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**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Guinea**

Proposed indicative UNFPA assistance:	\$33.0 million: \$11.0 million from regular resources and \$22.0 million through co-financing modalities or other resources
Programme period:	Five years (2024-2028)
Cycle of assistance:	Ninth
Category:	Tier I
Alignment with the UNSDCF cycle	United Nations Sustainable Development Cooperation Framework, 2024-2028

## I. Programme rationale

1. Guinea has an estimated population of 13.6 million according to projections by the National Institute of Statistics, with 52 per cent women. The Guinean population is young, with an average age of 22. Over half (51 per cent) of Guineans are under age 18 and 31 per cent are aged 10-24 years. Nearly two in three (64 per cent) live in rural areas; and 198,940 people (1.5 per cent of the population) live with a disability, mostly men (53 per cent versus 47 per cent of women). The annual population growth is 2.8 per cent and the fertility rate is 4.8 children per woman. Guinea's population is expected to reach around 42.6 million by 2060.
2. According to the Demographic and Health Survey, 26 per cent of adolescent girls aged 15-19 have already started their reproductive life: 21 per cent have already had at least one live birth, and 5 per cent are pregnant with their first child. At age 15, four per cent of adolescent girls have already started their reproductive lives, compared with 52 per cent at age 19, of which 47 per cent have at least one child.
3. Guinea has the potential for economic growth in terms of agricultural, mineral and energy resources; however, poverty remains a challenge. The incidence of multidimensional poverty in 2019 was 54.3 per cent and the Gini coefficient was 29.6 in 2018. Poverty is much more pronounced in rural areas (55.4 per cent) than in urban areas (22.4 per cent) and most prevalent in Labé (68.7 per cent) and Faranah (71.3 per cent) regions. In 2019, 37.1 per cent of young people (aged 15-34 years) were without an education, employment or training. The economic support ratio is 41 workers per 100 consumers.<sup>1</sup> The human development index value has risen slightly, increasing from 0.282 out of 1 in 1990 to 0.465 in 2022; nevertheless, in the latest World Bank rankings, Guinea is classified as a lower-middle-income country, following a rise in per capita income from \$1,010 to \$1,180.
4. Since independence in 1958, Guinea's political history has been beset with several periods of instability. The country is undergoing a political transition following a change of regime on September 5, 2021. The transition period is set to last 24 months, following consultations with the Economic Community of West African States. In addition to the changing political dynamics, health crises (COVID-19 pandemic, Ebola epidemic, Marburg virus, measles) in recent years, as well as floods and other climate change-related disasters, have affected development in Guinea. The country is exposed to the impact of the geopolitical crises and security challenges afflicting the West African subregion, in particular terrorism and radicalization in the Sahel. As a country of migration origin, transit and return, Guinea also faces challenging migration trends.
5. Guinea is subdivided into four regions. Guinea ranked among the world's most vulnerable countries, according to the Climate Vulnerability and Adaptation Preparedness Index. In 2020, the country was ranked 146 out of 182.
6. Culturally, Guinea comprises diverse cultural, religious, and linguistic groups. This diversity, although an asset for the country, sometimes poses challenges to social cohesion. These mainly arise in the areas of governance and traditional social norms, which feed into the causes of discrimination at various levels and harmful practices against women and girls, such as child marriage, female genital mutilation (FGM) and rape, despite existing legislation against gender-based violence (GBV).<sup>2</sup> Guinea has made voluntary national commitments related to ICPD25, and to accelerate progress toward the three transformative results, the country has developed and implemented a budgeted national action plan for family planning (2019–2023), a Strategic Plan on Maternal, Newborn, Infant, and Adolescent Reproductive Health and Nutrition, 2020-2024, and investment cases to reduce maternal, neonatal and child mortality, 2020-2024. Although progress has been encouraging in some areas, considerable investment and effort to change social norms are still needed to achieve the Sustainable Development Goals (SDGs).
7. The modern contraceptive prevalence rate increased from 10.8 per cent in 2018 to 13.2 per cent in 2022,<sup>3</sup> while the rate of unmet needs decreased from 22 per cent to 18.5 per cent over the

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<sup>1</sup> Interim Reference Programme, 2021.

<sup>2</sup> Reproductive Health Law in 2000 and Penal Code in 2016.

<sup>3</sup> FP2030 Annual Report, 2022.

same period. However, the modern contraceptive prevalence rate ranges from 16.3 per cent in Conakry to 2.2 per cent in Mamou and 3.1 per cent in Labé. The rate of unmet need for family planning among adolescents (aged 15-19 years) in a union is 20.1 per cent. Among those who are not in a union but sexually active, this rate is 39.5 per cent. Only 8.3 per cent of all sexually active adolescent girls use a modern contraceptive method. Unintended pregnancies remain a challenge, with 10 per cent ending in induced abortion. Women's access to modern contraception is limited by social and cultural gender norms, the low availability of high-quality 'last-mile' health commodities and services, supply chain performance, and low levels of financial resources allocated to promoting a demand for the service.

