

PUBLIC VERSION



USAID
FROM THE AMERICAN PEOPLE

USAID/GUINEA

COUNTRY DEVELOPMENT COOPERATION STRATEGY

2015–2019



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MAP



ACRONYMS

| | |
|--------|---|
| ACT | Artemisinin-based Combination Therapies |
| ADS | Automated Directives System |
| AIDS | Acquired Immunodeficiency Syndrome |
| CBO | Community Based Organization |
| CDCS | Country Development Cooperation Strategy |
| CENI | National Independent Election Commission |
| CLA | Collaboration, Learning and Adapting |
| CNT | National Transition Council |
| CSO | Civil Society Organization |
| DA | Development Assistance |
| DCA | Development Credit Authority |
| DHS | Demographic and Health Survey |
| DH | Development Hypothesis |
| DLI | Development Leadership Initiative |
| DO | Development Objective |
| DP | Development Partner |
| DPT | Diphtheria, Pertussis and Tetanus |
| DRG | Democracy, Rights and Governance |
| ECOWAS | Economic Community of West African States |
| F | Foreign Assistance Framework |
| FSN | Foreign Service Nationals |
| FTF | Feed the Future |
| FY | Fiscal Year |
| GDP | Gross Domestic Product |
| GHI | Global Health Initiative |
| GIS | Geographic Information System |
| GNF | Guinean Franc |
| GNP | Gross National Product |
| GOG | Government of Guinea |
| HDI | Human Development Index |
| HIPC | Heavily Indebted Poor Countries |
| HIV | Human Immunodeficiency Virus |
| HMIS | Health Management Information System |
| HR | Human Resources |
| IEC | Information, Education, and Communication |
| ICT | Information and Communication Technology |
| IDEA | Innovation and Development Alliances funds |
| IEC | Information, Education and Communication |
| IMF | International Monetary Fund |
| INS | National Statistics Institute |
| IPR | Implementation and Procurement Reform |
| IPT | Intermittent preventive therapy |
| IR | Intermediate Result |
| ITN | Insecticide-treated Mosquito Nets |
| LCD | Local Capacity Development |
| M&E | Monitoring and Evaluation |
| MATAP | Guinea's Department of the Interior and Collectives |
| MDG | Millennium Development Goal |
| MDRI | Multilateral Debt Relief Initiative |

PUBLIC VERSION

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| MOH | Ministry of Health |
| MSME | Micro, Small, and Medium Enterprises |
| NGO | Nongovernmental Organization |
| ODA | Official Development Assistance |
| PGF | Partnership for Growth |
| PL | Public Law |
| PMF | Performance Management Focus (PMF) |
| PMI | President's Malaria Initiative |
| PMP | Performance Management Plan |
| PPP | Public-private partnerships |
| PPR | Performance Plan and Report |
| R&D | Research and Development |
| RDTs | Rapid diagnostic tests |
| RF | Results Framework |
| SBCC | Social and Behavior Change Communication |
| SCMS | Supply Chain Management System |
| Sub-IR | Sub-Intermediate Result |
| SELP | Supporting the Electoral and Legislative Process |
| SME | Small and Medium Enterprise |
| SO | Strategic Objective |
| TB | Tuberculosis |
| UNDP | United Nations Development Program |
| USAID | United States Agency for International Development |
| USD | United States Dollar |
| USDA | United States Department of Agriculture |
| USG | United States Government |

DEVELOPMENT CONTEXT

Guinea has been governed by authoritative officials since achieving independence from France in 1958; the first three presidents were dictators who ruled through a combination of co-optation and coercion. Today's head of state, Alpha Condé, became Guinea's first democratically-elected president in 2010, beginning a democratic transition that the United States continues to support, but which still lacks the institutional basis for sustainability. The key transition required is not only that of dictators to democrats, but also from individual rule to institutional rule. There is a legacy of misrule by unaccountable individuals acting without institutional oversight. There is also a legacy of catastrophic policy choices that have impoverished Guinea, a country with a strong commercial tradition and a rich endowment of agricultural, water and mineral resources. The U.S. Government's over-arching strategic goals are to help Guinea build the architecture of democracy and to help it to make sound policy choices that support broad-based Guinean prosperity.

The Guinean state with the presidency at the center and a monopoly on all political power, has survived into the democratic era. With its French-influenced model of executive power, Guinea's legislative branch is structurally weak under the constitution; this weakness is further exacerbated by a failure to rapidly develop the National Assembly's institutional capacity. The judiciary has never had the capacity to play its constitutional role and remains the least developed branch of Guinea's government. In addition to concentration of power in the presidency, authority is also centralized in the capital, Conakry. The Ministry of Territorial Administration, acting under the president of Guinea, has appointed all local officials. However, this would change in the anticipated local elections in 2015, when local officials will be elected to office by their constituents.

The population of Guinea is currently estimated at 10.6 million. The agricultural sector is the primary source of revenue for the majority of the country's citizens, providing on- and off-farm employment to 80 percent of the population. A combination of isolationist policies and negligible public resource allocations to the agriculture sector has left the country largely dependent on subsistence cultivation, lagging well behind its neighbors in developing a modern, market-based agricultural economy.

With a 2.6 percent annual population growth rate, Guinea's demographic profile reflects a large and growing "youth bulge" like many countries in the sub-region and the continent more generally. According to the 2013 Population Reference Bureau report, 40 percent of the population in less developed countries is under the age of fifteen and is financially dependent on the support from working-age adults (ages 15 to 64). Large numbers of young people represent great economic potential, but only if families and the government adequately invests in their health and education systems and stimulates new economic opportunities for them. However, with a high total fertility rate of 5.1 percent, families and the Guinean state will not have the resources needed to invest adequately in each child without strong, consistent economic growth.

Challenges

For more than five decades, poor performance of Guinea's health and other critical sectors has crippled the well-being and growth of the country. Severely weak governance, at the central, regional and local levels, contributes to failures in the health sector in Guinea as evidenced by the

most recent 2014 Human Development Report that ranks Guinea among the ten lowest scoring countries worldwide.

The delivery of effective public services requires effective policies and strong institutions to implement them. Revenues allocated to the health sector by the GOG are appallingly low at 2.54 percent compared to 13-14 percent in neighboring countries. In addition, degraded health infrastructure, lack of equipment and commodities and frequent stock-outs of essential medicines contribute to low utilization rates for health services. Decentralization policies have made health centers officially autonomous except for payment of government staff salaries. Due to low utilization, little revenue is generated preventing the facilities from covering basic operating expenses. On the demand side, travel expenses and excessive time lost have been cited as significant cost factors that further discourage utilization.

There are multiple constraints on the public health sector that negatively impact health and well-being. Historically, high rates of malaria, annual cholera epidemics, and poor maternal child health are notable indicators of its weakness. The frailness of Guinea's health system has become both more apparent and exacerbated by the current Ebola outbreak, which began in late 2013. Constraints to the public health system have seriously undermined case management and contact tracing. The epidemic has grown well beyond the Government of Guinea's capacity to manage, and the outbreak is of sufficient magnitude to warrant significant emergency relief from the USG and international community in all areas of disease response including improved case management, strengthened laboratory response, and design and implementation measures to prevent the further spread of the virus.

Constraints or risks in the health sector include:

- Inadequate human resources
- Poor quality of health services
- Inadequate access to essential medicines
- A weak health information system
- Weak epidemiological surveillance systems
- Lack of coordination
- Ineffective health financing system
- Harmful health practices, which result in low health-seeking behavior

There are significant social and economic barriers limiting women's access to overall health services, including family planning. Childhood marriages and high rates female genital cutting create significant challenges for women's well-being. According to UNICEF's July 2013 report on female genital mutilation/cutting (FGM/C),¹ 6.5 million girls in Guinea have undergone mutilation or cutting. According to the same report, Guinea has the highest rate of FGM/C in the West African region, and the second highest rate of FGM/C in the world.

The incidence of poverty has increased at the national level, moving from 53 percent in 2007 to 55.2 percent in 2012. This poverty is reflected in social indicators (nutrition, primary education, maternal mortality, infantile mortality, housing, safe drinking water and sewage treatment) and in gender disparities that still fall far short of established global goals. Guinea remains one of the poorest countries in the world with a per capita Gross National Product (GNP) of \$941 in 2012 using a 2005 purchasing power parity index. In aggregate terms, the United Nations Development Program's Human Development Index (2014) ranks Guinea 179 of 187 countries.²

¹ Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamic of change, UNICEF, July 2013.

² 2014 Human Development Report, “

Civil society remains a work in progress. Civil Society Organizations (CSOs) are increasingly acting as the points of intersection between citizens and their government. However, much of the sector is more responsive to donor trends than to indigenous demands of citizens. Media, on the other hand, led by private radio stations, have broken the state's monopoly on information, while serving as the platform for an active and open debate.

The economy sustains most Guineans at a subsistence level and dysfunctional civil services prevent all but a small number of privileged elite from advancement. Systematic neglect of infrastructure is also a major barrier to development, one that further negates the formidable commercial skills of Guineans.

Historically, all the avenues through which citizens would normally participate in the political system or pursue legitimate enterprise were either structured to deny meaningful engagement with the Guinean State or blocked by systemic weaknesses. Avoiding civic engagement naturally became part of a citizen's survival strategy, and this legacy remains in good part today. This is exacerbated by a lack of technical and administrative capacity to govern.

Opportunities

Despite these significant challenges, Guinea is presented with concrete opportunities to shed decades of misrule and poor governance and to provide citizens with the rights and benefits of true citizenship. Recent democratic advances, the most significant in the country's post-independence history, include a landmark presidential election held in 2010, the long overdue legislative elections held on September 28, 2013 and pending local elections. These developments signal the prospect of a fresh start in which, Guinea could finally realize institutional change for the betterment of its citizens. For the first time in its history, Guinea was judged partly free (5 - 7 political rights; 5 - 6 civil liberties) by Freedom House. The World Bank's Worldwide Governance indicators also noted positive gains in voice and accountability, regulatory quality, and political stability and the absence of violence in 2011. And more recently Freedom House, the World Economic Forum, and Heritage Foundation indicated that the upward trend for continued throughout 2012.³

Other recent positive steps by the GOG include adjusting the price of basic services in national hospitals and public communal and regional health centers to affordable levels and organizing immunization campaigns for children and pregnant women, including iron and folic acid supplementation. Through these activities, the quality of the health system was improved, the cost of living remained stable, and the immunization and antenatal consultation rate improved. Furthermore, the government received a large grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria

Sustaining Human Progress:
Reducing Vulnerabilities and Building Resilience”.

³ See Freedom of the World 2013, Global Competitiveness Report 2012-2013 (particularly burden of government regulations), and the 2013 Index of Economic Freedom.

Until the Ebola crisis, economic growth was returning, albeit slowly and steadily to Guinea. In September 2012, Guinea reached its IMF Heavily Indebted Poor Country (HIPC) completion point. As a part of the debt forgiveness agreement, the Guinean government brought inflation under control, cut spending and increased tax revenues to bring the budget closer to balance (from -12.6 percent in 2010 to -2.5 percent in 2012). The HIPC completion has resulted in the cancellation of approximately \$2.1 billion in external debt. Although HIPC completion has yet to raise standards of living for ordinary Guineans, it is a sign of the generally sound macro-economic stewardship of the current government; while it does not guarantee growth, it removes a major impediment to development. Together with security sector reform (SSR) these are two major public policy achievements that are reflected in quantitative analyses of Guinea's progress since 2010.

“Reaching the HIPC completion point represents an important achievement for Guinea. It reflects the significant progress made in economic management following the first democratic elections in December 2010. The resulting debt relief will provide Guinea more resources for poverty reduction and economic growth”

– Harry Snoek, IMF Country Mission Chief

Of the Millennium Development Goals, only the primary school enrollment rate goal is likely to be attained by 2015 (World Bank data suggest primary enrollment rates of nearly 100 percent in 2012⁴). In addition to continued low enrollment rates for secondary and other educational levels, the low quality of instruction and significant gender imbalances in girls' educational attainment continue to constrain Guinea's overall development. Furthermore, more than half of primary school pupils suffer from malnutrition and heavy parasite loads affecting their academic potential. In 2011, adult literacy rates were 41 percent, and the life expectancy rate was only 54 years.⁵

Government of Guinea's Poverty Reduction Strategy

The Government of Guinea has crafted a strategic vision to meet the challenges of poverty reduction and the elimination of extreme poverty.

Extreme poverty is generally defined as living on less than \$1.25 per day. Over the course of the last few years, the GOG has further emphasized several factors other than income standards – health and nutrition, education and training, standard of living, social protection, gender equity and equality, employment and culture – that affect the well-being of household. In the GOG's Poverty Reduction Strategy Paper (PRSP) III (2013-2015), extreme poverty is perceived as both an income measure and as the absence of physical and social assets, such as healthcare, corporeal sovereignty, shelter from fear and violence, a sense of belonging, cultural identity, ability to have political influence and the possibility of living with respect and dignity. The extreme poor in Guinea are concentrated in rural areas.

⁴ <http://data.worldbank.org/indicator/SE.PRM.ENRR> Gross enrolment ratio. Primary. Total is the total enrollment in primary education, regardless of age, expressed as a percentage of the population of official primary education age. GER can exceed 100percent due to the inclusion of over-aged and under-aged students because of early or late school entrance and grade repetition.

