

## Guinea

### Part 1: Situation update in the country

Guinea had a population of 12.72 million in 2017 (per the World Bank Country Profile, 2019), 52.1 per cent per cent of whom were women and 77.1 per cent of whom were under 35 years old (RGPH 2014). Guinea ranked 175th out of 189 countries in the 2018 Human Development Index. Even so, Guinea has significant economic potential. Along with its massive hydrological resources, the country has a rich mining potential, with one-third of the world's reserves of bauxite, gold, diamond, iron, manganese, zinc, cobalt, nickel and uranium. In 2018, the Guinean Government faced two major challenges: maintaining the course of macroeconomic and fiscal reforms and ensuring social and political stability.

The Guinean economy, which was severely affected by the Ebola epidemic between 2014 and 2016, showed signs of recovery in 2018. Real GDP growth consolidated to 5.9 per cent in 2018 (African Economic Outlook 2019). This economic recovery was mainly based on increased mining production (especially bauxite), infrastructure, good agricultural performance and improved electricity and water supply. Throughout 2018, the inflation rate remained high: it was recorded at 9.9 per cent in September (National Institute of Statistics, 2018).

Although reforms allowed additional resources to be mobilized and macroeconomic aggregates to be improved, they have not resulted in a significant improvement in the availability and quality of public services or in the population's better access to basic social services (education, health, water, sanitation, social protection and energy). Despite efforts made by the Guinean authorities, which brought most macroeconomic indicators back to a green status in 2018, a large part of the population - especially the youth - benefited less from the results of the growth in economic activity. In 2018, household purchasing power remained relatively low, and poverty and inequality remained high: 55.2 per cent of the population lived below the poverty threshold (per the 2012 Poverty Assessment Survey). The number of people living in poverty remained much higher in rural areas than in urban. Social frustrations were expressed through protests on the streets and 2018 was marked by strong political and social instability.

The local council election held in February 2018 resulted in political tensions. The country also experienced social unrest, particularly from trade unions, with the rise in fuel prices, as well as strikes to claim higher pay in the education sector.

Guinea is characterized by gender inequalities in a wide range of areas of the country's socio-economic and political life. Women and girls remained under-represented in terms of education, access to employment, decision-making positions and financial services. Taken together, these factors undermined opportunities for girls and women. Gender equality, in particular the elimination of violence against women and girls, is mentioned as one of the priorities of Guinea's political and institutional framework. Guinea has a national gender policy that has initiated processes such as the creation of the Social Inclusion Agency. However, further efforts are needed to ensure that gender equality results are reflected in all sectors of the country's socio-economic life and that substantial budgets are allocated to those initiatives.

In 2018, national income was 15 per cent of GDP. Macroeconomic reforms initiated by the Government contributed to a slight reduction in the budget deficit through improved tax reforms (including higher taxes and tax revenues generated by the mining sector). Given the implementation of reforms requested by the International Monetary Fund (IMF), significant funding was released by donors in 2018. This included disbursement of US\$24 million from the IMF, US\$60 million from the World Bank, and US\$22.7 million from the European Union.

The share of the national budget devoted to education remained at 13.2 per cent, well below the 20 per cent threshold recommended by the Global Partnership for Education. The share for health was 5.6 per cent, well below the 15 per cent threshold recommended by the 2001 Abuja Declaration. The budget allocation for Social Affairs (the lead ministry for social protection and child protection) always has been below 1 per cent of the national budget. The 2019 National Budget Law provides the same picture on the share of the national budget to be devoted to education (12.7 per cent), health (6 per cent) and social affairs (0.7 per cent). Trends in these three 'child sensitive' sectors over the 2017-2018-2019 period are not consistent with government overall expenditures growth. While government expenditures grew by 19 per cent annually between 2017 and 2019, public expenditures in education, health and social affairs grew by 8 per cent, 9 per cent and 11 per cent, respectively, over that period, decreasing their share of the national budget (from 15.3 per cent to 12.7 per cent for education, from 7.2 per cent to 6 per cent for health and from 0.74 per cent to 0.65 per cent for social affairs).

The improvement of the country's macroeconomic outlook did not translate into improved children's status. The country remained at risk of political and social tensions. The situation of Guinean children did not improve in 2018. This is in part the result of crises and weak governance in the various social sectors, which negatively impact most children in areas such as health, education, nutrition, access to water and a safe environment.

Compared to 2012, infant mortality decreased by 1 per cent in 2018, while child mortality decreased by 20 per cent. This corresponds to an 11 per cent decrease in under-five mortality compared to 2012. In 2015, 34 per cent of deaths occurred in the neonatal period and the leading causes of death among children under five were malaria, pneumonia, intrapartum-related complications and diarrhoea (WHO MCEE, 2015). Sixteen per cent of children under 5 years of age showed symptoms of acute respiratory infection and 8 per cent had a diarrhoea episode. Thirty one per cent of children under five suffered from chronic malnutrition.

