



## OVERVIEW OF Guinea

### Overview of Guinea



YEAR OF  
**1958**  
INDEPENDENCE



**47%**  
Population  
**BELOW**  
poverty line

**Languages** French, and three major ethnic groups (Peuhl, Malinke and Soussou) with their own language

**Under-five Mortality Rate:** 126 per 1,000 live births. Guinea ranks 12 in the world.

**Human Development Index (HDI)** for 2012: 0.355 (ranked 178 out of 187, indicating low human development).

### Brief History of ChildFund

**ChildFund came to Guinea: 2005**

**Number of states/provinces, etc.: 7 provinces-2 sponsorship/grants funded zones; 5 grant exclusive funded zones**

**Number of enrolled children FY13: 7,774**

**Number of participants FY13: 923,927**

ChildFund started its operations in Guinea in 2005, in response to the poor living conditions of children caused by the political, economic and social realities in the country, coupled with the civil unrest in the neighboring countries of Liberia and Sierra Leone at the time.

Since 2005, Guinea has experienced intensive political and social crises that have caused human and material casualties in the capital Conakry and other regions of the country. These crises have derailed the socio-economic development of the country coupled with generating insecurity. However, after the legislative election in September 2013, a sense of hope that things will turn out alright has been restored in the population.

ChildFund Guinea is partnering with two Federations (local organizations), Denkadi in the province of Dabola and Mounafanyi in the province of Kindia, to implement its sponsorship funded programs

## Brief History of ChildFund in Guinea (continued)

in 19 communities in these intervention areas. During FY13, ChildFund Guinea had a total of 7,774 enrolled children in 16 communities in the two Sponsorship program areas of Kindia and Dabola.

In addition to Kindia and Dabola, ChildFund Guinea is also having a significant impact on the lives of the population in five other provinces—Pita, Telemele, Mamou, Faranah and Dalaba—through the implementation of the Malaria Project financed by Global Fund.

ChildFund Guinea has implemented programs focusing on the three life stages (children ages 0-5; 6-14; and youth 15-24). ChildFund's interventions focus on education, health, youth, water, sanitation, livelihoods, food security, and capacity building, and benefit about 923,927 participants living in the covered areas.

## Brief Program Overview



According to the Poverty Reduction Strategy Paper (PRSP-2, 2007-2010) nearly half of the population (49.2%) lives below the poverty line (387,692 FG (\$196USD) per person per year). Among these, 19.1% live in extreme poverty, having an income below 228,900 FG (\$116 USD) per person per year. National statistics show that poverty is worse in Upper Guinea, at 29% (Middle Guinea and Lower Guinea rates are 28% and 17%, respectively).

After an in depth exploration of children's experiences of poverty, ChildFund Guinea prioritized in its strategic plan: community health issues for young children and mothers, access to quality ECD centers and schools for young children, employability for young people, improvement of local community protection measures, environmental protection, and mainstreaming awareness raising and prevention against STDs, HIV and AIDS.

To ensure an effective realization of these objectives, communities incorporate capacity building in program development. Further, resource mobilization and management, good governance, monitoring and evaluation, and policy influencing have been undertaken. A dynamic collaboration with the public services (Education, Health, Protection, Youth, Women Development etc.) and local government has been formed and strengthened. Starting in 2013, a greater focus will be placed on program alignment and efficient implementation of core programs to contribute to the realization of our core outcomes.

ChildFund Guinea is diversifying its financial resources to strongly support the strategic actions defined. ChildFund is endeavoring to strengthen its capacity to identify donors and become familiar with their rules and regulations for significant grants acquisition. Moreover, a sponsorship quota increase coupled with sponsorship management improvement initiatives will lead to stabilization and operational improvements which will increase the organization's capacity to deliver quality services to the deprived, excluded and vulnerable children of Guinea.

# 2013 Program Achievements

## Healthy and Secure Infants

Programs for this age group promote health and nutrition as well as emotional and mental stimulation to prepare children to succeed in formal education. In FY13, ChildFund Guinea's programs for children ages 0 to 5 achieved the following results:

**Early Childhood Development (ECD)** – Constructed two ECD centers and equipped them with playgrounds; enrolled 211 children in the newly constructed ECD centers in Lifra (Dabola area) and Madina Oula (Kindia area); trained 57 ECD monitors in early childhood friendly learning methods through the utilization of toys; equipped 29 ECD centers with toys and playing materials for creative activities; monitored public and private ECD centers to ensure compliance with standards; provided guidance to 995 children, including 510 girls, on techniques for using toys, graphics, pre-math and reading; provided school uniforms to 700 children, including 350 girls, from very poor families; and assisted 861 children with obtaining birth registration.

**Health and Nutrition** – Constructed a health center to meet the basic health needs in the community; assisted 11 Technical Health Workers with obtaining refresher training from the Health Department in Kindia and Dabola; used rural radio broadcast services to support immunization campaigns, reaching approximately 150,300 people; conducted awareness raising activities through mass meetings and door-to-door in villages on topics related to reproductive health and child nutrition; trained 215 women on preparing nutritious foods from local sources; and provided 1,450 long term treated mosquito nets to pregnant women and children ages infant to 5 years in 16 communities in the Dabola and Kindia areas.