⁵ <http://data.worldbank.org/indicator/SE.ADT.LITR.ZS>

Articulated in the 2011-2015 Five-Year Country Development Plan, the PRSP III and the on-going Guinea 2035 Forward-Looking vision, the GOG agenda takes into account opportunities for growth as well as development challenges. Among the country's opportunities are the following:

- The exceptional mineral resource endowment
- The water and agricultural resources potential
- The country's central geostrategic position in the sub-region
- The entrepreneurship and commercial prowess of the population

These documents also describe Guinea's major challenges, which must be addressed in order to achieve economic growth potential and progress toward achievement of millennium development goals. They include the following:

- Poor governance
- A need to accelerate and diversify economic growth
- Social sector deficit
- Insufficient employment opportunities and inclusion of marginalized sub-populations
- Reduction of inequalities in revenue distribution and gender disparity
- The socio-demographic challenge and reinforcement of human resources
- Regional development and urban planning
- Adaptation to the impacts of climate change

These challenges and opportunities have been consolidated in the PRSP III. To meet challenges, government economic policy over the medium term (2013-2015) focuses on these new policy priorities: (i) restoration of the rule of law and reform of public administration; (ii) acceleration and diversification of growth; (iii) development of social sectors; and (iv) reduction of regional disparities and promotion of development based on decentralization. Particular attention also will be paid to the promotion of human rights and gender equality in each of these four priority areas.

Under the PRSP III, four central pillars were identified to achieve political priorities. They are: (i) governance and reinforcement of institutional and human capacities; (ii) acceleration and diversification for sustainable growth; (iii) development of infrastructure to sustain growth; (iv) reinforcement of access to basic social services and the resilience of households.

Throughout the preparation of this CDCS, USAID/Guinea has consulted closely with the GOG, development partners, the U.S. Embassy Country Team, civil society, private sector, youth and women as well as USAID/Washington to ensure mutual understanding, manage expectations, and ensure that the poverty reduction strategies of the GOG and the USG are mutually supported by the development strategy conceived and implemented by USAID/Guinea. USAID/Guinea's program emphasis on good governance complements the PRSP III, as well as President Obama's call to end extreme poverty in a generation.

The CDCS is aligned with two of the four pillars of the GOG's Poverty Reduction Strategy — (Pillar 1) Governance and Reinforcement of Institutional and Human Capacities; and (Pillar 4) Reinforcement of Access to Basic Social Services and the Resilience of Households.

Under the first pillar, the PRSP III states, "Good governance depends on the fundamental principles of participation, accountability, transparency and responsibility of the State." USAID

aims to support the architecture of democracy in Guinea. To this end USAID will support the PRSP III in the following priority areas: (i) reinforcement of political and institutional governance and (ii) reinforcement of administrative local governance.

Under the fourth pillar of PRSP III, “Reinforcement of access to basic social services and the resilience of households”, USAID seeks to promote Guineans’ choices regarding social prosperity by delivering an integrated package of health services, including malaria, maternal and child health (MCH), and family planning and reproductive health (FP/RH).

US Foreign Policy Considerations

Conflict prevention and resolution is a top U.S. Government priority in West Africa. This sub-region has a history of catastrophic conflicts; Guinea, despite its own crises, has managed to play a positive role in supporting humanitarian needs during conflicts in neighboring states. Guinea has hosted over a million refugees from Liberia, Sierra Leone and Cote d’Ivoire, and also sent troops to support U.N. peace-keeping efforts in Mali. While the crisis in Mali did not adversely impact politics or security in Guinea, the economy of Upper Guinea suffered greatly from the disruption of traditional marketing routes through Mali. Informal and formal trade corridors were closed and slowed during the military confrontation and insecurity paralyzed much of the commerce intended to feed rural populations on both sides of the border. Additionally, the ongoing crisis in Guinea-Bissau associated with lawlessness and an increase in illicit drug-trafficking, has had adverse spillover effects on transnational trade.

The Obama Administration has set forth the “Strategy for Sub-Saharan Africa”⁶ providing a proactive and forward looking vision grounded in partnership. The new strategy established four strategic objectives that broadly correspond to long-standing U.S. engagement on the continent. They are: i) to strengthen democratic institutions; ii) to spur economic growth, trade, and investment; iii) to promote peace and security; and, iv) to promote opportunity and development. To contribute to the achievement of U.S. foreign policy objectives, USAID/Guinea’s programming and sequencing of development assistance activities must first and foremost focus on increasing the participation of Guineans in their own governance and help to ensure the efficacy of key institutions. When combined with the reinforcing efforts of other donors, the government of Guinea and the Guinean people themselves, this will promote domestic political stability during the transition period while improving the quality of Guinean social, economic and political life.

Such an approach also aligns with USAID’s new focus on “Ending Extreme Poverty” by recognizing the constraint that state fragility poses to economic growth. By addressing the weak institutional and governance capacity that must be improved to provide the foundation for sustained and inclusive economic growth, USAID/Guinea is prioritizing the intersection between extreme and persistent poverty and state fragility. In addition, the Mission will continue to work directly with marginalized populations that are most affected by extreme poverty by strengthening the voice of constituencies such as women and youth in Guinea’s new democracy.

The Evolution of USAID/Guinea’s Country Development Cooperation Strategy (CDCS)

Until 2008, the U.S. Mission to Guinea was among the largest U.S. Missions in Africa. Under the State-USAID Strategic Plan, the overarching foreign policy objective in Guinea was to

⁶ U.S. Strategy for Sub-Saharan Africa

reduce fragility in the region and assist the country in maintaining stability and progress in its transition to a democratic state. GOG With the suspension of most U.S. Foreign Assistance to Guinea in 2008 due to mounting human rights abuses and political instability (including the 2009 coup d'état), the USAID/Guinea program had to suspend assistance to the central government agencies but continued to carry out a limited range of activities in partnership with civil society organizations (CSOs) and local governments.

During this crisis, USAID launched an integrated project called "*Faisons Ensemble*" (FE) focusing on good governance initiatives across all sectors. The activity served as the implementing vehicle for a multi-sectoral approach that integrated health, education, agriculture and natural resource management into a programmatically coherent and unified management structure. Activities emphasized training and resource provisioning aligned to "good governance" practices on the part of government and civil society organizations (CSOs). As well, technical training was provided in procurement, financial and administrative management. A special focus on issues of gender and youth imbalance and inequality constituted a crosscutting objective.

After almost six years of implementation -albeit fraught with a delayed start up and intermittent stoppages due to political unrest – and a reduction in the scope of the assistance activities, an evaluation of the FE project was conducted in 2011 to answer two interrelated questions:

- To what extent and how (did) these integrative multi-sectoral approaches help advance systemic democratic change.
- Whether addressing health, education, and other sector of development is most effective through democracy and good governance-oriented interventions.

Overall, the evaluation found that within the limits of the daunting challenges under which FE operated, the integrated multi-sectoral approach delivered promising results. The principal finding from the performance evaluation of "*Faisons Ensemble*" was "citizen engagement in both the supply and demand sides of the democratic governance equation have begun to change the negative practice of local governance in the country, while improving the content of its democratic culture, but also improve the quality and quantity of public services."⁷

As demonstrated by the FE project, under Guinean conditions an environment of good governance across government and non-government institutions contributes to positive development outcomes. Evidence also suggests that transparent and accountable public health spending lowers child mortality rates more in countries with good governance. Research by the World Bank on the benefits from public spending has shown virtually no impact on health and education outcomes in poorly governed countries.⁸ Such evidence is particularly relevant to fragile and transitioning countries, such as Guinea, where public spending on health, education, and environment is low⁹ and transparent governance is extremely low.¹⁰

⁷ Charlick, R., Bradley, W., Edminister, S., et al., March 2011, USAID/Guinea Report of the Faisons Ensemble Evaluation (Working Together) Evaluation.

⁸ Rajkumar, A., Swaroop, V., August 2007, World Bank, Public spending and outcomes: Does governance matter? http://origin-www.unicef.org/socialpolicy/files/Public_spending_and_outcomes_governance.pdf

⁹ According to GOG estimates, only 2.8percent of GDP is devoted to the health sector and expenditures are not tracked. This appallingly low level should be compared with approximately 7percent for other developing countries.

¹⁰ According to World Bank (2007), good governance is evidenced by predictable, open, and enlightened policy making (that is, transparent processes); a bureaucracy imbued with a professional ethos; an executive arm of government accountable for its actions; and a strong civil society participating in public affairs; and all behaving under the rule of law.

Accountability for the use of development resources is, alongside transparency, a powerful driver of progress on poverty reduction – as the Accra Agenda for Action reaffirms. Further, it is where a wide range of state and non-state actors and institutions contribute jointly to support the exchange of information, and alter incentives and influence.¹¹ Moreover, this approach reflects the June 2011 call from former USAID Administrator Shah, “that USAID's work must reflect a deeper understanding of the words “country ownership”, encompassing not simply government in its approach, but the full range of stakeholders, including parliaments, civil society, and citizens themselves.”

President Obama has recognized the importance of the positive democratic gains made in Guinea via the invitation of President Condé, along with three other Francophone West African presidents, to the White House in July 2011. USAID/Guinea's new CDCS strategy reflects the new opportunities afforded by significant and positive transformational political reforms of the past two years while understanding the limitations imposed by budget realities affecting the Agency and other Federal government entities. The resulting two Development Objective (DO) framework presented in this final strategy will underpin USAID's foreign assistance efforts for the next five years.

Development Hypothesis

USAID/Guinea' CDCS is based on the following development hypothesis: *By strengthening the capacity of Guinean institutions and leadership to ensure: competition, accountability and transparency of governance function; improved quality and utilization of health services; and the prevention and mitigation of disease and conflict, Guineans will have a greater impact on improving quality of life.*

Ultimately, if Guinea improves its institutional capacity, there should be reduced waste and increased public resources and efforts channeled toward productive activities. It should help reduce conflict and poverty by increasing gender equity, smoothing economic transactions and reducing losses due to poor policies. As the GOG improves the effectiveness of its services and adapts them to citizen demands, Guineans' own abilities and productivity will benefit.¹² As such, improved governance is expected to contribute to strengthening human capital by increasing the efficiency and responsiveness of key government services.

To achieve this, the vision of the USAID/Guinea CDCS is: *Citizens Drive Improvements to Guinean Quality of Life.* The vision statement reflects the belief that the old authoritarian paradigm needs to give way to a new model that elevates the “Citizen to the Center” of both politics and development.

¹¹ OECD/DAC, Improving Support to Domestic Accountability. <http://www.Oecd.Org/Dac/Governance-Development/44637318.Pdf>

¹² UNESCO: *Education for All Global Monitoring Report, 2009: Chapter 3: Why Governance Matters.*

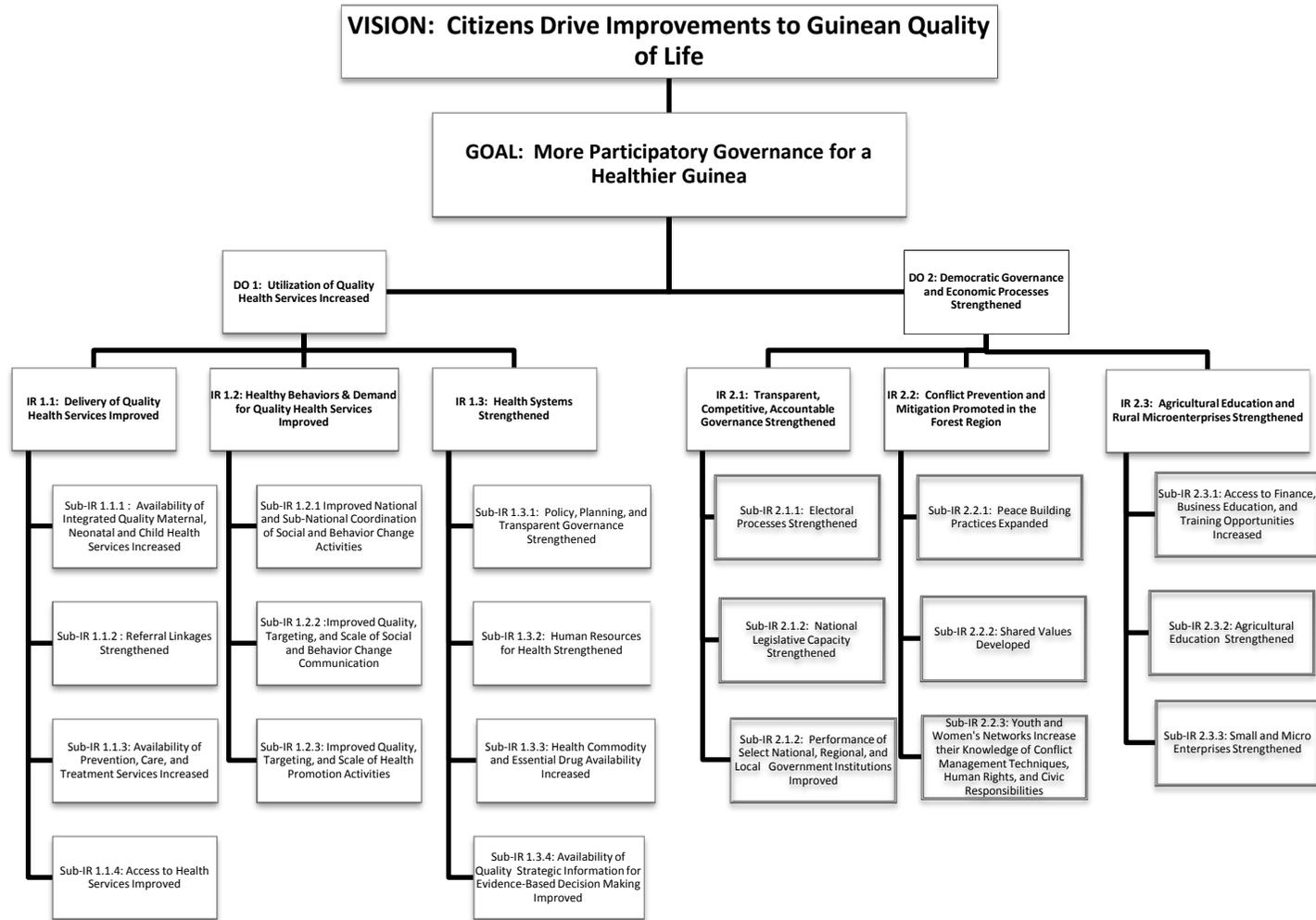
RESULTS FRAMEWORK

With a renewed strategic vision, the Goal Statement “**More Participatory Governance for a Healthier Guinea**” was developed to reflect the principle that the old authoritarian paradigm needs to give way to a new model that elevates the citizen to the center of development. USAID/Guinea posits that measurable improvements in the quality of life for Guineans, most significantly reflected in improved health services, will be best advanced during the strategy period by continuing to focus on the most pervasive development challenges the country currently faces: poor governance and the resulting ineffective delivery of public goods and services. Weak governance ultimately undermines the legitimacy of state institutions. Improving governance is thus a *sine qua non* for lasting development in Guinea.