8. According to the latest maternal health data available (2016), the maternal mortality rate fell between 2012 and 2016 from 724 to 550 per 100,000 live births. However, this figure still falls short of national targets. This is mainly due to the low availability, accessibility, affordability and quality of essential and emergency obstetric care, especially in rural areas and remote islands, combined with cultural barriers that limit the use of modern health care. Only 55 per cent of births are attended by skilled health workers. Obstetric fistula continues to be a challenge, with a prevalence rate of 4 per cent. The 2017 study on obstetric fistula evaluated the incidence of 506 cases per year, 73.9 per cent of which were in rural areas.

9. HIV remains a generalized epidemic in Guinea. It mainly affects women (aged 15-49 years) with a general prevalence rate of 1.5 per cent (compared with 0.9 per cent among men), and 2.0 per cent among pregnant women (2022). In 2022, 1,800 new HIV infections were recorded among adolescents aged 15-24. Only 20.7 per cent of women aged 15-24 years have an in-depth knowledge of HIV and AIDS, compared with 29 per cent of men. Only 18 per cent of sexually active women said they had used condoms the last time they had sex, compared with 21 per cent of men.

10. Guinea ranked 182 out of 191 countries on the Gender Inequality Index in 2021, with a score of 0.621. Women now account for 30 per cent of the Transitional Legislative Assembly. Guinea has adopted several national legal instruments. These include the 2019 Law on Parity, which provides that there must be parity of men and women candidates on the electoral lists and in elected positions in public institutions, and Act No. L/010/2000/AN on reproductive health, which criminalizes all forms of GBV, including FGM. The rate of FGM is 94.5 per cent among women aged 15-49-years, compared with 39.0 per cent among girls aged 0-14 years. In addition, 29 per cent of women have experienced at least one form of sexual violence since the age of 15. Early and forced marriages are still common:<sup>4</sup> 46 per cent of girls are married before age 18 and 17 per cent before age 15.

11. Through high-impact interventions and innovative initiatives, the previous country programme contributed to: (a) 96 per cent of health centres offering at least five contraceptive methods. As a result, they recorded 440,000 users, including 195,079 new users (94,674 young girls) through the National Family Planning Week campaign; (b) establishing a national emergency obstetric and newborn care (EmONC) network comprising 117 maternity units, with 49 fully operational, preventing around 1,500 maternal deaths and enabling over 400 women to be treated for obstetric fistula; (c) integrating comprehensive sexuality education (CSE) into 3,904 (50 per cent) of public schools in the five programme regions; (d) establishing two safe community spaces for out-of-school CSE and 10 user-friendly adolescent sexual and reproductive health centres; (e) integrating reproductive health/family planning/HIV services into 10 university health centres; (f) developing a digital platform promoting user-friendly adolescent sexual and reproductive health centres, in partnership with the Association of Bloggers of Guinea; (g) helping 906 communities (out of a planned 633) to stop practicing FGM and establish a community monitoring and alert mechanism; (h) helping 166 women's and girls' organizations (out of a planned 133) receive socioeconomic support; (i) helping 40 judicial police offices and courts (out of a planned 33) to integrate legal and judicial assistance for survivors of GBV; and (j) enabling 1,701 cases of sexual violence to be processed. Implementing regional socio-demographic databases has not resulted in the level of national ownership as expected. However, the country

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<sup>4</sup> This is contrary to Articles 281, 282 and 283 of the 2019 Civil Code prohibiting forced marriage and 829 to 831 of the March 2020 Child Code prohibiting marriage before 18 years of age.

office has helped update the country's demographic dividend profile and the Demographic Dividend Monitoring Index, draft related policy briefs and develop a protocol for mobilizing the resources required for the fourth census, to be completed in 2024.

12. Partnerships were strengthened during the programme cycle, which resulted in support for co-financing programmes for the COVID-19 pandemic response, and for youth empowerment and leadership. Partnerships have also been established to carry out the fourth census, and advocacy with the Government led to a compact being signed to mobilize domestic resources to procure contraceptives and finance international technical assistance for the census. Thanks to the partnership with other United Nations agencies, funds have been jointly mobilized to support women and young people to participate in conflict prevention and strengthening social cohesion. Innovation extends beyond the "Génération qui ose" [generation who dares] digital platform: a concept of "model families" to tackle GBV has been developed, and the system for women with disabilities to access reproductive health services has been strengthened and digitalized.

