Guinea

**Executive summary**

The year 2017 was the last year of the 2013-2017 United Nations Development Assistance Framework (UNDAF) and UNICEF Guinea Country Programme cycle. The preparation of the new UNDAF and new country programme document (CPD), the related programme strategic notes and the country programme management plan (CPMP) were important and intense programmatic moments in 2017. There was opportunity to take stock of key achievements and lessons learnt from the ending programme cycle, and analyse the evolving programming environment, risks and opportunities as basis for the development of the new UNDAF, the CPD and the CPMP 2018-2022.

Despite the negative impacts of the Ebola crisis that severely affected the country over half of the 2013-2017 programme cycle, the country is recovering with an economic growth of 5.2 per cent in 2016 and a projection of 6.7 per cent for 2017.

The under-five mortality rate and the maternal mortality ratio decreased from 123 to 88 per 1,000 live births and from 724 to 550 per 100,000 live births respectively. This was an achievement in the challenging context of the Ebola crisis. However, key indicators lagged behind, such as the immunization coverage for children of 12 to 23 months of age that decreased from 37 per cent in 2012 to 26 per cent in 2016, mainly due to the population’s reluctance to vaccination during the Ebola epidemics, combined with other social barriers and the weakened healthcare system.

In 2017, the draft MODA report showed that half (49.3 per cent) of children in Guinea were deprived in four to eight dimensions including health, adequate housing, water and sanitation, education and protection against violence.

UNICEF Guinea and partners supported the Government to address health system challenges and contributed to the implementation of the country’s post-Ebola recovery plan. UNICEF engaged in advocacy initiatives to increase the share of the state budget allocated to health from 5.2 per cent in 2016 to 8.2 per cent in 2017, although far from the target (11.6 per cent by 2017). UNICEF supported the MoH to develop an investment case for reproductive maternal, neonatal, child and adolescent health (RMNCAH) that helped to mobilize US$ 5 million through the global financing facility.

To strengthen accountability and the commitment of stakeholders to boost immunization coverage and respond to the shortfall of sharp decrease in full immunization of children after the Ebola crisis, UNICEF was a leader to support the Government in the organization of a National Forum on Immunization that resulted in high level commitments from the First Lady and representatives from the National Assembly. It also contributed to South-South cooperation with the participation of experts from five countries.

In 2017 UNICEF continued to support emergency preparedness and response and supported the vaccination of 1,370,068 children against measles to overcome the measles outbreak in the
first quarter of the year.

In order to achieve universal birth registration (thus closing the gap of the 26 per cent unreached children), UNICEF and partners shifted focus of interventions to the reform and modernization of the civil registration and vital statistics systems. A high-level coordination platform was set up under the Prime Minister’s Office and a national strategy for the modernization and reform of both systems was developed and will be modelled in 2018.

Weak results in decreasing the rate of female genital mutilation/cutting was another important shortfall of the programme cycle, mainly due to persistent social norms and impunity.

In 2017, UNICEF Guinea reinforced its partnerships with communities, the media and community-based organizations to foster community dialogue on practices such as exclusive breastfeeding, vaccination and proper handwashing. Youth and women’s groups, community radios and local NGOs capacities were strengthened on ways of promoting community dialogue on essential family practices, and positive social norms and behaviours.

Communities were trained to play a leading role in the prevention of female genital mutilation/cutting, child marriage and sexual violence against young girls and children, and to promote youth and adolescent health, birth registration, young girls’ education and the maintenance of children in schools.

**Humanitarian assistance**

In 2017, the country faced three humanitarian crises:

- A measles outbreak, following the confirmation of 1,043 cases in 27 health districts. UNICEF Guinea supported the vaccination of 1,370,068 children in April and May 2017, that led to stopping the outbreak.
- Floods in Conakry, Kankan and N’Zérékoré in June and July 2017. UNICEF Guinea supported joint UN interventions by providing WASH kits (soap, bottles of chlorine and buckets) and education supply (education kits and early childhood development (ECD) non-medical items) to 300 families (2,500 people, including 1,360 children) in the affected areas. UNICEF provided psychosocial support to the affected people and supported educational talks related to hygiene, hand washing and water treatment at home.
- When more floods hit N’Zérékoré in September 2017, UNICEF Guinea supported the mobilization of 50 volunteers to undertake a rapid assessment. Then, in collaboration with the Prefectural Committee and the Guinean Red Cross, teams were deployed in the 11 affected neighbourhoods to help the victims to evacuate the waste water and provide first-aid, mainly composed of WASH kits (more than 500 buckets, 1,500 bars of soap and 1,500 bottles of chlorine) to promote hand washing and household water treatment.
- Landslide/mudslide in Conakry in August 2017, in a rubbish landfill in the Dar Es Salam neighbourhood, left five persons dead and approximately 10 injured, and 35 households affected (197 people including 108 women and girls). UNICEF Guinea supported a joint rapid assessment by the UN and the government humanitarian specialized agency and provided WASH kits (70 buckets, 350 bars of soaps and 350 bottles of chlorine) to promote hand washing and household water treatment.
- The child protection network in Conakry was supported to provide psychosocial care to 152 children (among whom 81 girls). A child-friendly space was set up in coordination with one of the local school and social workers used ECD kits (games, balls and soft
toys). The children received 59 education kits (notebooks and pens) to facilitate their reintegration back to school.

These interventions were coordinated and undertaken in collaboration with the Comité permanent inter agences (COPIA), a platform of all stakeholders set up after the Ebola epidemic, co-chaired by the Minister of Territorial Administration and Decentralization and the UN Resident Coordinator. Floods in Guinea remained one of the most recurrent and pressing issues, affecting some 69,000 people a year.

In 2017, the third independent evaluation mission (OBRA) concluded that Guinea had successfully interrupted the transmission of the polio virus after the detection of a vaccine-derived poliovirus (VDPV) type 2 case in Siguiri, and the subsequent polio vaccination campaigns organized in 2016. To reinforce the polio immunization in the country, UNICEF Guinea supported four national immunization campaigns against polio.

As part of the strategy to improve the resilience of the population, UNICEF signed a programme cooperation agreement with the Guinean Red Cross to facilitate the pre-positioning of contingency material in the strategic regions of Kindia and N’Zérékoré and the deployment of volunteers from Guinean Red Cross for the activation of cholera sentinel sites in the coastal regions. This activation reinforced the early warning system to rapidly detect cholera cases to quickly respond and control the outbreak. Moreover, these sentinel sites aimed at ensuring the commitment of the communities through the establishment of 15 surveillance platforms to detect unusual events. With these initiatives, no cholera outbreak has been noted in the country since 2012.

UNICEF supported and worked closely with the Agence National pour la Sécurité Sanitaire (ANSS), set up after the Ebola crisis as a national observatory on epidemics surveillance. All the interventions related to fighting the measles outbreak and ensuring prevention and preparedness against cholera were done as a support and in coordination with the ANSS.

**Equity in practice**

The 2016 situation analysis report based on the human life cycle, the MODA4 and the new SitAn4 (based on the results of the MICS 2016) generated knowledge based on equity analysis to understand and address the multiple deprivations that children face in Guinea.

The 2017 draft MODA report showed that 49.3 per cent of children in Guinea were deprived in four to eight dimensions including health, adequate housing, water and sanitation, education and protection against violence.

In the area of birth registration, the MICS 2016 revealed that 74 per cent of children under five years old were registered. To ensure that all children of Guinea have access to universal birth registration, thus closing the gap of the 26 per cent unreached children, UNICEF and partners operated a strategic shift by focusing the interventions on the reform and modernization of the civil registration and vital statistics systems.

In 2017, as a result of a combination of high level advocacy and strategic support to the Government, a thorough assessment of both systems was undertaken under the leadership of the high-level coordination platform set up under the Prime Minister’s Office. A national strategy for the modernization and reform of both systems was developed and will be modelled in the region of N’Zérékoré in 2018 through European Union funding.
To address critical needs of deprived populations in disadvantaged districts, UNICEF provided technical support for the development of an investment case for maternal, newborn and child health (MNCH), including civil registration and vital statistics (CRVS). The process involved the capacity building of 30 mid-level managers on equity analysis and micro-planning activities at the health facilities to increase the likelihood for each child to be reached. The training included results-based analysis to inform planning, budgeting and policies, spelling out the costs and benefits of scaling-up packages of high impact child survival interventions.

The UNICEF EQUIST tool was used to perform the analysis and generate evidence to identify geographic and programmatic gaps. The investment case addressed the main child survival problems of the most deprived children and families, identified bottlenecks and barriers contributing to these deprivations, and identified multisectoral strategies, including birth registration and WASH interventions. The process included advocacy of partners and government, and the development of action plans and monitoring frameworks.

The development process of this investment case was a powerful tool in influencing the development partners’ priorities and direct resource allocations for children. The process allowed to successfully leverage resources from a multi-partnership framework, the Global Financing Facility, and to put in place high-impact integrated interventions to reduce equity gaps and improve results for women and children in low-performing areas, such as in the region of Kankan. The results showed that around 46,000 children were reached during the catch-up shots during the Child Health Week.

Emerging areas of importance

**Promoting adaptation to climate change in the health sector.** The Guinea CO supported initiatives based on solar power, such as solar water pumps and solar fridges for the cold chain in the health centres to reduce the dependence on fuel or electricity. This support increased operational capacity of health facilities to deliver immunization services through logistics and cold chain systems strengthening, with the installation of a 40m cold room at the central level, 10 solar refrigerators at health facility level and the maintenance of solar equipment of 60 cold chain rooms. These efforts contributed to decrease the dropout rate between the diphtheria-polio-tetanus round 1 vaccination (DPT1) and round 3 (DPT3) coverage from 8 per cent to 4 per cent.

UNICEF supported the Ministry of Health (MOH) to improve access and quality of neonatal care by strengthening the 24/7 operational capacity of 197 health facilities to treat asphyxia and care for premature new-borns by setting up functional newborn corners with solar equipment.

**Refugee and migrant children.** Guinea is among the countries of origin for irregular migrants. The International Organization for Migration (IOM) reports indicated that among the migrants moving to Europe, at least four per cent were separated/unaccompanied children.

In 2017, Guinea witnessed a sharp increase in the number of returning migrants amongst whom at least 8 per cent were children. This situation called UNICEF Guinea’s attention to ensure that the children received adequate care and support. To better coordinate the management of child migration, UNICEF played a convening role by ensuring that an intersectoral taskforce was set up with all key stakeholders: IOM, the Government and representatives from civil society organizations.

UNICEF played a lead role in the development of a tripartite road map and a memorandum of understanding (MoU) between UNICEF/IOM and the Government, providing a clear framework
for the management of separated/unaccompanied migrant children in Guinea. The MoU is expected to be signed in January 2018.

**Greater focus on the second decade of life.** Adolescents’ reproductive health is a key priority of the UNICEF Guinea CO. To increase awareness of youth on their reproductive health and the risks and dangers of HIV, sexual and reproductive health and early pregnancy prevention, over 100,000 youths between 14 and 24 years old took part in community dialogue sessions on these issues. A total of 3,000 youths took the HIV test and were trained as peer educators. Capacity-building interventions on youth and adolescent health, including HIV/AIDS, were organized, targeting journalists and youth centres’ managers. Partnerships were strengthened with the media, youth associations and the network of over 314 youth centres across the country. Through various communication activities, the youths improved their knowledge on issues related to their sexual and reproductive health and strengthened their interpersonal communication skills.

**Movement to accelerate immunization results for children.** Guinea registered a sharp decrease in full immunization coverage of children of 12 to 23 months (from 37 per cent in 2012 to 26 per cent in 2016) mainly due to Ebola, social barriers and a weak healthcare delivery, especially in the poorest and most marginalized communities.

To curb this decrease, a National Forum on Immunization was organized to build accountability for results, generate and sustain political commitment and increase funding for immunization. This national movement galvanized government officials, parliamentarians, media representatives, influential members of civil societies, national and sub-national stakeholders, religious leaders, and communities to become advocates and reinforce the Government dedication to improving universal access to immunization. The Forum was an opportunity to identify, recognize and engage immunization champions including the First Lady of Guinea and sub-national leaders. Commitments from the highest level of the Government and Parliamentarians come as a catalyst to immunization efforts in Guinea. The final endorsement by participants paved the way for accelerated implementation of the Addis Declaration on Immunization roadmap to ensure that each child and pregnant women in Guinea access the vaccines they need to survive and thrive.

### Summary Notes and Acronyms

<table>
<thead>
<tr>
<th>Acronyms</th>
<th>Description</th>
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<tbody>
<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
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<td>CO</td>
<td>Country Office</td>
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<td>COPIA</td>
<td>Comité Permanent Inter-agences</td>
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<td>CRC</td>
<td>Convention of the Rights of the Child</td>
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<td>ECD</td>
<td>early childhood development</td>
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<td>EPRI</td>
<td>Economic and Policy Research Institute</td>
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<td>HACT</td>
<td>harmonized approach to cash transfers</td>
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<tr>
<td>iCCM</td>
<td>integrated community case management</td>
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<td>INS</td>
<td>Institut National de la Statistique</td>
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<td>MATD</td>
<td>Ministry of Territorial Administration and Decentralization</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MODA</td>
<td>Multiple Overlapping Deprivation Analysis</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>PNDES</td>
<td>National Social and Economic development Plan</td>
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<td>PNACC</td>
<td>National Programme of Communes of Convergence</td>
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Based on the results of the MICS 2016, the Guinea CO reinforced its partnerships with communities, the media and community-based organizations to foster community dialogue on key life-saving practices such as exclusive breastfeeding, vaccination and proper handwashing. Youth and women’s groups, community radios and local NGOs had their capacities strengthened on better ways of promoting community dialogue on essential family practices, and positive social norms and behaviours. Communities were trained to play a leading role in the prevention of female genital mutilation/cutting, child marriage and sexual violence against young girls and children. Their capacity was strengthened to promote youth and adolescent health, birth registration, young girls’ education and the maintenance of children in schools.