USAID/Guinea proposes to track progress towards achievement of this goal using the following indicators:

- Human Development Index Score
- Maternal Mortality Ratio (standardized Agency indicator/DHS indicator)
- Under-Five Mortality Rate (standardized Agency indicator/DHS indicator)
- Citizens’ perception of democracy (Afro Barometer survey) or Freedom House civil and political liberties index

Results Framework



DEVELOPMENT OBJECTIVES

As stated in ADS 200, a DO is: “The most ambitious result that a USAID Mission or Bureau/Independent Office, along with its partners, can materially affect, and for which it is willing to be held accountable.” USAID/Guinea’s DOs and associated indicators comply with the three core elements of the ADS definition: level of impact, partnership, and accountability. The DOs and their associated Intermediate Results (IRs) and Sub-Intermediate Results (Sub-IRs) are listed below:

DO 1: Utilization of Quality Health Services Increased

IR 1.1: Delivery of Quality Health Services Improved

- Sub-IR 1.1.1: Availability of Integrated Quality Maternal, Neonatal and Child Health Services Increased
- Sub-IR 1.1.2: Referral Linkages Strengthened
- Sub-IR 1.1.3: Availability of Prevention, Care, and Treatment Services Increased
- Sub-IR 1.1.4: Access to Health Services Improved

IR 1.2: Healthy Behaviors & Demand for Quality Health Services Increased

- Sub-IR 1.2.1: Improved National and Sub-National Coordination of Social and Behavior Change Activities
- Sub-IR 1.2.2: Improved Quality, Targeting, and Scale of Social and Behavior Change Communication
- Sub-IR 1.2.3: Improved Quality, Targeting, and Scale of Health Promotion Activities

IR 1.3: Health Systems Strengthened

- Sub-IR 1.3.1: Policy, Planning, and Transparent Governance Strengthened
- Sub-IR 1.3.2: Human Resources for Health Strengthened
- Sub-IR 1.3.3: Health Commodity and Essential Drug Availability Increased
- Sub-IR 1.3.4: Availability of Quality Strategic Information for Evidence-Based Decision Making Improved

DO 2: Democratic Governance and Economic Processes Strengthened

IR 2.1: Transparent, Competitive, Accountable Governance Strengthened

- Sub-IR 2.1.1: Electoral Processes Strengthened
- Sub-IR 2.1.2: National Legislative Capacity Strengthened
- Sub-IR 2.1.2: Performance of Select Civil Society, National and Local Government Institutions Improved

IR 2.2: Conflict Prevention and Mitigation Promoted in the Forest Region

- Sub-IR 2.2.1: Peace Building Practices Expanded
- Sub-IR 2.2.2: Shared Values Developed
- Sub-IR 2.2.3: Youth and Women’s Networks Increase their Knowledge of Conflict Management Techniques, Human Rights, and Civic Responsibilities

IR 2.3: Agricultural Education and Rural Micro-Enterprises Strengthened

- Sub-IR 2.3.1: Access to Finance, Business Education, and Training Opportunities Increased
- Sub-IR 2.3.2: Agricultural Education Strengthened
- Sub-IR 2.3.3: Small and Micro Enterprises Strengthened

The DOs incorporate recommendations that emerged from the Phase III DVC consultations with Washington and their subsequent inputs to exercise more focus and selectivity. Other critical considerations embodied in the DOs were derived from input by other primary and secondary stakeholders, in-depth technical analyses, and policy and programming guidance including:

- Outcomes of sector team discussions
- GOG Stakeholder consultations
- GOG Priorities under the PRSP III
- Principles of the Paris Declaration on Aid Effectiveness and Busan Partnership for Effective Development Cooperation
- The rationale for multi-year strategic plans articulated in Presidential Policy Directive Number Six (PPD6)
- The Quadrennial Diplomacy and Development Review
- The Agency’s re-invigorated policy environment provided by USAID Forward
- The USAID Policy Framework and the USAID Program Cycle
- USAID Gender Policy
- USAID strategies on Education, Feed the Future (FtF), and the Global Health Initiative
- Sector and country-specific mandates and U.S. foreign policy priorities
- 2013 DRG Strategy
- Mission-level planning principles to help clarify what is “necessary and sufficient”

Application of these principles as appropriate helped to ensure that the USAID/Guinea CDCS:

- Supports mandates while using an evidence-based rationale for programs
- Adopts the use of a gender lens to support effectiveness while addressing issues of equity: The CDCS recognizes that supporting activities to remove gender-based constraints is a critical pathway to improved health outcomes, higher levels of educational attainment, greater economic opportunities, and more inclusive political participation
- Supports the Agency’s implementation of procurement reform (IPR) objectives of increased financing through greater use and adaptation of Government to Government CSO mechanisms, while being mindful that corruption may constrain these efforts
- Attempts to “do no harm,” understanding that development programs could unintentionally exacerbate such phenomena as child labor, burdens placed on women, and/or environmental degradation
- Adopts cross-sector integration where possible to optimize program synergies
- Targets resources at areas of highest potential development impacts

Focus and Selectivity

USAID/Guinea has developed a country strategy to achieve results commensurate with the limited funding available. The governance aspects of DO 2 will be funded through a combination of prior-year DA funds (focused largely on elections), Ebola Supplemental funds (focused on legislative and civil society strengthening related to governance and health), and conflict funds. A moderate level of annual agriculture funding is anticipated for the duration of the CDCS. An FtF assessment has recently been conducted and its findings will inform the development of a strategy for food security and nutrition investments. As this strategy takes shape, IR3 for DO2 will be modified as appropriate. Health funds, particularly those from the President's Malaria Initiative (PMI), will be used to improve health sector governance and outcomes. USAID/Guinea has mapped out its current and future areas of operations as well as those of its development partners in order to better narrow the geographic scope of the CDCS. The geographic focus of the CDCS will be centered on the operating areas of the PMI, which will support programming for the foreseeable future.

USAID/Guinea's activities under the CDCS will focus primarily on 14 prefectures in the north and northeast of the country and the five communes of Conakry. These areas encompass roughly one-half of Guinea's population. USAID/Guinea implements its current conflict mitigation program in N'Zerekore, a region vulnerable to conflict and one of the hot zones of the Ebola crisis. The Mission's geographic focus is designed to maximize and leverage synergies across projects, by targeting specific local governments within approved prefectures. USAID/Guinea's intention is to create a critical mass of effective communal governments which demonstrates the power of our democratic local governance model.

USAID/Guinea's work at the national level will focus on supporting management and technical training to strengthen the functioning of targeted GoG institutions such as the Ministry of Health; targeted units of the National Assembly; the National Agriculture University in Faranah; the Ministry of Territorial Administration and Decentralization, and the electoral administration.

The Mission will also leverage other donor and private sector resources to complement its own programs.

USAID Forward

There are several opportunities to advance the principles of USAID Forward under this CDCS. USAID/Guinea will build on successful models in implementing Local Solutions and building the capacity of local NGOs, preparing them to manage USG funding in the future. USAID/Guinea will seek to award grants to local NGOs and champion innovators; and will promote equity through building the capacity of, and increasing opportunities for, local institutions and marginalized groups including women and youth.

By the end of this strategy, the Mission anticipates obligating 20 percent of its regular operating year budget to local organizations. During the first years of the CDCS, USAID will continue to focus on increasing the capacities of local NGOs. In subsequent years, the Mission will conduct an assessment targeting the success of program implementation through these institutions according to USAID policies and regulations.

In preparing Guinea for future Government to Government (G2G) assistance, USAID will, where feasible and desirable, target the Ministry of Health (MoH) and local governments through the Ministry of Administration and Territorial Decentralization (MATD) to strengthen country capacity in order to improve aid effectiveness and sustainability.

Currently, the GoG receives technical assistance through USAID/Guinea interagency agreement with the US Department of the Treasury to establish an interconnection between the Central Bank, the Customs National Directorate, the Taxes National Directorate, and the Treasury National Directorate. This project will establish a plan to communicate tax and customs payment information in real-time via an Information Communications Technology (ICT) solution. This is an example of groundwork taking place prior to a potential Public Financial Management Risk Assessment Framework (PFMRAF) exercise.

USAID/Guinea will continue to find innovative solutions across the technical teams to integrate local capacity development (LCD) into the design phase of projects to ensure that capacity building takes into consideration sustainability, field lessons learned, best practices, and public/private partnerships (PPPs).

The Mission will continue to explore opportunities for partnerships to push for cutting-edge initiatives to maximize investments and promote new uses of information technology. USAID Guinea has already developed a number of partnerships with local and national NGOs and will expand on these partnerships, identifying organizations that have partial skill sets and experience, which can be built on to develop a cadre of Guinean organizations capable of managing USG resources and achieving intended development outcomes.

USAID/Guinea will support Guinean change agents while forging PPPs, particularly with several extractive companies. Over the next five years, USAID/Guinea will seek to develop a portfolio of activities with private sector partners that support the Mission's objectives in health, agriculture and governance. An Memorandum of Understanding (MOU) has been signed with the Anglo-Australian mining company Rio Tinto, and USAID/Guinea plans to leverage this relationship in piloting new activities.

Evolving Priorities

Guinea is currently facing the largest, most devastating Ebola Viral Disease (EVD) epidemic in history and the disease has spread into neighboring Liberia and Sierra Leone. USAID, as part of a larger USG response, is committed to working with the GOG, United Nations Mission for Emergency Ebola Response (UNMEER), World Health Organization (WHO), and other members of the international community to bring the disease under control. With this in mind, the Mission recognizes that the size and spread of the epidemic has influenced many external factors, ultimately impacting implementation of programming. Safety considerations for staff and beneficiaries in affected areas, the temporary cessation of services by several airlines to the country, and internal policies of implementing partners continue to influence the size and scope of USAID programming. The Mission is committed to continuity of operations as appropriate; nonetheless, it is uncertain how EVD will continue to change how we do business in country.

Additional budget resources in support of post-Ebola recovery provide an opportunity to increase USAID's response. Since the Ebola Virus Disease (EVD) outbreak in 2014, USAID has developed an Ebola Response Strategy to address the on-going crisis in West Africa. The strategy is built around four pillars:

- Pillar I: Control the Outbreak
- Pillar II: Mitigate Second-order Impacts
- Pillar III: Building Coherent Leadership and Operations
- Pillar IV: Global Health Security Response

Under Pillar I of the Strategy, the USAID Office of Foreign Disaster Assistance (OFDA) deployed a Disaster Assistance Response Team (DART) to Guinea to help control the outbreak. The DART Team led the U.S. Government response which included supporting and rehabilitating 25 Ebola Operation Centers around the country, establishing Ebola Treatment Units and labs, and providing psychosocial support to EVD-affected communities.

As the reports of new EVD cases taper off, the national response effort is increasingly focusing on mitigating second-order impacts of the epidemic. As a result, the Mission has identified five focus areas within Pillar II as it works towards alleviating the second-order impacts and long-term effects of the EVD:

Food Security:

- Improve food security (availability, access, utilization) of those impacted directly and indirectly by the EVD, including urban and rural areas
- Improve food security (availability, access, utilization) through the recovery of local food and market systems

Health Systems:

- Improve the ability to manage health crises, including revised triage protocols
- Improve service delivery and logistics
- Integrate capabilities created during the response into the public health care system
- Address health care workforce issues

Critical Non-Ebola Health Services:

- Restart key non-Ebola health services to pre-Ebola levels (e.g., immunizations, maternal & child health, family planning, malaria prevention and treatment)
- Reinvigorate demand for and confidence in health services within communities

Innovation and Communication Technology

- Attract innovations, new technologies and partnerships to address response and recovery challenges
- Improve health information systems, quality, and decision making
- Strengthen communications & digital financial systems to improve prevention, detection and response to future epidemics

The Mission has also identified the allocation of DA funds for agriculture (see FtF discussion above) as a game changer for this CDCS. USAID/Guinea will conduct a FtF assessment to review current and potential agricultural and nutrition situation in Guinea, identify priorities and gaps for an expansion of USAID support to agriculture and nutrition in the country. The findings from the assessment will inform the development of an FtF strategy and thereby modify this CDCS to amend IR 2.3 or develop an additional DO. The strategy will look to both support quick actions, coordinated with other actors to assist in recovery and rebuilding, as well as to build on those quick actions and ongoing programs to support agricultural growth and nutrition improvements that will contribute to the FtF goals of poverty and hunger (under nutrition) reduction.

In addition, competitive elections – at the local, legislative and national levels – are critical to sustain Guinea’s transition to civilian rule and democracy. To this end, the U.S. Embassy and USAID meet regularly with other prominent donors and work assiduously on consensus building with various actors, including elections stakeholders, civil society, political entities and the GoG.

Additionally, USAID/Guinea will continue to reinforce its current conflict mitigation program to identify possible triggers and anticipate potential conflicts associated with both Ebola and election instability that might affect program impact. Conflict has emerged during the Ebola epidemic around many factors including: fear, access to resources, survivor stigma, and prejudice against people coming from highly hit regions, including *Guinée Forestière*. As this situation unfolds, the Mission is working on leveraging resources to help mitigate potential violence.