13. Regarding lessons learned, the meta-analysis conducted as evaluative evidence on the three transformative results in relation to the previous country programme suggested the following recommendations: (a) strengthen national capacities to integrate sexual health and reproductive rights into national policies and programmes; (b) continue to strengthen the information and logistics management system for contraceptive products and support domestic funding; (c) continue national campaigns to provide free family planning services; (d) continue to scale up EmONCs and strengthen performance monitoring; (e) strengthen the integration and quality of SRH/GBV/HIV services and community-based services; (f) advocate and support midwife deployment and retention plans, particularly in rural and peri-urban areas; (g) strengthen the supply of health services adapted to adolescents and young people and increase demand through mass media, digital technologies and innovative channels; (h) promote partnership for a lasting change in socio-cultural attitudes towards gender equality; (i) develop interventions to support the application of legislation on the elimination of all forms of discrimination against women; and (j) develop interventions to promote community involvement and dialogue to change social norms and behaviours.

14. The UNFPA programme has significantly contributed to developing the Government's Interim Transition Programme, in four priority areas, with a focus on human capital development, and the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2024-2028. UNFPA will use its comparative advantage –technical expertise and coordination skills – in reproductive health, adolescent sexual and reproductive health, GBV, youth and women's leadership and development, as well as in the development of demographic intelligence, including the fourth census and sixth Demographic and Health Survey. These technical expertise areas support programme planning based on data that is relevant and will support high-impact interventions, particularly for women, girls and young people. There will also be a focus on people with disabilities, who are recognized in the common country analysis as the most vulnerable and furthest left-behind group.

## II. Programme priorities and partnerships

15. A participatory approach was used to develop the proposed country programme, involving national partners, state actors, local authorities, civil society organizations, opinion leaders, the media, the United Nations system, bilateral cooperation, universities and beneficiaries (young people, women and people with disabilities). It is aligned with the Interim Transition Programme, SDGs 1, 3, 5, 10, 13, 16 and 17 and the UNSDCF, 2024-2028. The country programme will help accelerate progress towards the three transformative results of the UNFPA Strategic Plan, 2022-2025, and the ICPD Plan of Action, as well as the Guinean Government's voluntary national commitments on ICPD25, the African Union' Agenda 2063, and the Addis Ababa Declaration on Population and Development. The programme builds on the lessons learned and good practices identified in the meta-analysis of programme evaluations and reports and will capitalize on the opportunities and good practices of the Sub-Saharan Africa Women's Empowerment and Demographic Dividend (SWEDD) project, under implementation in Guinea.

16. In line with national priorities, the country programme's vision is that by 2028, adolescents and young people (especially those furthest left behind and most vulnerable, people with disabilities and rural women, including adolescent girls) will benefit from improved access to an integrated package of high-quality sexual and reproductive health (SRH) information and services, including EmONC, adolescent sexual and reproductive health, and the prevention and management of GBV and harmful practices, in particular FGM and child marriage. The programme will support young people's inclusive and meaningful participation in peacebuilding and the youth in peace and security agenda. It seeks to ensure the best return on investment in accelerating progress towards the three transformative results.

17. The programme will focus on adolescent girls and young people, who make up the majority of the population and are the most vulnerable but also the most promising in accelerating progress towards the three transformative results. It will develop an approach that transforms social and gender norms and promotes positive masculinity, and by improving life skills, participation and access to an integrated package of high-quality SRH/EmONC/GBV/HIV services by supporting capacity building of institutions, local authorities and communities, taking into account the most remote areas and people with disabilities. Interventions will be concentrated mainly in N'zérékoré, Kankan, Mamou, Kindia and Labé regions, covering all health facilities and health posts to ensure 'last-mile' coverage. Advocacy, support for normative policy and programme development, as well as family planning and gender interventions, will have a national scope.

18. The programme will expand and strengthen its strategic partnerships to include parliamentarian and local authority networks, youth organizations, people with disabilities organizations, philanthropic foundations, non-governmental organizations, the media, the private sector, universities, civil society, other United Nations organizations, and international financial institutions to catalyse commitment and mobilize technical and financial resources to achieve its objectives. It will strengthen collaboration with the private health sector, as one in every two health facilities is private (474 public, 379 private, 32 garrison and 563 pharmacy), to improve access to high-quality care. The programme will draw on the diverse ecosystem of women's and youth associations, opinion leaders and traditional communicators to accelerate change in social and gender norms conducive to exercising SRH and reproductive rights.

19. Public financing tools will be developed to identify opportunities to increase and improve investment in the three transformative results, and to support advocacy and resource mobilization. Several avenues will be explored to diversify funding sources. These include (a) consolidating and expanding collaboration with existing sources (such as the Global Financing Facility and the regional statistical strengthening project by the World Bank); (b) developing a portfolio of joint programmes with other United Nations organizations, including leveraging United Nations thematic funds; (c) enabling recourse to innovative financing, such as the UNFPA Strategic Investment Facility and individual giving; (d) encouraging openness to Islamic finance; and (e) continuing advocacy for increased domestic funding for SRH and GBV/FGM, at both national and local levels. Some municipalities have already pledged to allocate up to 2 per cent of their budgets to family planning. The programme will also support innovations aimed at strengthening budgeting processes geared to harness the demographic dividend, building on the SWEDD achievements, including tools for the transformation of country budgets into demographic dividend-sensitive budgets.