The Guinea health system still faced many challenges and bottlenecks in areas such as finance management, human resources and supply management. According to 2018 DHS preliminary findings, officially released by the National Institute of Statistics, 23.9 per cent of children were fully immunized, a 2 per cent decrease from 2016 and a 12 per cent decrease from 2012.

The 26 per cent success rate in the 2018 high-school degree (Ministry of Pre-University and Literacy, 2018) is illustrative of a disturbed and tense education system in Guinea. On the 2018 global competitiveness index, Guinea ranked 133rd and 122nd out of 137 for primary and higher education, respectively (World Economic Forum, 2018). Throughout 2018, the education sector was severely disrupted due to the teachers' strike. As a result, most schools remained closed, compromising children's access to quality education. Vulnerable children, mainly in rural areas, were most affected by this lack of access to education. In addition to exposing students to insecurity induced by violent demonstrations, this situation put children's learning outcomes at risk. At the end of December, those children had not attended a course for more

than six months, which corresponds to a loss of knowledge of approximately four months of teaching. This represented a huge loss for the education system, but also for parents and students.

In 2018, the nutritional situation of children in Guinea remained precarious. Despite some progress on exclusive breastfeeding (GNR, 2018), Guinea was not on track to achieve global targets related to stunting and wasting. Overall, 30 per cent of children under 5 years of age suffered from stunting (chronic malnutrition), 13 per cent of them in its severe form. In absolute numbers, this corresponded to more than 700,000 children affected. Acute malnutrition affected 9 per cent of children under 5 years of age, 4 per cent of them in the severe form. In absolute numbers, this meant that more than 330,000 children were suffering from acute malnutrition, 120,000 of whom were severely malnourished. Severe acute malnutrition (SAM) was one of the most common causes of death and disease among children in Guinea. Less than 30 per cent of the 120,000 cases were treated due to an insufficient supply of ready-to-use therapeutic foods (RUTF) and essential drugs.

The Multiple Indicator Cluster Survey 2016 indicated that only 53 per cent of the population had access to improved sanitation facilities and a disparity existed between urban areas (87 per cent access) and rural (32 per cent). Open defecation ranged from 13 per cent to 40 per cent in hard-to-reach areas (MICS 2016). Handwashing with soap was still not a widespread practice: only one quarter of households had handwashing facilities and one out of eight households had soap. Open defecation, which was one of UNICEF Guinea's main Key Results for Children, continued to be a real problem in many communities. The open defecation rate has not improved since 2015.

Harmful social norms and cultural practices persisted in Guinea, and undermined children's protection from abuse, violence and exploitation. Forced and early marriage of young girls continued to be practiced, especially in remote and rural areas. According to MICS 2016, 54.6 per cent of women were married before 18 years old, 21 per cent of them before the age of 15. Female genital mutilation/cutting (FGM/C), although prohibited by law and recognized by national authorities as a form of violence, continued to be practiced. It affected 97 per cent of women. Some 55.7 per cent of women have suffered at least one form of physical violence since the age of 15, and 29.3 per cent of women have suffered at least one form of sexual violence since the age of 15 (per the 2016 National Survey on Gender-based Violence).

In spite of the political will and significant funding invested and the help of bilateral and multilateral partners, birth registration was not yet systematic and universal in Guinea. UNICEF Guinea remains committed to achieving results in this area, but the country is already significantly behind in meeting its commitments to Sustainable Development Goal 16.9.

Guinea is traditionally a country of origin, transit and destination for migrants. West Africans were the main group of illegal migrants (8 per cent from Côte d'Ivoire, 5 per cent from Gambia, 8 per cent from Guinea, 4.6 per cent from Mali and 11 per cent from Nigeria). Children represented up to 18 per cent of those migrants. According to UNHCR Operational Portal refugee situations, there were 13,068 Guinean illegal immigrants who crossed the Mediterranean Sea and successfully entered Europe. Specific data on Guinean children who have entered Europe is not available. In 2018 an estimated 500 children returned to Guinea, compared to the 297 who returned in 2017.

UNICEF set five programmatic priorities for 2018, four of which are linked to Key Results for

Children. These included: communes of convergence; routine immunization Plus; ATPC Plus; civil status; and early childhood.

## Part 2: Major results, including in humanitarian action and gender, against the results in the Country Programme Documents

### Goal area 1: Every child survives and thrives

In 2018, UNICEF Guinea strategically contributed to the adoption of major policy and strategic documents, including: the National Policy for Community Health, the National Consultative Forum on Newborn Care and the 2018-2022 National Strategic Framework for HIV/AIDS response. UNICEF also contributed to the adoption of the National Multisectoral Nutrition policy and Strategic Plan, the high-level Renewed Commitment to the Scaling Up Nutrition movement, and the adoption and institutionalization of the administration of vitamin A supplementation in the routine health system.

