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**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Draft country programme document for Guinea**

Proposed UNFPA assistance:	\$15.5 million: \$12.5 million from regular resources and \$3 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2007-2011)
Cycle of assistance:	Sixth
Category per decision 2005/13:	A

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	7.2	2.0	9.2
Population and development	2.1	0.5	2.6
Gender	2.0	0.5	2.5
Programme coordination and assistance	1.2	0.0	1.2
Total	12.5	3.0	15.5

## I. Situation analysis

1. In 2005, the population of Guinea was 9.3 million, 60 per cent of whom were under 25 years of age. Economic development has been hampered by a limited capacity to manage public funds. In 2002, nearly half of the population lived under the poverty line, and nearly one in five Guineans lived in extreme poverty.

2. Sociodemographic indicators are poor. The maternal mortality ratio is high, at 528 deaths per 100,000 live births. The contraceptive prevalence rate is 9 per cent (8.1 per cent among adolescents), and the unmet need for contraceptives is 22 per cent. The total fertility rate is about 5.7 children per woman. Early pregnancies contribute to maternal mortality and morbidity. According to a 2002 study, 31.9 per cent of induced abortions in hospitals are among adolescent girls, whose mortality rate is approximately 20 per cent. Attendance at health facilities is low, because of the frequent shortages of health commodities and other medical supplies.

3. Compared with neighbouring countries, Guinea has a moderate HIV/AIDS prevalence rate: 1.5 per cent. However, the worsening poverty situation, unequal gender relations, and population shifts have contributed to an increase in the HIV/AIDS rate. Although Guinean women have more household responsibilities and contribute more to the economy, their low status has resulted in a feminization of the HIV/AIDS epidemic. While the male-female ratio of HIV-infected persons was 8 men to 1 woman in 1988, the ratio is now 1 man to every 2.1 women.

4. For more than a decade, Guinea has had large numbers of refugees and internally displaced persons. This situation has challenged the ability of the Government to provide basic social services, with negative consequences for the host populations.

## II. Past cooperation and lessons learned

5. The fifth country programme (2002–2006) aimed to improve the quality of life of the Guinean people. The programme consisted of two components: (a) reproductive health; and (b) population and development. Coverage for the reproductive health component was regional, with activities carried out in Conakry and in lower and middle Guinea. The population and development component had national coverage.

6. Programme assessments revealed a number of shortcomings, including a shortfall in some planned activities; a lack of follow-up monitoring and evaluation mechanisms; and insufficient cross-cutting relationships between gender and advocacy. Despite these weaknesses, the programme achieved important progress.

7. In the area of reproductive health, the programme supported: (a) the development of a national procurement plan for reproductive health commodities; (b) the creation of a national training module for reproductive health programme management; (c) a review of the national information, education and communication (IEC) strategy on reproductive health; (d) the establishment of eight health insurance schemes for maternal health in two districts; (e) the enhancement of the technical capacities of senior staff at all levels as well as those of peer educators in the area of reproductive health service delivery; (f) the preparation of implementation guidelines for the reproductive health law; and (g) the adoption of a law on HIV/AIDS.

8. In the area of population and development, the programme improved national technical capacities; developed a national programme of action on population; and reviewed the national policy on women. The programme also conducted studies, including studies on the Guinean family; the linkages between poverty, marriage and HIV/AIDS; and the incorporation of population-related issues into the poverty reduction strategy paper. The programme also helped to increase awareness among decision-makers, religious

leaders and opinion leaders on population and development issues.

9. To better address humanitarian issues in the Forest Region, UNFPA opened a sub-office in N'Zérékoré in 2005. UNFPA shares the office with the United Nations Children's Fund (UNICEF) as an interagency pilot initiative within the framework of the United Nations reform process.

10. UNFPA learned a number of lessons from the previous programme. In the areas of sexual and reproductive health and population and development, UNFPA helped to build the capacity of decision-makers, non-governmental organizations (NGOs) and population and development networks (parliamentarians, journalists, religious leaders and youth) to integrate population issues into policies and sectoral development programmes. However, grass-roots groups must be more involved in implementation efforts. Weak coordination hampered efforts to reduce maternal and infant mortality. The lack of evaluation mechanisms also impeded efforts to monitor programme activities. Finally, deficits in government funds, as well as the withdrawal of aid by some international development partners, impeded programme implementation.

### III. Proposed programme

11. The goal of the country programme is to improve the quality of life of the Guinean people by supporting population, reproductive health and gender policies and programmes. The programme outcomes are to: (a) support the development of high-quality reproductive health services for all social groups, especially youth and women in poor and post-crisis areas; (b) promote a conducive environment in which sexually active people adopt less risky behaviour, with priority given to youth, adolescents and women; (c) contribute to the integration of population, gender and reproductive health issues into policies and programmes at all levels; and (d) promote women's and girls' rights, gender equality and equity.

12. The proposed programme was developed with the involvement of the Government, United Nations agencies, civil society and bilateral and multilateral partners under the coordination of a steering committee chaired by the Ministry of Planning.

