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UNITED NATIONS POPULATION FUND

Draft country programme document for Guinea

Proposed indicative UNFPA assistance: \$20 million: \$12.5 million from regular resources and \$7.5 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2013-2017)

Cycle of assistance: Seventh

Category per decision 2007/42: A

Proposed indicative assistance (in millions of \$):

Strategic Plan Outcome Area	Regular resources	Other	Total
Data availability and analysis	1.8	1.0	2.8
Gender equality and reproductive rights	1.5	0.5	2.0
Maternal and newborn health	3.0	2.5	5.5
Family planning	2.7	3.5	6.2
Young people's sexual and reproductive health and sexual education	2.5	-	2.5
Programme coordination and assistance	1.0	-	1.0
Total	12.5	7.5	20.0



I. Situation analysis

1. Guinea experienced a social and economic crisis from 2001-2010. After a transitional period that ended in November 2010 with the election of a president and a return to constitutional order, the country has faced major challenges in the areas of national unity, democracy and human development.

2. The percentage of the population living below the poverty line increased from 49 per cent in 2002 to 58 per cent in 2010. The Government developed a poverty reduction strategy and a five-year plan, 2011-2015, to accelerate the achievement of the Millennium Development Goals and to reach the completion point of the heavily indebted poor countries in 2012.

3. The Government postponed a census and a demographic and health survey to 2012 due to the social and political situation. Based on the demographic projections of the 1996 census, the population was 11.3 million in 2011, and was growing at an average annual rate of 3.1 per cent.

4. Access to health care services is estimated at 40.8 per cent. The maternal mortality ratio was 980 maternal deaths per 100,000 live births in 2005. According to a 2008 national survey on child nutrition and survival, the coverage of health services is inadequate. In 2010, skilled birth attendance was 46.1 per cent, and the Caesarean section rate was 2.4 per cent. In the health sector, there is a lack of human resources, particularly midwives. The new Government has abolished service charges for Caesarean and normal deliveries as well as for antenatal visits.

5. The total fertility rate was 5.7 children per woman from 1983-2005. The modern contraceptive prevalence rate was 6.1 per cent,

and the unmet need for family planning was 22 per cent in 2005. Contributing factors included a lack of family planning services and sociocultural resistance to modern methods.

6. Adolescents account for 14 per cent of the total fertility rate. The median age of marriage for young girls was 16.3 years in 2005. The civil code, revised in 2008, increased the minimum age of marriage for girls to 18 years, but this has not yet been implemented.

7. In 2005, HIV/AIDS prevalence was 1.5 per cent (0.9 per cent among men and 1.9 per cent for women). The prevalence rate was 1 per cent among young people aged 15-24, who represent 21.8 per cent of the population. There is a need to increase the access to, and use of, information and prevention services for young people.

8. Women, who constitute 52 per cent of the population, are underrepresented in all sectors. Violence against women is widespread. Despite being banned, female genital cutting persists due to sociocultural perceptions; the prevalence rate is 96 per cent. The Government developed several mechanisms to promote gender equality and enforce national legislation, including a national institution on gender-based violence and a regional committee. Implementing gender-related legislation remains a challenge.

II. Past cooperation and lessons learned

9. Despite the socio-political crisis, the sixth country programme helped to improve access to maternal health services, particularly emergency obstetric and newborn care, which was provided in 25 of 47 referral hospitals.

10. The programme helped to reposition family planning as a key element for improving maternal health. It also helped to strengthen the capacity of health-care providers and

introduced long-term contraceptive methods. The programme, which piloted the provision of implants, contributed to an increase in utilization rates. In addition, it increased the access of young people and adolescents to youth-friendly services and information on sexually transmitted infections, including HIV/AIDS. The utilization rate for these services was 24 per cent. The programme also provided training on healthy living to peer educators. Future challenges include increasing the cultural acceptance of modern family planning methods and community-based services.

11. The programme helped to implement the reproductive health commodity security plan and strengthen the national capacity for the logistics management of reproductive health commodities. This facilitated the creation of a funding code within the national budget for reproductive health commodity supplies. Future challenges include enhancing contraceptive security, strengthening logistics management capacity and increasing the access of women and young people to sexual and reproductive health services.

12. In support of the census and the demographic and health survey, the programme mobilized resources to initiate the preliminary mapping exercise and pilot survey. Programme achievements included: (a) establishing a national socio-economic database; (b) conducting studies on the linkages between population and development to improve policy dialogues on development; and (c) including population, gender and reproductive health issues in the five-year plan and the national youth policy. There is lack of data for development purposes.