In partnerships with the Government and GAVI Alliance, UNICEF managed a portfolio of US\$15 million to strengthen the expanded programme for immunization (EPI) and improve supply chain management. Solar power refrigerators were installed in all health centres to improve quality of vaccines. Technical assistance provided through the deployment of 60 immunization officers at central and decentralized levels helped improve the overall management of the health system.

UNICEF's joint efforts to improve EPI delivery systems, through the community health workers programme and Mother and Child Health days, resulted in maintenance of the zero polio status; reduction of measles incidence from 642/1,000,000 inhabitants in 2017 to 155/1,000,000; reduction of the number of high-risk districts of maternal and neonatal tetanus (MNT) from six in 2015 to three in 2018. In partnership with Doctors Without Borders, UNICEF contributed to localized measles campaigns reaching a total of 87,632 children aged 9-59 months (out of 1,370,068).

UNICEF Guinea supported provision of medical and technical equipment to 76 health facilities for maternal and neonatal health, boosting delivery of quality services for 8,000 expectant mothers annually and ensuring that at least 5,000 newborns will benefit from functional newborn resuscitation services.

With GAVI Alliance financing of US\$4,945,251, through a partnership with UNICEF, oil refrigerators were replaced with solar refrigerators and large capacity coolers were provided to 848 health posts and 38 health districts.

With the Islamist World Bank and the World Bank, UNICEF supported capacity strengthening and quality of gender-sensitive health and HIV services in 76 health facilities in remote areas. The health centres received equipment, essential medicines and management tools for early diagnosis and basic emergency care to maximize the chance of survival of mothers and newborns, including infants exposed to HIV.

With funding from the GAVI Alliance and the Bill & Melinda Gates Foundation, and in collaboration with WHO, UNFPA and the World Bank, UNICEF influenced the institutionalization and implementation of the National Community Health Worker Programme in

Guinea, as part of the National Programme of Communes of Convergence. This pilot community health programme is a holistic approach that integrates local governance, community health, immunization, vitamin supplementation, malnutrition, birth registration, education, hygiene promotion and youth engagement.

In partnership with the World Bank , UNICEF succeeded to provide all health infrastructure of the region of Mamou, with water; this is a demonstration that universal coverage of water points in health infrastructure is possible to prevent and control infection and thus improve the quality of services.

With the adoption of the National Community Health Policy, UNICEF supported the Government to train and deploy 2,045 health workers across 40 convergence communes serving more than 1.7 million people. UNICEF supported training of 1,850 community workers who provide integrated child centred services in health, WASH, nutrition and child protection.

Early results from the field were promising, with 10-20 per cent more children and pregnant women being referred at the primary level of care during the last quarter of 2018. A total of 13,912 pregnant and lactating women and 3,940 men were sensitized on food and nutrition management. In 39 out of the 40 communes of convergence, no stock outs were reported for DPT vaccine, Polio3, VAR and SRO A. total of 26,066 children aged 6-59 months were screened for malnutrition and 52,000 benefited from routine vitamin A supplementation. Twenty five out of the 40 communes of convergence registered more than 50 per cent of expected births and 15 out of 40 exceeded the Multiple Indicator Cluster Survey 2016 birth registration rate of 74.6 per cent.

UNICEF Guinea, in partnership with UN agencies and the Government, contributed to the strengthening of 721 HIV sites (public and private health centres) for integrated prevention of mother-to-child transmission (PMTCT). Those sites now provide the B+ option and implement the national screening and treatment strategy adopted in 2017, which helped to significantly increase access to antiretroviral therapy for HIV positive pregnant women. Prevention of mother-to-child-transmission sites were linked to paediatric services to facilitate the continuum of care for pregnant women and mothers living with HIV. In the first half of 2018, a total of 2,323 pregnant and breastfeeding women were put on antiretroviral drugs (against the programmatic target of 2,372, representing a completion rate of 98 per cent).

UNICEF was an active member of the national community health steering committee. As such, UNICEF's advocacy efforts were instrumental in leveraging US\$8 million from the World Bank, the Global Fund, and UNICEF National Committee Slovenia to support the scaling up of the communes of convergence pilot initiative in 60 additional communities in 2019. UNICEF leveraged additional resources from the Bill & Melinda Gates Foundation for the Child-Friendly Communities Approach Initiative and advocacy efforts led to the Government's commitment to and ownership of the optimization of the national cold chain platform.

UNICEF Guinea, in close collaboration with the Government and partners (Canada, France, Italy) successfully positioned the nutrition agenda as a priority and influenced policy implementation in an integrated manner. UNICEF advocacy, with the support of Canada's funding, led the Ministry of Health to institutionalize the implementation in the routine health system. In 2018, UNICEF successfully worked with partners (UN agencies and French Embassy) to conduct high level advocacy activities resulting in the Government's commitment to allocate domestic resources annually beginning in 2019 to ensure quality management of at

least 50 per cent of expected cases of severe acute malnutrition in children.