13. The programme is anchored in human rights and in gender equality and equity. It focuses on improving maternal and infant health, taking into consideration conclusions from the midterm review, the common country assessment (CCA) and the United Nations Development Assistance Framework (UNDAF) for 2007-2011. The programme is aligned with the poverty reduction strategy paper, the Millennium Development Goals, the five- and 10-year reviews of the International Conference on Population and Development, and the 10-year review of the Fourth World Conference on Women. The programme aims to contribute to the UNDAF outcomes related to health, HIV/AIDS, gender, data management and human rights.

14. The proposed programme includes three components: (a) reproductive health; (b) population and development; and (c) gender. These components incorporate cross-cutting dimensions such as gender analysis, and a rights-based and culturally sensitive approach to programming and advocacy. Activities will be carried out in Conakry, Lower and Middle Guinea and the post-conflict area in the Forest Region. At the national level, the programme will focus on commodity procurement, gender, population and development.

#### *Reproductive health component*

15. Output 1: Improved access to maternal health care and youth-friendly services in health institutions in intervention areas, including in the Forest Region. This will be achieved through: (a) joint programme implementation, in cooperation with the Government, the World Health Organization (WHO) and UNICEF, of the road map to reduce maternal mortality; (b) improving the quality of reproductive health services within a decentralization framework; (c) integrating

HIV/AIDS into all reproductive health programmes; (d) piloting the integration of youth and adolescent reproductive health services in intervention areas; (e) participating in United Nations efforts to mobilize resources for humanitarian responses; (f) developing programmes to address obstetric fistula; and (g) collaborating with United Nations agencies and other partners to develop programmes for the Forest Region within the humanitarian response framework.

16. Output 2: Reproductive health commodities are available in sufficient quantities in health institutions located in the intervention areas, including the Forest Region. This output will be achieved by: (a) reviewing the national strategy on procuring reproductive health commodities; (b) updating the reproductive health commodity procurement plan; (c) enhancing the national capacity for contraceptive logistics management; (d) improving the coordination system at the national level; (e) ensuring the availability of reproductive health commodities, in particular through the adoption of a specific national budget line; (f) supporting condom programming; and (g) supplying reproductive health kits to health institutions and refugee camps.

17. Output 3: Youth, adolescents, women and people living with HIV/AIDS have greater access to information and services on reproductive health and HIV/AIDS. This output will be achieved by: (a) providing youth- and adolescent-friendly services at NGO clinics for women and youth; (b) developing population and family life education programmes in schools; (c) supporting the dissemination of information on reproductive health and HIV/AIDS via youth-friendly channels, such as telephone hotlines, cybercafés and youth radio programmes; (d) developing reproductive health and HIV/AIDS services for physically disabled youth; (e) integrating a livelihood- and life-skills approach into reproductive health programmes for out-of-school youth; (f) supporting community-based organizations that assist people living with HIV/AIDS; (g) supporting community-based organizations that help to prevent HIV/AIDS

among adolescents and women; (h) carrying out community-based distribution of male and female condoms; and (i) developing IEC and behaviour change communication activities.

#### *Population and development component*

18. Output 1: Disaggregated sociodemographic and reproductive health data are available and accessible at the national level and in intervention areas, including the Forest Region. This output will be achieved by: (a) strengthening the assessment system at national and regional levels to ensure the timely availability of reliable and disaggregated data; (b) disseminating the geographic information system for planning and monitoring; (c) assessing the development of programmes, particularly the national population programme; (d) disseminating and promoting the use of data and information to better understand the linkages between poverty and population; and (e) mobilizing resources for the third census and the fourth demographic and health survey, as well as for advanced studies on socio-demographic determinants.

19. Output 2: National institutional capacities are strengthened to facilitate the integration of demographic issues into development policies and programmes, including the poverty reduction strategy paper. This output will be achieved by: (a) strengthening the technical capacities of national and regional institutions to enable senior staff to integrate demographic factors into national development policies and programmes; and (b) helping national research institutions to conduct operational research on population, reproductive health and gender.

#### *Gender component*

20. Output 1: The technical capacities of national institutions, opinion leaders and women's associations are strengthened to integrate gender dimensions, including women's rights, empowerment and action to combat gender-based violence. This output will be achieved by: (a)

operationalizing the national policy on the family and women; (b) advocating gender budgeting; (c) developing initiatives aimed at reducing gender-based violence; (d) promoting information and sensitization on gender equality and equity and protecting the rights of vulnerable groups; (e) promoting girls' education in communities with low female enrolment rates; (f) advocating women as decision-makers; (g) harmonizing judicial instruments on promoting and protecting women's and girls' rights and disseminating information about them; and (h) developing a strategy to reverse the trend of feminization of the HIV/AIDS epidemic.

#### **IV. Programme coordination, monitoring and evaluation**

21. The Ministry of Planning will coordinate the programme through a technical steering committee consisting of representatives of all parties involved in programme implementation. This committee will work closely with the UNDAF and poverty reduction strategy paper coordination mechanisms. Programme implementation will involve all relevant sectoral ministries, NGOs and the private sector.