Given the destabilizing potential of elections as witnessed prior to the September 28, 2013 legislative election, the Mission will continue to support the electoral cycle by strategically targeting political parties, civil society, electoral management bodies (the CENI) and the policy makers to promote elections that are representative of the voting population and peaceful. Since 2008 to 2013 electoral related violence has caused approximately 300 deaths, resulted in the destruction of both private and public property and caused the delay of many investors’ operations including Rio Tinto. The Mission will also continue to work with the National Assembly, CENI, MATD, political parties and civil society to advocate for electoral reform that ensures a sustainable and peaceful electoral cycle.

Cross-Cutting Themes

Gender: Integrating gender into the CDCS is essential given the extreme level of gender inequality that exists in Guinea. According to the 2014 Human Development Report, Guinea is ranked in the bottom ten countries (179/187) of the Gender Inequality Index. Women are particularly affected by this lack of development because, as Guinea’s National Gender Policy observes, they are: “the least well off, the most vulnerable, and are the least likely to have the skills and resources necessary to realize their rights.” Social norms and traditions play a large role in sustaining gender inequality, especially when measuring women’s positions relative to men’s in regards to economic, political, education, and health criteria. This fact is well articulated by USAID/Guinea’s Gender Assessment conducted during the development of this CDCS. Specific gender issues that were identified include:

- Women and women’s organizations have important behind-the-scenes influence in public life but women are underrepresented in government, politics, and professional fields-this includes in USAID/Guinea where all professional staff in the technical office (at the time of the assessment) were men;
- The necessity of literacy training for women and girls to enable them to participate actively in community based organizations- the overall illiteracy rate for males is 55 percent versus 74 percent for women;
- Patriarchal and cultural stereotypes lead to the subordination of women in public decision-making and limit their ability to hold officials and official offices accountable;
- Women’s limited access to health services and control over healthcare decisions leads to high mother and child mortality rates and inadequate family planning; and
- Low school enrollment and retention of young girls reduces opportunities and achievement of girls and women- the net enrollment rates in primary and secondary school are (respectively) 79 percent and 35 percent for boys and 69 percent and 22 percent for girls (girls’ education tends to be less valued than boys’ education for a variety of factors including early marriage, household labor requirements, and the high cost of formal education).

Despite the inequalities that exist, women remain fundamental players in all aspects of life, including the economic and domestic spheres. Gender equality and women’s empowerment is a priority of USAID’s programming at all levels. A participatory governance system cannot be achieved without women’s empowerment. In applying a gender-sensitive lens to the DOs, the CDCS will help ensure that project designs recognize and remove constraints and/or narrow gaps in the way that women and men benefit from USAID interventions to ensure that gender issues are considered for both the efficiency of program performance and for gender equity.

USAID/Guinea’s elections programming was designed to ensure effective women’s participation in the legislative election. This supported the GOG’s target of 30 percent women in the legislature and all public offices. USAID continues to work directly in support of the newly installed female representatives to ensure they have the capacity and skills to effectively represent their constituencies. They have already been recognized as a powerful and unified voice in the new institution.

Guinea’s justice system reflects the dilapidated state of public services more generally. A May 2010 report described it as having problems of independence, impartiality, effectiveness, accessibility and legitimacy. Guinea has fewer than 400 magistrates and, in certain regions, each magistrate serves more than 150,000 people. Of the country’s less than 200 lawyers, fewer than ten live and work outside of Conakry. Out of the 400 sitting magistrates in Guinea only 50 are women. Concerning the Supreme Court, there are currently five female judges out of a total of 37.

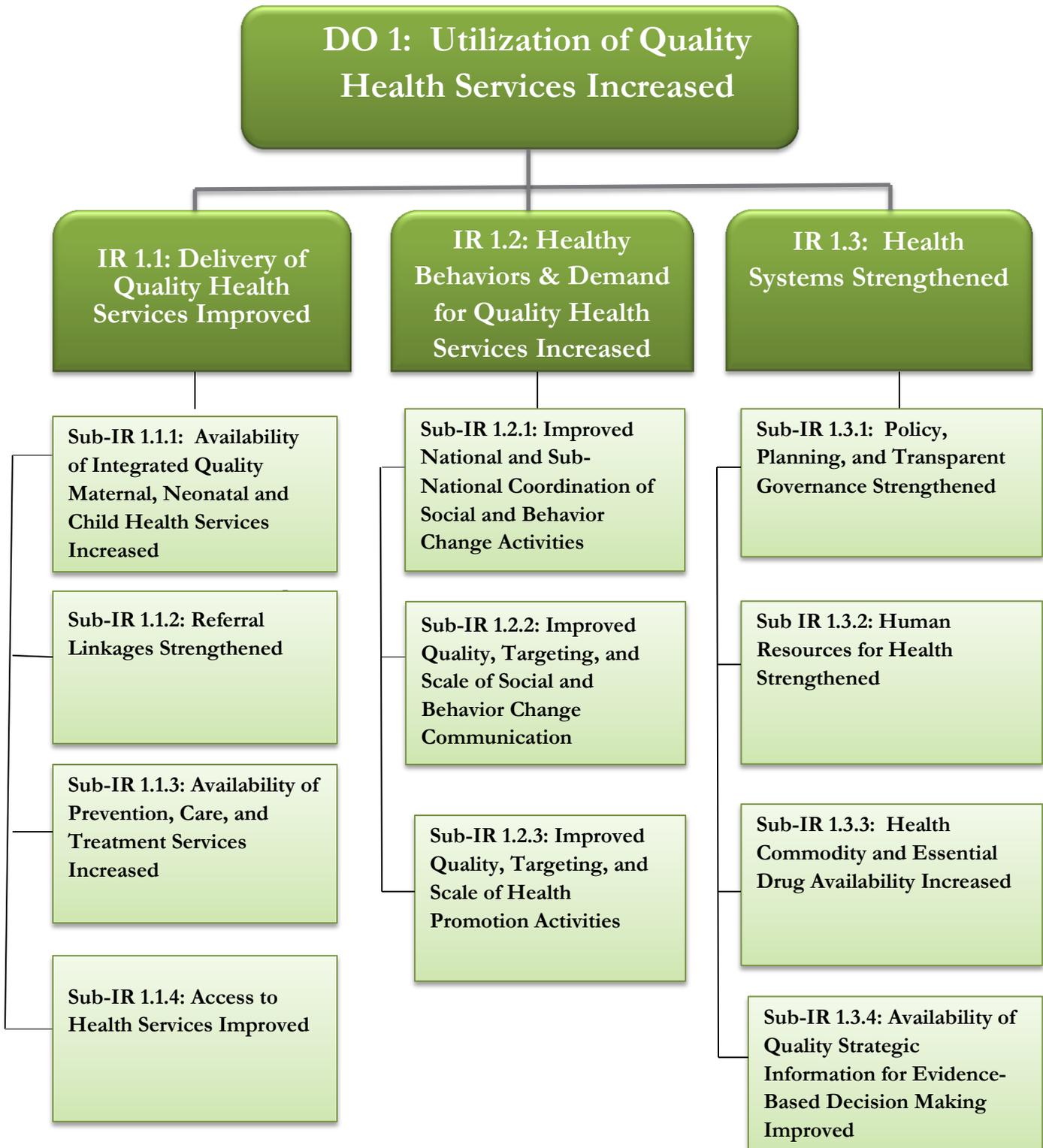
While these numbers reflect a significant gender imbalance within the GOG and Guinea’s justice system, they do not convey the impact that this has on the lives of vulnerable Guineans, particularly women and girls. If it functions correctly, the law plays a vital role in protecting the rights of disadvantaged and marginalized groups. Citizens can ask the courts for protection from more powerful actors or obtain redress where their rights have been violated. Outside of the courtroom,

vulnerable groups can exploit the deference that others show to the “power of law” and demand respect for their legal rights.

USAID Guinea has recognized that in terms of future employment, vocational training is one potential career path for young women to pursue in Guinea. However, basic education and literacy deficits prevent many from acquiring the fundamental skills and qualifications necessary for enrollment in such programs. There are also social barriers that impede their access to vocational training. In addition, current market demand and market penetration opportunities are often skewed towards male-dominated environments where, at this point in time, it is difficult for young women to compete on an equal basis.

Youth: USAID/Guinea considers youth to be an important cross-cutting issue in its new strategy. Guinea’s demographic profile has a significant youth bulge – 42.2 percent of the population is under the age of 15, and 61.6 percent under the age of 25. The government estimates youth unemployment at over 60 percent. Compulsory education only includes primary school, and less than 20 percent of Guinea’s population attends secondary school. Without an integrated plan to educate Guinea’s youth and provide them employment opportunities, the chance to derive a demographic dividend will be wasted, and instead Guinea will be saddled with a volatile group of frustrated young people. However, there are also powerful youth leaders who are the future of Guinea. Guinean youth are demanding change. USAID/Guinea will target programs at vulnerable youth, including youth organization programs and creating increased employment opportunities. The Mission will ensure a strong youth component in each DO.

DOI: UTILIZATION OF QUALITY HEALTH SERVICES INCREASED



The utilization of GOG health services remains low due to the perception that service quality and quality assurance is weak at all levels of the health system. Further, the 2014 EVD epidemic exposed a genuine mistrust of the public health system in many areas as communities refused public health officials access, fearing that medical professionals were the source of the illness. A new element in addressing poor performance of the health system the CDCS seeks to support, is improving health governance at the national level. In this new political environment, USAID's health strategy seeks to obtain optimal health outcomes through support to key national level policy areas, by improving the delivery and quality of health services at the regional/community level and by creating demand for those services. Approximately half of Guinea's population – mostly women of reproductive ages (15-45) and children under-five – have and will continue to benefit from USG assistance under this CDCS.

USAID supports Guinea's national health policy with an emphasis on improved democratic governance principles such as community participation, accountability, and transparency in order to improve access, quality and demand for health services. USAID believes that improving the effective leadership of the GOG, at all levels of the health system, is imperative to country ownership and sustainability of its investments. The GHI strategy hypothesis is that improving these parameters will directly leverage improvements in the functioning of the whole system. USAID/Guinea seeks to accomplish this objective through effective collaboration with the MoH, other donors, local NGOs and the private sector. Thus, the health DO remains consistent with the Mission's overall approach in developing this strategy, to capitalize on the new political context. This context provides opportunities that allow USAID to move beyond its previous focus on just local level governance to now address the broader institutional and policy environment necessary to create an effective health governance system.

Guinea's policies promote the delivery of an integrated package of health services, including MNCH, FP/RH, HIV/AIDS, tuberculosis (TB) and malaria. USAID/Guinea, working in collaboration with the GOG, has helped bolster the quality of health service delivery at health centers and at the community level where USAID programs overlap. At the national level, USAID advances the GOG's goal of integrated service delivery in policy formulation and strategic planning by providing technical and material support to the MoH. At the regional and prefectural level, USAID's financial and technical support includes budgeting, planning, managing and monitoring the provision of an integrated package of health services. Service providers at the facility and community level are trained and provided tools in compliance with national standards and protocols.

For the CDCS period 2015 to 2019, USAID/Guinea has identified three intermediate results necessary for achieving expected results under the health DO. The development hypothesis underlying this DO is that: **Citizen and leadership engagement in the supply and demand for quality health services will lead to a more responsive health system, improved delivery of quality services, and ultimately increased utilization of services. This DO is based on the evidence that improved leadership and governance will improve delivery of quality health services and create a more responsive health system, both of which are critical to the reduction of maternal, neonatal and child mortality among Guinean citizens.**

Conventional wisdom and experience from other developing nations demonstrate that improved health of children and mothers through increased access to a quality package of integrated MCH services in the public sector not only enhances the demand for these services, but also offers the best possibility for sustainability. In order to attain similar expected results for Guinea during the duration of this CDCS and beyond, the following essential mix of interventions is proposed:

Malaria: Malaria remains a major public health problem in Guinea. According to national health statistics, the morbidity rate for malaria is 148/1,000 population. National statistics in Guinea show that among children under than five years of age, malaria accounts for 31 percent of consultations, 25 percent of hospitalizations, and 14 percent of hospital deaths. According to the results of the 2012 Demographic and Health Survey (DHS), the prevalence of malaria ranges between 3.3 percent (in Conakry) and 66.3 percent (in Faranah) with a national prevalence of 43.9 percent for children 6-59 months.

The Mission will leverage PMI funding, the largest source of ongoing funding in the Mission, to strengthen the national health system under a governance umbrella. By integrating governance principles into malaria service delivery activities and creating strong linkages with maternal and child health and family planning activities, USAID/Guinea believes it can multiply malaria prevention and treatment results. PMI funds will also be used to strengthen the overall health system leadership and governance, strategic information exchange, decision making, drug quality and supply chain management. These interventions have inherent governance elements that are vital to achieving the kind of sustainable outcomes that USAID/Guinea strives for under this DO.

Maternal Newborn and Child Health: Infant mortality is 122 per 1000 live births according to the 2012 DHS, and less than 40 percent of deliveries are assisted by a skilled birth attendant. Maternal mortality, still high has decreased from 980 per 100,000 live births (DHS, 2005) to 724/100,000 (DHS, 2012). Hindered by poor nutritional status among women in their reproductive years, this figure reflects an overall stagnation in adult mortality since 2005 and is also attributable to the failure of the health system to provide adequate prenatal and emergency obstetric care.

Between 15 and 50 years of age, women and men face a high risk of death (1 in 5 and 1 in 4, respectively). Thirty-one percent of children under five years suffer from chronic under-nutrition (stunting), 10 percent suffer from acute malnutrition (wasting), and 18 percent are underweight. A further 77 percent of children 6-59 months and 49 percent of women 15 to 49 years of age are anemic. Only 21 percent of children under six months are exclusively breastfed. Vaccine shortages in the Central Pharmacy of Guinea, an unreliable drug and vaccine distribution system, and a weak national outreach program for immunization services collectively have caused setbacks to the GOG immunization program.

