

COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR GUINEA

First regular session 2024

Comments by Belgium	UNFPA country/regional office response to comments
<p>Innovative initiatives and high-impact interventions of the 8th country program (paragraph 11, e) and paragraph 12, pg 4):</p> <p>This paragraph mentions the digital platform “Génération qui ose”. This is an information and awareness platform on the reproductive health of adolescents and young people, promoting the emancipation of women and the fight against gender-based violence. It would be interesting to know more about potential lessons learned given the challenges that often occur with digital innovation projects in a fragile context.</p>	<p>We thank the Government of Belgium for this comment.</p> <p>UNFPA promotes innovation and digital transformation to deliver on the 3 zeros (end preventable maternal death, end unmet need for family planning, and end violence gender-based violence and all harmful practices, including female genital mutilation and child marriage) as part of six interconnected accelerators.</p> <p>To address the challenge of internet geographic coverage and affordability, UNFPA in Guinea is looking at developing an offline version of the application, and use community facilitators to further spread the content through peer learning.</p>
<p>Partnerships (paragraph 18, pg 5):</p> <p>This paragraph covers the strategic partnerships that UNFPA wishes to expand. Although it covers a wide range of actors, it does not mention bilateral cooperation agencies. We encourage the identification of synergies and possible collaborations among others with Enabel, one of the key actors in the GBV sector.</p>	<p>We thank the Government of Belgium for this comment.</p> <p>Strategic partnership is one of the accelerators in UNFPA Strategic Plan.</p> <p>UNFPA in Guinea will encourage synergies and mobilize collective brainpower on sexual and reproductive rights to achieve the national priorities. As mentioned in the partnership and resource mobilization plan, bilateral partnerships will be strengthened, including with the Belgium Development Agency, Enabel, on issues related to SRH and GBV.</p>
<p>The 2024-2028 program seems to be based on RGPH3 data, which are considered unreliable. It would be useful to explain whether and how UNFPA took that into account and/or compensated for this lack of reliability in developing its program</p>	<p>We thank the Government of Belgium for this comment.</p> <p>UNFPA is conscious of the challenges in relation to the reliability of the General Census of Population and Housing 2014 (RGPH3) data. Therefore, in order to have a reliable data set for its programming in addition to the RGPH3 data, UNFPA used – and cross-referenced – the most recent available national-level data, including DHS, sectoral information systems, thematic reviews, studies and evaluations, and international data platforms, such as the UNFPA Population Data Portal (https://pdp.unfpa.org/).</p>

	<p>In addition, the country programme aims to support the Government in conducting a high-quality fourth population and housing census (RGPH4), planned for 2025, and the resulting data will be used during the midterm review of the programme to adjust baselines and targets, if required.</p>
<p>Output 1, e), pg 6: the legal framework regarding the fight against GBV exists and covers the different components of the theme. One of the main problems is the referral of GBV cases to the judicial system and the effective prosecution and conviction of the attackers. A focus on referral to the judicial system would therefore be useful</p>	<p>We thank the Government of Belgium for this comment.</p> <p>In collaboration with the relevant authorities, the country programme will support campaigns for mobile court hearings to improve access to justice for GBV survivors. [Note: In a mobile court hearing, the judge leaves the court to carry out the judgement in the village where the GBV cases occurred and to pronounce the sentence in front of the whole community.]</p> <p>The programme will also use these mobile court hearing campaigns as a platform to raise awareness on GBV and disseminate messages on GBV prevention.</p> <p>Further, the national GBV monitoring platform (“Alerte VBG”), launched in 2023, will help to strengthen case alerts, monitoring and referrals to the judicial system.</p>
<p>Output 2, paragraph 24, a), pg 6: this paragraph mentions a universal health insurance plan which has not yet been deployed in the country, even if the government has plans for universal health coverage.</p>	<p>We thank the Government of Belgium for this comment.</p> <p>The process of establishing universal health coverage started with a situational analysis; the report is already available, drafted with technical assistance from WHO and the participation of partners, including UNFPA.</p> <p>In preparation of the government plans for a universal health insurance plan, UNFPA is proactively collaborating with key partners on mainstreaming sexual and reproductive health interventions, particularly family planning, as part of the universal health coverage package in the country.</p>
<p>Output 2, paragraph 24, b) pg 6: in order to ensure sustainability, the digitalization of health services must be done via open source applications and data centralized at the Ministry of Health. In order to be truly effective, it must be progressive and must be accompanied by training for health personnel (often unfamiliar with the digital world).</p>	<p>UNFPA expresses appreciation to the Government of Belgium for its valuable comments and suggestions, which will be addressed as part of the programme implementation.</p> <p>UNFPA in Guinea intends to work with an international NGO (Terre des Hommes), which has already implemented a pilot with a digital sexual and reproductive health (SRH) application (app) in a number of health centres; the app functionality is user-</p>

