to implement a joint programme for the Kankan region to better address the deprivation. In 2015, the BZE had 21 staff members: the Chief Zonal Office (NO3), two IPs (P3) to support the Health section and Operations, and nine thematic NOs (two with Health and HIV; one with Nutrition, one with WASH, two with Education/Child Development, one with Protection, and two on C4D); one NO with Operations; four Programme/Admin/Supply Assistants (GS) and four drivers/messengers (GS). The Chief Zonal Office is in charge of coordinating the interventions and ensuring proper linkage between the sections at central level and the field. The Chief Zonal Office is also in charge of SPPM&E.

The Zonal achieved the following core functions:

- Field results monitoring and supervision
- HACT Implementation: the CO achieved 0 per cent of DCTs over nine months and less than one per cent of DCTs over six months
- Coordination Platforms: sub-clusters, MTR and Annual Reviews
- Technical Support to Government regional institutions and coordination mechanisms
- Implementation of MORES

OUTPUT 5 Activities Office South zone

Analytical Statement of Progress:

The Southern Zonal Office (BZS) covers the administrative region of Nzerekore (also called the Forest Region, which was the epicenter of the EVD epidemic until May 2015). In 2015, the BZS (based in Nzerekore city) was composed of 23 staff members: a Chief Zonal Office (NO3), two IPs (P2) to support the Operations/Supply/Logistics, and 10 thematic NOs (two on Health and HIV, one on Nutrition, one on WASH, two on Education/Child Development, one on Protection, and three on C4D) + one NO on Operations and four Programme/Admin/Supply Assistants (GS) and four drivers/messengers (GS). The Chief Zonal Office is in charge of coordinating the interventions and ensuring proper linkage between the sections at central level and the field. The chief Zonal Office is also in charge of SPPM&E.

The Zonal achieved the following core functions:

- Field results monitoring and supervision
- HACT Implementation: the CO achieved 0 per cent of DCTs over nine months and less than one per cent of DCTs over 6 months

- Coordination Platforms: sub-clusters, MTR and Annual Reviews
- Technical Support to Government regional institutions and coordination mechanisms
- Implementation of MORES

OUTPUT 6 UNICEF Guinea capacity for Supply and Logistics

Analytical Statement of Progress:

In 2015, the largest part of the CO supply component was related to the EVD response.

UNICEF Guinea provided more than US\$ 35.6 million worth of supply and logistics. Major actions/achievements were as follows:

- Establishment of a logistic system in Kankan, Nzerekore, Gueckedou and Kissidougou, relying in particular on services from WFP and the EVD Logistic cluster;
- Technical assistance to the EVD Logistic cluster. This assistance gradually was extended to strengthening the health system with support to the Central Pharmacy; EPI and the MoH;
- Establishment of a construction unit, in line with the health system reconstruction projects.

The Section supported the Government in the following areas:

- Infrastructure: Construction of seven community transit centres; two isolation and treatment centres; six checkpoints; rehabilitation of rural radios.
- Universal protection equipment for health facilities;
- Medical kits
- Two trucks, 80 vehicles Toyota 4x4 and ambulances, and 468 motorbikes to the Government
- Thousands of WASH kits (buckets, soap, chlorine)
- Thousands of C4D materials
- Medical supplies and equipment to 41 health centres and eight laboratories.

The CO purchased vaccines for the measles and polio vaccination campaigns.

Offshore supplies represented 267 containers and 124 air deliveries. The total value of supplies in UNICEF Guinea CO controlled warehouse was US\$ 3,794,939.

OUTPUT 7 The activities of C4D EVD

Analytical Statement of Progress:

As part of the fight against EVD, C4D section developed in 2015 a communication response plan covering five main strategic areas: Advocacy, Behaviour Change Communication, Communication for social change, Social mobilization and Community Engagement. The objective of this plan was to support the interventions of the Government to strengthen resilience mechanisms of communities to the EVD outbreak and to strengthen coordination and monitoring of communication activities at both national and decentralized levels.

C4D section in collaboration with the National Coordination for fight against EVD set up

community-based structures such as Community Watch Committees (CVV)/ CVQ, operational units in Conakry and platforms of partners working in the domain of communication at prefectural and sub prefectural levels.