**Water and Sanitation** – Provided water purification “Sur Eau” solutions and chlorine to 3,300 families and constructed 70 latrines in communities, benefiting 350 people.

## Educated and Confident Children

ChildFund Guinea's programs for children aim to improve education and child protection in communities and encourage children's participation in development. In FY13, the following results were achieved:

Enhanced technology skills of 60 children by providing training in Microsoft Office software and using the Internet;

Provided school supplies (notebooks, chalk, school bags, pencils, mathematical sets, slates, erasers, rulers) to 1,000 children;

Assisted the Tinkisso Cultural Arts Group with developing children's artistic skills and organizing cultural clubs; these clubs provided awareness sessions for parents on responsible behavior, citizenship, hygiene/sanitation and conflict management; and

Coordinated and organized activities, to revitalize seven school governments.

# 2013 Program Achievements (continued)

## Skilled and Involved Youth

ChildFund Guinea's youth programs focus on increasing youth capacities and strengthening their involvement in their local communities. These programs also aim to address gender issues, including the socioeconomic status of young women. In FY13, the following results were achieved:

- Provided training to 35 youth (school drop outs or not enrolled in education) in petty trading;
- Sponsored a youth advocacy event;
- Organized 16 community awareness sessions on domestic violence, GBV and protection and provided awareness raising materials to one youth counseling association (CECOJE);
- Trained 25 youth in citizenship and 98 youth from the Kankama Arfamoussaya community on entrepreneurship;
- Sponsored training on the prevention of HIV and AIDS for 1,500 young people and their parents;
- Provided materials such as wheelbarrows, shovels, uniforms, helmets and gloves to the Heremakono community youth associations (to support their hygienic and sanitation activities);
- Constructed and equipped two youth centers in Kankama and Fadama;
- Trained 16 youth organizations in governance, financial management and advocacy; and
- Promoted civic engagement, by supporting youth association participation in the municipal/local community council, decision making meeting.

## Families networked for an enabling environment and institutions and societies mobilized for child wellbeing

- Provided livestock (sheep) for breeding as a seed capital to 135 families in extreme poverty;
- Equipped 20 vulnerable families in the Heremakono, Kankama, Arfamoussaya and Felia Hamdalaye communities with latrines;
- Provided a food processing machine to women in the Heremakono community to reduce domestic charges; and
- Enhanced collaboration with academic and professional institutions at the Prefecture of Kindia.

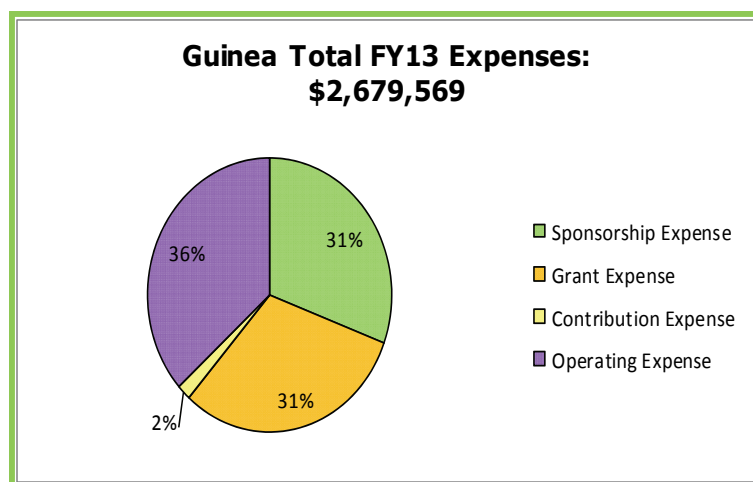
# 2013 Program Achievements (continued)

## Governance and Institutional Development

To encourage and support greater local ownership and improve sustainability of child protection and child development interventions in the communities, ChildFund Guinea is constantly strengthening local partners' capacities to manage projects. In FY13, the following results were achieved:

- Trained all staff of the Local Partners of the Mounafanyi and Denkadi Federations in child protection, governance, financial management, facilitation techniques, advocacy, capitalization, project management, project proposal writing, monitoring and evaluation and disaster risk management;
- Trained Local Partner association leaders in leadership and good governance; and
- Organized two experience sharing visits for the Federations in Kissidougou and Timbi Madina.

## Financial Report



| <b>Guinea FY13</b>   |                  |             |
|----------------------|------------------|-------------|
| Sponsorship Expense  | 822,561          | 31%         |
| Grant Expense        | 825,664          | 31%         |
| Contribution Expense | 49,066           | 2%          |
| Operating Expense    | 982,278          | 37%         |
| <b>Total Expense</b> | <b>2,679,569</b> | <b>100%</b> |

## Challenges

### Issues affecting under 5 children.

The Under 5 Mortality Rate (U5MR) per 1,000 births is 126 (ranking as the 12th highest among 187 countries) and the neonatal mortality rate (the probability of dying the first 28 completed days of life) is 39 per 1,000 births, one of the 15 highest among 187 countries. The main diseases fuelling under 5 mortality are: Malaria 32%, Acute Respiratory Diseases 25%, Diarrhea 15%, Neonatal Tetanus 9% and Malnutrition 6%. The causes of these diseases can be traced to the following issues: (1) poor access to health, water and sanitation services; (2) poor quality of health services; (3) poor access to quality Early Childhood Development (ECD) services; and (4) weak engagement of communities and citizen groups in health sector governance.