13. In the area of gender, the programme contributed to the formulation of a national gender policy and a national strategy to prevent

gender-based violence. The programme supported the Government in establishing human rights protection mechanisms and systems and in implementing action plans related to Security Council resolutions 1325, 1820 and 1888. There is a need to sharpen the focus on the gap between the enactment of human rights laws and policies and their practical implementation.

14. The evaluation of the programme indicated a need to document best practices and to improve the monitoring and evaluation system for evidence-based management of the programme. The scope of the programme is geographically limited. There is a need to expand interventions, including those targeting antenatal care and emergency obstetric care. The programme should forge strategic inter-organizational partnerships and foster the development of alliances with public, non-governmental and private partners.

III. Proposed programme

15. The programme is based on the United Nations Development Assistance Framework (UNDAF), 2013-2017, and is aligned with the national poverty reduction strategy paper, 2011-2012, the five-year development plan, 2011-2015, and the Millennium Development Goals, specifically Goal 5.

16. National priorities focus on: (a) improving governance and institutional and human capacity-building; (b) accelerating growth; and (c) improving access to high-quality social services. The UNDAF contributes to the operationalization of these three strategic areas.

17. The programme encompasses five outcomes of the UNFPA strategic plan, 2008-2013, and is aligned with the UNFPA business plan. The programme will support policies and programmes nationwide, in conjunction with

other partners, and will focus on building the capacity of national institutions and expanding successful interventions.

Data availability and analysis

18. Output 1: By 2017, reliable data on population dynamics, youth, gender equality and sexual and reproductive health are collected, analysed and disseminated to users and decision makers. The output will be achieved by supporting: (a) the analysis and dissemination of the 2012 population and housing census; (b) the 2017 demographic and health survey; (c) operational research on health, gender and issues affecting young people; (d) skills development for incorporating population issues into national plans and programmes; and (e) strengthening the national information management system. Partners under this output include: the African Development Bank, the European Union, the Ministry of Health and Public Hygiene, the Ministry of Planning, and the United States Agency for International Development (USAID).

Gender equality and reproductive rights

19. Output 1: By 2017, national legislation on gender equality, reproductive rights, HIV/AIDS, gender-based violence and female genital cutting is adapted to international conventions and disseminated through national structures, women's networks and associations. The output will be achieved by supporting: (a) the creation of an institutional, legislative and regulatory environment that supports equality and equity; (b) the promotion of rights and equality on reproductive health; (c) the fight against gender-based violence and female genital cutting; (d) the involvement of men in reproductive health programmes; and (e) capacity-building. Partners under this output include the Ministries of: Health and Public

Hygiene; Justice; Security; Social Affairs and the Advancement of Women and Children; and Telecommunications. Additional partners include UNDP, the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the Office of the United Nations High Commissioner for Human Rights (OHCHR) and international non-governmental organizations (NGOs).

Maternal and newborn health

20. Output 1: By 2017, the national capacity of health facilities for expanding emergency obstetric and newborn care and fistula treatment is enhanced. The output will be achieved by supporting: (a) the development and implementation of a national plan for expanding high-impact interventions in the areas of maternal and newborn health, with a focus on basic emergency obstetric care at the peripheral level and comprehensive care at the referral level; (b) promoting access to sexual and reproductive health services through community participation by developing a mutual health organization; (c) preventing and treating obstetric fistula; and (d) strengthening the capacity of the three midwifery training schools by incorporating obstetric care into the training curricula. Partners under this output include the French Solidarity Fund, the Ministry of Health and Public Hygiene, the Ministry for Social Affairs and the Advancement of Women and Children, UNICEF, USAID, WHO and the World Bank.

Family planning

21. Output 1: By 2017, the national system for reproductive health commodity security is reinforced. The output will be achieved by supporting implementation of the reproductive health commodity security plan, including the provision of condoms and other contraceptives. Strategies will include: (a) strengthening the

national capacity in logistics management, system monitoring and information gathering; and (b) supporting advocacy efforts for the effective mobilization of funds earmarked under the relevant budget line. Partners under this output include France, the Ministry of Health and Public Hygiene, the Ministry of Finance, UNICEF, USAID, WHO and the World Bank.

22. Output 2: By 2017, the national capacity for implementing community-based family planning activities is enhanced. This output will be achieved by: (a) improving the quality of services by ensuring that the performance-based services management process is mainstreamed; (b) mainstreaming long-term contraceptive methods, including implants; and (c) supporting community-based interventions to bring maternal and newborn health services closer to communities. Partners under this output include France, the Ministry of Finance, the Ministry of Health and Public Hygiene, WHO, the World Bank and USAID.