The Mission will focus on strengthening the capacity of health sector human resources and expanding antenatal care, safe delivery and obstetric care, integrated management of newborn and childhood illnesses (IMNCI), health information and education, as well as strengthening the health system through improved supply chain management, procurement and quality assurance of medicines. Support to the national immunization program will also continue.

A focus of MNCH interventions is also on the prevention and treatment of obstetric fistula. Gender based violence, including domestic violence and female genital cutting which affects 96 percent of the female population in Guinea, are major contributors to maternal and child deaths and morbidity including obstetric fistula.

Family Planning/Reproductive Health (FP/RH): Nine West African countries, including Guinea, have been identified as having the lowest contraceptive prevalence rate (CPR) in the world. Guinea's CPR, 5 percent, has not changed since 1999. Mission efforts will include support to the MoH in implementing its newly revised national strategy in addition to a targeted focus on service delivery to ensure access to high-quality voluntary FP/RH services and commodities. The support will include institutional capacity building to improve leadership and governance, as well as to increase coordination among donors and other partners for effective implementation of the national family planning strategy. These efforts are in line with regional and global initiatives including the Ouagadougou Partnership and Family Planning 2020.

The donor community funds 90 percent of Guinea's health sector. With little budgetary or in kind contribution from the GOG, USAID and the Global Fund are the biggest donors. Leveraging the Global Fund and the investment of the EU, Global Alliance for Vaccines Initiative (GAVI), and multilateral investments from UNFPA, UNICEF, and WHO, the donor community provides essential support to the Guinean health system. With increased coordination in the health sector, a strong focus in the implementation of governance principles and efforts to reduce the duplication of efforts, systems are improving. The objective of the donor community is to get buy-in from the GOG to improve health sector governance and increase synergy in programming.

Critical assumptions

- Continuation of demonstrated political will and strong commitment of GOG to conduct key reforms in the health sector
- Continuation of strong commitment of civil society for reform

DO 1 Level Indicators

USAID/Guinea proposes to assess progress towards achievement of DO1 by adopting the following indicators:

- Modern method contraceptive prevalence rate (MCPR)
- Percent of births attended by a skilled birth attendant (SBA)
- Proportion of women who received Intermittent Preventive Treatment (IPT) during Antenatal Care (ANC) visits during their last pregnancy
- Number of laws, policies, or procedures drafted, updated, or adopted to promote health equity at the local, regional, or national level

IR 1.1: Delivery of Quality Health Services Improved

This IR has four Sub-IRs:

- Sub-IR 1.1.1: Availability of Integrated Quality Maternal, Neonatal and Child Health Services Increased
- Sub-IR 1.1.2: Referral Linkages Strengthened

- Sub-IR 1.1.3: Availability of Prevention, Care, and Treatment Services Increased
- Sub-IR 1.1.4: Access to Health Services Improved

In order to increase the utilization of quality health services, there must be increased delivery of these services. Thus, USAID and its partners will make available integrated quality MNCH services. USAID will expand access to FP/RH services and the integration of all of these services with malaria prevention, diagnosis, and treatment services.

Gender

There are significant social and economic barriers limiting women's access to health services. Improving women access to health services will lead to increase utilization of these services which is critical to the reduction of maternal, neonatal and child mortality. USAID will promote equal access to healthcare for both women and men and will design programming so that women and men benefit equally from the programs, and are actively included in program design, implementation, and monitoring. The inability to access quality obstetric services is mostly due to the lack of these services but also too often due to gender restrictions to seek services without permission of a male (husband, father, or father-in-law), which in most cases comes too late. USAID will continue to support a highly effective fistula prevention, care, and treatment program. A gender-sensitive approach will be used across the health portfolio ensuring that women have the ability to act independently and freely in order to improve their personal health status and those of their families. Efforts will include special attention to the role of men, who are crucial actors in the lives of their wives, daughters, and sisters.

Gender-based violence (GBV), including domestic violence, female genital cutting, and other harmful practices such as childhood marriage, remain a challenge. Although GBV is an issue that must be addressed in all programs, it has tremendous implications on women's health status. The dominance of men in women's access to healthcare is usually manifested by violent behavior. Healthcare workers at all levels must be prepared to address GBV-related problems when they recognize the symptoms during routine and non-routine health visits. Through traditional health services delivery, domestic violence prevention activities will provide screening and counseling on domestic violence to women seeking RMNCH services. In addition, USAID will refer identified victims and potential victims to legal services to or community mediation services and police for protection where appropriate.

As 61.6 percent of Guinea's population is under 25, youth are an essential group to target not only for FP/RH services, but also for awareness creation around GBV, early marriage and other harmful traditional practices. Activities will continue to target this age group for educational purposes.

IR 1.1 and Sub-IR Level Indicators

USAID/Guinea proposes to assess progress towards achievement of IR 1.1 by adopting the following indicators:

- Number of women giving birth who received uterotonics¹³ in the third stage of labor through USG-supported programs
- Couple Years Protection in USG supported programs
- Number of fistula surgeries performed due to assistance from USG
- Number of artemisinin-based combination therapy (ACT) treatments purchased with USG funds
- Percent of newborns receiving postnatal health check within two days of birth
- Percent of health facilities with an integrated package of health services
- Percent of health facilities with adequate/functioning referral system

Sub-IR 1.1.1. : Availability of Integrated Quality Maternal, Neonatal and Child Health Services Increased

To achieve this Sub-IR, the Mission will seek to increase the availability of high-quality integrated RMNCH services. This will be achieved through improved provision of essential services such as safe delivery, skilled birth attendance (including emergency obstetric and neonatal care), essential newborn care and treatment, and implementation of IMNCI activities to prevent and treat key childhood illnesses, such as Acute Respiratory Infections (ARI), and diarrheal diseases.

Sub-IR 1.1.2: Referral Linkages Strengthened

Timely referral to appropriate services is essential to improve the healthcare system, treatment outcomes and survival. The additional step of follow-up for each referral ensures that beneficiaries capitalize on available services. USAID will focus on strengthening the referral system, including timely and consistent follow-up on case referrals, which will build the capacity of community health workers to quickly identify signs of danger, initiate referrals, and ensure treatment provision.

Sub-IR 1.1.3: Availability of Prevention, Care, and Treatment Services Increased

USAID is supporting implementation of high impact interventions building on the integrated approach to preventing and treating maternal, newborn and childhood diseases adopted by the GOG. USG will continue and expand its support to this approach. More concretely, and to improve this package of services that heavily rely on drug availability, USG's partners will train and support supervision of health facility workers as well as community health workers to enable correct application of standards of care.

USAID will focus on the prevention and treatment of malaria both at the clinic and community levels targeting vulnerable groups such as pregnant women and children under five.

USAID will continue to provide long and permanent methods of FP/RH, scaling up the use of IUD and other implants; and will expand availability of short term methods at the community level to increase access to family planning choices for communities. USAID will continue to assist in making contraceptive commodities available at all service delivery points in its target areas and expanding the distribution of contraceptive commodities in order to improve access to modern contraceptive methods throughout the country.

¹³ Uterotonics are critical life-saving drugs that prevent postpartum hemorrhage

The Mission will continue investment in fistula prevention care and treatment, building on its successful activities in three key prefectures. The backlog of women needing obstetric fistula repairs in Guinea is enormous. While providing repair services, RMNCH activities will continue focusing on reducing the incidence of fistula in Guinea.

Sub-IR 1.1.4: Access to Health Services Improved

USAID/Guinea supports high quality services to be delivered at both community and facility levels. Socio-cultural factors create financial, cultural, and geographic barriers for women, which limit access to services like FP/RH.

USAID will support the development of innovative interventions, policies and practices; and state-of-the-art systems to improve access to health services. Activities will include: 1) scaling up high impact and proven community health interventions; and 2) expanding community health care financing and services provided by community health organizations. Programming will increase the capacity of community health workers to be able to bridge the gap between communities and health facilities to ultimately improve the access to family planning in Guinea. Activities will also reduce financial barriers to health services by supporting community health care financing and improving services provided by community health organizations. Providing quality health services to individuals and families in public and private health facilities will significantly influence the adoption of healthy behaviors including seeking early care when needed.

To achieve this result USAID/Guinea will build public health sector capacity to foster customer-friendly policies that focus on women and girls in particular. USAID and its partners will increase the availability of health products and services, as well as increase the equitable availability of and to these services.

IR 1.2: Healthy Behaviors and Demand for Quality Health Services Improved

This IR has three Sub-IRs:

- Sub-IR 1.2.1: Improved National and Sub-National Coordination of Social and Behavior Change Activities
- Sub-IR 1.2.2: Improved Quality, Targeting, and Scale of Social and Behavior Change Communication
- Sub-IR 1.2.3: Improved Quality, Targeting, and Scale of Health Promotion Activities

This IR seeks to promote a culture which adopts healthy behaviors including health seeking behaviors. The adoption of healthy behaviors will lead to healthy outcomes, including demand for quality health services. In order to achieve this, awareness and attitudes towards individual health must improve.

Health seeking behavior is an individual or community ability to make healthy choices in either their lifestyle or their use of health care and treatment services that will positively impact health. Health seeking behaviors occur at individual, family and community levels, such as practicing good hygiene, seeking health services from a health facility, or buying condoms from a local distributor.

Gender and Youth

The effectiveness of a social and behavior change and communication (SBCC) program will require that interventions be evidence-based with a well-grounded, thorough understanding of local beliefs, perceptions, and practices in order to address individual and inter-personal factors, gender and social and cultural norms, and structural issues that promotes or impedes healthy behaviors and lifestyles for men and women. USAID/Guinea will expand its GBV prevention program including a national social and behavior change communication (SBCC) component as part of its overall health investment. SBCC activities will introduce the use of mobile technology to increase awareness, monitor and refer victims to health and legal clinics. In addition, a calling center will be established through a public private partnership with a cellular phone company in Guinea with youth involvement.

IR 1.2 and Sub-IR Level Indicators

USAID/Guinea proposes to assess progress towards achievement of IR 1.2 by adopting the following indicators:

- Proportion of target audience that reports confidence (self-efficacy) to access and use health products and services
- Percent of uptake of health services after participating in or being exposed to SBCC messages
- Percent of audience who recall hearing or seeing a specific USG-supported FP/RH message (Disaggregated by sex)
- Percent of audience who recall hearing or seeing a specific USG-supported malaria prevention message (Disaggregated by sex)
- Percent of audience who recall hearing or seeing a specific USG-supported RMNCH message (Disaggregated by sex)
- Number of health messages disseminated through any communication channel (radio, TV, mobile technologies, small and large group discussions etc.)

Sub-IR 1.2.1: Improved National and Sub-National Coordination of Social and Behavior Change Activities

Health promotion and advocacy will focus on conducting SBCC campaigns through media outreach of essential messages on key issues such as risky behavior, including sanitation; the importance of using bed nets and recognizing malaria symptoms; and reduction of harmful traditional practices, including prevention of early marriage, FGM/C, and GBV.

Sub-IR 1.2.2: Improved Quality, Targeting, and Scale of Social and Behavior Change Communication

USAID will focus on changing behavior by improving the awareness and knowledge of preventive care among regional and prefectural decision makers, religious and community decision makers, mothers and youth, as well as vulnerable high-risk groups. Implementation of effective and systematic Information Education and Communication (IEC) interventions will increase the awareness, knowledge, and demand for and use of quality health services.

Sub-IR 1.2.3: Improved Quality, Targeting, and Scale of Health Promotion Activities

USAID will continue to support critical approaches to health promotion including: 1) health education; 2) SBCC; and 3) addressing underlying social and cultural norms that are used to help individuals, families, and communities to develop a sense of responsibility for good health seeking behaviors. To this end, USAID will encourage participation of civil society and promote supportive policies and regulations.

IR 1.3: Health Systems Strengthened

This IR has four Sub-IRs:

- Sub-IR 1.3.1: Policy, Planning, and Transparent Governance Strengthened
- Sub IR 1.3.2: Human Resources for Health Strengthened
- Sub-IR 1.3.3: Health Commodity and Essential Drug Availability Increased
- Sub-IR 1.3.4: Availability of Quality Strategic Information for Evidence-Based Decision Making Improved

In order to increase utilization of quality health services, it is critical to strengthen the health system in Guinea. A governance approach to health is a strategic investment to improve access to health services and to safeguard the limited investment in the sector. USAID will focus on improving transparency in budget allocation and execution at the central and local level with a particular focus on health system strengthening. Guinea's health system remains weak despite donor efforts to strengthen the building blocks of the health system.

Mission resources will leverage other donor funds to strengthen the Health Management Information System (HMIS) to promote accountability and use of data for timely decision-making. The USG will partner with the private sector as well as with NGOs to ensure not only that quality services are provided to beneficiaries in target areas, but also that communities participate in decisions that affect their health. USAID's focus through this strategy is a strong emphasis on improving institutional governance, while contributing to improved health outcomes. USAID will strengthen the capacity of civil society and community health organizations as well as individual champions at all levels of the health system to participate in decision making for resource allocation in health and to demand accountability in the management of health resources.

Gender and Youth

USAID Guinea will continue to place a particular emphasis on health system strengthening targeting governmental and administrative entities both at the central and local level. Efforts will therefore primarily focus on policy formation and technical program design to influence the inclusion of gender inclusive interventions at all levels of the health system to improve gender equality and women's empowerment in Guinea and increase the health of its entire population.

To ensure access to and utilization of modern contraceptive methods by clients, targeting women, USAID support will help to establish community-based distribution of modern contraception commodities. Networks of community worker associations, which include mostly youth, will be

used to encourage community mobilization drives to service the hard to reach population in remote areas.