Women’s groups were targeted by the nutrition programme to support the essential family practices in delivering a bundle of nutrition specific and sensitive interventions, such as home fortification and complementary feeding; behaviour change communication, essential nutrition actions; and improved access to community-based nutrition services including integrated community case management (iCCM) and WASH basic kits. A total of 1,754 women’s groups of 14 prefectures in four regions were identified and trained on community-based health and nutrition action to implement the pilot phase of this approach.

UNICEF supported a national training workshop on MODA to reinforce the country’s capacity in multi-dimensional poverty analysis. Fifty staff, researchers and students from the Institut National de la Statistique (INS) and the University of Sonfonia were trained on MODA principles and methodology. A second training and practice workshop was organized in November 2017 with the same participants to proceed with MODA, based on the 2016 MICS data, with the technical support of the Economic and Policy Research Institute (EPRI). The draft MODA report was available to be finalized in early 2018.

Based on the findings and major gaps on children’s rights revealed in the 2012 DHS-MICS, UNICEF had promoted a MODA study and report that was presented at the National Parliament in November 2014, together with a Memorandum of 12 commitments to Guinean children, signed by the Prime-Minister and the President of the National Parliament. During the 2017 Word Children Day, UNICEF promoted, with the Children’s Parliament, a high level advocacy meeting to share the interim evaluation of the 12 commitments in full session of the National Parliament.

The President of the Parliament committed to a closer and joint monitoring of Child Rights in Guinea by the Government, Parliament and UNICEF. The evaluation report of the 12 commitments will be available in early 2018 and will be used, together with the results of the MICS 2016, to take an additional step in making the Government and Parliament to commit to accelerating the results in most remaining critical areas such as immunization coverage.
The MICS 2016 was used as baseline data for the PNDES2016-2020 and to elaborate the MODA that will be used for evidence-based advocacy to address the multiple deprivations that children are facing in Guinea.

UNICEF supported the MoH to develop an investment case for reproductive maternal, neonatal, child and adolescent health (RMNCAH) that helped to mobilize US$ 5 million through the global financing facility.

As the lead agency for technical and financial partners in the education sector, UNICEF was instrumental in coordinating the education sector analysis and was actively preparing the ground for Guinea to apply for the next allocation of the Global Partnership for Education.

**Partnerships**

In Guinea, salt iodization has been mandatory since 2000. However, more than 65 per cent of the population still consume non-iodized salt. An assessment and mapping carried out in May 2016 confirmed that local salt producers were mainly in the regions of Boke, Conakry and Kindia and 89 per cent of locally produced salt samples were not adequately iodized. UNICEF supported 38 local producers’ associations through the Ministry of Health, by providing 25 drums of 25kg of potassium iodate to iodize 330 tons of salt. This improved the quantity of iodized salt in the local market and promoted the capacity of local salt producers.

To achieve the national commitment for Scaling-up Nutrition (SUN), UNICEF Guinea facilitated the participation of a diversity of Guinean stakeholders at the Global SUN meeting, with the participation of civil society, members of Parliament, Government representatives and UN institutions. A key factor in facilitating stakeholders’ alignment with the national commitment for SUN was the establishment of a multisectoral, multi-ministry coordination platform. A network of parliamentarians for nutrition was set up as a new alliance to support high level advocacy for public funding and the establishment of a legal framework for nutrition (ratification of the Breast Milk Substitute Marketing Code). With the high-level advocacy promoted by UNICEF, the Ambassador of France agreed to be the donor-convener for nutrition in Guinea. The private sector was approached to join the network to support the national nutrition priorities, and the Nutriset Group will produce ready to use therapeutic food products in Guinea.

The commitment and strategic partnerships with major donors such as GAVI, Global Funds, the World Bank, the Islamic Development Bank and USAID were maintained to implement integrated maternal, neonatal, and child survival interventions, including supply-chain and information systems.

**External communication and public advocacy**

To support public advocacy, UNICEF Guinea CO participated in several public events, targeting audiences such as the general population, the Government and international partners/donors.

- During the International Migrants Day, the office covered public communication and advocacy initiatives as a contribution to the regional initiative on “Voice of Children on the Move in West and Central Africa”.
- During the “Child Month”, the Guinea CO raised awareness on issues related to childhood, in collaboration with the Ministry of Social Action and Promotion of Women and Children (MASPFE).
- During the “Day of the African Child”, the focus was on child marriage, in line with the African Union’s campaign to abandon child marriage.
For the “World Children Day”, UNICEF Guinea promoted a media week, with themes on TV and radio programmes targeting women, children, youth and policymakers. The children took over the Parliament’s Session that was attended by the President and members of the Parliament, the Government and partners, with an emphasis on increasing the budget for education, nutrition, protection and health.

With the evidence-base and advocacy initiatives in the past, 2017 was a turning point for the development of pre-primary schooling, as expressed by the highest authorities of the Government. The institutional anchoring was transferred from the MASPFE to the Ministry of National Education and Literacy with a significant financial pledge from the World Bank. UNICEF supported the diagnostic of the sub-sector and two workshops to prepare the definition of a vision for the next 10 years.

UNICEF Guinea CO implemented mechanisms to disseminate its articles and success stories on medium.com and social networks (Facebook and Twitter), along with videos, TV reports, photos album on Flickr and the CO’s monthly newsletter sent to donors, the Government and NGOs.

**South-South cooperation and triangular cooperation**

Full immunization of children in West Africa, and particularly in Guinea where the rate of children under one year fully immunized decreased from 37 per cent in 2012 to 26 per cent in 2016 mainly as a consequence of the Ebola crisis, was a challenge. In October 2017, the Guinea CO facilitated South-South cooperation on immunization by convening experts, high level Government officials and Parliamentarians from Burkina Faso, Cameroon, Chad, Cote d’Ivoire, the Democratic Republic of Congo and Senegal to the National Forum on Immunization held in Conakry.

The Forum was an important moment of sharing and learning, and raised the awareness of the Guinean participants (government officials, parliamentarians, media representatives, influential members of civil societies, national and sub-national stakeholders, religious leaders, and community members) on the importance of full immunization as a key factor of sustainable public health’s improvement. The stakeholders and participants committed to become advocates and use their power to reinforce the Government’s dedication to improving universal access to immunization. The final endorsement by participants paved the way for accelerated implementation of the Addis Declaration on Immunization (ADI) roadmap to ensure that each child and pregnant woman in Guinea, no matter who they are or where they live, can access the vaccines they need to survive and thrive.

**Identification and promotion of innovation**

UNICEF Guinea has been supporting the Ministry of Youth in running the “U-Report” initiative in the country since 2015, supporting youth’s participation in public governance and their raising their voices on issues of interest to them.

In 2017, over 60,000 users between 15 and 35 years became U-Reporters and expressed their views and opinions through surveys on issues such as HIV/AIDS prevention, youth sexual and reproductive health, early marriage and female genital mutilation/cutting. The results of these U-Reports were made public on the U-Report Guinea platform and supported advocacy with Government and partners for public support on issues of concern to the youth. The U-Report process progressively affirmed itself as a way of ensuring their participation in the decision-making process in the country and as a powerful tool of social dialogue.
Accelerating girls’ education in Télimélé, UNICEF Guinea supported the Ministry of National Education and Literacy to promote a combined innovations approach to increase girls’ education rate in one of the most critical prefectures: with the tutoring of younger girls by older one; the participation of children in setting up of children’s government composed by an equal number of girls and boys; and the support to girls’ mothers’ associations to promote the enrolment of the girls in school. A total of 457 teachers were trained on active pedagogy.

The strong leadership from the Prefectural Director of Education was key not only in motivating people and monitoring innovations as well as generating evidences, particularly the assessment of students’ achievement at the beginning and at the end of the project duration, but the tracking of enrolment statistics. This led to increasing the gross enrolment rate of girls from 54 per cent in 2012 to 93 per cent in 2016. Preliminary data for 2017 seems to confirm data of 2016.

Support to integration and cross-sectoral linkages
The 2016 situational analysis and the MODA, following the human life cycle and multidimensional needs at each stage, had the purpose to better understand and address the intersectoral needs of children at all stages of their lives.

To address the birth registration gap (the first child right, after being born safe), advocacy was carried out to set up a high-level coordination mechanism to ensure process of modernization and reform of the civil registration and vital statistics systems. The Coordination interministérielle de la réforme et de la modernisation de l’état civil (CIRMEC) was set up and placed under the responsibility of the Prime Minister’s office. The CIRMEC brought together line ministers involved in civil registrations and in vital statistics. This body validated the review of the civil registration and vital statistics systems and oversaw the development of the national strategy.

UNICEF Guinea promoted the child friendly communes’ initiative to ensure integration of coordinated cross-sectoral interventions for children. On that basis, the Government, through the Ministry of Territorial Administration and Decentralization, launched in December 2017 the National Programme of Communes of Convergence, with UNICEF as the main technical partner. The Programme identified 40 communes across the country for the pilot phase based on specific criteria such as the level of deprivation/poverty or high potential for fast-track development that can have a driving effect to the neighboring communes. Under the MATD’s leadership, the PNACC will mobilize all the partners to support the improvement of the living conditions of populations in the communes, especially through full access and quality of basic social services, within the framework of the 14 competences transferred by the central state to the communes. UNICEF new country programme document is well articulated around this initiative from 2018 onwards.

Service delivery
UNICEF Guinea supported the MOH to improve the quality of maternal and newborn care through technical assistance for the revision of the maternal, neonatal, and child health strategic plan, capacity building and the establishment of 197 operational newborn corners with solar panels in hospitals and health centres, the integration of the kangaroo care approach to improve the care for premature children and improved data collection. In 2017, the quality care for adolescents and young people was improved by integrating the standards on sexual and reproductive health into health facility protocols in 11 health districts in the regions of Kankan and N’Zérékoré.

Although Guinea was declared polio-free in February 2017, four national immunization
campaigns were organized with an immunization coverage above 95 per cent in the majority of districts.

UNICEF Guinea worked to improve routine immunization services provision through human resource capacity building: 240 health providers trained in practical vaccination, 172 health providers on effective vaccine management, 25 managers on middle level management, and 31 health providers on equity analysis.

UNICEF contributed to improve the national cold chain storage capacity by installing a functional cold room of 40 m3 at the central level and 10 solar direct drive refrigerators in selected health facilities in Matoto, Ratoma, Kankan, Kouroussa and Mali. This support contributed to the reduction of the immunization dropout rate below five per cent and the catch up of more than 80,000 children aged 0-23 months during the Maternal and Child Health Week.

The pilot initiative of 10 convergent child friendly communes (now turned into 40 communes of convergence) was setup to provide integrated and quality delivery of a package of essential services to children. The PNACC initiative (to start in 2018) includes community-based planning and monitoring of quality of services

**Human rights-based approach to cooperation**

In 2017, the Government of Guinea presented before the United Nations Committee on the Convention of the Rights of the Child reports on the implementation of the two optional protocols: the optional protocol on the involvement of children in armed conflict and the optional protocol on the sale of children, child prostitution and child pornography. The Government received several recommendations from the Committee on the Rights of the Child and UNICEF to review each recommendation to ensure they were taken in consideration in the different dispositions of the Bill of Law and are in line with the Convention of the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and Universal Periodic Review concluding recommendations.

UNICEF worked with the Government to strengthen the functionality of 13 local accountability mechanisms to increase advocacy, community engagement and expand immunization coverage in the region of Kankan, a high-potential epidemic area. This support led to the strong engagement of the administrative authorities in immunization campaigns and a decrease in the number of missed children during the four rounds of polio campaigns.

To support accountability mechanisms for the realization of rights of all children, UNICEF promoted the U-Report, and around 60,000 youth country-wide were able to voice their concerns about their rights to health, education and protection.

The UN in Guinea set up a taskforce, under the leadership of the Office of the Human Rights Commission for Human Rights (OHCHR), to deal with difficult and sensitive human rights issues in the country. In 2017, the taskforce met on a monthly basis to discuss cases of violations of human rights. The taskforce compiled reported cases of violation of human rights and followed-up with the Government to ensure appropriate actions were taken for the victims. UNICEF is particularly attentive to reported cases of female genital mutilation/cutting, which remain under-reported and with scarce legal sanctions.

**Gender equality**

Advancing girls’ secondary education

In Guinea, 47.2 per cent of children (45 per cent girls) completed primary education. UNICEF
therefore focused its support to primary teaching level, expecting to have an impact on girl’s secondary enrolment as well.

In Télimélé, one of the most critical prefectures, UNICEF support to integrated efforts on girls’ enrolment and quality resulted in increasing the gross enrolment rate of girls from 54 per cent in 2012 to 93 per cent in 2016, with preliminary data for 2017 confirming the trend of 2016. Still in Télimélé, a student learning assessment conducted in May 2016 shows an increase of 10 points in students average score in 2016 compared to 2013.

A diagnosis of school-based violence, particularly against girls, was made after training the teachers and local officials. The next step was to put in place a mechanism for monitoring and corrective interventions. In the regions of Kindia, N’Zérékoré, Boke and Kankan, 118 separate latrines for girls and boys were constructed in 59 schools. Hygiene promotion and sensitization of student's parents were conducted to improve girl's education in 87 targeted schools.

Ending child marriage
Guinea took part to the African Union Campaign to End Child Marriage and launched a national campaign through a series of key events countrywide, with high ranking officials. During the events, the children involved took a clear stand against child marriage, and the Government committed to ensure the protection of all children from child marriage.

At community level, 16,874 community dialogues were conducted to strengthen the protection of children from violence, abuse and exploitation, with a focus on the abandonment of harmful practices against children, particularly female genital mutilation/cutting and child marriage. The effort resulted in 198 villages making public declaration for the abandonment of these two harmful practices. Eighteen women's organizations in Labe, Mamou and Boke were trained and are able to pass key messages and are allies against the practice of female genital mutilation/cutting and child marriage.

Environmental sustainability
Guinea’s development is expected to be significantly affected by rising sea level and salt water intrusion, particularly on islands, increased rainfall variability and more frequent floods, and drought periods in the north of the coastal zone.