Young people's sexual and reproductive health and sexual education

23. Output 1: By 2017, essential sexual and reproductive health services, including services on HIV/AIDS, are accessible to young people, including adolescents. The output will be achieved by: (a) integrating sexual and reproductive health activities, including activities on HIV/AIDS, for young people, including adolescents, into health services; (b) mainstreaming life-skills modules in youth counselling centres and in peer learning manuals in out-of-school settings; and (c) promoting peer education for effective behavioural change. Partners under this output include the Ministry of Health and Public Hygiene; the Ministry for Social Affairs and the Advancement of Women and Children; the Ministry of Youth, UNDP, UNICEF, the

United Nations Industrial Development Organization (UNIDO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), USAID and WHO.

IV. Programme management, monitoring and evaluation

24. UNFPA and the Government will implement the programme following national execution modalities and in compliance with UNFPA procedures. UNFPA will perform a risk analysis in conformity with the harmonized approach to cash transfers and the security accountability policy. The Ministry of Planning will coordinate the programme, with the involvement of sectoral ministries and civil society organizations.

25. The UNFPA country office in Guinea includes staff funded from the UNFPA institutional budget who perform basic management and development-effectiveness functions. In addition to the main office in Conakry, a decentralized field office assists in programme implementation. UNFPA will allocate programme resources for staff providing technical and programme expertise, as well as associated support, for the implementation of the programme.

26. The Africa regional office, UNFPA headquarters units and external experts will provide additional programmatic and technical support. The programme will also make use of South-South cooperation.

RESULTS AND RESOURCES FRAMEWORK FOR GUINEA

National priority: improving governance and institutional and human capacity-building UNDAF outcome: by 2017, the capacity of government and non-governmental structures and organizations at central and decentralized levels are effectively enhanced to formulate and implement development policies and programmes and to ensure civic participation and control. Indicator: number of policies and strategies formulated, implemented and monitored in a participatory manner (baseline: 8; target: 13)				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Data availability and analysis <ul style="list-style-type: none"> In-depth analyses of the third general population and housing census are available and disseminated. Baseline: 0; Target: 3 National reports on Millennium Development Goal 5 are available Baseline: 0; Target: 2 	Output 1: By 2017, reliable data on population dynamics, youth, gender equality and reproductive health services are collected, analysed and disseminated to users and decision makers	Output indicators: <ul style="list-style-type: none"> Existence of a multisectoral and operational database Baseline: 0; Target: 1 Number of thematic data analyses of the third census, Multiple Indicator Cluster Survey 4 and other surveys Baseline: 0; Target: 9 	Ministries of Health and Public Hygiene; and Planning University of Conakry African Development Bank; European Union; UNDP; UNICEF; WHO; international training institutions	\$2.8 million (\$1.8 million from regular resources and \$1 million from other resources)
National priority: improving governance and institutional and human capacity-building UNDAF outcome: by 2017, populations enjoy an institutional, legislative and regulatory environment that promotes equality and equity and fosters culture and the realization of human rights. Indicator: number of laws harmonized with international legal instruments (baseline: 0; target: 5)				
Gender equality and reproductive rights <ul style="list-style-type: none"> Percentage of women aged 20-24 who were married or in union before the age of 18 Baseline: 11.6%; Target: 8% Mechanisms are in place to enforce laws and policies promoting reproductive rights and gender equality Baseline: 11.6%; Target: 1 	Output 1: By 2017, national legislation on gender equality, reproductive rights, HIV/AIDS, gender-based violence and female genital cutting is adapted to international conventions and disseminated through national structures, women's networks and associations	Output indicators: <ul style="list-style-type: none"> Number of enforcement provisions relating to laws on reproductive rights, AIDS, gender-based violence and female genital cutting that are effectively applied Baseline: 0; Target: 4 Number of communities that have declared the abandonment of female genital cutting Baseline: 284; Target: 334 Number of facilities that offer support to victims of gender-based violence Baseline: 4; Target: 10 	Government/National Assembly; Ministries of: Health and Public Hygiene; Justice; Security; Social Affairs and the Advancement of Women; and Telecommunications International NGOs; OHCHR; UNDP; UNICEF; WHO	\$2 million (\$1.5 million from regular resources and \$0.5 million from other resources)
National priority: access to basic social services UNDAF outcome: by 2017, the population in general and the most vulnerable in particular have access to basic social services consistent with national standards to improve their living conditions. Indicators: (a) prevalence rate of modern contraceptive methods; baseline: 6.1%; target: 15%; (b) unmet need for family planning; baseline: 22%; target: 5%; (c) maternal mortality ratio; baseline: 980 maternal deaths per 100,000 live births; target: 580; and (d) HIV/AIDS prevalence rate; baseline: 1.5%; target: 1.3%				
Maternal and newborn health <ul style="list-style-type: none"> Maternal mortality ratio. Baseline: 980 maternal deaths/100,000 live births (2005); Target: 580 	Output 1: By 2017, the national capacity of health facilities to expand emergency obstetric and newborn care and fistula	Output indicators: <ul style="list-style-type: none"> Percentage of pregnant women with four antenatal visits, including one during the ninth month Baseline: 54%; Target: 70% 	Ministries of: Health and Public Hygiene; and Social Affairs and the Advancement of Women and Children; associations of	\$5.5 million (\$3 million from regular resources and \$2.5 million