IR 1.3 and Sub-IR Level Indicators

USAID/Guinea proposes to assess progress towards achievement of IR 1.3 by adopting the following indicators:

- Percent of USG-assisted service delivery points (SDPs) that do not experience a stock-out at any time during the reporting period of a contraceptive method; malaria medicine/commodities; delivery kits, that the SDP is expected to provide
- Number of health service providers and community health workers trained in malaria, FP/RH, and/or MCH (Disaggregated by sex)
- Number of health institutions targeted for policy development/update, programmatic and budget planning at national, regional, or local level
- Percent of health districts submitting timely reports to the central level

Strengthening key components of the health system will contribute to improving governance and will improve the health of citizens. Key elements of the mission health system strengthening focus include:

Sub-IR 1.3.1: Policy, Planning, and Transparent Governance Strengthened

USAID will implement governance principles at all levels of the health sector. In doing so, USAID/Guinea seeks to improve transparency for increased equity in accessing quality health services. This will be done principally through strengthening controls around the procurement and distribution of essential drugs, provision of services and administrative and financial management of hospitals and health centers. Based on assessments, USAID will develop activities to address crucial policies gaps and/or strengthen weak policies related to priority health issues (including: MCH, malaria, emerging and communicable diseases) emergency preparedness for health crisis, access and equity of health services, human resources, health financing, and governance.

Sub IR 1.3.2: Human Resources for Health Strengthened

USAID will provide support to MoH to finalize and to implement the Human Resource Development Strategic Plan to address the staffing disparity between rural and urban areas. These activities will increase human resource capacity for service delivery and management. USAID will continue to address the issue of human resource capacity through pre- and in-service training, developing tools and guidelines for service providers, and providing anatomic models and basic equipment for obstetric services. Well trained service providers will be equipped to detect and treat complications during pregnancy, labor, and post-delivery care. Activities will focus on performing caesarean sections, repair of lacerations, management of postpartum hemorrhages, and early detection and repair of fistula.

Sub-IR 1.3.3: Health Commodity and Essential Drug Availability Increased

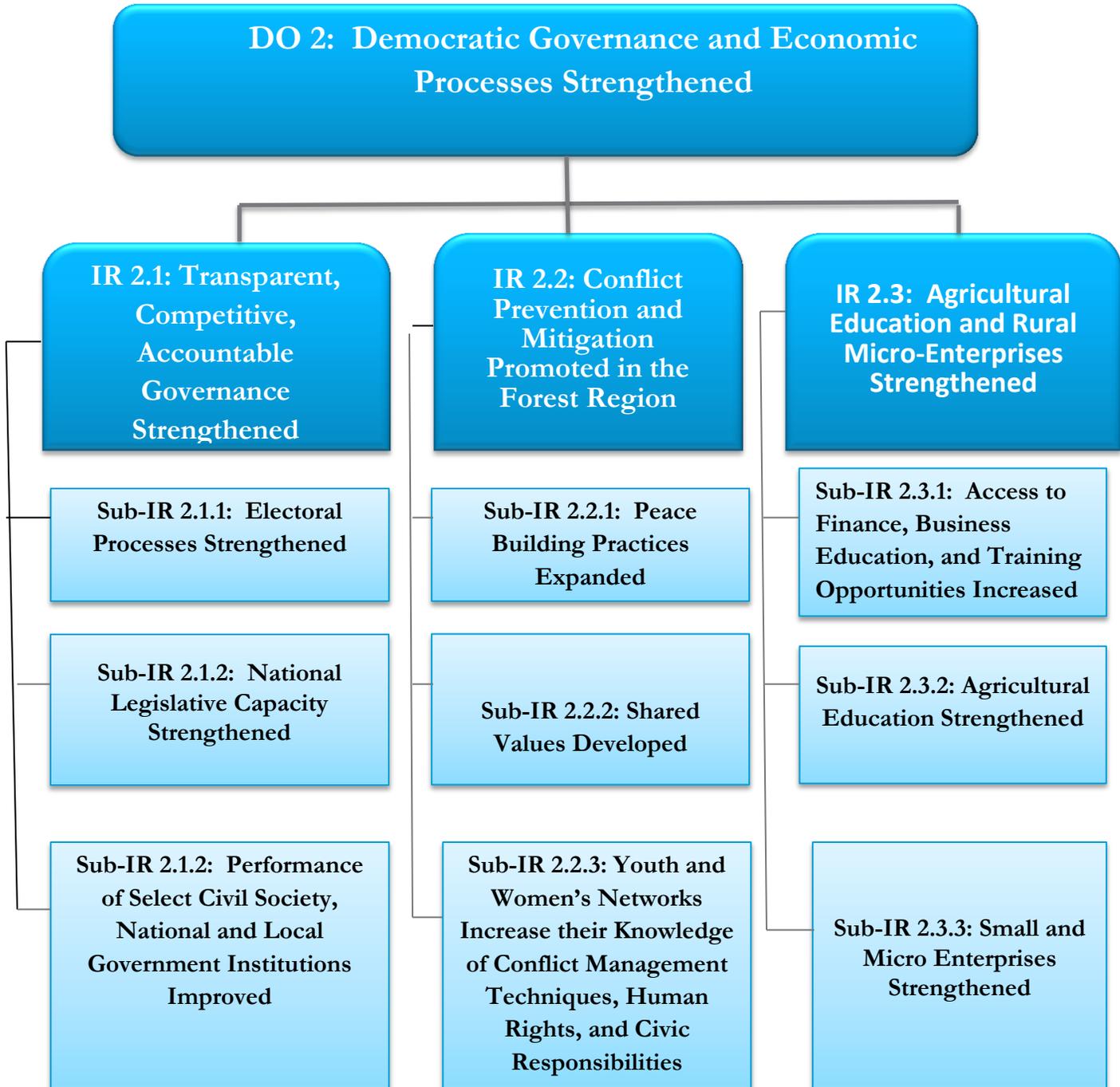
USAID will focus on the Supply Chain Management System (SCMS). Guinea's pharmaceutical system suffers severe weaknesses, ranging from poor governance to lack of accurate data and reporting systems guiding forecasting and procurement decisions. The Central Medical Store faces multiple challenges in playing its role ensuring that drugs and other commodities are distributed and

made available for use in the health system in a timely manner. Budgets and transparency are also challenges. In order to ensure that quality drugs and other commodities are available to end users, USAID will continue building the institutional capacity of the Central Pharmacy by supporting the creation of a combined essential drugs supply and distribution strategy including forecasting, monitoring and logistics management and communication information systems. USAID will play a leadership role in improving communication and planning for drug storage and distribution.

Sub-IR 1.3.4: Availability of Quality Strategic Information for Evidence-Based Decision Making Improved

Unreliable data has been a major handicap for the MoH in decision making processes. To ensure that HMIS responds fully to the needs of the ministry and international partners, USAID will support the MoH by strengthening the monitoring and evaluation (M&E) capacity of the department in charge of HMIS. Focus will be on provision of technical assistance for policy updates, indicator development, and data collection harmonization while building capacity of technicians in the statistics department. Data quality continues to be a challenge due to the inability of the ministry to carry out data verification, which for the most part is compiled manually. USAID will build capacity of staff at the regional and prefectural levels and provide necessary equipment. USAID will support the reconciliation of data across the MoH, donors and other partners in order to construct a robust and standard set of health indicators that are centralized with the MoH and used by the GOG and donors for decision-making.

DO2: DEMOCRATIC GOVERNANCE AND ECONOMIC PROCESSES STRENGTHENED



In addition to planned annual funding for agriculture, this DO will be implemented by activities funded with prior year DA, modest amounts of conflict funding and FY2015 to mitigate Second-Order Impacts of the Ebola virus disease epidemic.

With limited funding available particularly for Democracy, Human Rights and Governance (DRG), results and initiatives under this DO will remain modest during the strategy period. Nonetheless, USAID's history of addressing DRG issues, positions the Mission to remain engaged in the DRG sector. Should additional DA funds be considered for Guinea in this strategy period, DO2 will guide increased investments. It is USAID/Guinea's intention to complement its modest funding in the areas of DRG and conflict management by leveraging resources from existing USAID central and regional facilities (e.g., Development Grant Programs (DGP), Innovation and Development Alliances (IDEA) funds; and to obtain funding from local partners, particularly the multi-national mining companies with whom USAID has already established productive relationships.

Given the parameters that guide the Mission in this DO, USAID/Guinea has developed three IRs under which on-going and potential activities are implemented to achieve, based on three principles:

1. Working within USAID Comparative Advantage: Through the mapping exercise the Mission undertook for the CDCS, USAID/Guinea has identified activities which provide USAID with a comparative advantage by addressing Guinea's DRG challenges and leveraging USAID resources with funds from other donors. This strategy will ensure that USAID remains strategic in the activities it intends to undertake.
2. Embodying USAID Forward Principles: DO2 will provide USAID/Guinea with the opportunity and resources to push for cutting-edge initiatives that promote new uses of information and technology and create productive relationships through PPPs. USAID/Guinea aims to award grants to local NGOs and champion innovators, and to promote equity through building the capacity of and increasing opportunities for local institutions and marginalized groups, including women and youth.
3. Laying a Sustainable Foundation for the Future: While many of the activities USAID undertakes will be short-term in nature, it is expected that they will be strategic by either promoting improved policies, piloting new technologies, undertaking applied research, or ensuring replication.

USAID will contribute to improving host-country management of government resources by targeting national and local systems. The end result will be systems that operate more inclusively, efficiently, and effectively with greater transparency and accountability in response to citizen needs/demands for improvements to Guinean quality of life.

The hypothesis underlying this DO is that **increased participation by the Guinean people in their own governance, combined with the effective functioning of key governance institutions (state and non-state as well as enhanced rural development) will provide the basis for the deepening and eventual consolidation of democracy and economic growth in Guinea.**

Further, if a more inclusive, participatory, and effective system of governance is built on a foundation of citizen participation, the end result will yield positive improvements in the quality of Guinean social, economic, and political life.

The Mission recognizes that USAID alone cannot solve Guinea's governance issues. With substantial contribution of other donor agencies, USAID/Guinea will be strategic in the identification of key governance issues that it can realistically address to contribute to the greater development objective in Guinea leading to a healthier population.

The DO is based on the following assumptions and risks:

Assumptions

- Completion of remaining Constitutional provisions (e.g., Judicial and Security Sector reforms)
- The government is willing and able to hold free and fair local and presidential elections (game changer)
- Continuation of demonstrated political will and strong commitment of GOG to conduct key reforms (governance including public sector and decentralization and agriculture)
- Civil society engagement in promoting democratic governance through demand-side actions
- Other prominent donors remain committed to supporting Guinea's democratization efforts

Risks

- A worsening of Guinea's political and economic situation due to failure in reaching political consensus, and tensions that may erupt after legislative and local elections are held
- Donors and private investors depart due to political instability or public health threats
- Impact of national crises such as Ebola

DO2-Level Indicators

USAID/Guinea proposes to assess progress towards achievement of DO2 by adopting the following indicators:

- Number of Executive Oversight Actions Taken by Legislature
- Number of political parties receiving U.S. Government assistance to help them develop more programmatic platforms and policy agendas
- Number of government institutions receiving USG assistance that improve their governance
- Number of CSOs receiving USG assistance engaged in advocacy interventions
- Number of farmers and others who have applied new technologies or management practices as a result of USG assistance

IR 2.1: Transparent, Competitive, Accountable Governance Strengthened

This IR has three Sub-IRs:

- Sub-IR 2.1.1: Electoral Processes Strengthened
- Sub-IR 2.1.2: National Legislative Capacity Strengthened

- Sub-IR 2.1.2: Performance of Select Civil Society, National and Local Government Institutions Improved

This IR is critical to the achievement of DO2. Strong governance and economic processes lead to effective public service delivery, which requires clear public policies and effective institutions. Equitable and effective service delivery and sustainable economic growth are dependent good governance attributes of public accountability, transparency and responsiveness. In return, a government that is clearly delivering on its fundamental mandate of poverty reduction and social development will enjoy enhanced legitimacy among its constituents.

Improved functioning and accountability of elected bodies and increased effective participation in the political process via transparent, competitive elections are viewed as key elements in facilitating this effort. Activities under this IR would also enhance the political and social stability needed for success of the DO and sustainable development in general.

Governance is a multi-donor effort in Guinea. The EU, France, World Bank, IFAD, and UNDP provide support to local governance and decentralization. France provides most of its support to strengthening government structures, particularly at the central level, and through material support and short-term training. The European Union provides support to the MATD, NGOs and civil society through material resources and training programs. Germany provides support (conferences and training) to civic advocacy groups, state and independent media organizations, and to the National Assembly. UNDP is supporting GOG decentralization. A multi-donor Village Support Project is led by the World Bank and co-financed by France and IFAD.

Youth and Gender

According to the 2011 CIVICUS assessment, aside from a few women-focused groups, women's participation throughout more sector specific organizations in Guinea is very low. Furthermore, USAID/Guinea's 2012 Gender Assessment showed very low participation of women in local (2/37 mayors, 3/34 district prefects, 1/8 governors) and national government (4/37 Supreme Court justices, 5/43 cabinet ministers, 1/43 ministry general secretaries) as well as in leadership of Grassroots Development Councils (0/303). Using information gathered from the Gender Assessment that emphasized the need to advance the role of women in national decision-making, USAID supported political parties and members of the National Electoral Commission on the electoral law pertaining to a quota of 30 percent reserved for women candidates in the national and local lists.

Guinea can do much to improve the influence of women in leadership and ensure their meaningful participation in decision making processes. While the 2010 constitution states the GOG will ensure that 30 percent of its work force is women, Guinea has made little progress in bringing women into government. Nonetheless, women do hold a few prominent positions within government and civil society. At the Préfect level there are only two female Préfects out of 33. The Mission's DG portfolio compliments the GOG's target by working with political parties to ensure that their list of candidates for upcoming elections includes women that are capable and empowered to hold office.