To face climate changes, UNICEF Guinea reinforced the resilience of the rural and island communes of Toungnifily (19,993 people), Colia (22,398 people) and Doupourou (13,647 people). These communities, declared open defecation free, were targeted to restore the spring sources by planting trees to protect the damaged forest. The community-led total sanitation (CLTS) approach was used to empower and mobilize the communities to analyse the advantages of reforestation in the fight against poverty and climate changes. UNICEF and the National Direction of Water and Forests supported the restoration of 30 ha community forests.

Sensitization of the elected officials and the populations on the negative practices and the impact of climate changes was done with the network of rural radios. Several initiatives took place such as: the installation of two impluvium, three small water solar network systems and nine water treatment stations with cell phone recharge devices. One hundred and thirty five manual boreholes were drilled and the CLTS approach was implemented in 150 villages among which 149 were declared Open Defecation Free (88,800 people). Capacity of the target municipalities of Boffa, Tamita and Tougnifily were reinforced on the national strategy on public water services.
The UNICEF Guinea CO took measures to assess and reduce the environmental footprint of the country office by installing a mixed system combining three energy sources: public electricity, generator and solar energy. The innovation ensured the business continuity plan functionality with permanent access to information and communication technology (ICT) resources and to secure the equipment from power cuts.

**Effective leadership**

The UNICEF Guinea CO developed an annual management plan (AMP) in February 2017 outlining the key programmatic and management priorities summarized in a matrix of seven results. Key indicators were defined to assess the achievement of these results and regularly monitored by the monthly country management team (CMT) meetings. Other specific indicators of programme and operations management were developed and monitored at different levels of the performance management system such as the zonal management teams, programme management team and operation group meetings.

To ensure full implementation of the audit recommendations and compliance with agreed actions points, an audit task group was established by the Representative to report on its status during the country management team meetings. Despite the heavy workload of the new CPD and CPMP preparation, the office managed to address nine of the recommendations in 2017 and is working to the remaining recommendations.

The UNICEF Guinea CO conducted a risk and control self-assessment exercise at the beginning of the year to ensure that the CO was led efficiently and that decisions were made in a risk-informed environment. This assessment led to the development an Emergency Risk Management (ERM) Plan and the major risks identified factored in the 2017 AMP. ERM was well monitored, reaching 100 per cent UNICEF’s high level emergency preparedness.

With the technical support of the UNICEF Regional Office, the UNICEF Guinea CO was putting in place the eTools to be operationalized in 2018.

UNICEF Guinea was commended for conducting the country programme document exercise jointly with other UN institutions. UNICEF, UNFPA and UNDP CPDs were presented to Government in a single session that were then approved by the UN General Assembly as One UN CPD for Guinea. UNICEF Guinea used the country programme document and the country programme management plan preparation to strengthen staff and partners’ capacities in results-based management.

**Financial resources management**

One of the 2017 key Guinea CO priorities was the scaling up of the harmonized approach to cash transfers (HACT) implementation, where an accountability framework was established defining roles and responsibilities of staff members at different levels of programme and operations. An activity plan including programmatic visits, spots checks and audits was developed and implemented. At year-end, the CO had reached 105 per cent of completion of programmatic assurance and 103 per cent of financial assurance activities. The CO maintained throughout the year the performance of zero outstanding direct cash transfers (DCT) above nine months and had 0.8 per cent outstanding DCTs above six months along the year.

To address the audit recommendations on financial management, rated medium priority, the UNICEF Guinea CO took the following actions during the year:

- Strengthened its bank optimization process by improving the cash forecast mechanism to ensure adequate that end-of-month bank balances were maintained within set limits
and systematic follow-up the financial transactions. The office did not record any long outstanding reconciling items during the year;

- Established quarterly schedules of DCT release to the implementing partners subject to liquidation of prior outstanding cash transfers;
- Ensured that activities recorded in Funding Authorization and Certificate of Expenditure were clearly linked to signed work plans or programme cooperation agreements/small scale funding agreements as well as a list of implementing partners;
- Trained staff and partners on how to use FACE.

UNICEF Guinea CO managed its Other Resources (OR) and Regular Resources (RR) funds within the approved ceilings. All funds expiring in 2017 were used before year-end.

UNICEF Guinea CO gained efficiency in managing programme and operations budget with the use of the long-term agreements for the procurement of supplies, monitoring of field missions with combined trips and cost sharing for the common houses in Kankan and N’Zérékoré.

**Fundraising and donor relations**
Based on the analysis of the resources mobilized in 2017, the needs for the new country programme document and the analysis of the funding environment both internally and externally, a resource mobilization strategy was developed in August 2017, with an action plan and the set up of an internal resource mobilization committee for monitoring of the action plan.

By end 2017, the office had mobilized US$ 22.9 million (27 per cent) of the US$ 85.3 million OR funds needed for the new CPD. Major donors like Germany, Japan, Russia, Spain, the United States, the European Union Delegation and France Ambassadors were met by the UNICEF Representative to advocate on need for flexible funding. The office received US$ 14.4 million from GAVI to support the health system strengthening, US$ 5 million through the global financing facility for technical support to the Government to development an investment case for RMNCAH and US$ 1 million from the World Bank for WASH in Mamou to scale up universal access to safe drinking water in 48 health centres. UNICEF was able to raise funds from the Government as financial counterpart for WASH and immunization activities, amounting to approximately US$ 1 million. Joint fundraising with other UN institutions secured additional funds from the Multi-Partner Trust Fund Office and Muskoka Foundation.

Donor reports and grants management were monitored with tools elaborated to ensure timely and quality reporting (standard operating procedure), grant management matrix, quarterly reporting on results, donor report quality control checklist, management of the documentation on the share driver. Donor feedback (received from the EU, Japan Global Funds.) was part of the grants management tools to improve the quality of the reporting. Ninety-eight per cent of donor reports due in 2017 were submitted on time (above the organization’s target of 90 per cent).

**Evaluation and research**
The 2017 integrated monitoring and evaluation plan (IMEP) was validated together with the 2017 AMP in March 2017 and submitted to the UNICEF Regional Office in April 2017. Nine out of 16 activities planned (56 per cent) were completed during the year. Among these are the 2016 MICS with data of socio-economic indicators after the Ebola crisis that served as baseline for the country National Socio-Economic Development Plan (PNDES) 2016-2020, as well as the new UNDAF and CPD 2018-2022.

Another important achievement of the 2017 IMEP was the external evaluation of the child survival and development (CSD) programme for the period 2015-2017 underlining the relevance
and the impacts of the CSD approach as well as its gaps and lessons learned, that were used to develop the CSD component of the new CPD.

Based on the MICS data released in July 2017, the CO updated the MODA and SitAn, which draft report were under review and to be finalized in early 2018. Preliminary results of the draft MODA report showed that 49.3 per cent of children in Guinea were deprived in four to eight dimensions, including health, adequate housing, water and sanitation, education and protection against violence. Two surveys of the INS (the DHS 2017 and the Households Poverty Survey) supported by UNICEF were postponed for 2018.

Although the evaluation component of the programme management performance indicators was rated positively in InSight, the CO committed to improve its IMEP practice in 2018, based on the audit recommendations.

Efficiency gains and cost savings

In 2017, the UNICEF Guinea CO pursued its approach for substantial cost savings on field missions by fostering the monthly mission plan, to ensure the integration of missions and subsequent gains in both financial savings and cross-sectoral interactions during field trips. The Guinea CO continued to share offices with other UN institutions UNFPA in Kankan and N’Zérékoré.

The Guinea CO pursued the development of long-term agreements 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.

The continued use of solar panels to supply energy to the 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. In addition, the replacement of gas powered cold chain refrigerator by 200 solar power refrigerators in health centres produced a gain of US$ 12,000 in annual fuel cost. Finally, the CO transaction pool initiative streamlined and improved the office processes thus making gains in time and human resources.

Supply management

Guinea CO strengthened its supply programmatic role through improved capacity of staff and implementing partners in supply and logistics management, end-user monitoring and government health supply chain. Supply and programme staff held operational meetings early in the year to fine-tune the procurement needs and finalize the supply plan.

UNICEF supported a study mission to Supply Division by representatives of the MoH and the Central Pharmacy. Other initiatives carried out with UNICEF involvement and support included modelling of the health supply chain of essential drugs, and the development of the national strategic plan for strengthening the supply chain.

Effective guidance and support were provided to the MoH in procuring vaccines through the Procurement Division. Guinea CO introduced an end-user monitoring form used in joint missions carried out by the UN institutions to assess the interventions in Guinea. Supply activities are summarized below:
Table 1: Total value of the supplies received in 2017

<table>
<thead>
<tr>
<th>Programme</th>
<th>Goods</th>
<th>Services</th>
<th>Cumulative (total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>2,531,495.21</td>
<td>442,452.97</td>
<td>2,973,948.18</td>
</tr>
<tr>
<td>Nutrition</td>
<td>228,368.98</td>
<td>29,439.34</td>
<td>257,808.32</td>
</tr>
<tr>
<td>WASH</td>
<td>439,121.45</td>
<td>556,448.33</td>
<td>995,569.78</td>
</tr>
<tr>
<td>Education</td>
<td>93,427.29</td>
<td>35,026.95</td>
<td>128,454.24</td>
</tr>
<tr>
<td>Protection</td>
<td>306,915.44</td>
<td>112,168.03</td>
<td>419,083.47</td>
</tr>
<tr>
<td>Social policy</td>
<td>19,825.17</td>
<td>39,956.67</td>
<td>59,781.84</td>
</tr>
<tr>
<td>Communication</td>
<td>9,844.39</td>
<td>0</td>
<td>9,844.39</td>
</tr>
<tr>
<td>Operations</td>
<td>338,729.37</td>
<td>1,217,751.03</td>
<td>1,556,480.40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,628,997.93</strong></td>
<td><strong>2,435,243.32</strong></td>
<td><strong>6,064,241.25</strong></td>
</tr>
</tbody>
</table>

Table 2: Total value of procurement done in 201

<table>
<thead>
<tr>
<th>Programme</th>
<th>Goods</th>
<th>Services</th>
<th>Cumulative total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>4,106,266.00</td>
<td>509,822.12</td>
<td>4,616,088.12</td>
</tr>
<tr>
<td>Nutrition</td>
<td>250,888.00</td>
<td>30,157.74</td>
<td>281,045.74</td>
</tr>
<tr>
<td>WASH</td>
<td>448,423.00</td>
<td>1,911,691.15</td>
<td>2,360,114.15</td>
</tr>
<tr>
<td>Education</td>
<td>124,746.00</td>
<td>34,253.49</td>
<td>158,999.49</td>
</tr>
<tr>
<td>Protection</td>
<td>295,431.00</td>
<td>94,942.05</td>
<td>390,373.05</td>
</tr>
<tr>
<td>Social Policy</td>
<td>29,604.00</td>
<td>16,631.25</td>
<td>46,235.25</td>
</tr>
<tr>
<td>Communication</td>
<td>29,236.00</td>
<td>0.00</td>
<td>29,236.00</td>
</tr>
<tr>
<td>Operations</td>
<td>249,438.14</td>
<td>1,451,948.13</td>
<td>1,701,386.27</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,534,032.14</strong></td>
<td><strong>4,049,445.93</strong></td>
<td><strong>9,583,478.07</strong></td>
</tr>
</tbody>
</table>

Table 3: Total value of construction activities

<table>
<thead>
<tr>
<th>Programme</th>
<th>Construction activities</th>
<th>Amount in US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Construction of Health Centre, Kouroumale (CTCOM KOUREMLE)</td>
<td>183,925.00</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation of 10 Health centres in the administrative zone of N’Zérékoré (PASA)</td>
<td>1,449,139.12</td>
</tr>
<tr>
<td></td>
<td>Construction of shelters and installation of cold chains cabins</td>
<td>12,391.00</td>
</tr>
<tr>
<td>Education</td>
<td>Construction of 6 schools in Télimélé</td>
<td>310,000.00</td>
</tr>
<tr>
<td>WASH</td>
<td>Construction of 37 latrines blocks in health structures in Upper Guinea</td>
<td>160,021.50</td>
</tr>
<tr>
<td>Description</td>
<td>Cost</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>Construction and rehabilitation of 46 boreholes with hand pumps</td>
<td>527,733.00</td>
<td></td>
</tr>
<tr>
<td>Construction of 42 latrines blocks in Kankan and N’Zérékoré regions</td>
<td>170,711.81</td>
<td></td>
</tr>
<tr>
<td>Constructions of 90 latrines blocks in school in Boke and Kindia.</td>
<td>309,264.46</td>
<td></td>
</tr>
<tr>
<td>Completion of 74 boreholes with hand pumps in community, schools and communities areas in Boke, Kindia and Bofa</td>
<td>488,063.27</td>
<td></td>
</tr>
<tr>
<td>Completion of 36 borehole with hand pumps in Mamou</td>
<td>705,297.00</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL Costs</strong></td>
<td><strong>4,316,546.16</strong></td>
<td></td>
</tr>
</tbody>
</table>

Current value of inventory and the total value of supplies issued by our country office controlled warehouse in the reporting year: US$ 1,525,935.

**Security for staff and premises**

In 2017, the UNICEF Guinea CO increased staff awareness on security through regular security messages and reminders to maintain the minimum-security preparedness. With the support of United Nations Department of Safety and Security (UNDSS), a special security training for female staff was undertaken. At the beginning of the year, the office commanded the residential security assessment of all UNICEF and international professional staff (IPs) premises. As results, the premises are now Minimum Operating Security Standards (MOSS) compliant. The CO monitored the implementation of Minimum Operational Residential Security Standards measures. Requests for the reimbursement of security expenses made by international staff is subject to the implementation of the recommendation measures following certification by UNDSS or the security focal point.

A major security issues was security on the road, as a number of UNICEF vehicles were involved in road accidents mostly due to the poor driving skills of non-UN drivers. The office planned to improve all drivers’ skills in preventative driving.

**Human resources**

While developing the new country programme management plan, the UNICEF Guinea CO went through an extensive and participatory process of consultations with staff members through skills mapping exercise that helped identify and design human capacity needs within the limits of funding affordability.