In the 33 prefectures and five communes of Conakry, 58 prefectural coordinators were deployed to monitor communication activities while 800 social mobilizers were deployed at community level. The CO took stock on valuable human resources with 12 IPs who were exposed to EVD in DRC deployed on a temporary appointment basis to empower national Social Mobilizers. This allowed the strengthening of the system of reporting cases and community deaths, management of reticence and monitoring of contacts in different active prefectures.

At central level, a communication unit was created for centralization and harmonization of communication strategies at all levels. Strategic partnerships established by the C4D section with the mass media (52 radios out of which 28 rural radios) improved the knowledge of communities on EVD and their contribution in the management of the response against EVD.

In addition, C4D section set up communication platforms to provide more support to contact tracing campaign aimed on early notification of cases, micro containment and clear up in the active areas bringing communities to adopt protective behaviours (hand washing, notification of community deaths, referencing cases, use of health services and CTCOM/CTE) and the strong involvement of political and administrative authorities in the response. The C4D strategy involved care and support for EVD survivors. These campaigns helped to strengthen the community-based monitoring but also increased the confidence of communities to basic social services as some social services such as healthcare were provided during campaigns. One of the lessons learnt from the EVD is the importance of socio-anthropology to address better knowledge of social norms and social changes.

Priority for C4D section included capitalizing the key achievements of the fight against EVD and strengthening the recovery plan. The programme will continue to develop strategic partnerships with media, private sector, civil society and NGOs and advocate for the revitalization of community-based structures such as CVV and implement the Emergency Programme Fund. The main challenge will be the human resources required to address critical child and women issues. There is still a need at EVD phase 3 to keep the focus on cross border activities, increase the social network with traditional healers, religious leaders, women and youth group. The next step will be to increase community based surveillance for all disease with potential outbreak.

OUTPUT 8 External communication

Analytical Statement of Progress:

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

UNICEF Guinea advocacy efforts contributed to the development of policies for children through various platforms, mainly the mass media and national consultations frameworks. Advocacy from UNICEF Guinea 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 such as World Bank, United States,

Japan, European Union, the Islamic Development, Germany, Spain, Canada, Belgium, Sweden, Norway, United Arab Emirates.

UNICEF Guinea advocacy also included making particular 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 Guinea regularly informed its audiences with press releases and social media posts, in English and French. UNICEF Guinea followed a strategy using multiple channels including the Web, Facebook, Flickr, Tumblr, Instagram, Vine, Youtube and Twitter. UNICEF Guinea secured coverage throughout 2015 in international media outlets such as CNN, Reuters, DPA, AFP, AP, Le Monde, El Pais, El Diario, Radio COPE, BBC, RFI, New York Times to name a few as well as most national media outlets in Guinea. International media NGOs were also used including Internews, Hironnelle and BBC Media Action.

UNICEF Guinea posted updates about the emergency and its response on Twitter, Facebook, Flickr and Tumblr pages. In January 2015 the CO published its Humanitarian Action for Children with a total funding need of US\$ 93,514,000. As of June 2015 US\$ 100,495,691 was mobilized leading the CO to revise the funding needs to US\$ 142,000,000. As of December 2015, US\$ 110,000,000 was mobilized.

The CO published weekly SITREP (now bi-weekly) and had the opportunity to host numerous donors and stakeholders who visited Guinea during the EVD crisis. With the support of UNICEF Brussels, the Country Representative attended and spoke at a donor meeting in Brussels focused on Education in Emergencies.

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. The CO was asked to contribute to campaigns from Huffington Post and EVD Deeply.

Priorities in 2016 will include further improving the communication and public advocacy strategy and ensuring its proper monitoring, with clear performance indicators.

OUTCOME 8 Management

Analytical Statement of Progress:

The budget of UNICEF Guinea in 2015 amounted US\$ 128,824,725, of which US\$ 101.7 million was allocated this year and the rest re-phased to 2016. Among the allocated amount in 2015, there was US\$ 14.3 million of Regular Resources (RR), US\$ 10.8 million of Other Resources Regular (ORR); US\$ 76.2 million of Other Resources for Emergencies (ORE) and US\$ 0.5 million of IB. These resources were allocated in accordance with agreements with donors and needs and priorities of the CO contained in the sectoral annual work plans and vis-à-vis the response plans for EVD and the other emergencies (measles, meningitis polio). With measures taken by the CMT through the monitoring mechanisms of budgetary allocations and performance monitoring indicators, the following results were achieved:

- Optimal use of resources allocated (99.98 per cent of utilization as of 31 December 2015 with a loss of only US\$ 28,044 on 27 grants (average value of comparator countries is US\$ 411,519), most of which is due to funds released on air-freight cost of supplies after grants expired).