20. The programme will primarily use three accelerators: (a) human-rights-based, gender-transformative approaches anchored in the principles of 'leaving no one behind', gender equality, non-discrimination, participation and accountability to support rights-based service delivery; (b) pursuing and developing new initiatives and scaling up high-impact innovations; and (c) supporting partnerships, including South-South and triangular cooperation.

21. To implement innovative strategies and accelerate the achievement of the results, the programme will combine all modes of engagement with the accelerators: (a) advocacy and policy dialogue to put the ICPD agenda and the demographic dividend at the centre of developing sectoral policies and national programmes, democratizing access to family planning, fully operationalizing the EmONC maternity network, enforcing the GBV/FGM law and mobilizing domestic funding for their implementation; (b) integrated SRH, EmONC, GBV and HIV services

will support the development of high-quality ‘last-mile’ services to improve access to hard-to-reach populations; (c) capacity-building, including empowering adolescents, young people, families and communities for social and behaviour change; (d) knowledge management; (e) coordination, partnerships and South-South and triangular cooperation.

22. Guinea is prone to recurring health and natural crises linked to epidemics and floods, as well as socio-political tensions that may hinder service continuity. The country’ is exposed to security risks, particularly in the northern region. In response to emerging humanitarian and security challenges, the programme will contribute to: (a) strengthening the healthcare system to be more resilient; and (b) preparing for and responding to humanitarian situations, particularly by providing minimum emergency services for young people, women and people with disabilities. UNFPA will continue to strengthen women’s and young people’s leadership to ensure that they are represented and participate in decision-making bodies, as well as in interventions to promote social cohesion and tackle radicalization, mainly in the north of the country and in border areas, by favouring a humanitarian development and peace continuum approach.

**A. Output 1. By 2028, national institutions and local authorities will develop and implement policies and investments that are conducive to capturing the demographic dividend, developing SRH services and supporting reproductive rights, as well as preventing and responding to GBV, based on updated and disaggregated data.**

23. This output will help improve the availability of high-quality, disaggregated data and capacity building so that they can be used to develop, implement and evaluate policies, plans and programmes at the national and subnational levels. It will directly contribute to UNSDCF Outcome 1. It will provide support to: (a) conducting the fourth census and sixth Demographic Health Survey and building the capacity of health, social protection and education information systems; (b) strengthening national capacities to integrate sexual health and reproductive rights into national policies and programmes; (c) designing the second National Economic and Social Development Plan and revise related sectoral and subnational plans and programmes to successfully integrate ICPD and SDG commitments – on adolescent SRH, family planning, and reproductive health commodity security; regional and local development plans; the National Health Development Plan; the Strategic Plan on Reproductive, Maternal, Newborn, Infant, Adolescent Health and Nutrition; the National Strategic Plan for the Abandonment of Female Genital Mutilation; the National Strategy on Gender-Based Violence; the National Strategic Plan for the Abandonment of Child Marriage; the National Action Plan on Peace and the Security of Young People – including support for mainstreaming resilience, preparedness and early action related to the three transformative results; (d) developing public financing tools, including budget analysis, costing, cost-benefit analysis and spatial analysis, as well as in-depth analysis, studies and evaluations to provide evidence for advocacy and interventions; (e) using evidence-based advocacy to strengthen the legal and policy framework and implementation of laws and policies that promote SRH and reproductive rights and to increase domestic funding and external investment in these areas; (f) reporting and monitoring on international commitments (ICPD; FP2030; Universal Periodic Review; Addis Ababa Declaration on Population and Development), as well as progress towards the voluntary national commitments on ICPD25; and (g) building the capacities of the National Demographic Dividend Observatory (established by the SWEDD project) and other population and development network platforms to strengthen the significance of the demographic dividend in national priorities.

**B. Output 2. By 2028, national institutions have an increased capacity to provide communities with improved access to comprehensive, high-quality, integrated SRH information, services and commodities for women, adolescents and young people, particularly those with disabilities and in the most remote areas, including in humanitarian contexts.**