	friendly, fully compatible with the national health data management system (DHIS2), scalable and includes training modules for mastering the tools.
Point b mentions the provision of ambulances. It is important that the vehicles are suitable for degraded road conditions in remote areas. If this criteria is not taken into account, the ambulances might turn out to be useless, which has happened before in development cooperation projects	We thank the Government of Belgium for this comment and word of caution. UNFPA will consider this helpful recommendation as part of the work planning process. Accordingly, and as done in the past, UNFPA in Guinea will coordinate with the corporate UNFPA Supply Chain Management Unit in Copenhagen to ensure it employs the most suitable assets for the specific national context of Guinea.
Output 2, paragraph 24, d) pg 7: the supply of equipment to health centers and hospitals must be accompanied by (i) the installation of the equipment by technicians (ii) raising awareness for the importance of careful use of the equipment, preventive checks and repairs in the event of technical problems	UNFPA expresses appreciation to the Government of Belgium for its valuable comments and suggestions. This recommendation is well noted and will be carefully considered in the programme implementation. The points raised are also a focus of our procurement procedures, and UNFPA will work closely with counterparts to build their capacities in this area.
UNSDCF outcome indicators, baselines, targets: the 2018 baseline of “women in a union” (318.5%) does not seem to be correct.	UNFPA thanks the Government of Belgium for pointing out this typo. The indicator baseline has been corrected, as shown below: <i>(a) Women in a union</i> Baseline: 31.8% (2018) Target: 10% (2028)
The second target of output 1 (100% of policies, plans, programs, etc. have integrated SSR, etc.) seems very ambitious.	We thank the Government of Belgium for this comment. The indicator has been revised, accordingly, as shown below: <i>Proportion of targeted policies and strategies updated during the programme that integrate SRH/GBV</i>
Output 2: the proposed indicators are exclusively quantitative. They say nothing about the improvement in the quality of care	We thank the Government of Belgium for this comment. UNFPA will measure the quality of services, in term of compliance to norms and procedures, through the monitoring and the supported supervision and field visit

<p>after the health centers have been equipped and the supply of medicines has been improved.</p>	<p>activities, which will include patient/client satisfaction surveys in the facilities supported by UNFPA.</p>
<p>Output 3: the proposed indicators are exclusively quantitative. It would be interesting to integrate indicators reflecting the improvement in opportunities for young people and their impact on their empowerment and leadership.</p>	<p>We thank the Government of Belgium for this comment.</p> <p>UNFPA attaches great importance to measuring positive qualitative change, both in systems and at the individual level, that result from the support provided by its programme.</p> <p>The improvement in opportunities for young people and the impact on their empowerment and leadership will be measured through pre- and post-assessments of knowledge, skills and practices surveys, and by observing and documenting their capacities to be agents of change.</p> <p>Accordingly, indicators 3 and 4 will allow us to measure the return on investment in youth empowerment and leadership.</p>
<p>Output 4: the proposed indicators are exclusively quantitative and do not mention the targeted societal changes (change towards less discriminatory social norms). It would also be interesting to provide an indicator reflecting the cases actually referred to the judicial system, as well as those actually processed by the judicial system (convictions/dismissals).</p>	<p>We thank the Government of Belgium for this comment.</p> <p>We acknowledge that this crucial point is also a concern for UNFPA. The information on cases actually referred to the judicial system, as well as those actually processed by the judicial system (convictions/dismissals), will be collected through the national GBV monitoring platform and the implementation of the ACT (Assess/Consider Context/Track Change) framework. In addition to these tools, related information on social norm change will be collected through qualitative research, in collaboration with the Ministry of Social Affairs and Women and the Ministry of Justice, as well as UNDP and UNICEF.</p>