## **Goal area 2: Every child learns**

As the lead of the education sector in Guinea, UNICEF seized the opportunity to push for national reforms and closely work with the Government, the Global Partnership for Education (GPE), donors and communities to develop the national education 10 year programme (ProDeg 2019-2028).

UNICEF accompanied the national team, technically supported by the UNESCO International Institute for Educational Planning (IIEP), in developing the Country Status Report on the National Education System (RESEN), which was finalized at the end of 2018. The report provides a clear picture of education system strengths and weaknesses.

UNICEF supported the Government in developing education policies on WASH in schools, including menstrual management, in collaboration with GIZ. UNICEF, with Plan International Guinea, also supported development of policies on inclusive education. The Programme for the Analysis of Educational Systems of the Conference of Ministers of Education of African and Malagasy French-speaking countries (CONFEMEN) was finalized, thanks to a UNICEF-PASEC partnership, to measure the impact of the different systems of pre-school education. UNICEF contributed to education system coordination strengthening at communal level. UNICEF provided 40 communes of convergence with motorcycle and communication equipment for Sub-Prefectural Delegates for Education and supported the organization of consultation, planning and monitoring meetings with the commune's education stakeholders.

In 2018, UNICEF strengthened capacities of key education system stakeholders in 40 communes of convergence. UNICEF provided financial support to improve learning conditions at schools, to build 26 community preschool centres and to organize medical check-ups for students. Those medical check-ups included detection and management of malnutrition in community care centres (pre-school), vision and hearing tests, deworming and vitamin A supplementation for each child. UNICEF provided a total of 12,687 backpacks for young girls in 40 communes. Sensitization efforts continued to address social barriers to schooling for girls, especially around early marriage. A total of 1,850 community health workers provided support for out-of-school children.

UNICEF strengthened the capacities of Sub-Prefectural Delegates for Education (DSEE), primary and secondary school directors and pre-school educators. A total of 457 school directors and 21 sub-prefectural delegates for education received comprehensive training on administrative and pedagogical leadership, multi-grades class management, inclusive education, school statistics, teacher code of conduct and child protection systems. UNICEF supported the training of 201 educators on the needs of the child, group facilitation, and producing play supplies using recycled materials. Funding from the Education Basket Fund allowed for textbooks to be issued to 42,817 primary and secondary schoolchildren and directly contributed to improving the quality of education.

## **Goal area 3: Every child is protected from violence and exploitation**

In line with findings of recent socio-anthropological studies, UNICEF adopted a new strategic approach to community-based mobilization, working directly with targeted communities to identify trusted and influential people to carry out community dialogues and educational talks

for the abandonment of harmful practices against children. Communities identified male role models who agreed to publicly take a stand against female genital mutilation/cutting and child marriage and women mentors to provide care and support to girl children and protect them from being subjected to such practices or any other form of abuse and violence. The programme supported the Guinean Children Parliament's advocacy and awareness raising efforts for the abandonment of female genital mutilation/cutting and child marriage.

UNICEF supported the revision of case management tools and ensured that they adequately took into consideration the specific cases of children on the move, with a focus on unaccompanied and separated children. UNICEF also supported strengthening and updating the national strategic interventions toward the abandonment of female genital mutilation/cutting. UNICEF, in close partnership with UNFPA and other stakeholders from civil society organizations, supported the Government to initiate the process of developing two national strategies: one to end child marriage in the country, and another for religious leaders, who are key to the abandonment of female genital mutilation/cutting practices.

Child protection interventions were realigned to the newly adopted decentralization law. With UNICEF's support, more than 55 per cent of the target communes of convergence effectively mainstreamed child protection interventions into their respective local development plans. This approach ensures that child protection activities are institutionalized, and that communes allocate funds from their budget to support child protection related interventions.

UNICEF continued to support strengthening of the child protection system and of the capacities of key child protection community-based structures and service providers to ensure that children victims or at risk have access to adequate care and support within their communities. UNICEF supported the recruitment of 120 social workers, placed within each of the communes of convergence. Their presence contributed to strengthening the referral and follow up on each case of children at risk or victims of violence, thus ensuring that they benefitted from the package of health, justice and psychosocial services. The social workers also contributed to improving the quality of qualitative and quantitative data collected on violence against children at the community level.

UNICEF supported the development of local protocols to improve the quality of services provided to children at community level in an integrated and holistic manner. Ten communes of convergence drafted and implemented protocols between health, social affairs, justice and security services, which contributed to strengthening the referral process for the provision of continuum care and support to children victims of violence, abuse and exploitation. Fifteen other communes of convergence developed a protocol between the health and civil registration services, which contributed to strengthening the interoperability between both sectors and led to improved birth registration. With technical and financial support from the European Union, in 2018 a joint vaccination and birth registration campaign and awareness-raising on birth registration during social mobilization activities for nutrition were successfully carried out in N'Zerekore Region. In 2019, UNICEF, with support from Italy, will replicate this initiative in Labe and Conakry Regions.