At the beginning of the year, the CO organized collective and individual training sessions in performance management where guidance was given to develop work plan outputs and engage in a constructive dialog between supervisors and supervisees. The status of performance evaluation report completion was one the key indicators reviewed by the country management team on regular basis. By end of February 2017, 96 per cent of 2016 year-end performance assessment were finalized.

The outcomes of the 2017 Global Staff Survey were reviewed in a joint consultative committee (JCC) meeting. Key topics were identified and included in the office improvement plan presented to all staff and regularly monitored by the joint consultative committee and the country management team.

The CO received support from the regional stress counsellor who organized all staff counselling
sessions as well as individual sessions. The recommendations of the stress counsellor were factored in the office improvement plan. UN Cares activities were undertaken within the UN framework and led by the UN medical doctor. UNICEF staff members and dependents attended sessions focusing on HIV prevention in the workplace.

In 2017, the UNICEF Guinea CO used RR funds to bridge the funding gap of 33 ORE-funded posts due to the drastic fall in ORE funds (following the end of Ebola), coupled with the earmarking nature of some of the OR grants received. A management memorandum was submitted to the UNICEF Regional Office explaining the reasons why and how RR funds were used for OR posts and commitment to no longer go beyond the limit.

**Effective use of information and communication technology**

UNICEF Guinea automation tools were part of the Guinea country office’s daily business. Lync and the video conference unit were the main tools for meetings involving participants from remote offices enabling an effective collaboration regardless of the location.

The usage of specific features like calendars and tasks in Office365 improved the planning. SharePoint was a familiar feature to share, upload/download documents accessible everywhere. ICT provided guidelines and brochures for best usage of these tools and case-by-case job orientation.

With easy access and good Internet providers, UNICEF had a strong social media presence. Internally, ICT worked with the communication section in charge of social media. ICT supported the education and protection sections in implementing programmes using innovative tools such as Kobo Collect to survey the location of schools, number of students in the Conakry region. The positive results of the Guinea CO were visible worldwide through social media channels like YouTube, Twitter, Facebook and Flickr hosting UNICEF accounts. Universal Wi-Fi in the sub-offices reduced the workload of the ICT focal points as there is no need to configure IP addresses manually or to plug network cable.

ICT footprint was reduced with the converged LAN in place, supporting added value services like IP telephony, video conference system, Skype for Business and SharePoint. Sharing documentation electronically reduced the consumption of paper and toners and contributed to the office greening project. The office reduced the numbers of individual printers. Only the senior staff and the sensitive section such as HR and finance had individual printers to manage confidential documents.

**Programme components from RAM**

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

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

**Analytical statement of progress**

UNICEF Guinea and partners thrived to support the Government to address health system challenges, implement lessons learned from the Ebola outbreak, and ensure the continuity of services during the Ebola period, and therefore fully contributed to implementation of the country’s post-Ebola plan.
In support of the Ministry of Health (MoH) efforts to mobilize internal and external resources, UNICEF engaged in advocacy initiatives to increase the share of the State budget allocated to health, from 5.2 per cent in 2016 to 8.2 per cent in 2017 under “Loi des finances 2017”.

However, it is still far from the target established (11.6 per cent by 2017). The Government maintained engagement for the co-financing of vaccines in 2017. In addition, UNICEF technical support led to the development of an investment case for RMNCAH that helps to mobilize US$ 5 million through the global financing facility.

In the context of health service delivery, UNICEF supported the MoH to improve the quality of maternal and newborn care with technical assistance to revise of the maternal, neonatal, and child health strategic plan, to capacity build and establish 197 operational newborn corners with solar panels in hospitals and health centres, to integrate the kangaroo care approach to improve the care for premature children, and to improve data collection tools. In 2017, the quality care for adolescents and young people was improved by integrating the standards on sexual and reproductive health into health facility protocols in 11 health districts in the regions of Kankan and N'zérékoré.

Guinea was declared free of polio in February 2017 and four national immunization campaigns were organized with immunization coverage above 95 per cent in the majority of districts. UNICEF worked to improve routine immunization services provision through human resource capacity building: 240 health providers in practical vaccination, 172 health providers on effective vaccine management, 25 managers on middle level management, and 31 health providers on equity analysis.

UNICEF Guinea contributed to improve the national cold chain storage capacity by installing a functional cold room of 40 m$^3$ at the central level and 10 solar refrigerators SDD in selected health facilities in Matoto, Ratoma, Kankan, Kouroussa and Mali. This support contributed to the reduction of the immunization dropout rate below 5 per cent and the catch up of more than 80,000 children aged 0-23 months during the maternal and child health week. Guinea committed to eliminate maternal and neonatal tetanus by the end of 2018. In 2017, 66 per cent of women who were pregnant received two doses of tetanus vaccine.

As part of strengthening accountability framework and the commitment of stakeholders to boost immunization coverage, UNICEF played a leadership role to support the Government in the organization of the National Forum on Immunization that resulted in high level commitments from the First Lady and representatives from the National Assembly and South to South cooperation following the participation of various experts from five countries.

In 2017, UNICEF Guinea worked with partners to strengthen community health systems by supporting the revision of the community health policy, building the capacity of human resources on supervision (100 technical assistants) and case management for iCCM with a focus on essential family practices (1,183 community health workers).

In order to improve the functionality (promptness and timeliness) of the health information system and support the operationalization of the DHIS-2, UNICEF built a partnership with the United Nations Volunteers Programme to facilitate the deployment of technical assistants in four of the eight health regions in the country. The RapidPro system, established with the support of UNICEF, was used in the 410 health centres country-wide to provide data on maternal and child mortality on a real-time basis to trigger rapid response.
In 2017, UNICEF continued to support emergency preparedness and response by maintaining a contingency stock for response-capacity for infection control and prevention if an emergency occurs. Following the announcement of the measles outbreak, the CO timely procured measles vaccine that immunized 1,370,068 children aged six to 59 months, provided essential drugs to treat 500 measles cases, and deployed 25 staffs including seven international staff to support the national immunization campaign.

**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 fatal diseases of pregnant women and children, is increased by 10 points of percentage.

**Analytical statement of progress**
In support of the health sector policy and strategy development, UNICEF Guinea provided technical support to the Ministry of Health for the review and validation of the national maternal, newborn, and child health strategic plan, as well as the national community health policy with particular emphasis on an integrated package (health, nutrition, HIV, hygiene).

In support of the MoH's efforts to mobilize resources, UNICEF engaged in advocacy initiatives contributing to a substantial increase in the share of the State budget allocated to health, from 5.2 per cent in 2016 to 8 per cent in 2017 under the "Loi des finances 2017". However, it is still far from the target established (11.6 per cent by 2017). The Government maintained engagement for the co-financing of vaccines in 2017. The commitment and strategic partnerships with major donors such as GAVI, Global Funds, the World Bank, the Islamic Development Bank and USAID were maintained to reinforce the implementation of integrated maternal, neonatal, and child survival interventions, including supply chain and information systems. UNICEF technical support led to the development of an investment case for RMNCAH, that helped to mobilize US$ 5 million through the global financing facility.

UNICEF contributed to the development of the national health accounts 2014-2016 and to the process of the annual joint health sector review. The health coordination mechanism was strengthened by the technical and financial support provided for the organization of regional and sub-regional health technical review committees.

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

**Analytical statement of progress**
The Ebola crisis had an adverse impact in the country’s health sector. Apart from sectoral and partial assessments, however, no national surveys were conducted to determine the extent that Ebola crisis affected health indicators for children and women. Therefore, UNICEF supported the National INS to undertake the MICS 2016 as the first post-Ebola national survey.

MICS 2016 data were released in June 2017 and showed that despite the negative effect of Ebola on indicators such as the complete immunization coverage of children of 11 to 23 months (that decreased from 37 per cent in 2012 to 26 per cent in 2016), the drive to ensure continuity of services allowed the country to decrease the under-five mortality rate from 123 to 88 per
1,000 live births, and the maternal mortality ratio from 724 to 550 per 100,000 live births from 2012 to 2016.

In order to improve the functionality (promptness and timeliness) of the health information system and support the operationalization of the DHIS-2, UNICEF Guinea built a partnership with the United Nations Volunteers Programme to facilitate the deployment of technical assistants in four out of the eight health regions in the country. The RapidPro system, established with the support of UNICEF in all the 410 health centres country-wide, provided data on maternal and child mortality on a real time basis. Some reports triggered national rapid response and investigations/audit reviews on maternal mortality were conducted in selected regions. The data collected via RapidPro contributed to reinforce the national surveillance system.

Over 60,000 youth registered in the U-Report (SMS-based) initiative and had the opportunity to express their views and opinions through surveys on issues of interest to them. Youths’ views on issues such as HIV/AIDS prevention, youth sexual and reproductive health, early marriage and female genital mutilation were sought and the results used to support advocacy interventions.

**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 MICS 2016 data compared to the DHS-MICS 2012 had shown a decrease in full immunization coverage for children of 12 to 23 months, from 37 per cent in 2012 to 26 per cent in 2016, particularly due to the Ebola crisis that had a negative impact on the routine immunization programme.

As part of strengthening accountability framework and the commitment of stakeholders to boost immunization coverage, UNCEF Guinea played a leadership role to support the government in the organization of the National Forum on Immunization that resulted in high level commitments from the First Lady and representatives from the national assembly and successful south to south cooperation following the participation of various experts from five countries. UNICEF provided technical assistance to conduct the 2017 GAVI joint assessment with others partners of the GAVI alliance.

Guinea was declared free of polio in February 2017. However, four national immunization campaigns were organized with good immunization coverage (above 95 per cent) in the majority of districts (at least 3,000,000 children reached), to reinforce polio immunization. UNICEF improved the quality of the campaigns through technical leadership, human, and financial resources, social mobilization, and the provision of vaccines. UNICEF worked with civil society organizations, youths, community leaders, and administrative authorities to maximize the number of targeted children to be reached. A total of 4,166 social mobilizers were recruited and deployed for NIDs.

An estimated 1,424,333 household members were reached through interpersonal communication activities; 580 outreach activities were organized at strategic places (markets,
schools, health centres, church and mosque entrances, fishing and mining sites, etc.). A total of 35 local radios were engaged, and 500 radio/TV programmes were produced and broadcasted in 24 local languages to raise awareness on the campaign. Partnership between health centres and youth associations/structures was strengthened, leading to a greater involvement of the youths in the promotion of routine immunization. A total of 182 youth centres, 389 youth platforms, 30 women’s groups and one network of traditional communicator were engaged to carry out social mobilization activities. All these interventions helped to significantly reduce the number of missed children during vaccination sessions.

In addition, UNICEF worked to improve routine immunization services provision through human resource capacity building: 240 health providers were trained in practical vaccination (among whom 172 on effective vaccine management), 25 managers trained on middle level management, and 31 health providers on equity analysis.

UNICEF contributed to improve the national cold chain storage capacity by installing a functional cold room of 40 m3 at the central level and 10 solar refrigerators SDD in selected health facilities in Matoto, Ratoma, Kankan, Kouroussa and Mali. This support contributed to the reduction of the immunization dropout rate below five per cent and the catch up of more than 80,000 children aged 0-23 months during the maternal and child health week. Guinea committed to eliminate the maternal and neonatal tetanus by the end of 2018. In 2017, 66 per cent of women who were pregnant received two doses of tetanus vaccine. Strategies to accelerate progress will be developed in 2018.

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

Analytical statement of progress
In 2017, UNICEF Guinea worked with partners to strengthen community health systems by supporting the revision of the community health policy. The document provided guidance to partners on how to develop strategies to strengthen community systems after the Ebola crisis, to improve equitable access and availability of health services at the grass-root level.

UNICEF advocated and supported capacity-building efforts to increase the delivery of quality integrated community-based services through the training of service providers on supervision (100 technical assistants) and case management for iCCM with a focus on essential family practices, and on management of community-based registries to facilitate household follow-up (1,183 community health workers). The supervision system in place increased adequate follow-up of the workers at the household level. The provision of essential and critical medicines in all health facilities helped to treat sick children suffering from diarrhoea or pneumonia, even in remote areas.

In 2017, UNICEF supported community system strengthening initiatives to reduce inequities in child survival and development and to achieve national targets for reducing maternal, neonatal, child mortality related to health, nutrition, water sanitation and sanitation (WASH) in the district of Siguri, Region of Kankan. A total of 1,065 community health workers and their supervisors were trained on essential family practices and management of community-based registers. The use of the community registers helped to identify 219,199 children under five years of age;
around 10 per cent of children were caught up during routine immunization activities.

Strong partnerships were developed with the network of youth centres, the media, community based organizations and religious institutions to promote essential family practices and the use of social services. Communication for development (C4D) capacity development focused on reinforcing partnership with communities, the media and community based organizations to foster community dialogue on key life-saving practices such as exclusive breastfeeding, vaccination and proper hand-washing.

Youth and women’s groups, community radios and local NGOs had their capacity strengthened on ways of promoting community dialogue on essential family practices, positive social norms and behaviours. Communities were empowered to play a leading role in the prevention of female genital mutilation, child marriage and sexual violence against young girls and children. Their capacity was strengthened to promote youth and adolescent health, birth registration, young girls’ education and the maintenance of children in schools.

Over 100,000 youths between 14 and 24 years took part in community dialogue sessions on issues such as HIV/AIDS prevention, youth and adolescent sexual and reproductive health and early pregnancy prevention. A total of 3,000 youths took the HIV test and were trained as peer-educators. Capacity building interventions on youth and adolescent health including HIV/AIDS were organised targeting journalists and youth structures managers.

Partnerships were strengthened with the media, youth associations and the network of over 314 youth centres spread across the country. Through various communication activities, the youths improved their knowledge on issues related to their sexual and reproductive health and strengthened their interpersonal communication skills.

OUTPUT 5 Project support (Health staff salary)

Analytical statement of progress
The health system recovery plan required technical support from partners. Thus, in support of post-Ebola recovery efforts, the CO maintained personnel to keep central, regional and district levels technical support. A total of 35 staff were needed to accompany the Government, distributed as follow: Eight IPs: one P5 (the CSD chief, supervising the Health, Nutrition, HIV and WASH sections), three P4 and three P3; nine NOs (among whom five are based in the three zonal offices); four UN Volunteers and five stop-team POLIO; three programme assistants; 11 C4D consultants, among whom two are international.