22. Monitoring and evaluation mechanisms will be established in line with UNFPA procedures. These will include: (a) quarterly and annual reports prepared by national counterparts; (b) annual programme reviews; (c) reports on field missions; (d) external evaluation reports; (e) annual audit reports; (f) a final programme evaluation to identify constraints, lessons learned and progress achieved; and (g) the use of the geographic information system for monitoring, evaluation and resource mobilization.

23. The programme will be jointly assessed by all United Nations partner agencies within the framework of the UNDAF midterm evaluation. A taskforce will be established to monitor implementation of the road map to reduce maternal and infant mortality.

24. UNFPA and the Government will mobilize resources to supplement the programme. The country office will develop a resource-mobilization strategy to assist in these efforts.

25. The UNFPA country office in Guinea consists of a representative, an assistant representative, an operations manager, three national programme officers and several support staff, as per the approved country office typology. An additional monitoring and evaluation post will be established to enhance programme implementation. National programme staff will be employed in the counterpart ministries. In addition, the UNFPA Country Technical Services Team in Dakar, Senegal, along with national, regional and subregional institutions and consultants, will provide technical support.

## RESULTS AND RESOURCES FRAMEWORK FOR GUINEA

<p><b>National priority:</b> to ensure that Guinean boys and girls have access to equitable, quality educational opportunities for their future economic well-being and that of their community  <b>UNDAF outcome:</b> by 2011, the Guinean population, especially children, women and people in the poorest areas, will enjoy good physical and mental health; have access to potable water; are educated; and are protected from all forms of exploitation and abuse</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><b>Outcome 1:</b> To support the development of high-quality reproductive health services for all social groups, especially youth and women in poor and post-crisis areas</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>▪ Proportion of assisted births</li> <li>▪ Proportion of adolescents and youth using reproductive health services</li> </ul> <p><b>Baseline:</b> 2007 basic situational study report (<i>Rapport enquête situationnelle de base 2007</i>); 2005 Ministry of Public Health statistical directory; 2005 demographic and health survey-3</p> <p><b>Outcome 2:</b> To promote a conducive environment in which sexually active people adopt less risky behaviour, with priority given to youth, adolescents and women</p> <p><b>Outcome indicator:</b></p> <ul style="list-style-type: none"> <li>▪ Sexual and reproductive health issues are integrated into the national report on MDGs and other national reports</li> </ul> <p><b>Baseline:</b> Report on the MDGs; CCA/UNDAF; poverty reduction strategy paper</p>	<p><b>Output 1:</b> Improved access to maternal health care and youth-friendly services in health institutions in intervention areas, including in the Forest Region</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>▪ Proportion of health institutions in the intervention areas that administer emergency obstetric care</li> <li>▪ Proportion of health institutions in intervention areas offering youth-friendly services</li> </ul> <p><b>Baseline:</b> 2007 basic situational study report (<i>Rapport enquête situationnelle de base 2007</i>); monitoring and evaluation report; Public Health Ministry statistical directory</p> <p><b>Output 2:</b> Reproductive health commodities are available in sufficient quantities in health institutions located in the intervention areas, including the Forest Region</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>▪ Availability of reproductive health commodities</li> <li>▪ Proportion of health institutions having experienced no reproductive health commodity shortage during the course of a year</li> </ul> <p><b>Baseline:</b> 2007 basic situational study report (<i>Rapport enquête situationnelle de base 2007</i>); report on crisis-hit areas; Ministry of Public Health statistical directory; demographic and health survey; CCA/UNDAF</p> <p><b>Output 3:</b> Youth, adolescents, women, and people living with HIV/AIDS have greater access to information and services on reproductive health and HIV/AIDS</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>▪ Proportion of adolescents and youth having accurate knowledge about HIV/AIDS</li> <li>▪ Number of NGO centres and secondary schools carrying out population and family life education activities in intervention areas</li> <li>▪ Number of health institutions offering youth- and adolescent-friendly services in programme intervention areas</li> </ul> <p><b>Baseline:</b> 2007 basic situational study report (<i>Rapport enquête situationnelle de base 2007</i>); monitoring and evaluation report; Public Health Ministry statistical directory; demographic and health survey; CCA/UNDAF</p>	<p>UNICEF; African Development Bank (AfDB); WHO; UNHCR; AFD (French development agency); World Bank; KfW (German development bank); USAID; European Union; German Agency for Technical Cooperation (GTZ)</p> <p>UNICEF; AfDP; WHO; UNHCR; AFD; World Bank; KfW; USAID; European Union; GTZ</p> <p>UNICEF; AfDB; WHO; UNHCR; AFD, World Bank; KfW; USAID; UNDP; European Union; UNAIDS; GTZ; Canadian International Development Agency</p>	<p>\$9.2 million (\$7.2 million from regular resources and \$2 million from other resources)</p>