UNICEF continued to support the reform and modernization of civil registration, with a focus on birth registration. The national strategy for the reform and modernization of civil status was submitted to the Prime Minister in March 2018 and a draft inter-ministerial decree on the mechanism for interoperability between civil status and health was prepared. A multi-sectoral pool of 36 trainers from various sectors (health, justice, statistics, civil registration, religious)

was established. They received training that they subsequently rolled out to 318 key stakeholders involved in civil registration in N'Zerekore Region. At the national level, 102,473 children (including 50,077 girls) were registered within the legal timeline, including 70,942 children in UNICEF's priority intervention areas (N'Zerekore, Labe, Conakry regions and 40 communes of convergence). A total of 7,478 children were registered retroactively after the legal deadline. With UNICEF support, in the N'Zerekore Region, birth registration increased from 27 per cent in 2017 to 57 per cent in 2018.

Considering the high number of Guinean children on the move, including those separated and/or unaccompanied, UNICEF adapted its programmatic interventions to fit into the West and Central Africa Region initiative 'Protecting Children on the Move in West and Central Africa from Violence Abuse and Exploitation.'—The initiative is funded by the UK Department for International Development (DFID) Safety Support and Solutions Phase II programme. It was implemented in Guinea in collaboration with the International Organization for Migration and the Red Cross, in partnership with the Government. In 2019, this initiative will be key in contributing to the fourth UNDAF outcome, output 1 in favour of the empowerment of returned migrants.

#### **Goal area 4: Every child lives in a safe and clean environment**

UNICEF Guinea contributed to developing policies, building partnerships and mobilizing resources to improve equitable access to water, sanitation and health (WASH) services, especially for vulnerable populations. The annual regional review meeting of the DGIS funded ASWA programme for acceleration of access to water and sanitation was organized in March 2018 in Guinea, with support from UNICEF and partners (UK Department for International Development and the Netherlands). The recommendations from the meeting helped to improve programme implementation with innovative approaches and decentralized monitoring and quality control systems in the nine target countries. In Guinea, WASH coordination remained a national challenge due to the delegation of responsibilities of the WASH programme to different ministries (Sanitation, Hydraulics/SNAPE, Urban Planning, Education, Health, Homeland Administration). UNICEF continued its advocacy efforts to ensure proper alignment between the plans developed by each of the six ministerial entities and the national intersectoral WASH plan. Coordination mechanisms were established for 'WASH in Schools' and 'WASH in health centres'. UNICEF worked to develop community ownership to ensure sustainability of WASH facilities. In 2018, UNICEF's advocacy efforts mobilized US\$400,000 the Government to fund WASH interventions.

UNICEF supported a global evaluation of the water and sanitation sector with the GLASS tools conducted by the Minister of Water Energy. The evaluation provided insights and a way forward to engage the Government for a WASH sector coordination and monitoring mechanism in Guinea. In 2019 UNICEF will support those efforts, using the AKVO Flow digital platform. The national guide on minimum standards for WASH in Schools developed by the Ministry of National Education and Literacy was being validated at year end. It is a practical tool that takes into consideration gender aspects, including separating latrine blocks by sex and providing adequate facilities for menstrual hygiene.

UNICEF Guinea ensured that target rural and peri-urban communities have sustainable and equitable access to drinking water; and that schools and health centres use the WASH package to promote hygiene. A total of 35,949 new people gained access to safe drinking water in rural communities following the completion of 23 new boreholes, the installation of 16

standpipes and the rehabilitation of 18 water points in the regions of Boke, Kindia, Faranah, and Mamou, exceeding the programme target of 20,000. A total of 18,459 new students (7,938 girls) now have access to the minimum package of WASH services in 114 primary schools in the Boké and Kindia regions. A total of 1,350 female students benefited from menstruation kits (hygienic cottons and soaps) in 51 primary schools in N'Zerekore and Kankan regions.

Members of 51 Parents' and Friends' Associations of Schools (APEAE) and Mothers' Associations (AMEF) were trained and now are able to provide psychosocial support to girls for menstruation management. Primary health care was improved in 78 health structures (exceeding the target of 40) with the completion of 58 boreholes, 20 solar water supply systems and 78 latrine blocks in Mamou (48), Kindia (11) areas, Boke (11), and Faranah (8). This was accomplished thanks to a public private partnership under the technical supervision of the national service of water points (SNAPE).

Community-led total sanitation (CLTS) was a key priority for Guinea. UNICEF supported the Government to develop and implement a CLTS accelerated plan. This led to 1,562 new communities certified open defecation free (ODF), including 401 communities from 40 UNICEF directly-supported communes of convergence, offering a healthy living environment to 370,742 new people in the areas of Kindia, Boke, Faranah, Kankan and N'Zerekore, exceeding the target of 175,000. Post-ODF follow-up actions were intensified to ensure open defecation free (ODF) status in the 1,562 certified communities. The sustainability check revealed that 14 per cent of the villages certified since 2015 have lost their ODF status, either because of nomadic populations or because the soil was causing of latrines' collapse. UNICEF's innovative approach integrates the whole municipality in the ODF certification process. This strategy directly involves local authorities and community leaders in triggering and monitoring all villages in communes of convergence. UNICEF implemented a CLTS Acceleration Plan, which provided technical expertise to the National Directorate of Sanitation in partnership with local NGOs specialized in CLTS.