Comments by Germany	UNFPA country/regional office response to comments
<p>GER would like to know in what way the government of GIN is planning to support UNFPA’s country programmes as promised during a meeting of the local branches of the UN organisations in GIN on 06 November 2023.</p>	<p>We thank the Government of Germany for this comment.</p> <p>The Government’s contributions are as follows:</p> <ul style="list-style-type: none"> (a) Mainstreaming the UNFPA mandate into national priorities, strategies and policies and planning, to increase domestic resources mobilization for the programme; (b) Ongoing recruitment of additional human resources (midwives, community workers) to ensure high-quality delivery of SRH services; (c) Signing of a compact to finance part of the contraceptive needs; (d) Contributing to the financing of the next General Population and Housing Census (RGPH4), scheduled for 2025, including part of UNFPA technical assistance.
<p>Does GIN’s support include financial means as well?</p>	<p>We thank the Government of Germany for this comment.</p> <p>The Government's financial contributions are as follows:</p> <ul style="list-style-type: none"> (a) signing of a compact to finance part of the contraceptive needs from the national budget (\$500,000). (b) transfer of \$867,927 to UNFPA to cover the cost of its international technical assistance. <p>The total Government contribution for the RGPH4 is \$15,000,000.</p>

Comments by United States of America	UNFPA country/regional office response to comments
<p>[Page 4]. Paragraph 14 of the CPD emphasizes that 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. However, the document does not describe how UNFPA will contribute to strengthening health sector donors coordination. Donor coordination is one of the biggest challenges of the Guinean health system. The CPD could clearly state how UNFPA will coordinate its interventions with other existing and future donors supported programs to avoid duplication of efforts. This could help UNFPA to increase the value for money of its investments by leveraging other donors’ resources to achieve the CPD objectives.</p>	<p>We appreciate the comment from the Government of the United States of America.</p> <p>The suggestion to increase our leadership in donor coordination and leverage more resources for the programme is well noted.</p> <p>UNFPA is already successfully leading the monthly meetings of the technical working group on reproductive health commodities and supply chain management, within the wider Health Sector Coordination Forum. As an additional effort to further strengthen coordination among donors, UNFPA will also lead, in agreement with the World Bank, the coordination of the implementation of the Global Financing Facility (GFF), through monthly technical meetings and quarterly decision-making meetings; this constitutes a powerful mechanism for strengthening the health system through stronger synergies and complementarities.</p> <p>The investment cases that will be developed on the three transformative results of UNFPA will also serve as tools for identifying areas of collaboration and complementarity among donors, maximize the investment value for money of UNFPA and the broader health donor community, and provide a resource mobilization platform for financing. The investment cases that will be developed on the three transformative results of UNFPA will also serve as advocacy tools for the mobilization of resources for this platform.</p>
<p>[Page 6]. 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. How will the program be supporting the national community health policy/strategy?</p>	<p>We thank the Government of the United States of America for this comment.</p> <p>Community-based interventions are indeed key for the UNFPA country programme.</p> <p>UNFPA work will support the national community health policy/strategy by supporting and helping to expand community-based integrated services, including self-care, post-abortion and post-partum family planning, integration of family planning in private clinics and pharmacies. This will be done in partnership with civil society and community-led organizations.</p>