- An amount of US\$ 6,418 (0.05 per cent) in DCTs of 6 to 9 months and US\$ 0 (0 per cent) DCTs over 9 months, compared to the average values of comparator countries (US\$ 576,697 for 6-9 months and US\$ 276,403 for more than 9 months);
- Eight per cent of reports to donors were not submitted on time

The various statutory and non-statutory committees of the CO enhanced transparency of resources management and strengthened the CO governance system. Close monitoring of DCTs will continue as key priority in 2016, particularly as the CO has over US\$ five million on outstanding DCTs in expired grants, to be liquidated within one year after grant expiration date.

One of the key priorities for the CO in 2015 was the implementation of a strengthened HACT, with an assurance plan including programmatic visits, spots checks, and audits. A total of 24 micro-assessments, 102 spot checks and 22 audits were conducted; 100 programmatic reports were filed. In addition the CO finalized an ERM that addressed significant programme and operational risks in the context of an L-3 emergency. One of the challenges was the CO preparedness to quickly respond to the scale of the emergency, especially in the area of HR surge capacity. This was alleviated by an effective partnership and strong supply and logistics management. In addition, the CO mobilized US\$ 110 million out of US\$ 142 million planned, in response to the EVD epidemic. The CO also demonstrated effective leadership in social mobilization and community engagement through partnerships and alliances with community leaders, religious leaders, youth and women groups and national and international organizations.

Given the country's political and social context, the CO conducted BCP training and exercises. Based on the emergency risks profiles, the CO consolidated three contingency plans that provided greater readiness and stronger response capacity to the office.

The sudden outbreak of EVD on 24 March 2014 and increase of criminal activities raised the risk level for all staff living and working in Guinea. In this regard, the CO took urgent steps to enhance the safety and security of staff and premises throughout the country.

The CO enhanced the security system in the most affected areas where UNICEF Guinea staff were actively conducting field operations. The CO created a Security Unit run by a Field Security Advisor and his Local Security Assistant. Security assessments were conducted in all locations and lapses were addressed in a timely manner, the most recent being the replacement of old vehicles with newly acquired vehicles with MOSS compliance spares, tool boxes and winches.

OUTPUT 1 Field office, Management/Operations support

Analytical Statement of Progress:

The budget of UNICEF Guinea in 2015 amounted US\$ 128,824,725, of which US\$ 101.7 million were allocated this year and the rest re-phased to 2016. Among the allocated amount in 2015, there were US\$ 14.3 million of RR, US\$ 10.8 million of ORR; US\$ 76.2 million of ORE and US\$ 0.5 million of IB. The resources were allocated in accordance with agreements with donors; needs and priorities of the CO contained in the sectoral annual work plans and vis-à-vis the response plans for EVD; and the other emergencies (measles, meningitis polio). With measures taken by the CMT through the monitoring mechanisms of budgetary allocations and performance monitoring indicators, the following results were achieved:

- Optimal use of resources allocated (99.98 per cent of utilization as of 31 December 2015 with a loss of only US\$ 28,044 on 27 grants (average value of comparator countries is US\$ 411,519), most of which is due to funds released on air-freight cost of supplies after grants expired).
- A value of US\$ 85,671 of controlled inventory held more than 12 months, compared to the average value of comparator countries (US\$ 632,257);
- An amount of US\$ 6,418 (0.05 per cent) in DCTs of 6 to 9 months and US\$ 0 (0 per cent) DCT over 9 months, compared to the average values of comparator countries (US\$ 576,697 for 6-9 months and US\$ 276,403 for more than 9 months);
- Eight per cent of reports to donors not submitted on time compared to 14 per cent in comparator countries;
- Bank reconciliations were prepared and submitted within the deadline, and average pending transactions do not overlap over two periods;
- The accounting transactions of more than 12 months overdue are corrected and the office established a monthly reporting system to monitor all accounting transactions;

The various statutory and non-statutory committees of the CO contributed to enhancing transparency in the management of resources and strengthening the office governance system. The CO also made investments in solar energy in order to reduce fuel consumption and bills of electricity.