### **Goal area 5: Every child has an equitable chance in life**

UNICEF advocated for children's well-being by supporting the preparation and publication of the new multidimensional child poverty report. The report results were shared during a two-day workshop that brought together government, civil society and development partners. According to the report, 72 per cent of children aged 0-17 in Guinea were simultaneously deprived of at least three of eight dimensions of their fundamental rights. Those numbers were even higher in rural areas, where 87 per cent of children were deprived of three or more dimensions. UNICEF initiated and supported a series of activities to help reduce the multiple deprivations of children and increase their equitable access to human rights.

UNICEF supported the preparation and launch of a study to identify niches from which the Government might mobilize additional resources that could be used to increase funding in favour of child-sensitive social sectors. UNICEF supported the organization of a multisectoral steering committee (social action, health, education and UNICEF) to oversee and coordinate the study consultants' performance. Study results are expected by the first quarter of 2019 and will be used in budget advocacy for the preparation of the 2020 Finance Act.

UNICEF supported the establishment of a Unified Social Register, a crucial instrument for the integration of social protection programmes and for improving the efficiency of social programme implementation. UNICEF worked with the Government to harmonize targeting

methods for social programme beneficiaries, with a focus on children, who represent more than half of the poor population in Guinea. UNICEF supported the Government in developing a priority action plan for the implementation of the National Social Protection Policy. The action plan was validated during a two-day workshop chaired by the Prime Minister.

UNICEF supported the implementation of the National Programme of Communes of Convergence to integrate UNICEF Key Results for Children into local community planning in the 40 target communes of convergence. UNICEF transferred US\$2 million to complement domestic resources with the aim of building a local governance system that is resilient and sustainable and allows the communities to address child vulnerabilities. UNICEF worked closely with the Government to set up a comprehensive monitoring and evaluation system through review sessions at the communal, regional and national levels to monitor progress toward the universal coverage of basic social services in the 40 target communes of convergence.

### **Gender dimension**

During 2018, UNICEF adopted a participatory roadmap for the implementation of a gender equality strategy at national level. This roadmap is aligned with priorities and results spelled out in the 2018-2021 Gender Equality Action Plan, with a focus on well-being and empowerment of girls and adolescents. The plan was promoted within the UNICEF office at all levels of responsibility, particularly within the leadership bodies (country management team and programme management team). A country diagnosis was completed that reflects the main challenges and opportunities faced on gender equality.

A focus on the well-being and engagement of girls and adolescents was gradually being integrated into sectoral and multisectoral initiatives, particularly regarding child marriage, adolescent and youth health and girls' school enrolment. Progress was made in developing partnerships and mobilizing funds for actions addressing those specific issues. An 18-month joint initiative of UNICEF, UNFPA and UNESCO, recently funded by the Peacebuilding Fund, supports the participation of young men and women in governance in Guinea's 20 most conflict-ridden communes. UNICEF provided the component on participation and empowerment for girls and supported efforts to engage male role models to promote change in men's attitudes and behaviours.

A strong partnership in the field of engagement and socio-economic integration of Guinean youth was established with the Ministry of Youth and UNDP. With support from UNICEF and UNDP, a delegation of five young entrepreneurs (two girls and three boys), participated in the YouthConnekt Africa Summit held in October 2018. Guinea took steps to join the YouthConnekt network in 2019.

### **Humanitarian situations**

Guinea did not experience any humanitarian shocks during 2018. However, the country's tense socio-political context suggests social unrest is possible during upcoming legislative and presidential elections in 2019. The country's diverse emergency profile (floods, epidemics, socio-political unrest, acute malnutrition and illegal migration) requires an adequate level of preparedness and rapid response capacities. Therefore, UNICEF migrated to the new Emergency Preparedness and Response (EPR) platform.

UNICEF Guinea focused mainly on supporting the strengthening of sentinel sites for cholera in coastal areas and for meningitis in two regions. Over the past ten years, the regions of Basse Côte have been challenged by 16 cholera outbreaks that put the country at risk and put health authorities on full alert in the winter season.

Guinea has implemented active surveillance in high-risk areas, which provides quality information and makes it possible to take measures to prevent or reduce the impact of this disease by limiting/avoiding its spread.

UNICEF supported the Ministry of Health through the National Health Security Agency (ANSS) and its partners in organizing three emergency drills on the cholera response in Forecariah, Boke and Boffa sentinel sites. Those exercises focused on strengthening the early warning system to improve the response to possible cholera outbreaks in Guinea. They were conducted by a team of Ministry of Health officials trained in the planning and management of emergency drills, with the support of United Nations partners.