The Mission will provide support to youth organizations to conduct civic and voter education in a sustainable and credible fashion for the approximate 7 million registered voters. Activities will strengthen the organizational capacity of specific national networks of civil society organizations such as the Guinea National Council of Civil Society Organization (CNOSCG) so that they acquire and can sustain the technical and administrative competencies to provide civic and voter education directly to the electorate independent of political influence.

IR 2.1 and Sub-IR Level Indicators

USAID/Guinea proposes to assess progress towards achievement of IR 2.1 by adopting the following indicators:

- Number of party agents trained with USG assistance (Disaggregated by sex)
- Number of individuals who receive USG-assisted political party training (to enhance the participation of women and youth in political parties) (Disaggregated by sex)
- Number of sub-national entities receiving USG assistance that improved their performance
- Number of USG-assisted government institutions that apply new methods to improve their governance
- Number of political parties implementing initiatives to increase the number of candidates and/or members who are women, youth and from marginalized groups
- Number of political parties that develop more policy-based platforms and policy agendas

Sub-IR 2.1.1: Electoral Processes Strengthened

The political system in Guinea suffers from a lack of genuine competition and the notable absence of women and youth in positions of authority in decision-making processes. A key challenge identified by USAID's DG assessment was fostering issue-based political competition, ensuring that the stakes are not zero-sum in nature, and ensuring that there are effective checks and balances in government institutions. The absence of checks and balances on government controls over the electoral process and political manipulation of the process serves as a threat to Guinea's stability and economic development. Limited capacity of civil society, media and government institutions like the electoral commission have resulted in an electoral process characterized by profound mistrust, extreme polarization and identity-based politics. These are exacerbated by the lack of neutrality of government institutions designated to elaborate and enforce electoral rules, provide equal access to the media, and resolve electoral disputes.

Most Guineans are committed to peaceful and open elections, and want to see democracy succeed. However, election processes will easily be compromised if the GOG cannot establish a credible institutional process. To this end, USAID will ensure at a minimum:

- Strengthening the electoral administration
- Increasing political parties' focus on issues rather than personalities or identity
- Increasing opportunities for women and youth to participate in the political process and compete for elected office

Underlying this sub-IR and a further element of the development hypothesis is that strengthening electoral institutions and parties in the short and medium term, as well as providing high quality civic and voter education, will contribute to credible elections and increase citizen confidence in the process and the government's overall ability to serve the public.

Sub-IR 2.1.2: National Legislative Capacity Strengthened

Establishing a functional National Assembly is crucial in building strong democratic governance processes, not only because it will serve as a venue where debate and dissent can occur in a structured, non-violent manner but it will also provide executive oversight and create an atmosphere where laws are made by the elected representatives of Guinea's 38 constituencies rather than by sole decree of the president. Much of the political instability and conflict experienced in Guinea today stems from the dearth of platforms where citizens can openly discuss and debate their grievances. It is imperative to support the National Assembly to demonstrate to the country as soon as possible the benefits of having an elected (representative) legislative body.

USAID's focus in this area will be on health policy and begin with developing the institutional leadership of the National Assembly. USAID's modest resources will be used to leverage other donors, and establish a foundation for future capacity building programs. USAID will also support the health commission of the national assembly to advocate and push for implementation of health legislation at national and local levels. Part of this effort will be initiating greater collaboration between the National Assembly Health Commission and civil society organizations to identify barriers to access and utilization of quality health services and advocate for solutions. The efficiency and success of the health and social commission will play a vital role in improving Guinea's health system. USAID will provide mentoring and technical assistance to strengthen negotiation and advocacy skills as well as the application of sound governance principles in addressing barriers to health service utilization and increases to the national health budget.

Sub-IR 2.1.2: Performance of Select Civil Society, National and Local Government Institutions Improved

Strong governance and economic processes lead to effective public services delivery, which requires good policies and effective institutions to implement them. With a sharp focus on building sustainability and inclusiveness into GOG programs, USAID will continue to invest in capacity building at the individual, institutional and systems levels. This assistance includes a balance of both short-term and long-term solutions. In order to build on successes of *Faisons Ensemble*, USAID will support the GOG at both central and decentralized levels to ensure the institutionalization of necessary support systems. Guinea's institutions lack the capacity to ensure government services address the needs and rights of its citizens. Guinea's system of governance must evolve so that it directly incorporates the participation of citizens into decision-making processes and transparent selection of leaders. Equally, Guinean civil society is often at a loss as to how and when to engage the government and make its needs understood in an organized and civil fashion. USAID support will be tailored to address the root causes of performance gaps, with a focus on the provision of health services.

To this end, activities may include: human, institutional and systems capacity building (pre- and in-service training, technical assistance to support key national and local institutions as well as civil society and the establishment of partnerships with diaspora and/or international experts), and support to GOG quality improvement efforts.

The Mission is working with Guinea’s Agriculture and Veterinary University as well as four National Schools of Agriculture and Livestock and the National School of Forestry to upgrade management, systems, curriculum, and other aspects of institutional capacity. The Mission provides technical assistance through the US Department of Treasury to the Ministry of Finance to improve policies and regulations affecting the performance of the Ministry. Assistance includes improving the overall debt management coordination process. This program specifically targets the debt management process between the National Directorate of Debt, the Ministry of Finance, the Guinea Public Treasury and the Central Bank. USAID supports an interconnection project between the Central Bank, the Customs National Directorate, the Taxes National Directorate, and the Treasury National Directorate. This project will establish a plan to communicate tax and customs payment information in real-time via an Information Communications Technology solution. USAID supports also the GOG English Language Center (CELA), to provide English language tools to selected government officials. These institutions are critical to evidence based policy decision making in the economic growth sector in Guinea.

IR 2.2: Conflict Prevention and Mitigation Promoted in the Forest Region

This IR has three Sub-IRs:

- Sub-IR 2.2.1: Peace Building Practices Expanded
- Sub-IR 2.2.2: Shared Values Developed
- Sub-IR 2.2.3: Youth and Women’s Networks Increase their Knowledge of Conflict Management Techniques, Human Rights, and Civic Responsibilities

This Intermediate Result is critical to the achievement of DO2. Strong governance and economic processes require peace, which in turn requires good conflict prevention and mitigation practices. It is USAID/Guinea’s belief that if key actors and enough individuals on all sides of the conflict discover shared values and multifaceted complex identities, including constructive in-group self-esteem, then inclusive broader “value identities” that unite groups will form and multiple aspects of identity that provide cross-cutting ties will become salient, providing a basis for constructive conflict engagement together and reducing intergroup conflict.

Recurrent clashes in the forest region, the natural region that encompasses Guinea’s second largest city, N’Zérékoré, and much of the nation’s mineral wealth, have become a deep source of concern over the course of the past several years. The region is home to 25 percent of Guinea’s population, and is critical to the country’s development. As well as fertile agricultural lands, it is home to one of the world’s richest deposits of iron ore. Despite this, the forest region has the highest incidence of poverty in the country. Two-thirds of its residents live below the poverty line, and unemployment is stubbornly high, estimated at 15.6 percent against the national average of 9.1 percent. This perceived injustice of living in extreme poverty amidst natural richness drives grievances among many of the region’s residents. In the forest region it is perceived that high unemployment leaves youth vulnerable to conscription both through formal and informal ties, making them simultaneously victims and perpetrators within the violence.

Perceived injustice, differences along cultural lines, and the scarcity of formal-sector opportunities have led to an atmosphere in which political and economic success is seen as a zero-sum game in

which identity groups compete to capture scarce resources. This perspective has been divisive throughout Guinea, and characterized national-level politics and regional tensions. Given the levels of mistrust and division within Guinean society, as well as a weakened state with limited resources to mitigate conflict in one of the hot zones of the Ebola crisis, USAID proposes to respond to the conditions on the ground and seeks to change the animosity at play in the forest region.

Youth and Gender

Through women and youth networks, USAID will ensure that women's groups and leaders are engaged in dialogue and collaborative activities alongside their male youth counterparts, and encourage participants to reflect upon the unique roles that networks of women leaders can play – for example in traders' and market associations, mutual support societies, etc. in reinforcing peace. USAID will also encourage collaborative activities that promote gender awareness, and through dialogue and outreach activities, will ensure that issues affecting women in particular are addressed. Additionally, given a media landscape in which women are frequently marginalized or relegated to reporting on "women's issues," USAID will work to encourage women's participation not only as guests on the conflict prevention and mitigation program, but also in the design, production and implementation of the program.

IR 2.2 and Sub-IR Level Indicators

USAID/Guinea proposes to assess progress towards achievement of IR 2.2 by adopting the following indicators:

- Number of community interventions to prevent violence and promote constructive conflict engagement held by local leaders and associations
- Number of interactions between various communities held to reinforce constructive conflict engagement and common identity
- Number of shared economic interest activities held by communities from different ethnic groups
- Number of individuals trained in conflict mediation/resolution skills or consensus-building techniques with USG assistance (Disaggregated by sex)
- Number of consensus building processes assisted by USG (Disaggregated by sex, based on leadership)
- Number of organizations receiving capacity building and financial support to engage in citizen outreach

Sub-IR 2.2.1: Peace Building Practices Expanded

USAID Guinea will engage with local partners and the communities from bottom up to top down levels to analyze recurrent conflicts context, underline their causes, provide new resources to the conflicting parties and contribute to transform a conflicting environment into a space of trust, where people can safely explore new ideas toward a better social cohesion, develop respectful relationships, and then work together to build sustainable peace and development through potential economic gains related to the extractive industry and other economic opportunities in the Forest Region.

Sub-IR 2.2.2: Shared Values Developed

In the forest region, there are few overlapping identities, and as a result violence occurs along ethnic, political, religious and economic lines. The widening generation gap has also contributed to heightening tensions and is detrimental to peacebuilding efforts. Widespread economic depression—coupled with political repression—has left the government with little capacity to mediate or mitigate conflict in the region. USAID will collaboratively work with local and national stakeholders to promote public attitudes favoring tolerance, reconciliation, and nonviolent communication and conflict resolution to establish dialogue between communities in order to explicitly facilitate a shared identity among ethnic/religious groups. This will be accomplished by bringing groups together in the name of violence prevention and will be reinforced by jointly-identified shared value systems by creating and identifying opportunities for unity, tolerance, violence-free environment, social cohesion and solidarity in common shared interests such as self-help projects.

Sub-IR 2.2.3: Youth and Women’s Networks Increase their Knowledge of Conflict Management Techniques, Human Rights, and Civic Responsibilities

USAID Guinea will specially focus on youth and women issues by engaging networks of locally youth-and-women led NGOs to design and decide together how best to focus activities and proactively prevent conflicts so as to help address social injustices that affect youth and women, before people see violence as their only option for change, through human rights education, civic engagement, and advocacy by the means of public outreach and/or the Media.

IR 2.3: Agricultural Education and Rural Micro-Enterprises Strengthened

This IR has three Sub-IRs:

- Sub-IR 2.3.1: Access to Finance, Business Education, and Training Opportunities Increased
- Sub-IR 2.3.2: Agricultural Education Strengthened
- Sub-IR 2.3.3: Small and Micro Enterprises Strengthened

USAID/Guinea is in the early stages of developing a new multi-year agriculture and nutrition program to be funded by the Bureau of Food Security (BFS). This strategy will be developed based on the results of an agriculture sector assessment that was recently conducted by BFS. This IR will be modified as needed after the development of this new strategy.

Guinea has a very well-endowed natural resource base and a “low risk” agricultural sector with abundant rainfall and arable land suitable to a wide variety of agricultural production systems. In this context, strong economic processes will inevitably lead to economic growth, which requires effective agricultural institutions to implement good practices.

Investment in agricultural and NRM education by government and development partners has been steadily declining in Guinea for more than a decade. Guinea’s national agriculture university (ISAVF) has not been able to keep up with the needs of the agriculture sector due to isolation and attrition of senior faculty due to retirement. There is a strong desire and need to increase enrollment and to update and increase its offerings to address the challenges facing the sector today. This gap

in capacity affects both the public and private sector and is already limiting all collaborating stakeholders' ability to turn sustainable agriculture plans into actions.

The banking sector in Guinea is predominantly composed of foreign owned commercial banks that provide short term loans at high interest rates of up to 20 percent. Although there is significant demand for finance from the private sector, the majority of banks are extremely conservative in their lending practices. There is also an unfamiliarity of application to loan and processes among applicants due to low education levels. In order to improve the economic sector, there is a need to allow Small and Medium Enterprises to have the opportunity to grow with access to an affordable credit and financing.

Youth and Gender

Guinean women face many difficulties within the agricultural economy that impact incentive systems for both improved farm management and climate change adaptation. According to USAID's 2004 Guinea Agricultural Sector Assessment (GASA), 51.6 percent of Guinea's rural population is female. Of these women, 62.6 percent list farming as their primary economic activity, but women are the managing or lead farmer in less than 6 percent of Guinean farms. Compounding the effect of this disparity is the increasing rate of rural to urban migration by male family members and the resulting increased share of agricultural production left to women. However, these women do not experience a complementary increase in authority over land use and other production decisions.¹⁴

Agricultural and natural resource management education investments have steadily declined in Guinea over the past decade, reducing opportunities for both men and women. Of Guinea's existing cadre of trained researchers in this area, 38 percent had postgraduate degrees in 2008 (only 18 percent had PhDs). ISAVF remains the only functioning Guinean agricultural university and the majority of Guinea's senior research staff studied in former communist countries.¹⁵ Women are disproportionately affected, accounting for an incredibly low proportion of both senior researcher and PhDs (0.2 Full-Time Equivalent women vs. 34.3 men in 2008).

USAID has initiated a few initiatives for young women in the vocational, agricultural education and micro-enterprise sectors throughout Guinea to enhance their ability to participate more fully and productively in community life.