24. This output will directly contribute to UNSDCF Outcome 1. It will help meet the needs of women, adolescents, young people, people with disabilities and those living in the most remote areas, including in humanitarian emergencies. It will support: (a) advocacy for reproductive health workers to be deployed to rural areas, in line with national health policy standards, and for family planning and GBV management to be integrated into the universal health insurance scheme; (b) health system strengthening to improve service quality by continuing clinical mentoring, providing on-site training, supplying equipment, vital commodities, contraceptives and ambulances, improving the supply chain management system and extending it to the ‘last mile’, institutionalizing reviews and responses to maternal and perinatal deaths, scaling up EmONCs throughout the network of 117 maternity care facilities, in partnership with other United Nations agencies, and introducing innovations to digitally monitor services; (c) strengthening integration of adolescent sexual and reproductive health/HIV/family planning/GBV (adapted to the needs of adolescents, young people and people with disabilities) into the package of activities offered by health centres and school and university health facilities in the intervention zones; (d) introduction of equipment and communication media into health facilities to improve access for people with disabilities; (e) integration of FGM prevention into prenatal and postnatal consultations; (f) capacity-building to improve care for women with obstetric fistula with partners and repair of the consequences of excision, in partnership with other United Nations agencies; (g) sustainable strengthening of midwifery practices by establishing skills laboratories in midwifery training schools and introducing online training and an accreditation system for the main schools and training centres, in line with International Coaching Federation standards; and (h) provision of the Minimum Intervention Services Package (MISP) for reproductive health in humanitarian settings.

25. The country programme will boost demand for services by (a) developing targeted campaigns for sexual and reproductive health and rights information and free family planning services; (b) extending community-based integrated services, self-care and task-shifting, post-abortion and post-partum family planning, integration of family planning in private clinics and pharmacies, including in partnership with civil society; (c) establishing mobile integrated service units in hard-to-reach areas; and (d) developing national multimedia communication campaigns (forum theatres, television series, social networks) about a community leadership programme, which will include “male champions” to monitor and advocate for reproductive rights.

**C. Output 3. By the end of 2028, skills and opportunities for adolescents and young people will be strengthened, aimed at ensuring their empowerment, leadership and active participation in human capital development, and realizing their sexual and reproductive rights, including in humanitarian contexts.**

26. This output will directly contribute to UNSDCF Outcome 1. It contributes to (a) improving access to information and education on SRH for adolescents, young people and people with disabilities, covering adolescent sexual and reproductive health, family planning, GBV and harmful practices, including by developing tools for digital communication; (b) strengthening the life skills and autonomy of adolescents, young people and people with disabilities by making CSE more widespread, introducing communication tools adapted to people with disabilities, and creating safe learning spaces for young people and people with disabilities, in both in-school and out-of-school settings; (c) increasing youth leadership and participation by building ‘the technical, institutional and leadership capacities of youth organizations to enhance their participation, establishing a mentoring/coaching and leadership programme for adolescents and young people, and supporting initiatives by adolescents and young people to lead entertainment-based educational activities (television series, forum theatre, wall displays, short documentaries); (d) developing innovative initiatives through social entrepreneurship competitions for young innovators; and (e) supporting initiatives to increase young people’s participation in social cohesion and peacebuilding.

**D. Output 4. By 2028, national institutions, socially influential actors and citizens will have strengthened capacities to change discriminatory social, cultural and gender norms in favour of gender equality, women’s decision-making and universal rights and choices, including in humanitarian settings.**

27. This output will directly contribute to UNSDCF Outcome 3. It will strengthen: (a) community mobilization capacities (in leaders, men, young people) and scaling-up of “model husband” initiatives to broaden the SWEDD project achievements and the introduction of “model families” for sexual rights; (b) community and sectoral empowerment on human rights, particularly in tackling GBV, FGM and other harmful practices, in partnership with UNICEF, taking into account innovative approaches of other United Nations agencies and innovative youth solutions; (c) partnerships with women’s and girls’ associations, organizations for people with disabilities, religious and community leaders, including meaningful engagement with groups of men and boys to create and support social and gender norm change, as well as the media and traditional communicators to develop and implement plans to promote SRH and reproductive rights, including adolescent sexual and reproductive health, family planning, combatting GBV and harmful practices, using innovative approaches (including digitalization and innovative partnerships); (d) capacity-building for girls to strengthen their life skills by enhancing schooling and academic pathways and creating safe, user-friendly spaces for community discussion and knowledge sharing on women’s rights, SRH and GBV; (e) promotion of partnerships for a lasting change in socio-cultural attitudes towards gender equality; and (f) preparation of periodic monitoring reports on the implementation of recommendations aimed at eliminating GBV, FGM and other harmful practices.

### **III. Programme and risk management**

28. This new country programme will be coordinated and led by the Ministry of Planning and International Cooperation, and implemented in line with UNFPA guidelines, standards, procedures and internal controls for programme management and related operations. The ministry will lead the steering committee involving all stakeholders, including civil society organizations, parliamentarians and associations for youth, women and people with disabilities. Country programme management will be linked to the UNSDCF coordination, implementation, monitoring and evaluation mechanisms.

29. Collaboration with the United Nations country team will be utilized through joint programmes to strengthen the synergy of interventions and through joint resource mobilization, in line with the UNSDCF ‘Delivering as One’ approach. The Ministry of Planning and International Cooperation will oversee the country’s programme implementation, with the National Population Directorate acting as the government coordinating authority.