OUTPUT 6 Interventions in Humanitarian Response Ebola

Analytical statement of progress
As Ebola ended in June 2016, no Ebola-related activity was conducted in 2017, apart from finishing the reconversion of the six former Ebola treatment centres into isolation centres for any type of new epidemic. The six isolation centres received children diagnosed with measles cases during the last outbreak, for adequate treatment.
OUTPUT 7 Responses to health emergencies

Analytical statement of progress
In 2017, UNICEF continued to support emergency preparedness and response by maintaining a contingency stock to ensure adequate response capacity for infection control and prevention if an emergency occurs. UNICEF continued its support to the Ministry of Health through the Agence Nationale de Securite Sanitaire to strengthen prevention measures including community-based surveillance against epidemics.

Following the announcement of the measles outbreak, the UNICEF Guinea CO timely procured measles vaccines and injection material right after the declaration of the outbreak on the beginning of February 2017. The CO deployed 25 staff including 7 international staff, to support the national immunization campaign. The CO supported the MoH in the planning and development of riposte plan and provided technical support by deploying a total (25 staffs) five international stop teams, two international consultants and 8 national consultants and eight staff from the country sub office and 2 international to support the coordination at the national level.

The national communication commission was supported by UNICEF on communication strategy. A total of 40 banderoles were deployed, as well as production and dissemination of audio and videos spots through 10 radios. Interactive emissions were done in collaboration with the national radio television in seven local dialects to sensitize communities to vaccinate children from age six to 59 months.

At the central level, five positive and one negative cold rooms were used to store vaccines. At the health district level, cold rooms and refrigerators of health centres were used for the storage of vaccines. In some places, freezers were rent for the recycling of accumulators during immunization activities in remote areas. Cool boxes were used by fixed and mobile teams to transport and store the vaccines and vaccination materials.

As a result, a total of 1,370,068 children from six to 59 months were vaccinated and the curve of the notification significantly decreased.

The six isolation centres constructed in Yomou, Dinguiraye, Mandiana, Dalaba, Tougué and Fria are functional and equipped ready to respond in case a potential risk of Ebola epidemic or others outbreaks. The 6 isolation centres received children diagnosed with measles cases during the last outbreak, for adequate treatment.

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
The stunting prevalence among children remained stable (31 per cent (2012) to 32 per cent (2017)). This indicator should remain likely stagnant because of the impact of the recurrent and significant shocks that the country experienced during the 2012-2017 programme period, in particular the Ebola outbreaks that badly impacted the wealth quintile and the basic service provision.

In this programmatic context, UNICEF developed tools and engaged transformative partnerships to provide communities with preventative nutrition package. Through grass root implementing partners UNICEF was piloting an innovative programme promoting essential
family practices and supporting home food fortification in 14 prefectures out of 38. These efforts have patently contributed to an improvement of the rate of exclusive breastfeeding that has increased by 66 per cent. However efforts still need to be made to improve the minimum acceptable dietary score that is still unacceptable (two per cent).

UNICEF Guinea assisted the Ministry of Health in planning, managing the supply chain, supervising the implementation of child health week campaigns to provide vitamin A supplementation to children under five twice a year. And this year due to lack of resources, only 22,000 malnourished children were cared for, representing about 19 per cent of the caseload. To improve understanding of the disparity between prefectures and to better target the most vulnerable, the results of this survey were used extensively to update the IPC (Integrated food security phase classification), that provides more accurate information on nutrition and food security warning.

The major constraint encountered remains the lack of resources for nutrition to ensure even the availability of therapeutic food (RUTF) for the treatment of malnourished children. This situation of underfunding caused the phasing out of various key nutrition partners. Also the non-adoptions of the nutrition policy and the absence of national contribution in specific nutrition funding are mainly the two significant constraints that impede the governance, and the integration of other sectors in scaling up nutrition-sensitive interventions.

As lesson learned, women groups were more enthused about the nutrition programme. Almost 100 per cent of the women leaders trained on essential family practices and the use of image box replicated the training to their members. Erreur de traductionwomen beneficiaries testified that the community-based nutrition programme changed their lives in improving their knowledge and their quality of life.

Grass-root organization and organized women’s groups in Guinea were an effective channel to provide basic health and nutrition services in their own community, a resilient approach and cost effective.

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

**Analytical statement of progress**
Guinea joined the Scaling up Nutrition (SUN) movement in June 2013. The Government’s political and financial commitment to nutrition remains limited and does not promote an adequate programmatic environment for scaling up nutrition in Guinea. And there is no specific fund available for nutrition.

A key factor that increased the commitment of the Government and facilitated the allocation of national funds to nutrition was the adoption of the National Policy. The National Nutrition Policy was reviewed, validated and submitted for adoption. To overcome the bottleneck that delayed the adoption, UNICEF built innovative partnerships with members of the Parliament, the First Lady and ambassadors to support the advocacy. The policy document was known by the key policy makers and waiting the next council of ministers in February 2018 for validation and adoption session.

In line with the national nutrition policy that recommended a multisectoral approach, a
multisectoral platform was established that facilitated stakeholder alignment for scaling up nutrition and contributing to a common results framework. The coordination of the platform was carried out inefficiently by a division of the family health section of the Ministry of Health and need to take further steps to bring together all relevant sectors.

To overcome this situation UNICEF invested efforts and resources to strengthen the governance and coordination of the multisectoral nutrition platform. Meetings and advocacy were undertaken to advise policy makers on the importance of a high level nutrition coordination to increase the alignment of sensitive nutrition ministries and stakeholders on the national nutrition priorities.

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
UNICEF Guinea supported the realisation of a SMART nutrition survey to update the nutrition indicators after one year of intensive action to overcome the emergency nutrition situation in Kankan and N’Zérékoré. The survey was conducted to understand the disparity between prefectures and to target the most vulnerable. The results were used to update the integrated food security phase classification that provides more accurate information on nutrition and food security warning.

UNICEF supported the ministry integrating nutrition indicators in HIMS 2 and accompanied the national Division of Nutrition in ensuring on-job training and supervision of the nutrition programmatic data to assess the quality regarding the standards. As a result, the reporting rate was acceptable about 72 per cent and the quality optimal.

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 six to 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
As a sector leader and in line with its mandate in Guinea, UNICEF invested efforts and resources to support the Government in building national capacities on the management of acute malnutrition. Due to a lack of resources to support nutrition supply, only 22,000 out of 45,000 targeted severely malnourished children received quality nutrition care across the country. According to SPHERE standards that assess the quality of care, the overall performance of IMAM programme was optimal with more than 89 per cent of cured. But the programme coverage was constrained as a consequence of the lack of funding to ensure the availability of nutrition inputs to maintain the performance UNICEF facilitated supervision and on job training to improve the quality of care provided.

Support was given to the university in organizing workshops on public nutrition and new innovations in nutrition strategies and research. The government was supported in implementing its community health policy and community agents were trained on IMAM.
protocol, particularly on active screening and home visit to follow-up children with severe acute malnutrition were admitted for treatment.

The major constraint of the programme was the availability of therapeutic food (RUTF) to ensure the treatment of malnourished children in upstream to prevent malnutrition. Joint IYCF promotion and food fortification programme was implemented into 14 prefectures out of 38. The community actors involved in the programme were fully trained on IYCF package. More than 600 community workers and 898 women's groups were trained on IYCF counselling in the 14 pilot prefectures.

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 e6 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
According to the MICS 2016, the consumption of iodized salt dropped from 64 per cent to 35.1 per cent. To support the Government in implementing the food fortification strategy, UNICEF subsidized 15 local salt producer cooperatives with a donation 50 drums potassium iodate, a drum of 25 kg to scale up the salt iodation according to the national requirements. Also, 25,000 salt test kits were distributed to Ministry of Commerce to assess the quality of salt on the market and at customs.

With the measles responses, a national immunization campaign was carried out and children were provided with vitamin A. During the mother and child health week campaign, 12 per cent of women who were pregnant received iron supplementation. Iron supplementation coverage was low due to lack of inputs to ensure a full coverage. A strategic plan to reinforce the routine by integrating Vitamin A in the REC approach was drafted and awaiting for validation.

OUTPUT 5 Nutrition in Emergencies

Analytical statement of progress
No emergency nutrition interventions were implemented in 2017

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
UNICEF Guinea supported the implementation of the emergency catch-up plan for HIV response in Guinea. In 2017, UNICEF contributed to the synergy and collaboration between MNCAH stakeholders and HIV issues, to scale up prevention of mother-to-child transmission of HIV (PMTCT) and PECP by integration of new health posts offering ANC services. The number of health posts that offer ANC services has increased from 135 in 2013 to 262 in 2014, 297 in 2015 to 313 in 2016, to 641 in 2017.
The strategy combined with on-the-job coaching in PMTCT sites improved access to PMTCT/PECP services to reduce inequality and accelerate the elimination of new paediatric HIV infections in Guinea. Based on data projected from the first six months of 2017, about 339,462 pregnant women were received at CPN services. Among them, 227,676 were tested for HIV (67.07 per cent) and 226,780 received their results. From the tested pregnant women, 3,078 were seropositive (1.4 per cent) and 2,839 of those who tested positive (92.2 per cent) received ARV treatment for PMTCT under option B+.

Data completion was low however, and only the first nine months of 2017 were used. Despite progress in expanding PMTCT services, few exposed children benefited from early infant diagnosis and early treatment to improved survival. In fact, during the first six months of 2017, 400 exposed children benefited from early diagnosis at the sixth week of life, of whom 19 children were positive (4.8 per cent). Similarly, during the same period, 342 exposed children were diagnosed using the Rapid Diagnostic Test at the 18th month, of that 29 were positive (8.5 per cent).

To address this situation, the PNPCSP in collaboration with the National Directorate of Family Health and Nutrition developed a national plan to catch-up paediatric AIDS services with the technical and financial support of UNICEF. Coaching sessions were organized at PMTCT sites for direct blood spot sampling of exposed children. Intensification of catch-up activities for exposed children were planned/organized at all facilities providing PMTCT services and those caring for sick or malnourished children.

Following the activities, progress was observed in the number of infected children receiving ART. UNICEF strengthened communication activities to promote early ANC and PMTCT through public and private media as well as by community mediators and associations of people living with HIV and AIDS. There was strengthening of community participation for use of MNCH, PMTCT and PECP services by networks and associations of young people, women and people living with HIV and AIDS.

UNICEF supported the integration of adapted and standardized adolescent/youth service at health and youth structures in the region of Kankan and Nzerekore. Also a communication project on HIV aimed at adolescents was developed with the support of UNICEF to raise knowledge of youth and adolescents on the prevention methods of sexually-transmitted diseases and HIV infection, with training, sensitization, the broadcast of the film "It's life", media (radio and TV spots) and U-report that passed messages to teenagers/youth and gathered their perceptions.

As a result of interventions, 1,304 members of the youth/youth structures were trained on communication and the promotion of the SRAYH targeting their peers. This raised the number of adolescents/youths who subscribed on the U-Report platform.

**OUTPUT 1** By the end of 2017, political and budgetary dialogue is strengthened, and at least 90 per cent of programme managers, service providers including Community and national level increased capacity to plan, implement and monitor high impact HIV interventions for children, women and adolescents (s) based on equity, gender and analysis of bottlenecks and disparities.
Analytical statement of progress
UNICEF contributed to the development and dissemination of community-based management and communication tools (image boxes and leaflets, posters, algorithms, childbirth plan) and the follow-up plan for children under five years for the intensification of programmes activities to eliminate mother-to-child transmission of HIV. The CO in collaboration with the UNICEF Regional Office supported the development and validation of the plan to catch-up the elimination of paediatric AIDS following the results of the paediatric AIDS situation analysis, to guide planning in the HIV sector.

UNICEF Guinea supported the Ministry of Health and PNPCSP coordination to monitor and evaluate (supervision, data collection and validation, reporting and data management), through the recruitment and engagement of an M&E specialist. As part of the operational and strategic partnership to accelerate scaling up of the MNCH/PMTCT/paediatric HIV care interventions. UNICEF developed three partnership agreements with NGOs including networks of people living with HIV, to follow-up those who abandon their programme and lend psychosocial support to women who were pregnant and their families.

The Ministry of Health structures, including the National AIDS Control Program, DNSFN, the National AIDS Committee, the Office of Strategy and Development and the Regional Directorates of Health received financial and technical support.

OUTPUT 2 By end 2017, at least 90 per cent of HIV positive pregnant women receiving ARVs for PMTCT and the proportion of infected children, including adolescents living with HIV receiving 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
The integration of new sites and coaching at PMTCT sites improved access to PMTCT and PECP services and reduced inequities in seeking the elimination of new paediatric infections in Guinea.

Thus, based on the projection of data from the first six months of 2017, about 339,462 women who were pregnant were received at CPN services. Among them, 227,676 were tested for HIV (67.07 per cent) and 226,780 received their results. From the tested women, 3,078 were seropositive (1.4 per cent) and 2,839 of those who tested positive (92.2 per cent) received ARV treatment for PMTCT under option B+. Data completeness was low however, and the only the first nine months of 2017 were used.

Despite progress in expanding PMTCT services, few exposed children benefited from early infant diagnosis and early treatment to improved survival. In fact, during the first six months of 2017, 400 exposed children benefited from early diagnosis at the sixth week of life, of whom 19 children were positive (4.8 per cent). Similarly, during the same period, 342 exposed children were diagnosed using the Rapid Diagnostic Test at the eighteenth month, of that 29 were positive (8.5 per cent).

This poor performance was mainly due to the weakness of the supply chain and the lack of decentralization of early diagnosis of HIV in children to the regional level.
OUTPUT 3 By end 2017, at least 60 per cent of adolescents and women, especially the most vulnerable in the geographical areas with increased vulnerability, acquire knowledge and behaviours to reduce the risk of HIV and increase the demand and use of high-impact interventions.