To strengthen the resilience of grassroots communities and better equip local stakeholders in rapid and local response in humanitarian action, UNICEF is planning to setup community-based early warning and response systems in the 40 targeted communes of convergence across the country.

UNICEF cooperated with the Inter-Agency Standing Committee on humanitarian interventions. The committee updated the country's contingency plan in March 2018 under the leadership of the National Humanitarian Action Service (SENAH). The operationalization of the National Humanitarian Action Agency will begin in 2019. It will be the structure convening all humanitarian actors and its institutional anchor will be the Prime Minister UNICEF advocacy contributed to the creation of the new agency.

### **Programming for at-scale results for children**

UNICEF supported the Government in youth engagement and participation by setting up a roster of young volunteers willing to serve in rural councils. Under the leadership of the Ministry of Youth Affairs, youth will be deployed on a voluntary basis to provide technical support to rural councils in various domains according to the councils' needs. UNICEF, UNFPA and UNESCO secured funding from the Peacebuilding Fund for a joint project aimed at increasing the participation of youth in decision-making processes in the 20 councils which record the highest number of conflicts involving youth. If successful, the initiative is expected to be scaled up in the country's 342 councils, to reach the UNDAF target of at least 5 per cent of women and young people participating in decision-making bodies at communal level.

In 2018, UNICEF put a priority on strengthening community engagement platforms and mechanisms. Youth and women's platforms were engaged in the 40 pilot convergence councils to support community dialogues on life-saving practices such as exclusive breastfeeding, vaccination and proper hand-washing. In addition to capacity building, partnership between the platforms and councils was strengthened to ensure the sustainability of community engagement and social and behaviour change interventions.

### **Winning support for the cause of children from decision makers and the wider public**

UNICEF Guinea elected a nationally well-known singer as UNICEF goodwill ambassador to

support its communication and advocacy strategy. This helped increase UNICEF visibility and raise children's issues with the highest authorities, including the President. UNICEF held the DGIS Annual Review Meeting, a high-level event including two ministries that brought together government, partners and donors around the WASH issues in Guinea. The visit of the coordinator of the Scaling Up Nutrition movement provided an opportunity to organize a high-level meeting on nutrition during which she advocated for a major investment in nutrition. The meeting was chaired by the Prime Minister, and was attended by four ministers and the first lady of Guinea. The Prime Minister made a commitment during the meeting to reverse the negative nutrition trends through greater investment. A National Consultative Forum was held on neonatal health that brought together experts from the West African sub-region, international institutions and NGOs, relevant ministries and civil society. In a joint declaration, the participants committed to making every effort to improve neonatal health in Guinea and to decreasing the high rates of neonatal morbidity and mortality.

### **Developing and leveraging resources and partnerships for children**

UNICEF mobilized US\$9.3 million for service delivery, with a focus on capacity and systems strengthening. Partners included Italy, the European Union, the World Bank, GAVI Alliance, United Kingdom, Canada and UNICEF National Committees. A UNICEF USA NatCom visit in Guinea led to a US\$1,345,082 investment for a four year WASH programme. The UNICEF Slovenia NatCom brought US\$50,000 in favour of community health. The UNICEF Belgium NatCom visit was expected to mobilize nearly 2.7 EUR for a four year programme that would involve four communes.

### **Harnessing the power of business and markets for children**

In 2018, the programmatic role of the UNICEF supply and logistic function was strengthened. Goods and services worth US\$6 million were procured, representing 99 per cent execution of the Supply Plan. UNICEF supported the Ministry of Health in establishing the programme management team for the CCEOP project and in drafting the memorandum of understanding with the National Central Pharmaceutical Unit, the main government entity in the logistic management of medical supplies.

### **Fostering innovation for children**

Various Information Technology for Development (ICT4D) projects were launched in 2018 under the Government's leadership. Technical support was provided for the use of Rapid SMS for birth registration real time monitoring. UNICEF supported the use of tablets in schools to improve data collection and monitoring in the education system. To improve governance at community level, UNICEF supported solar panel energy and Internet connectivity in four communes of convergence. This will be extended to 36 communes of convergence across the country in 2019.

### **Harnessing the power of evidence as a driver of change for children**

In 2018, UNICEF continued to support sectoral statistical systems for routine data production. Advocacy with the Ministry of Health and technical support to its BSD contributed to the inclusion of nutrition indicators in the National Health Information System (DHIS2). In partnership with WHO, UNICEF supported the establishment of a community-based nutrition surveillance and early warning mechanism. UNICEF supported the National Directorate of

Family Health and Nutrition in the implementation and functionality of the RapidPro platform, which, by providing real-time availability of disaggregated data (clinical and community) on maternal and neonatal mortality, will facilitate death audits and the development of response plans. UNICEF support also was provided for the establishment of a database on children on the move.