30. The programme will mobilize a wide range of partners to contribute to high-quality, sustainable results, including the Ministry of Health, Ministry for the Promotion of Women, Children and Vulnerable Persons, Ministry of Youth and Sports, Ministry of Education, civil society organizations and local authorities. It will also leverage South-South and triangular cooperation to enhance best practices and strengthen the institutional capacities of key ministries, in particular the Ministry of Planning and International Cooperation, to conduct the fourth census.

31. The programme will follow the harmonized approach to cash transfers to manage financial and operational risks, in close collaboration with other United Nations organizations. Implementing partners will be selected based on a thorough risk analysis, their strategic relevance and their ability to deliver high-quality results with minimal risk. UNFPA will also call on high-quality technical expertise from individual experts, academic institutions, media networks and civil society, at national and regional levels. Selection of civil society organizations, including associations for youth, women and people with disabilities, as implementing partners will be based on their potential to provide innovative solutions to help achieve programme outcomes.



32. The country programme will be implemented through workplans, management and accountability tools, in agreement with implementing partners. The programme will ensure that resources are used effectively and efficiently by drawing on the comparative advantages of other United Nations organizations in Guinea, as well as support from the Regional Office, other country offices and UNFPA headquarters. Based on a coherent staffing plan, the programme will be implemented with a representative, a deputy representative, an international operations manager, programme specialists and officers, and programme and operations support staff, including United Nations volunteers.

33. The country office will adapt resources to meet the challenges of accelerating change in social norms, focusing on adolescents and young people, and expanding to 'last-mile' provision to accelerate the achievement of the three transformative results. The country office will also develop a strategic partnership with United Nations Volunteers to strengthen its capacities, mainly at subnational level, with qualified national experts, particularly in the areas of community mobilization and capacity development. A human resources plan will outline the requirements to deliver the programme.

34. A partnership and resource mobilization plan will be developed, which will set out objectives and commitments with government institutions, civil society and donor entities. The country office will draw on multilateral funding sources (thematic funds and regional programmes); it is committed to mobilizing domestic and bilateral resources, innovative financing (the Global Financing Facility and individual giving), and public-private partnerships. Evidence-based advocacy will receive particular focus, to maximize opportunities for resource mobilization.

35. However, potential risks may threaten the expected outcomes. These risks include: (a) deterioration of the socio-political climate, linked to high living costs or elections; (b) persistent financial constraints, linked to political instability and economic trends; (c) humanitarian emergencies linked to epidemics, pandemics, the effects of climate change or security crises spilling over from neighbouring countries; and (d) certain religious leaders taking a stronger stance against changing negative social norms.

36. To mitigate these risks, and any disruptions to programme implementation, the programme will: (a) conduct regular socio-political analyses to ensure the protection of the human rights of women and youth; (b) ensure emergency preparedness and develop business continuity plans; (c) strengthen partnerships with civil society and local communities so that interventions can continue even if government institutions face operational challenges; (d) operationalize lessons learned from past emergencies, including the COVID-19 pandemic and the Ebola epidemic; (e) use evidence-based advocacy to promote human rights and the elimination of gender-related barriers; and (f) develop a strong partnership with influential opinion leaders and youth organizations that strive for change and equity, with a view to changing social norms. Programme criticality will be jointly analysed with other United Nations organizations to ensure continuity in the event of a crisis.

37. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

#### **IV. Monitoring and evaluation**

38. The country programme's monitoring and evaluation system will be integrated into the national monitoring, and evaluation system and into the UNSDCF monitoring mechanisms. This integration will take place through annual reviews, midterm and final evaluations, active participation in national voluntary reviews and joint programme monitoring activities. Through a detailed monitoring and evaluation plan (focusing on results and accountability), the programme will help to monitor the implementation of the national development framework document, in line with the ICPD Programme of Action and the SDGs.

39. UNFPA, along with other United Nations organizations and partners, will conduct real-time monitoring and field visits to assess and report on how interventions are meeting the needs of target beneficiaries. UNFPA and its partners will implement quality assurance activities to improve accountability and foster a management culture that is focused on results-based budgeting, including periodic monitoring and reporting on the harmonized approach to cash transfers within the programme.

40. Planning, monitoring and reporting in the strategic information system will be carried out and documented to improve programme quality. Thematic evaluations will be conducted, in line with the national programme evaluation plan – adopting innovative and participatory approaches to generate evidence to support accountability and promote a learning culture. Annual programme planning and review meetings will be held to assess progress and contribution to results. The country office will also carry out surveys and research studies in the priority thematic areas. These will produce evidence to inform programming and help evaluate the results achieved in the thematic areas.