Analytical statement of progress
UNICEF Guinea, through the Ministry of Youth, supported the development and implementation of a youth capacity building project in sexual and reproductive health including HIV prevention in all regions of Guinea. This project allowed:

- Revitalization of 652 youth platforms and associations that integrated peer communication into their daily activities on reproductive and sexual health issues, including HIV and AIDS.
- Training of 1,300 young people on primary prevention, HIV testing and reproductive health
- Training of 234 media professionals, including rural and community radios on HIV and AIDS.
- Reaching over 200,000 teenagers/young people with positive messages through educational talks, broadcasting film and programmes on local radio to be organized at youth and community support structures.
- The number of young people using the U-Report social dialogue platform grew from 9,000 in late 2016 to 52,447 in November 2017.

The standards of health services adapted to adolescents and young people were introduced in the health facilities of 11 of the 38 health districts in the country.

OUTPUT 4 Project staff support for HIV / AIDS

Analytical statement of progress
The HIV/AIDS programme was running in 2017 with three staff members, among whom one IP P3 (for five months), two NO (one of them for six months) and three UN Volunteers. In the field (Zonal offices), the health national officers addressed the HIV and AIDS component as well.

However, at the CO, The P3 Head of Unit was unfilled for more than six months. This negatively impacted the results despite the support provided by the health section chief.

OUTPUT 5 HIV in Emergencies

Analytical statement of progress
As part of emergency preparedness and response, the HIV programme included key HIV actions in the overall office plan to ensure continuity of services. However, in 2017 there was no humanitarian crisis that triggered an emergency response.

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
After the Ebola crisis, the WASH system was fragile and required support to build community resilience. UNICEF efforts aimed to strengthen the coordination and monitoring systems and improve the access to WASH services in most vulnerable communities.

In total, 106,709 people gained access to safe drinking water in most vulnerable communities through 145 water points installed/rehabilitated, beneficiaries were trained for operation and maintenance to build sustainability. For the sanitation and hygiene component, 1,405 communities were certified open defecation free; 291,688 persons practiced adequate hygiene promotion including hand washing with soap through community-led total sanitation (CLTS) approaches implemented in collaboration with government representatives and partners.

UNICEF Guinea supported the national programme to advocate and mobilize domestic resources for water and sanitation through the DGIS programme, for the rehabilitation of WASH facilities in communities, schools and health centres. The capacity of water committees was enhanced, and they were prepared to operate and manage facilities in a sustainable manner. UNICEF supported the WASH coordination groups under the leadership of SNAPE associated with WASH FIT, in collaboration with WHO and the MoH. UNICEF worked with GIZ and the Ministry of Education to implement WASH in Schools interventions in line with the Guinea priorities to achieve SDG6 in 2030.

In 2017, knowledge of the public financial state system and procedures facilitated the mobilization of additional domestic resource with the support of UNICEF team.

The major constraint was the weakness in planning and monitoring WASH interventions by the national counterparts. The national database of key partners SNAPE, National Division of Sanitation was outdated and it was difficult to plan future interventions in the field. UNICEF plans to work with partners to improve the data collection and monitoring systems.

The implementation of CLTS approach by rural communities and municipalities helped to boost annual achievements, this was obtained by involving local authorities and leaders in CLTS activities in all communities targeted in 2017.

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
The national WASH coordination group was reactivated in 2017. One coordination committee rests under the government leadership of the national water services (SNAPE) with WASH partners contributing to thematic discussions and decision-making. The national strategic plan of acceleration of the CLTS results was updated and validated under the leadership of the Government. UNICEF supported the WASH coordination groups under the leadership of SNAPE associated with WASH FIT, in collaboration with WHO and the Ministry of Health. UNICEF worked with GIZ and the Ministry of Education to implement WASH in Schools interventions in line with the priorities of Guinea defined in a road map to achieve the SDG6 in 2030.

The SNAPE and National Division of Sanitation mobilized US$ 889,000 as counterpart funds.
from the Government to support the construction/rehabilitation of water points and latrines in communities and schools. The effort was made under the WASH compact initiative, initiated by UNICEF through the accelerate action plan for CLTS adopted in several rural municipalities in Guinea.

UNICEF Guinea reactivated the national working group for WASH in Schools with support of the UNICEF Regional Office. UNICEF initiated the three stars approach to scale up the WASH in Schools programme with strong leadership of the Ministry of Education and all keys partners; UNICEF focused on increasing WASH access with national standards adoption of regular hand-washing practices, and improving menstrual hygiene management in schools.

In the N’zérékoré region, UNICEF supported the coordination meetings organized with all the actors involved in WASH sector, under the leadership of SNAPE. This created an exchange platform on technical issues such as manual drilling that UNICEF promoted as new jobs’ opportunity for the local Small Medium Enterprise since 2014.

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

Analytical statement of progress
UNICEF Guinea constructed 145 water points (87 manual boreholes and 59 drilled boreholes) to improve access to safe water for approximately 106,709 new persons (target indicator reached at 72 per cent). A water committee was established and trained by SNAPE in all targeted communities to prepare for maintenance in sustainable manner. UNICEF worked with SNAPE and key actors to ensure that all constructed boreholes were used properly by the community members who are engaged for maintenance when the pumps break. UNICEF supported a local initiative to sensitize approximately 291,688 new people on good hygiene practices (target indicator reached at 75 per cent).

In total, 1,714 villages were triggered by CLTS approach to increase access to sanitation in rural areas; among them 1,054 villages were certified open defecation free affecting 291,688 persons (indicator reached 75 per cent). These results were the fruit of the commitment of local actors and community-based organizations, especially women’s groups.

UNICEF constructed 104 blocks of two latrines in 87 schools serving approximately 18,151 children (8,353 girls) in N’zerekore, Kankan, Boke and Kindia regions. UNICEF supported the training sessions of 36 regional trainers (14 females), 168 teachers and 14 NGO staff on hygiene promotion in schools. They supported the schools’ health clubs for the operation and maintenance of WASH facilities. The training sessions were conducted by Ministry of Education in line with national WASH in School strategy.

In total 14 blocks of latrines were constructed in 14 health facilities in N’Zerekore and Kankan region to improve hygiene practices health workers and users in line with national policy. UNICEF supported integrated action in 63 nutritional care centres with hygiene kits in the regions of Conakry and Kankan.
OUTPUT 3 Minimum WASH services are provided to people affected by Emergency situations

Analytical statement of progress
Floods in Conakry, Kankan and N’Zérékoré in June and July 2017: UNICEF Guinea supported the joint UN interventions by providing WASH kits (soap, bottles of chlorine and buckets), among others, to 300 families (2,500 people, including 1,360 children) in the affected areas. UNICEF supported educational talks related to hygiene, hand washing and water treatment at home.

When additional floods hit N’Zérékoré in September 2017, UNICEF supported the mobilization of 50 volunteers to undertake a rapid assessment. Then, in collaboration with the Prefectural Committee and the Guinean Red Cross, teams were deployed in the 11 affected neighbourhoods to help the victims to evacuate the waste water and provide first aid, mainly composed of WASH kits (more than 500 buckets, 1,500 bars of soap and 1,500 bottles of chlorine) to promote hand washing and household water treatment.

A landslide/mudslide in Conakry in August 2017 left five people dead and approximately 10 injured, and 35 households affected (197 people including 108 women and girls). UNICEF supported a joint rapid assessment by the UN and the government humanitarian specialized agency and provided WASH kits (70 buckets, 350 bars of soaps and 350 bottles of chlorine) to promote hand washing and household water treatment.

These interventions were coordinated and undertaken in collaboration with the Comité permanent inter agencies (COPIA), a platform of all stakeholders set up after the Ebola epidemic, co-chaired by the Minister of Territorial Administration and Decentralization and the UN Resident Coordinator. Floods in Guinea are one of the most recurrent and pressing issues, affecting some 69,000 people a year.

As part of the strategy to improve the resilience of the population, UNICEF signed a programme cooperation agreement with the Guinean Red Cross to facilitate the pre-positioning of contingency material in the strategic regions of Kindia and N’Zérékoré and the deployment of volunteers from Guinean Red Cross for the activation of cholera sentinel sites in the coastal regions. This activation reinforced the early warning system to rapidly detect cholera cases to quickly respond and control the outbreak. Moreover, these sentinel sites aim at ensuring the commitment of the communities through the establishment of 15 surveillance platforms to detect unusual events. With these initiatives, no cholera outbreak has been noted in the country since 2012.

UNICEF supported and worked closely with the Agence National pour la Sécurité Sanitaire, set up after the Ebola crisis as a national observatory on epidemics surveillance. All the interventions related to fighting the measles outbreak and ensuring prevention and preparedness against cholera were done as a support and in coordination with the ANSS.

OUTPUT 4 Project support for WASH staff

Analytical statement of progress
The WASH programme was running in 2017 with nine staff members; one IP; one P4, Chief of WASH programme; six NOs, four based in the sub-offices; two UN Volunteers to support the PO in sub-offices.
Since March 2017, WASH programme staff comprised 10 staff members, one IP; one P4, Chief of WASH programme; one IP, P3 for projects coordination based in CO; six NOs, four based in the sub-offices; two UN Volunteers to support the PO in sub-offices.

OUTCOME 5 By the end of 2017, 15 per cent of preschool children have access to quality early childhood education; 70 per cent of school-age children are enrolled in primary school and at least 40 per cent of 12 years children complete a full cycle of primary school; parity between boys and girls is realized for related indicators

Analytical statement of progress
Although the 2016/17 schools census yearbook was not yet published, the trends in the indicators and the 2016/17 back-to-school reports showed enthusiasm for school. The education system did not have the capacity to respond to the high demand and ensure the completion of the primary cycle (61 per cent of the primary schools were incomplete in the country).

Despite implementation of some remedial measures, such as multi-grading and hangar-style extra classes, the completion rates remained low (61 per cent). Girls, and particularly girls in rural area, were at a disadvantage in terms of access and retention in primary school (respectively 69.6 per cent and 62.6 per cent). Preschool rate (children three to five years) was 20 per cent.

UNICEF was re-appointed lead Technical and Financing Partner of Education for two more years, until the end of 2018, to support the country during the 10-years sectoral plan elaboration exercise and the next request for funding to the Global Partnership for Education. Progress was made in terms of coordination with the local education group with meetings two months on average, chaired by the three heads of administration of the ministries in charge of education, meeting focused on supervision of the planning exercise.

UNICEF maintained a constructive partnership with the French Development Agency and the World Bank, established in the framework of the Education Pooled Fund. It enabled partners to supervise jointly the implementation of the Education Sector Plan (2015-2017) and speak with one voice.

2017 was a turning point for pre-primary with a willingness for the development of the sub-sector expressed by the highest authorities of the State, the institutional anchoring transferred to the Ministry of Education, the announcement of a significant allocation from the World Bank and the advanced technical work for a diagnostic of the sub-sector and a vision definition for the next 10 years.

Investments were made so that the education system can produce more reliable and faster school statistics and so, when the system of data collection via tablets will be generalized, it will inform the decision-makers about the impact of the implementation of the Education Sector Plan.

The UNICEF Guinea education programme continued to focus part of its support in Telimele prefecture by implementing community-based and active teaching innovations to improve girls' enrolment. Telimele students' learning assessment showed an evolution in student scores of more than 10 points between 2013 and 2016. Beneficiaries in programme areas expressed appreciation of the programme achievements including child-centred pedagogy, support to
parents and students participation in the schools governance and girls and mothers’ associations focusing on girls enrolment and school supplies (208,000 beneficiaries).

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

**Analytical statement of progress**
The 2015-2017 Education Sector Plan was extended to 2018. In order to improve the effectiveness of aid to the education sector, partners put in place a pooled fund: US$ 37.8 million from the Global Partnership for Education, 11 million Euros from the French Development Agency, US$ 1 million from the World Bank and US$ 1 million from UNICEF.

The development of the sector-wide diagnosis by the national team technically supported by the International Institute for Education Planning / Pole Dakar began in January 2017. UNICEF Guinea was lead of the education partners, and partner receiving the Global Partnership for Education funds for the process; it technically and financially supported the exercise and elaborated CSR chapters on preschool and risks and disasters having an impact on the education system. The CSR was first step in the elaboration of the Education Sector Plan 2019-2028 to begin January 2018.

UNICEF led the sector planning agenda, endorsed by the Education Sector Group as well as the funding request to the Global Partnership for Education.

With UNICEF support, the Government started the diagnosis of pre-primary education. The vision for the subsector and its costing will be completed on January 2018; UNICEF effectively advocated for the transfer of the Preschool from the Ministry of Social Affairs to the Ministry of Education; that will ensure full integration and consideration of pre-primary as a component of the education system.

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

**Analytical statement of progress**
The ministries in charge of education made concrete progress in the management of the education sector.

First, a performance report for the year 2016 was produced within three months after the end of the year 2016. The quality of this report was appreciated by the partners in the sector. In particular, the document analysed: the results achieved by sub-sectors in terms of access, quality and management; performance analysis in terms of human, financial and material resources management; sector indicators: as well as the implementation of the annual and triennial planning.
Secondly, in addition to the annual planning the Ministry of Education set up triennial planning, through a medium-term expenditure framework (2017-2019), for that the education sector is a pilot ministry. It enables the Government to have a vision and a coherence of its actions over the next 3 years including the expected reforms.

UNICEF led the organization of the annual sector wide review of the ESP implementation, with the effective participation of the four ministries in charge of education, around the following objectives: assess the progress towards the expected results of the ESP 2015-2017; and analyse the state of implementation of the reforms and innovations planned in the ESP.

In addition, coordination between the ministries in charge of education and the technical and financial partners improved in 2017 with regular meetings and joint field monitoring. Besides supporting the traditional yearly national school census providing updated data on education, the Ministry of Education in collaboration with UNICEF launched a pilot initiative to collect school data using digital technology in 50 sous-prefectures. Despite the difficulties of adapting to new instruments, the initiative allowed rapid data collection, motivation of de-concentrated structures and improved quality of the data collected. With UNICEF advocacy and the good results of the pilot experience, French Development Agency committed to join forces and to contribute to financing the generalization over the country during the year 2017-18.