<ul style="list-style-type: none"> • Births attended by skilled health personnel Baseline: 46.1% (2008); Target: 70% • Caesarean delivery rate less than 5% Baseline: 2.4% (2010); Target: 5% 	treatment is enhanced	<ul style="list-style-type: none"> • Number of health facilities that offer emergency obstetric and neonatal care Baseline: basic emergency and obstetric neonatal care: 72; comprehensive emergency and obstetric neonatal care: 19; Target: basic: 200; comprehensive: 47 • Number of women treated for obstetric fistula. Baseline: 232; Target: 1,000 	midwives; NGOs; private sector; Food and Agriculture Organization of the United Nations; French Solidarity Fund; Jhpiego; International Labour Organization; UNDP; UNICEF; UNIDO; WHO; World Bank; World Food Programme	from other resources)
Family planning <ul style="list-style-type: none"> • Contraceptive prevalence rate (modern methods) Baseline: 6%; Target: 15% • Unmet need for family planning Baseline: 22%; Target: 5% • Percentage of service delivery points offering at least three modern contraceptive methods Baseline: 36% in 2011; Target: 80 	<u>Output 1:</u> By 2017, the national system for reproductive health commodity security is reinforced	<u>Output indicators:</u> <ul style="list-style-type: none"> • Number of national staff trained in logistics management. Baseline: 40; Target: 150 • Number of facilities that have not experienced contraceptive stock-outs during the last six months Baseline: 110; Target: 320 • Number of facilities that have not experienced stockouts of 10 reproductive health life-saving commodities during the last six months. Baseline: basic emergency and obstetric neonatal care, 72; comprehensive 19; Target: basic, 200; comprehensive, 47 	Ministry of Health and Public Hygiene; Ministry of Finance Population Services International; UNICEF; USAID; WHO; World Bank	\$6.2 million (\$2.7 million from regular resources and \$3.5 million from other resources)
	<u>Output 2:</u> By 2017, the national capacity for implementing community-based family planning activities is enhanced	<ul style="list-style-type: none"> • Number of villages that offer community-based reproductive health services integrating the package of maternal and newborn health services. Baseline: 5,250; Target: 6,250 • Percentage of health facilities that offer at least three modern contraceptive methods Baseline: 83%; Target: 100% 	Ministry of Health and Public Hygiene; national NGOs Jhpiego; USAID; UNICEF; WHO	
Young people's sexual and reproductive health and sexuality education <ul style="list-style-type: none"> • Adolescent birth rate Baseline: 10 births/1,000 women aged 15-19; Target: 8 • Percentage of people aged 15-24 correctly identifying ways to prevent HIV Baseline: 16.2%; Target: 70% • Age-appropriate sexual education programmes in and out of schools Baseline: 1; Target: 2 	<u>Output 1:</u> By 2017, essential sexual and reproductive health services, including services on HIV/AIDS, are accessible to young people, including adolescents	<u>Output indicators:</u> <ul style="list-style-type: none"> • Number of facilities that provide sexual and reproductive health for young people Baseline: 10; Target: 200 • Number of youth associations, networks and facilities involved in peer learning, focusing on life skills that promote sexual and reproductive health and prevent HIV Baseline: 22; Target: 50 	Ministries of: Health and Public Hygiene; Social Affairs and the Advancement of Women and Children; and Youth; civil society; national NGOs; UNAIDS; UNDP; UNICEF; UNIDO; WHO	\$2.5 million from regular resources Total for programme coordination and assistance: \$1 million from regular resources