41. The country programme will provide technical and financial support for large-scale data collection to update reliable datasets for development under the National Strategy for the Development of Statistics, including the fourth census, in order to monitor progress towards the voluntary national commitments on ICPD25 and the achievement of the three transformative results and the SDGs.

42. The programme will support national capacity-building strategies for planning, monitoring and evaluation, and will be subject to a midterm review that will highlight innovations, identify good practices and ensure accountability for programme results.

## RESULTS AND RESOURCES FRAMEWORK FOR GUINEA (2024-2028)

<b>NATIONAL PRIORITY:</b> Interim Transition Programme 2022-2025: Priority Area 4: Social action, employment and employability, with the aim of investing more and better in people, at every stage of their life cycle, to give them the means to become productive members of a more cohesive society.				
<b>UNSDCF OUTCOME(S):</b> 1. By the end of 2028, populations – including women, young people, children, particularly vulnerable people and those living in rural, peri-urban and hard-to-reach areas – will use quality, equitable, sustainable and inclusive basic social services, including in emergencies. 3. By 2028, people, especially women and young people, will exercise their rights in a peaceful environment and participate in decision-making that affects their well-being.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction in preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicators:</u> <ul style="list-style-type: none"> <li>• Contraceptive prevalence (modern methods) <i>Baseline: 13.2% (2022); Target: 23% (2028)</i></li> <li>• Unmet need for family planning</li> <li>(a) Women in a union <i>Baseline: 31.8% (2018) Target: 10% (2028)</i></li> <li>(b) Adolescents in a union <i>Baseline: 20.1% (2018) Target: 10% (2028)</i></li> <li>(c) Adolescents who are sexually active and not in a union <i>Baseline: 39.5% (2018) Target: 25% (2028)</i></li> <li>• Adolescent birth rate <i>Baseline: 131 per 1,000 adolescents aged 15-19 years (2018) Target: 100 per 1,000 adolescents aged 15-19 years (2028)</i></li> <li>• Proportion of girls and women who have undergone female genital mutilation/cutting, by age <i>Baseline (0-14 years):</i></li> </ul>	<u>Output 1.</u> By 2028, national institutions and local authorities will develop and implement policies and investments that are conducive to capturing the demographic dividend, developing sexual and reproductive health services and supporting reproductive rights, as well as preventing and responding to GBV, based on updated and disaggregated data.	<ul style="list-style-type: none"> <li>• Number of reports produced and disseminated that include data on key populations, including subnational population projections and routine statistics reports on civil status; census reports on young people, migrants, older people and populations with disabilities; and demographic megatrends, such as mobility, urbanization and climate vulnerability <i>Baseline: 0 (2023); Target: 10 (2028)</i></li> <li>• Proportion of targeted policies and strategies updated during the programme that integrate SRH/GBV <i>Baseline: 0 (2023); Target: 100% (2028)</i></li> <li>• Level of government contribution to contraceptive procurement <i>Baseline: 30% (2023); Target: 50% (2028)</i></li> </ul>	Ministry of Health and Public Hygiene, Ministry of Youth and Sport, Ministry for the Promotion of Women, Children and Vulnerable Persons, Ministry of Planning and International Cooperation, Ministry of Higher Education and Scientific Research, Ministry of Religious Affairs; non-governmental organizations (NGOs), civil society organizations (CSOs), private sector, United Nations organizations, embassies, international financial institutions.	\$8.4 million (\$1.0 million from regular resources and \$7.4 million from other resources)
	<u>Output 2.</u> By 2028, national institutions have an increased capacity to provide (and communities have improved access to) comprehensive, high-quality, integrated SRH information, services and commodities for women, adolescents and young people, particularly those with disabilities and in	<ul style="list-style-type: none"> <li>• Proportion of supported health care facilities that have a mechanism for getting routine patient/client satisfaction modalities for the provision to the services related to sexual and reproductive health, including family planning, gender-based violence and harmful practices <i>Baseline: 0% (2024); Target: 80% (2028)</i></li> <li>• Percentage of (a) basic and (b) comprehensive emergency obstetric and newborn care maternity units equipped to treat obstetric emergencies <i>Baseline: (a) 32% (2024); Target: 80% (2028) Baseline: (b) 59% (2023); Target: 80% (2028)</i></li> <li>• Number of women treated for obstetric fistula in UNFPA-supported centres <i>Baseline: 1,440 (2023); Target: 1,940 (2028)</i></li> <li>• Proportion of health facilities in the programme area with no shortages of (a) contraceptives and (b) life-saving products in the last six months</li> </ul>	Ministry of Health and Public Hygiene, Ministry of Youth and Sport, Ministry for the Promotion of Women, Children and Vulnerable Persons, Ministry of Planning and International Cooperation, Ministry of Religious Affairs, NGOs, CSOs, private sector, United Nations organizations,	\$14.7 million (\$6.7 million from regular resources and \$8.0 million from other resources)