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

**Analytical statement of progress**
UNICEF Guinea supported 6,606 pupils’ parents associations and 1,178 mothers of girls’ students associations. They were involved in the co-management of schools, mobilized the other parents for the retention of their children at school, especially girls, identified the out of school children and ensured their enrolment, and contributed to the implementation of community-based educational innovations promoted by the programme.

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

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

**OUTPUT 4** By 2017, in 19 prefectures and in the peri-urban area of Conakry, Dubreka and Coyah, innovations and gender sensitive teaching methods and focused on learners are effectively implemented, gradually scaled up with special focus on the qualification of teachers, availability of teaching materials and participation of girls and boys, and improve to 10 points the successful of student learnings.
Analytical statement of progress
The teaching quality remains for sure an important challenge in Guinea.

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

At national level, 5,708 teachers of primary school who had identified as ‘medium level’ and 3,331 teachers who had identified as ‘low achievement’ benefited from training through the FoCEB on the regular school programme.

Concerning active pedagogy, UNICEF initiated with the Government and technical and financial partners to harmonize approaches, interventions that support teaching and for a common roadmap to scale-up. The experimentation of active teaching methods was implemented in 479 primary schools of the prefecture of Telimele. One hundred additional teachers received training and pedagogic supervision with monthly sharing sessions on practices.

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

OUTPUT 5 Project support for the Education staff

Analytical statement of progress
The education programme in 2017 had seven staff members: one IP: one P4, chief of section; five NOs (among whom four are working in three field offices); one programme assistant (GS).

A consultant recruited for the year supported the UNICEF role as partners coordination agency and provided technical support to sector analysis report elaboration.

OUTPUT 6 Education in Emergencies

Analytical statement of progress
A contingency plan for education was available with a stock of school supplies to cover the educational needs of 10,000 children of preschool and primary school in case of emergency. No emergency activities were required except an event in Conakry that affected 196 people including 52 students who benefited from two educational and recreational kits.

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

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

Analytical statement of progress
In 2017, the child protection programme consolidated key achievements to strengthen the child protection system and to support social change in the best interest of the children of Guinea.

The programme continued to support the Government to generate evidence on key child protection issues. A socio-anthropological study was carried out to inform the determinants of child marriage still widely practiced in Guinea: the findings of this study will support policy dialogue with key stakeholders for the development of a national strategy to prevent child marriage and to protect married children. A second socio-anthropological study was carried out to measure the impact of the strategies against female genital mutilation in Guinea. The qualitative data of this study together with the quantitative data of the 2016 MICS were used to inform the development of the new theory of change for Guinea, to accelerate the abandonment of female genital mutilation.

The programme supported the Government, under the overall leadership of the Prime Minister’s Office, and in partnership with the Ministry of Territorial Administration and Decentralization, to carry out a thorough assessment of the civil registration and vital statistics systems assessment. This process was carried out in a coordinated manner and in consultation with all line ministries and sectors involved in registration of vital events. The findings of the assessment led into the development of a national strategy for the reform and modernization of the civil registration and vital statistics systems, with its five years budget action plan and monitoring and reporting framework.

The programme strengthened the legal framework by supporting the review and finalization of the bill of law of the Children’s Code to ensure it adhered to international standards set out in international instruments ratified by Guinea and particularly the Convention on the Rights of the Child.

Bearing in mind the role of social norms and practices that underlie child protection issues in Guinea, the programme continued to support social change. The key strategic approach used was to build the knowledge of children on key child protection issues, how to protect themselves and their siblings, how to report cases of abuse. This included families’ and communities’ knowledge and behaviour change for the abandonment of harmful practices. The issues of female genital mutilation and child marriage were addressed through community dialogue, with involvement of religious leaders and community-based women’s organizations in Guinea that are have influence and potential power to end the practices.

In 2017, a strategic move was for the programme to build intersectoral approaches with key sectors that have an important role for child protection: the health sector, for example, to address the medicalization of female genital mutilation, and to improve their contribution to birth registration; and the education sector to reach the children with key messages on child protection

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 seven per cent for the sector.
Analytical statement of progress

In 2017, UNICEF continued to support the Government efforts to strengthen the national legal and policy framework for child protection and supported their enforcement and implementation. One strategic result achieved was the dissemination of the Child Protection National Strategy and its three-year budgeted action plan at regional and prefectural levels, workshops brought together representatives of all sectors at decentralized levels. This process resulted into the development of regional and prefectural levels child protection action plan, in line with the National Strategy and Plan.

Eight-eight urban municipalities and 166 rural municipalities inserted, as part of their local development plan, child protection component including birth registration. This implies that child protection activities in these municipalities will be implemented with public funds allocated to municipalities. This was a major breakthrough as it contributes to mainstream child protection interventions as key priorities at decentralized level: indicating the readiness for Guinea to establish a stronger child protection system at all levels.

In collaboration with the Ministry of Interior and Decentralization, through a project funded by the European Union, UNICEF continued its efforts towards the reform and modernization of the civil registration and vital statistics systems of Guinea. In order to ensure that the process was inclusive of all key stakeholders concerned by civil registration, UNICEF supported the Government effort to set up a high-level inter-ministerial coordination committee under the leadership of the Prime Minister that steered the reform process.

The reform began with an assessment of all civil registration and vital statistics. The findings of the assessment laid the foundation of the proposed National Strategy for the reform and modernization of civil registration and vital statistics, with its budgeted five-year action plan and monitoring and evaluation plan. The strategy was officially validated and endorsed by the Government at the highest level in presence of all key line ministries involved and concerned by the civil registration and vital statistics. Secondary legislation pertaining to the interoperability between the health and civil registration systems was developed as part of the reform and modernization.

In collaboration with the Ministry of Social Action and the Ministry of Justice, UNICEF supported the review of the bill of law setting up the Children’s Code. UNICEF supported the Government to set up a pool of experts from the Government, the civil society and from United Nations organizations, including UNICEF, to review each of the 1,045 articles of the Child Code to ensure it is fully in line with international standards and the recently-adopted penal code.

In order to contribute to the enforcement of the legal dispositions of the penal code that forbid and punish female genital mutilation, UNICEF supported the Government at decentralized level to carry out training sessions in 332 health centres, that benefitted 1,137 health workers who then committed to prevent the medicalization of female genital mutilation and to report any case they encounter by signing a code of conduct.

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

In 2017, UNICEF Guinea continued to support the generation of evidence on child protection issues. The focus was on building knowledge on the impact of the strategies implemented for the abandonment female genital mutilation in Guinea, and on understanding the determinants to child marriage.

Both socio-anthropological studies were shared with key stakeholders at all levels and informed programmatic interventions, key strategic advocacy and awareness raising messages.

UNICEF continued to support the Ministry of Social Action effort for a national functional monitoring and reporting mechanism though the child protection system set up from community to national level. In 2017, emphasis was placed on the review of existing data collection tools and agreed-upon child protection key indicators to be monitored and reported against. Child Protection key stakeholders, under the leadership of the Ministry of Social Action, reviewed and agreed upon these key indicators. The registration and the national database will be updated based on the new indicators.

UNICEF continued to support the Data for All database on female genital mutilation, fed with information from all regions of the country collected by UNFPA.

In 2017, as part of the model of the reform and modernization of civil registration and vital statistics in the region of Nzerekore, UNICEF, in collaboration with the Ministry of Interior and Decentralization strengthened the capacity of civil registration centres at regional and prefectural levels to collect data on all three key priority vital events: birth, marriage and death.

UNICEF, in collaboration with the Ministry of Interior and Decentralization, facilitated the elaboration and printing of new registries for the three vital events. One hundred per cent of the civil registration centres will be equipped with these new tools, thus facilitating the registration of vital events and collection of related data.

A new area of intervention for the child protection programme in 2017 was the monitoring of the situation of children in detention: UNICEF established a partnership with international NGO Terre des Hommes to carry out an assessment of the detention condition of children in detention that identified 225 children (five girls) deprived of their liberty across the nine detention facilities of the country. Most were in pre-trial detention. This assessment will inform UNICEF Guinea strategic interventions for ensure access to child justice system for children in contact with the law.

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, female genital mutilation and child marriages and early pregnancy) including in emergencies.

Analytical statement of progress

In 2017, UNICEF and counterparts placed great emphasis on the prevention of violence, abuse and exploitation of children. The focus was on building the capacity of children on how to protect themselves and their siblings from violence, in particular from female genital mutilation and from child marriage. One of the strategic intervention consisted of setting up a pool of 217 teacher trainers who trained 3,981 primary school teachers country-wide. These teachers reached 37,159 primary school pupils, of whom 25,143 were girls. As a result, 397 MGF Clubs were set up and developed an action plan that guide the school activities on the prevention, protection of children from violence and particularly from female genital mutilation and child marriage.
The 2016 MISC indicated an increase in the medicalization of female genital mutilation in Guinea. UNICEF in collaboration with the Ministry of Social Action and the Ministry of Health organized the training of 1,137 professionals from 332 health centres on the legal dispositions that prevent and punish the practice of female genital mutilation by medical professionals, highlighting the fact that the sanctions applicable to them are more severe. Participants were mainly midwives, nurses, medical doctors and gynaecologists. At the end of each training session, participants adhered to a code of conduct to commit to not practice female genital mutilation and to report any case they witnessed.

UNICEF supported the Secretariat of Religious Affairs and the Muslim Religious Leaders to roll out key messages of the Fatwa against female genital mutilation and child marriage, as well as of the 2016 Declaration of all Muslim Religious. A total of 589 religious leaders at decentralized levels were reached, and the harmonized sermon against female genital mutilation was used during the Friday prayers in 3,000 mosques. In addition, UNICEF worked with the Secretariat of Religious Affairs to roll out key messages to 46 Koran schools where a total number of 2,758 Quran learners were reached.

Building on the long-standing practice that prevails in most communities in Guinea, whereby women organize into community-based organizations and associations to provide support to one another (including financial), coaching and mentorship, and—bearing in mind that women are the key players for abandonment of female genital mutilation and child marriage—UNICEF built the capacity of 28 major women associations at prefecture levels on key child protection issues with a focus on female genital mutilation child marriage. The associations were able to roll-out the key messages and reached 3,264 women and 316 men.

Child protection networks benefited from support to identify and refer child victims or those at risk. A total number of 143,924 children benefitted from at least one service. Of this total number: 5,797 girls were protected from female genital mutilation and 8,153 protected from child marriage; 244 girl victims of sexual violence benefitted from care and protection. 85,580 children aged 0 to 6 months (37,083 girls) benefitted from birth registration, while 28,733 children (11,646 girls) who were older than six months benefited from retroactive birth registration.

**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 female genital mutilation /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**

In 2017, UNICEF and counterparts emphasized the prevention of violence, abuse and exploitation of children. The focus was on capacity building for the children on how to protect themselves and their siblings from violence and in particular from female genital mutilation and on child marriage. One strategic intervention consisted of setting up a pool of 217 teacher trainers who trained 3,981 primary school level teachers country-wide. In total, 37,159 primary school pupils of whom 25,143 girls benefitted from the information sessions organized country wide. As a result, 397 MGF Clubs were set up and developed an action plan that guide the
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Child protection networks benefited from continuous support to identify and refer children victims or at risks. A total number of 143,924 children benefitted from at least one service. Of this total number, 5,797 girls were protected from female genital mutilation and 8,153 protected from child marriage; 244 girl victims of sexual violence benefitted from care and protection. 85,580 children aged 0 to 6 months (37,083 girls) benefitted from birth registration, while 28,733 children (11,646 girls) who were older than six months, benefited from retroactive birth registration

**OUTPUT 5** Project support for staff protection

**Analytical statement of progress**

In 2017, the child protection team was reduced: composed of seven staff (three women and four men), two IP and five NO. The section lost its GS support staff.

Even though the team was reduced, it managed to deliver on all fronts. The team managed to develop a quality and timely strategic note for the new country programme 2018-2022; it managed to ensure quality management of the 2017 annual work plan and ensure that allocated funds and resources were used in the most effective and efficient manner by counterparts. The section developed quality documents for fundraising that led to securing, in a short period of time, adequate level of commitment from different donors to support the child protection programme in the coming country programme.
OUTPUT 6 Protection in emergencies

Analytical statement of progress
In order to strengthen child protection preparedness and response in the humanitarian context, the child protection working group held two meetings and contributed towards the insertion of child protection in emergency within the national contingency plan.

The child protection network in Conakry of 152 children (81 girls) benefitted from psychosocial support and reintegration into school for children who were affected by natural disasters within Conakry. The Government of Guinea invested tremendous efforts to contextualize 21 out of 26 Minimum Standards for Child Protection in Humanitarian Action.

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

Analytical statement of progress
In 2017, the CO continued to support the Government to implement the social inclusion dimension. UNICEF Guinea provided technical and financial support to the following projects and programmes. On the basis of the new CPD 2018-2022, UNICEF in collaboration with the Ministry of Administration and Decentralization developed the convergent approach in 40 poor and severely deprived rural communes. A Council of Cabinet expanded to UNICEF staff was organized on the initiative on the basis of the law of decentralization and the local development plans of the communes as the unique framework of interventions in local communities.

Thus, 40 communes where poverty and deprivation are severe, affecting many children and women, were targeted for experience pilot. In synergy with the Ministry of Administration and Decentralization, a pilot programme was developed for the period 2018-2020 and will support 1,437,757 people over the next three years.

An analysis of the poverty of the child through MICS 2016 data was carried out followed by the updated situation analysis of children and women and N-MODA in collaboration with the National Institute of statistics, the socio-analytical laboratory anthropological University Sonfonia and EPRI international firm.

In the social budgeting domain, a training on public finances sensitive to children and social protection was held for regional and national managers and social workers social protection training and regional directors. Altogether, 75 national senior staff from the social ministries and Budget were trained and able to track the progress in field on the children situations.

OUTPUT 1 End 2017, the Government has 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
A social budgeting analysis with a focus on child poverty data was carried out following the MICS 2016 and the situation analysis in preparation of the new Country Program 2018-2022,
the country office fostered its collaboration with the World Bank for the development of an action plan for social protection.