OUTPUT 2 Staff and premises security

Analytical Statement of Progress:

The sudden outbreak of EVD on 24 March 2014 and increase of criminal activities raised the risk level for all staff living and working in Guinea. In this regard, the CO took urgent steps to enhance the safety and security of staff and premises throughout the country.

The CO made an effort to enhance the security system in the most affected areas where UNICEF Guinea staff were actively conducting field operations. The CO created a Security Unit run by a Field Security Advisor and his Local Security Assistant. Security assessments were conducted in all locations and lapses were addressed with most recent being the replacement of old vehicles with newly acquired vehicles with MOSS compliance spares, tool boxes and winches.

Security enhancement projects were implemented in the CO and two sub-offices:

- Renewal of contract with Security Services - provision of 24/7 security for the compound;
- Construction of concrete perimeter wall and security guards' room;
- Installation and maintenance of additional security lighting systems;
- installation and maintenance of CCTV system, Vehicle Underside Scanning System (VUSS), Central Smoke Detection System and a physical and Baggage Scanner;
- Upgrade of main country and sub-offices physical security.

Safety and security of staff were factored in all aspects of UNICEF Guinea operations. The CO took various actions to ensure safety of staff, assets and to ensure programme delivery, such as:

- Conducted security surveys on and subsequent acquisition of two additional generators in the country main office and sub-office.
- Established contacts with key players in both Government and community and religious

leaders in all EVD-affected areas, for security assurances for UNICEF Rapid Response Mechanism (RRM) missions.

- Conducted joint security assessment missions with WHO, UNDSS and host Government security partners for RRM missions and UNICEF Guinea programme activities.

Security awareness training, information and advisories were regularly provided to staff. The CO also took all appropriate actions to successfully manage the stress of staff during the EVD crisis.

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

Analytical Statement of Progress:

In 2015, the CO continued to support the Government in the response against EVD as well as supporting the implementation of the regular programme. During the year, programme performances were monitored and enhanced to track and analyse progress including taking appropriate actions to tackle bottlenecks. This was possible thanks to a review of progress against the annual work plan at the end of first quarter, first semester and the MTR of the CP conducted in November, preceded by the UNDAF MTR.

UNICEF Guinea fully participated in the UNDAF MTR and used the results in its own MTR, to review progress and agree with Government counterparts on the priorities for the two last years of the CPAP (2016-2017). The CO received substantial technical support from the RO during the MTR, with nine regional thematic advisers participating in the sectorial reviews and the central review of the UNICEF CPD/CPAP in November.

The CO strengthened its efforts of generating evidence to respond to the high demand of information, particularly for the update of the SITAN and the MTR of both the UNDAF and the UNICEF Guinea CP 2013-2017. This was possible through conducting studies, surveys and assessments. Among the 20 studies/surveys/assessments planned for this year, 10 out of eight studies/assessments and two surveys were completed, and the others are on-going or postponed to 2016. Capacity to undertake studies and evaluations were hampered by the L3 Emergency measures of temporary suspension on consultancy contracts (replaced by TAs). Evidence generated from the studies and surveys played a critical role in improving advocacy and programming at both national and sub-national levels and policy design at central level.

In order to reinforce the equity approach and bring services closer to the remote and most vulnerable users, UNICEF Guinea continued to consolidate the option of decentralization through three Zonal Offices (ZOs) that cover all eight regions of the country and which are closely involved with partners at regional level, in planning exercises (including the development of biannual and annual work plans), implementation and programme reviews.

Key priority for 2016 will be to strengthen the decentralization approach and the search for intersectoriality and convergence of UNICEF interventions in key and most deprived prefectures and sub-prefectures. This will go with the reinforcement of decentralized monitoring and working with communities to identify and address the bottlenecks to the access and utilization of social services, and to develop a risk informed programming approach in order to build community resilience.

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

Analytical Statement of Progress:

In 2015, the CO continued to support the Government in the response against the EVD, as well as supporting the implementation of the regular programme.

The UNDAF and the CPAP MTR were held this year. UNICEF Guinea fully participated in the UNDAF MTR and used the results in its own MTR to review progress and agree with Government counterparts on the priorities for the two last years of the CPAP.

Key priority for 2016 will be to strengthen the decentralization approach and the search for intersectoriality and convergence of UNICEF Guinea interventions in key prefectures and sub-prefectures most deprived. This will go with the reinforcement of decentralized monitoring and working with communities to identify and address the bottlenecks to the access and utilization of social services, and to develop a risk informed programming approach in order to build community resilience.