<p>31.9% (2018); Target: 25% (2028) Baseline (15-49 years): 94.5% (2018) Target: 80% (2028)</p> <ul style="list-style-type: none"> <li>Proportion of women aged 20-24 years who were married or in a union (a) before age 15 or (b) before age 18 Baseline (a): 17% (2018); Target: 10% (2028) Baseline (b): 47% (2018) Target: 35% (2028)</li> </ul>	<p>the most remote areas, including in humanitarian contexts.</p>	<p>Baseline: (a) 85% (2023); Target: 95% (2028) Baseline: (b) 89% (2023); Target: 97% (2028)</p> <ul style="list-style-type: none"> <li>Proportion of notified maternal deaths reviewed in the programme area Baseline: 45% (2022); Target: 80% (2028)</li> <li>Percentage of girls and women survivors of GBV, including those with disabilities, who are reported and have received (a) medical support and (b) care (psychosocial, judicial, legal and reintegration) in UNFPA-supported centres: Baseline: (a) 70% (2024); Target: 95% (2028) Baseline: (b) 80% (2022); Target: 100% (2028)</li> </ul>	<p>embassies, international financial institutions.</p>	
<p><u>Related UNFPA strategic plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>The country has conducted at least one population and housing census in the last 10 years Baseline: No (2022); Target: Yes (2026)</li> <li>Maternal mortality rate (per 100,000 live births) Baseline: 550 (2016); Target: 334 (2024)</li> </ul>	<p><b>Output 3.</b> By 2028, skills and opportunities for adolescents and young people are strengthened, aimed at ensuring their empowerment, leadership and active participation in human capital development, and realizing their sexual and reproductive rights, including in humanitarian contexts.</p>	<ul style="list-style-type: none"> <li>Number of adolescents and young people those with disabilities, (in-school and out-of-school) benefiting from capacity-building for healthy living, leadership and adolescent sexual and reproductive health (including HIV prevention) Baseline: 842,000 (2023); Target: 2,000,000 (2028) [Girls 50%; Boys 50%]</li> <li>Percentage of formal training structures offering CSE Baseline: 51% (2023); Target: 80% (2028)</li> <li>Number of UNFPA-supported innovative youth-led and youth organization-led initiatives, including digital solutions, to accelerate achievement of the three transformative results Baseline: 4 (2023); Target: 14 (2028)</li> <li>Number of UNFPA-supported youth-led initiatives aimed at increasing young people’s capacities and skills in peacebuilding, social cohesion, leadership and participation. Baseline: 4 (2023); Target: 10 (2028)</li> </ul>	<p>Ministry of Health and Public Hygiene, Ministry of Youth and Sport, Ministry for the Promotion of Women, Children and Vulnerable Persons, Ministry of Planning and International Cooperation, Ministry of Religious Affairs, NGOs, CSOs, private sector, United Nations organizations, embassies, international financial institutions.</p>	<p>\$3.4 million (\$1.0 million from regular resources and \$2.4 million from other resources)</p>
<ul style="list-style-type: none"> <li>Proportion of women aged 15-49 years who make their own informed decisions about sex, contraceptive use and reproductive health care Baseline: 37% (2018); Target: 60% (2026)</li> </ul>	<p><b>Output 4:</b> By 2028, national institutions, socially influential actors and citizens will have strengthened capacities to change discriminatory social, cultural and gender norms in favour of gender equality, women’s decision-making and universal rights and choices, including in humanitarian settings</p>	<ul style="list-style-type: none"> <li>Proportion of villages with a functional community mechanism to identify, report and tackle GBV, harmful practices and discriminatory social norms related to SRH, family planning and HIV Baseline: 4% (2023); Target: 10% (2028)</li> <li>Existence of a functional national mechanism to involve organizations, networks or coalitions of men and boys promoting positive masculinities that actively advocate for transformative results Baseline: No (2024); Target: Yes (2028)</li> <li>Percentage of girls and women, including those with disabilities, who are reported survivors of GBV and have received care (psychosocial, judicial, legal and reintegration), according to the standard operating procedure in UNFPA-supported centres Baseline: 80% (2022); Target: 100% (2028)</li> <li>Proportion of women’s empowerment and entrepreneurship centres that integrate the life skills module Baseline: 0% (2023); Target: 100% (2028)</li> </ul>	<p>Ministry of Health and Public Hygiene, Ministry of Youth and Sport, Ministry for the Promotion of Women, Children and Vulnerable Persons, Ministry of Planning and International Cooperation, Ministry of Religious Affairs, NGOs, CSOs, private sector, United Nations organizations, embassies, international financial institutions</p>	<p>\$5.5 million (\$1.3 million from regular resources and \$4.2 million from other resources)</p>

Programme coordination and assistance	\$1.0 million from regular resources
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