IR 2.3 and Sub-IR Level Indicators

USAID/Guinea proposes to assess progress towards achievement of IR 2.3 by adopting the following indicators:

- Number of institutions with improved capacity to address Climate Change issues as a result of USG Assistance
- Number of SMEs (excluding farms) or Civil Society Organizations (CSOs) engaged in production of goods or provision of services now operating more profitably (at or above cost) because of USG assistance

¹⁴ ARD-RAISE Consortium, Guinea Agricultural Sector Assessment (GASA), July 30, 2004, p. 44.

¹⁵ Agricultural Science & Technology Indicators, facilitated by IFPRI. Country Note Guinea, May 2010.

- Number of people implementing risk-reducing practices/actions to improve resilience to climate change as a result of USG assistance
- Number of private enterprises, producers organizations, water users associations, women's groups, trade and business associations, and community-based organizations (CBOs) that applied improved technologies or management practices as a result of USG assistance
- Number of research or higher education institutions using climate information in their decision-making related to curriculum and research agenda development
- Increase in the number of ISAVF faculty engaged in formal collaborative partnerships with "client" stakeholders

Sub-IR 2.3.1: Access to Finance, Business Education, and Training Opportunities Increased

In response to the access to finance, USAID Guinea developed an initiative to support access to finance through a five year Development Credit Authority (DCA) guaranty program to enhance economic activities in Guinea. The initiative is a 50 percent loan portfolio guaranty that leverages \$5,000,000 in capital to the benefit of Guinean SMEs through a local commercial bank, one of the most dynamic banks in the region, as a financial partner. The guaranty will position the bank to increase its lending to borrowers in the agriculture, SME (non-petroleum) and microfinance institutions. USAID anticipates that as a result of this intervention, the number of borrowers with positive credit histories will be increased and have an indirect influence of creating a more brisk environment for commercial banks. The success of this guaranty may also encourage more commercial banks to lower collateral requirements.

Under this Sub-IR, USAID has also designed the Young Women's Vocational Training Initiative to promote the empowerment of women and girls by increasing their participation in economic and social modes of life by investing in skills based vocational training.

Sub-IR 2.3.2: Agricultural Education Strengthened

Agriculture education, training and research institutions need increased capacity to respond to growing needs of farms and agricultural enterprises in the face of shifting markets and climate change.

USAID supports an activity that strengthens the institutional base for developing Guinea's human capacity in agriculture and natural resource management. The major focus of work is to strengthen ISAVF programs and their support to overall agricultural development in Guinea. Additional assistance supports training at five certificate level agricultural training centers in throughout Guinea. Moreover USAID's support promotes a responsive and iterative relationship between agricultural institutions and the communities they serve, including the private sector.

USAID's support to integrating climate change into agricultural education, training and research includes both upstream (policy, planning, etc.) and downstream (more effective community engagement in and management of adaptation plans and processes) impacts. It provides USAID

with the opportunity to work on the practical integration of climate change with agriculture on an institutional level.

Sub-IR 2.3.3: Small and Micro Enterprises Strengthened

USAID supports microenterprises in the Fouta Djallon region of Guinea with technical assistance on production and marketing, access to credit and business development and governance. This activity works directly with targeted microenterprises with particular emphasis on microenterprises owned by women to increase their productivity, capacity for value addition, assist them to access new markets and improve their management structures and practices. A key component is also access to and management of credit for investment in their businesses.

Overall Impact during the Strategy Period

USAID/Guinea will have promoted democratic governance reform in Guinea especially in the health sector. USAID does not expect Guinea to transition from a fragile to an emerging development state in just five years. However, by the end of the strategy period USAID/Guinea does expect to see governance reforms in the health sector, alleviating some of the conditions that could lead to conflict in Guinea, providing a springboard for broader reforms and greater likelihood that Guinea will transition to an emerging development state.

By the end of this five-year strategy, the GOG will have made progress in creating a functioning health system for procuring and distributing health commodities, and improved malaria prevention and treatment services. There will be more public scrutiny of health budgets and expenditures. Due to USAID's MCH interventions, there will be significant reduction in maternal and child morbidity and mortality. The National Malaria Control Program's technical capacity will be enhanced to plan, design, manage, and coordinate a comprehensive malaria control program.

USAID/Guinea will have improved the performance of targeted government institutions; increased the knowledge and capacity of Guinean civil society and provided the technical know-how and political pressure necessary to improve government transparency, accountability, and effectiveness, particularly in the health sector. Members of targeted CBOs will understand their rights to health services, their rights and responsibilities with regard to access to quality health services, and their roles as citizens, especially in a situation of transition to democracy. They will have the confidence to effectively use health services and have the means to monitor the quality of their health centers. They will have learned how to interface with authorities and participate in political life. Civil society at two levels—community based organizations and national CSOs—will have actively advocated for GOG reforms in the target sectors.

Political parties will have more issue-based platforms and more women and youth representations. Local and presidential elections will have been carried out with more transparency than before, resulting in greater public confidence and participation in elections. USAID/Guinea believes these targeted reforms will contribute to creating a more stable environment in Guinea to avoid conflict and pave the way for eventual transformational development.

There will be expanded business investment opportunities, increased employability and employment for women in targeted sectors, improved quality of agricultural education and increased integration

of Agricultural Education and Training institutions, public and private sector agricultural development plans and needs. There will be sustainability of targeted microenterprises and increased knowledge and integration of Global Climate Change topics into agricultural education and planning.

MONITORING, EVALUATION, AND LEARNING

The Mission will improve upon its current M&E procedures in order to better inform programming and management decisions that are rooted in hard evidence. The General Development Office will be responsible for tracking key performance indicators across all USAID/Guinea-supported activities while working with the M&E point of contact in the Program Office on developing the Performance Monitoring Plan and conducting DQAs. (See Mission Orders on Monitoring, Evaluation, and Portfolio Reviews.)

To the extent that the Mission works through its IPs on policy reform at the national and local level of government, M&E training and skills transfer will be included in activity designs in order to foster an evidence-based policy environment throughout the GOG. Evaluations will be planned for USAID pilot interventions and large projects (relative to the portfolio) and in partnership with the concerned government partner.

As noted in the discussion above, the Mission intends to measure achievement of the CDCS goal and objectives through use of the illustrative indicators and evaluation questions presented below:

CDCS Goal: More Participatory Governance for a Healthier Guinea

- Human Development Index Score
- Maternal Mortality Ratio (F indicator)
- Under-Five Mortality Rate (DHS indicator)
- Citizens perception of democracy (Afro Barometer survey) or Freedom House civil and political liberties index

DO 1: Utilization of Quality Health Services Increased

- Modern method contraceptive prevalence rate
- Percent of births attended by a skilled doctor, nurse or midwife in a health facility
- Proportion of women who received Intermittent Preventive Treatment (IPT) during Antenatal Care (ANC) visits during their last pregnancy
- Number of laws, policies or procedures drafted, updated or adopted to promote health equity at the local, regional or national level

IR 1.1: Delivery of Quality Health Services Improved

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- Number of women giving birth who received uterotonics in the third stage of labor through USG-supported programs
- Couple Years Protection in USG supported programs
- Number of fistula surgeries performed due to assistance from USG
- Number of artemisinin-based combination therapy (ACT) treatments purchased with USG funds
- Percent of newborns receiving postnatal health check within two days of birth
- Percent of health facilities with an integrated package of health services
- Percent of health facilities with adequate/functioning referral system

IR 1.2: Healthy Behaviors & Demand for Quality Health Services Increased

- Proportion of target audience that reports confidence (self-efficacy) to access and use health products and services
- Percent of uptake of health services after participating in or being exposed to SBCC messages
- Percent of audience who recall hearing or seeing a specific USG-supported FP/RH message (Disaggregated by sex)
- Percent of audience who recall hearing or seeing a specific USG-supported malaria prevention message (Disaggregated by sex)
- Percent of audience who recall hearing or seeing a specific USG-supported RMNCH message (Disaggregated by sex)
- Number of health messages disseminated through any communication channel (radio, TV, mobile technologies, small and large group discussions etc.)

IR 1.3: Health Systems Strengthened

- Percent of USG-assisted service delivery points (SDP) that does not experience a stock out at any time during the reporting period of a contraceptive method; malaria medicine/commodities; delivery kits, that the SDP is expected to provide
- Number of health service providers and community health workers trained in malaria, FP and or MCH (Disaggregated by sex)
- Number of technical assistance targeting health institutions for policy development/update, programmatic and budget planning at national, regional or local level
- Percent of health districts timely reporting to the central level

DO 2: Democratic Governance and Economic Processes Strengthened

- Number of Executive Oversight Actions Taken by Legislature
- Number of political parties receiving U.S. Government assistance to help them develop more programmatic platforms and policy agendas
- Number of government institutions receiving USG assistance that improve their governance
- Number of CSOs receiving USG assistance engaged in advocacy interventions

- Number of farmers and others who have applied new technologies or management practices as a result of USG assistance

IR 2.1: Transparent, Competitive, Accountable Governance Strengthened

- Number of party agents trained with USG assistance (Disaggregated by sex)
- Number of individuals who receive USG-assisted political party training (to enhance the participation of women and youth in political parties) (Disaggregated by sex)
- Number of sub-national entities receiving USG assistance that improved their performance
- Number of USG-assisted government institutions that apply new methods to improve their governance
- Number of political parties implementing initiatives to increase the number of candidates and/or members who are women, youth and from marginalized groups
- Number of political parties that develop more programmatic platforms and policy agendas
- Number of sub-national entities receiving USG assistance that improved their performance

IR 2.2: Conflict Prevention and Mitigation Promoted in the Forest Region

- Number of community interventions to prevent violence and promote constructive conflict engagement held by local leaders and associations
- Number of interactions between various communities held to reinforce constructive conflict engagement and common identity
- Number of shared economic interest activities held by communities from different ethnic groups
- Number of individuals trained in conflict mediation/resolution skills or consensus-building techniques with USG assistance (Disaggregated by sex)
- Number of consensus building processes assisted by USG (Disaggregated by sex, based on leadership)
- Number of organizations receiving capacity building and financial support to engage in citizen outreach

IR 2.3: Agricultural Education and Rural Micro-Enterprises Strengthened

- Number of institutions with improved capacity to address Climate Change issues as a result of USG Assistance
- Number of SMEs (excluding farms) or Civil Society Organizations (CSOs) engaged in production of goods or provision of services now operating more profitably (at or above cost) because of USG assistance
- Number of people implementing risk-reducing practices/actions to improve resilience to climate change as a result of USG assistance
- Number of private enterprises, producers organizations, water users associations, women's groups, trade and business associations, and community-based organizations (CBOs) that applied improved technologies or management practices as a result of USG assistance

- Number of research or higher education institutions using climate information in their decision-making related to curriculum and research agenda development. Individuals who have received USG supported short-term agricultural sector productivity/food security training (disaggregated by sex)
- Increase in the number of ISAVF faculty engaged in formal collaborative partnerships with "client" stakeholders

Evaluation Questions:

1. To what extent have data collection and reporting procedures improved in targeted health system chains of reporting as a result of US government-funded activities?
2. To what extent do targeted institutions show improved governance in public services delivery through more transparency and accountability?

Understanding that “improved governance” illustrates a level of quality and may be difficult to measure, a standard diagnostic tool will be used to measure “quality” across various components of governance, factoring for variables such as a score on an external audit-participatory budget preparation process, client satisfaction, etc.

These questions assume that USAID has addressed governance constraints as a result of demand articulated by citizens due to their effective participation in political and social decision making processes to ensure competition and accountability and good health practices. USAID will then track utilization of health services; issue-based election of local leaders; delivery of quality health services; transparent management of health services.

3. To what extent are targeted USAID-supported, national-level policy changes having their intended effect?

This question assumes USAID will implement activities focused on a national-level policy change that can be rigorously monitored and evaluated with support from USAID. Improved M&E of national policies will encourage Guinean policy-makers and leaders to make more evidence-based policy decisions going forward. USAID will then track not only the number of policy changes with USG support but the number of those policy changes were monitored and/or evaluated according to standard monitoring procedures.

4. To what extent did Guineans perceive that their health status improved as a result of health reforms due to USAID interventions?
5. To what extent has improved and increased media coverage (radio, T.V., periodicals, internet) of elections improved information regarding the electoral process, pre- and post-election?
6. To what extent conflict in the Forest Region has decreased?
7. To what extent rural micro-enterprises have sustained their activities?

Collaboration, Learning & Adapting (CLA)

Collaboration on projects and activities supporting the Mission's overall Goal and DOs will be instrumental in reaching the expected results of the multi-sector governance approach. The Mission will reach out to private sector actors in Guinea (namely within the mining sector) who share common interests in seeing local-level development in communities surrounding various investment projects coming on-line. The opportunities for collaboration with private sector companies are numerous as many communities will want to see concrete gains from increased investment activity in their proverbial "backyard". Reaching a common understanding of the responsibilities of national and local government versus responsibilities of private sector investors will be crucial in creating realistic expectations while ensuring broad based and sustainable development outcomes in effected communities. The Mission will also collaborate with other donors such as the World Bank (with its Village Communities Support Project) who have a history of implementing projects that focus on strengthening governance and civil society at both the national and local level in Guinea.

In an effort to become a more effective Mission and in recognition of the ever-changing political and socio-economic landscape in Guinea, USAID/Guinea will adopt a learning approach by not only integrating high quality evaluations at the DO and IR-level, but by also placing a strong emphasis on project and activity monitoring. This will involve increased site visits by technical team leaders and a continuous feedback loop via commitment to quarterly meetings with Chiefs of Parties to review quarterly reports and note any needed course corrections.

By testing different project implementing approaches, the Mission will adapt, understanding that unexpected outcomes will occur and new information may call for numerous iterations to inputs that will affect project and activity outcomes. This will require close coordination among offices within the Mission, including the General Development Office, the Program Office, and the Contracting Office. The Mission believes that by allowing for greater flexibility in amending project designs and the use of different procurement instruments, there is also a greater likelihood of achieving development targets under this five-year strategy.

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