In 2018, the first year of the Country Programme Document, UNICEF supported the Government in launching numerous studies in various sectors. The results of those studies will inform programming and guide field interventions. Several education studies were initiated in 2018, the results of which will be available in early 2019. The studies focused on parenthood in Guinea, school time and teacher absenteeism, the interrelationship between girls' schooling and early marriage/pregnancy and children entering the first year of primary school. The results of these studies will influence the development of the next Ten-Year Education Programme for Guinea (ProDEG) 2019-2028 and will provide solid evidence for UNICEF advocacy with the Government, to support strategic orientations, to build partnerships and to define operational strategies at the community level. Two studies measured social norms related to female genital mutilation and women's and communities' perceptions of the benefits of the practice. A study initiated in 2018 will provide the baseline for the main health, nutrition, protection and WASH indicators for the implementation of the child-friendly community approach. UNICEF also contributed financially and technically to the Global Vulnerability Analysis, Food and Nutrition Security (AGVSAN).

### **Responsive, transparent and accountable internal governance**

The 2018 Annual Management Plan was developed, and its implementation was closely monitored to assess the progress toward Key Results for Children and programme and management priorities. UNICEF Guinea reviewed outstanding audit recommendations and as a result, all 2016 audit recommendations were closed as of 31 December 2018. The accountability framework also was strengthened with the establishment of the table of authority (ToA) and the development of new processes and procedures both in programme and operations management.

### **Results oriented, efficient and effective management**

UNICEF effectively contributed to activities related to 'Delivering as One.' A Business Operations Strategy was developed, with the objective of providing a more systematic comprehensive approach to the professionalization, harmonization and simplification of UN business operations and common services to enhance quality, effectiveness and efficiency on common service of all the UN Agencies, Funds, Programmes and Specialized Agencies.

### **People: versatile staff as agents of change**

UNICEF continued to focus on attracting, developing and retaining new talent for UNICEF Guinea, with a special focus on gender balance. Priority was placed on staff development, staff wellbeing and implementation of the revised Performance Management Policy that stresses results for children.

### **Versatile, safe and secure knowledge and information systems**

In 2018, Lync and video conferencing became the principal tools used for meetings involving

participants from remote offices. This enabled effective collaboration regardless of location. The upgrade to HANA improved the use of VISION. UNICEF Guinea purchased and installed new servers that meet the new ITSSD standard. The Enterprise Content Management project was ongoing at year end.

### Part 3: Lessons learned and constraints

UNICEF seized on key opportunities to enable the programmatic environment, using its strong, credible and trusted voice in the country to leverage transformative changes. To accelerate key results for children, UNICEF Guinea made the strategic choice to first provide 'concept proof evidence' through modelling the commune of convergence approach piloted by the National Programme of Communes of Convergence.

UNICEF Guinea's approach to local planning, local council empowerment, local coordination/child focus integration has resulted in community adherence and ownership and good field results. But this strategic programmatic shift was still a learning curve and it required that additional technical support be provided to the government ministries and regional institutions. The first half of 2018 focused on the realignment of UNICEF interventions to the newly adopted decentralization law.

UNICEF realignment to local planning processes (PDL and PAI) that fully integrate now the key resumption working toward quality and sustainability is a window of opportunity to provide additional evidence of success, a positive narrative for fulfilling children at scale at the national level. To fully achieve key results for children, UNICEF Guinea is learning to better position itself in leveraging resources. In spite of low domestic resource commitment; most subventions allocated to Guinea are rarely fully used; the utilization rates are below 50 per cent with much delays on implementation; the weak financial, reporting and accountability system is a major bottleneck to achieving child rights in Guinea.

Improving the country financial accountability system goes beyond the HACT capacities; the country overall macro assessment reveals systemic poor governance. UNICEF is well positioned in the country. High level advocacy, collaborating and partnering with the good brokers and doors keepers are winning strategies for UNICEF. Guinea remained a fragile post-Ebola country with a diverse range of risks. The country has experienced a sharp decline in external resources and recovery efforts continue in a difficult context. Most of the challenges to UNICEF's work relate to the enabling environment. This underpins the Country Programme Document's top priority of system strengthening.

UNICEF Guinea has not benefited from UNICEF's Humanitarian Action (HAC) funding since 2016. Efforts to ensure minimum preparedness and rapid response continue to be challenged by a weak humanitarian emergency preparedness system. The lack of national leadership in the management and coordination of humanitarian action is acute. With the end of the Ebola response, some strategic humanitarian partners departed.

Mechanisms for a minimum preparedness and a rapid response to humanitarian action must be strengthened. Those mechanisms should be based on community-based monitoring and early warning, and strongly interact with the effective involvement of grassroots stakeholders (local elected officials and community leaders).

Proven strategies to accelerate birth registration, increase the number of open defecation free communities and increase routine immunization include working directly with targeted communities to build grassroots coalitions and alliances at the community level around a common agenda such as the six Key Results for Children.

UNICEF successfully worked closely with the Government to advocate to advance national policies such as the national community health policy that committed local councils and decentralized technical services to work together in providing a holistic package to communities.