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

Analytical Statement of Progress:

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

UNICEF Guinea advocacy efforts contributed to the development of policies for children through various platforms, mainly the mass media and national consultations frameworks. Advocacy from UNICEF Guinea helped mobilize substantial resources to 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, European Union, the Islamic Development, Germany, Spain, Canada, Belgium, Sweden, Norway, United Arab Emirates.

UNICEF Guinea advocacy also included 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 Guinea regularly informed with regular press releases and social media posts, in English and French. UNICEF Guinea followed a strategy using multiple channels including innovative approaches such as the Web, Facebook, Flickr, Tumblr, Instagram, Vine, Youtube and Twitter. UNICEF Guinea secured coverage throughout 2015 in international media outlets such as CNN, Reuters, DPA, AFP, AP, Le Monde, El Pais, El Diario, Radio COPE, BBC, RFI, New York Times to name a few as well as most national media outlets in Guinea. International media NGOs were also used including Internews, Hirondelle and BBC Media Action.

UNICEF Guinea frequently posted updates about the emergency and its response on Twitter, Facebook, Flickr and Tumblr pages. In January 2015 the CO published its Humanitarian Action for Children with a total funding need of US\$ 93,514,000. As of June 2015 US\$ 100,495,691 was mobilized leading the CO to revised the funding needs to US\$ 142,000,000. As of December 2015, US\$ 110,000,000 was mobilized.

The CO published weekly SITREP (now bi-weekly) and had the opportunity to host numerous donors and stakeholders who visited Guinea during the EVD crisis. With the support of UNICEF Brussels, the Country Representative attended and spoke at a donor meeting in Brussels focused on Education in Emergencies.

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. The CO was requested to contribute to campaigns from Huffington Post and EVD Deeply.

Priorities in 2016 will include further improving the communication and public advocacy strategy and ensuring its proper monitoring, with clear performance indicators.

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

Analytical Statement of Progress:

The successes in the fight against EVD in 2015 were possible through integrated approaches and intersectoral linkages. At the height of the epidemic, UNICEF Guinea organized in the affected districts multifunctional platforms in 10 districts to deliver integrated packages of C4D, Health, WASH, Protection and Education activities. For example, in Forecariah, Coyah, Dubreka, Boffa, Boke, Kindia, mobile health clinics were integrated into communication and surveillance activities. In other districts, Mother and Child Health Weeks were organized to deliver integrated packages of Health, Nutrition and WASH.

The CO's social mobilization and community engagement efforts against EVD led to greater community collaboration across the 33 prefectures in the country and the five communes of Conakry. The greater community collaboration led to the decrease of reticence and significant reduction of cases in the country steadily, until the end of the epidemic in December 2015. In contributing to that achievement, UNICEF Guinea reached 1,427,664 households in door to door sensitization campaigns, established six new and rehabilitated 23 rural radios, deployed more than 22,000 social mobilizers including members of 2,487 Community Watch Committees.

UNICEF Guinea also trained and deployed 18,850 youth leaders; 1,000 women leaders and 4,324 trained religious leaders (imams and priests). UNICEF Guinea also developed strategic documents on communication plan for community based surveillance of outbreaks, communication plan for containment campaigns, and set up community based structures with sub-prefectural and prefectural communication platforms. Based on the consolidation of key C4D achievements, Guinea had a critical mass of social mobilizers who sustained all emergency or development activities regarding health, wash, protection, and education.

The C4D also supported the 1st, 2nd and 3rd round of immunization against polio, the measles and meningitis campaigns. Strategic communication was developed to support the campaigns, with national and decentralized communication plans, including media planning, advocacy with religious and traditional healers, traditional communicators and journalists. Staff was deployed in the field to increase immunization coverage and address community reluctance. The strategy was based on the capitalization of existing EVD community based structures. The C4D also covered the education back-to-school campaign for the school year 2015-2016 in an EVD outbreak context, aiming to promote education, especially for girls. The C4D supported protection programme activities especially on birth registration and initiatives of abandonment of

female genital mutilation. For WASH, emphasis was placed mainly on the use of hygienic latrines, consumption and treatment of household water.

During 2016-2017, the C4D strategy will be balanced with reduced funding with the end of EVD, in other to maintain a core C4D capacity to deliver on the CO's priorities.