OUTPUT 2 Emergency preparedness and response

Analytical statement of progress
During the year 2017, the country faced 3 humanitarian crises:

- A measles outbreak, following the confirmation of 1,043 cases in 27 health districts. UNICEF supported the vaccination of 1,370,068 children in April and May 2017 that led to stopping the outbreak.
- Floods in Conakry, Kankan and N’Zérékoré in June and July 2017: UNICEF supported the joint UN interventions by providing WASH kits (soap, bottles of chlorine and buckets) and education supply (education kits and ECD non-medical items) to 300 families (2,500 people, including 1,360 children) in the affected areas. UNICEF provided psychosocial support to the affected people and supported educational talks related to hygiene, hand washing and water treatment at home.
- When more floods hit N’Zérékoré in September 2017, UNICEF supported the mobilization of 50 volunteers to undertake a rapid assessment. Then, in collaboration with the Prefectural Committee and the Guinean Red Cross, teams were deployed in the 11 affected neighbourhoods to help the victims to evacuate the waste water and provide first-aid, mainly composed of WASH kits (more than 500 buckets, 1,500 bars of soap and 1,500 bottles of chlorine) to promote hand washing and household water treatment.
- Landslide/mudslide in Conakry in August 2017, in a rubbish landfill in the Dar Es Salam neighbourhood, leaving five persons dead and approximately 10 injured, and 35 households affected (197 people including 108 women and girls): UNICEF supported a joint rapid assessment by the UN and the government humanitarian specialized agency and provided WASH kits (70 buckets, 350 bars of soaps and 350 bottles of chlorine) to promote hand washing and household water treatment.
- The child protection network in Conakry was supported to provide psychosocial care to 152 children (among whom 81 girls). A child-friendly space was set up in coordination with one of the local school and social workers used ECD kits (games, balls and soft toys). The children received 59 education kits (notebooks and pens) to facilitate their reintegration back to school.

These interventions were coordinated and undertaken in collaboration with the Comité permanent inter-agences a platform of stakeholders set up after the Ebola epidemic, co-chaired by the Minister of Territorial Administration and Decentralization and the UN Resident Coordinator.

As part of the strategy to improve the resilience of the population, UNICEF signed a programme cooperation agreement with the Guinean Red Cross to facilitate the pre-positioning of contingency material in the strategic regions of Kindia and N’Zérékoré and the deployment of volunteers from CRG for the activation of cholera sentinel sites in the coastal regions. This activation reinforced the early warning system to rapidly detect cholera cases to quickly respond and control the outbreak. Moreover, in collaboration with the Agence National pour la Sécurité Sanitaire (ANSS), the sentinel sites aimed at ensuring the commitment of the communities through the establishment of 15 surveillance platforms to detect unusual events. With these initiatives, no cholera outbreak was noted in the country since 2012.
OUTCOME 8 Management

Analytical statement of progress
The year 2017 was the last year of the 2013-2017 UNDAF and UNICEF Guinea Country Programme cycle. The preparation of the new UNDAF and new CPD, the related Programme Strategic Notes and the CPMP were important and intense programmatic moments in 2017. These gave the opportunity to take stock of key achievements and lessons learnt from the ending programme cycle, together with the analysis of the evolving programming environment and emerging and potential risks and opportunities, as solid basis for the development of the new UNDAF, the CPD and the CPMP 2018-2022.

The Guinea CO developed an AMP in February 2017 outlining the key programmatic and management priorities summarized in a matrix of seven results. Key indicators were defined to assess the achievement of these results and regularly monitored by the monthly CMT meetings. Other specific indicators of programme and operations management were developed and monitored at different levels of the performance management system such as the zonal management teams, programme management team and operation group meetings.

To ensure full implementation of the audit recommendations and compliance with agreed upon actions points, an audit task group was established by the Representative to report on the status of these actions during the CMT meetings. Despite the heavy workload of the new CPD and CPMP preparation, the office managed to address nine of the recommendations in 2017 and is working to the remaining recommendations.

The Guinea CO conducted a risk and control self-assessment exercise at the beginning of the year to ensure that the CO was led efficiently and that decisions were made in a risk-informed environment. This assessment led to the development an Emergency Risk Management Plan and the major risks identified further factored in the 2017 AMP. The Emergency Risk Management was well monitored, reaching 100 per cent UNICEF’s high-level emergency preparedness.

With the technical support of the Regional Office, the Guinea CO is putting in place the eTools that will be fully operationalized in 2018.

The Guinea CO was commended for conducting the CPD exercise jointly with other UN institutions. UNICEF/UNFPA/UNDP CPDs were presented to Government in a single session that were then approved by the UN General Assembly as One UN CPD for Guinea. UNICEF used the CPD and CPMP preparation to strengthen staff and partners’ capacities in results-based management.

OUTPUT 1 Staff and non-staff cost supporting the governance systems.

Analytical statement of progress
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OUTPUT 2 Staff and non staff costs improving financial resources and stewardship

Analytical statement of progress
One of the 2017 Guinea CO priorities was the scaling up of the harmonized approach to cash transfers implementation, where an accountability framework was established defining roles and responsibilities of staff members at different levels of programme and operations. An activity plan including programmatic visits, spots checks and audits was developed and implemented. At year-end, the office had reached 105 per cent of completion of programmatic assurance and 103 per cent of financial assurance activities. The office maintained throughout the year the performance of zero outstanding direct cash transfers above nine months and had 0.8 per cent outstanding DCTs above six months over the year.

To address the audit recommendations on financial management that were rated medium priority, the Guinea CO has taken the following actions during the year:

- Strengthened its bank optimization process by improving the cash forecast mechanism to ensure adequate that end-of-month bank balances are maintained within set limits and systematic follow-up the financial transactions. The office did not record any long outstanding reconciling items during the year;
- Established quarterly schedules of direct cash transfers release to the implementing partners subject to liquidation of prior outstanding cash transfers;
- Ensured that activities recorded in funding authorization and certificate of expenditure were clearly linked to signed work plans or programme cooperation agreements/small-scale funding. agreements as well as a list of implementing partners;
- Trained staff and partners on how to use Funding Authorization and Certificate of Expenditure.
UNICEF Guinea CO managed its Other Resources (OR) and Regular Resources (RR) funds within the approved ceilings. All funds expiring in 2017 were used before year-end.

Guinea CO gained efficiency in managing programme and operations budget with the use of the long-term agreements for the procurement of supplies, monitoring of field missions with combined trips and cost sharing for the common houses in Kankan and N’Zérékoré.

The CO pursued its approach for substantial cost savings on field missions by fostering the monthly mission plan to ensure the integration of missions and subsequent gains in both financial savings and cross-sectoral interactions during field trips. The Guinea CO continued to share offices with other UN agencies, UNFPA in Kankan and N’Zérékoré.

The UNICEF Guinea CO pursued the development of long-term agreements 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.

The continued use of solar panels to supply energy to the central office in Conakry and Kankan Zonal Office helped to reduce operational expenses related to the consumption of electricity from the power plant or fuel consumption to power generators. In addition, the replacement of gas powered cold chain refrigerator by 200 solar power refrigerators in health centres produced a gain of US$ 12,000 in annual fuel cost. Finally, the CO transaction pool initiative streamlined and improved the office processes thus making great gain in time and human resources.

OUTPUT 3 Staff and non staff costs improving human resources management

Analytical statement of progress
While developing the new CPMP, the UNICEF Guinea CO went through an extensive and participatory process of consultations with staff members through skills mapping exercise that helped identify and design human capacity needs within the limits of funding affordability.

At the beginning of the year, the CO organized collective and individual training sessions in performance management where guidance was given on how to develop workplan outputs and engage in a constructive dialog between supervisors and supervisees. The status of performance evaluation report (PER) completion was one the key indicators reviewed by the CMT on regular basis. By end of February 2017, 96 per cent of 2016 year-end performance assessment were finalized.

The outcomes of the 2017 Global Staff Survey were reviewed in a joint consultative committee meeting. Key topics were identified and included in the office improvement plan presented to all staff and regularly monitored by the JCC and the CMT.

The office received support from the regional stress counsellor who organized all staff counselling sessions as well as individual sessions. The recommendations of the Stress Counsellor were factored in the OIP. UN cares activities were undertaken within the UN framework and led by the UN Medical Doctor. UNICEF staff members and dependents attended sessions focusing on HIV prevention in the workplace.
OUTCOME 9 Programmes Effectiveness Outcome to supporting the achievement of the programme Outcomes

Analytical statement of progress
The year 2017 was the last year of the 2013-2017 UNDAF and UNICEF Guinea Country Programme cycle. The preparation of the new UNDAF and new CPD, the related Programme Strategic Notes and the CPMP were important and intense programmatic moments in 2017. These gave the opportunity to take stock of key achievements and lessons learnt from the ending programme cycle, together with the analysis of the evolving programming environment and emerging and potential risks and opportunities, as solid basis for the development of the new UNDAF, the CPD and the CPMP 2018-2022.

Programme Coordination meetings were held on a monthly basis along the year, with follow-up actions monitored and completed before next programme meeting. This ensured coordination of the programme along the year.

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

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

Analytical statement of progress
To support public advocacy, the Guinea CO participated in several public events, targeting various audiences such as the population and the Government as well as the international partners/donors.

With the evidence-base and advocacy initiatives in the past years, 2017 brought a significant turning point for the development of pre-primary schooling, as expressed by the highest authorities of the Government. The institutional anchoring was transferred from the MASPFE to the Ministry of National Education and Literacy, with a significant financial pledge from the World Bank. UNICEF supported the diagnostic of the sub-sector and two workshops to prepare a vision for the next 10 years.

Finally, the CO implemented mechanisms to widely disseminate its articles and success stories on medium.com and social networks (Facebook and Twitter), along with videos, TV reports, photos album on Flickr and the Guinea CO’s monthly newsletter sent to donors, the Government and NGOs.
Based on the analysis of the resources mobilized in 2017, the needs for the new CPD and the analysis of the funding environment both internally and externally, a resource mobilization strategy was developed in August 2017, with an action plan and the set-up of an internal resource mobilization committee for monitoring of the action plan.

By end 2017, the CO mobilized US$ 22.9 million (27 per cent) of the US$ 85.3 million OR funds needed for the new CPD. Major donors like Germany, Japan, Russia, Spain, United States, the EU Delegation and France Ambassadors were met by the UNICEF Representative to advocate on need for flexible funding. The CO received US$ 14.4 million from GAVI to support the health system strengthening, US$ 5 million through the global financing facility for technical support to the Government to development an investment case for RMNCAH and US$ 1 million from the World Bank for WASH in Mamou to scale up universal access to safe drinking water in 48 health centres. UNICEF was able to raise funds from the Government as financial counterpart for WASH and immunization activities, amounting to approximately US$ 1 million. Joint fundraising with other UN institutions secured additional funds from the Multi-Partner Trust Fund Office and Muskoka Foundation.

Donor reports and grants management were monitored with tools elaborated to ensure timely and quality reporting (standard operating procedures, grant management matrix, quarterly reporting on results, donor report quality control checklist, management of the documentation on the share driver). Donor feedback (received from the EU, Japan Global Funds, etc.) was part of the grants management tools to improve the quality of the reporting. Ninety-eight per cent of donor reports due in 2017 were submitted on time, above the organization’s target of 90 per cent.

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

Analytical statement of progress
The 2016 situation analysis and the MODA following the human life cycle and multidimensional needs at each stage, was drawn with the purpose to better understand and address the intersectoral needs of children at all stages of their lives.

To address the birth registration gap (the first child right, after being born safe), advocacy happened for a high-level coordination mechanism to ensure modernization and reform of the civil registration and vital statistics systems. CIRMEC was set up and placed under the responsibility of the Prime Minister’s office and brought together all line ministers involved in civil registrations and vital statistics. This body validated the review of the civil registration and vital statistics systems and oversaw the development of the national strategy.

UNICEF promoted since 2016 the Child Friendly Communes’ initiative to ensure coordinated cross-sectoral interventions for children. On that basis, the Government, through the Ministry of Territorial Administration and Decentralization, launched in December 2017 the National Programme of Communes of Convergence, with UNICEF as the main technical partner, that identified 40 communes across the country for the pilot phase based on criteria such as the level of deprivation/poverty or potential for fast-track development that can drive neighboring communes. Under the MATD’s leadership, the PNACC will mobilize partners to support the improvement of the living conditions of populations in these communes, especially through full access and quality of basic social services, within the framework of the 14 competences transferred by the central State to the communes. UNICEF’s new CPD was well articulated around this initiative from 2018 onwards.
OUTPUT 4 Effective Planning & Monitoring of Country Programme Results

Analytical statement of progress
The CO 2017 Annual Work Plan was signed with the Government in February 2017. The regular monitoring and mid-year and annual reviews led by the Government allowed to identify the lessons learnt, taken into account in identification of the priority actions defined for the new CPD and to be considered for the biennial plan 2018-2019.

A joint monitoring visit, with UN agencies and government entities at central and local levels was organized in June 2017 and led to identity of results in the field and remaining bottlenecks, as well as lessons learnt for the new CPD.

The 2017 IMEP 2017 was validated together with the 2017 AMP in March 2017 and submitted to the Regional Office in April 2017. Nine out of 16 activities planned in the 2017 IMEP (56 per cent) were completed during the year. Among these are the 2016 MICS survey with data to serve as baseline for both the country National Socio-Economic Development Plan 2016-2020, as well as the new UNDAF and new CPD 2018-2022.

Another important achievement of the 2017 IMEP was the external evaluation of the CSD programme for the period 2015-2017.

Based on the MICS data released in June 2017, the CO conducted an updated MODA and situation analysis, the draft report was under review for finalization in early 2018. Two surveys of the INS (the DHS 2017 and the household poverty survey) planned for support by UNICEF were postponed by the INS for 2018.

Document centre

Evaluation and research

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<td>The Impact of Strategies to Promote FGM Abandonment in Guinea</td>
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<td>Socio-anthropological study on child marriage in Guinea</td>
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Lessons learned

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Programme documents

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