# Challenges (continued)

## High deprivation of quality health and water-sanitation services

Even where the infrastructure exists, health services in Guinea are generally of very poor quality.

More than 60% of the qualified health personnel are concentrated in Conakry, the capital city. Further, most health structures, especially in the rural settings, are run mainly by nurses and community health workers. In addition, there are frequent shortages of vaccines and essential drugs and spare parts for the refrigerators. The main reasons for this situation are the following:

- The low governmental subsidy and delay in the payments for health staff.
- The inconsistent allocation of resources with the health priorities: 90% goes to salary and support.
- The lack of transparency in the management of health infrastructure and the lack of maintenance funds, despite the existence of management committees.

The government health personnel lack the motivation and sometimes the skills to provide good, quality services to the communities. In addition, quacks and the illicit trade of counterfeit medications are widespread. Their cheapness and mobility make them more accessible to the families who ignore the incompetence of the quacks and the ineffectiveness of the medications they peddle.

The access of households to drinking water has risen from 51.2% in 1994 to nearly 62% in 2008. In rural areas, the access rate rose from 44.7% to 52.8% during the same period. Regarding access to improved sanitation facilities, 35% of the households have and use hygienic latrines and 28% use the traditional types of latrines that do not have any hygienic guarantee, whereas 37% of households continue to live without toilets and openly defecate in nature.

## Poor early childhood care and development

Despite poverty, improved early childhood development is starting in some communities. A broad range of actors are involved in the implementation of childcare activities. Key weaknesses result from putting children of different ages together and from inappropriate child development expectations, e.g., in some centers children are expected to learn to read and write, instead of the more appropriate developmental activities for their age. Despite experiencing difficulties, other centers are showing that empowerment and community ownership are improving. One of the most important issues to be addressed is the lack of a well-designed pre-school policy at the national and local levels.

## Issues affecting school aged children and youth

Guinea's main demographic characteristics are the high percentage of children (45% of Guineans are under 15 years of age) and the fast demographic growth rate (2.80% yearly). This represents a big challenge for education service provision, school infrastructure in particular, as well as for preparation for future employment. Consequently, the unmet demand for primary and junior secondary education is enormous.

Only around half of Guinea's school-aged children attend primary school. Moreover, recent studies revealed that three out of four adults in Guinea are illiterate. The internal efficiency of basic education in Guinea is very low. The principle challenges to education in Guinea, and particularly within Upper Guinea where ChildFund Guinea operates, may be analyzed in terms of:

- Poor families being overwhelmed with the costs of education;
- Poor quality of the education system for school-aged children; and
- Poor access to adolescent reproductive health services and information.

# Challenges (continued)

## Poor families being overwhelmed with the costs of education

According to a recent HDI/UNDP report, 40% of Guineans live below the national poverty line. Civil servants and government contractors receive an average monthly salary of USD \$80. The average yearly rice harvest of a peasant family in Guinea accounts for approximately USD \$300.00. As a result of this poverty, many parents and caregivers cannot bear the costs of sending their children to school, keeping them there and ensuring they complete the 10th grade of junior secondary education (basic education). The costs of education, direct as well as indirect, remain a huge obstacle to educational access and retention:

- Direct costs are those that cover books, uniforms, transportation, school fees and other expenses. A rough estimate totals to an average of USD \$50.00 per child per year.
- Indirect costs or opportunity costs refer to the financial loss families experience by the loss of manpower due to their children attending school. Farming and other livelihood chores are done with rudimentary techniques and tools that depend on a high availability of labor. Families are too poor to be able to hire outside labor that may substitute for the labor done by the children.

As a result, families depend on their older children - girls in particular - to tend to toddlers, fetch water, find firewood and do other household chores. While children attend school, these unperformed tasks are perceived as lost opportunities to the families.

## Poor quality of the education system for school-aged children

Despite the notable progress made, access to quality primary education remains a problem, especially for the rural girl child. Although the gender gap in the net primary intake is gradually diminishing, a gap remains between boys and girls in primary school completion. In Upper Guinea, the net enrollment rate is 73.1% for boys, while the rate for girls is only 70.1%. Some attempts have been made to improve conditions for girls in school, but as an example, the curriculum has not been adapted and remains gender insensitive.

Learning conditions are not conducive and lack didactical materials. Only 57.7% of schools offer a full primary school grade cycle. Since many rural communities do not have a school, some urban area schools must tolerate class sizes accommodating 80-100 pupils. All the above negatively affect regular attendance and primary school completion. Only 51.8% of rural schools have latrines or running water, and overall these are not girl-friendly. In addition, distances to school represent a threat to girls' safety.

Guinea has made major efforts to train teachers, but the shortage of teachers in numbers and in capacities is chronic. Teacher supervision and advice are practically non-existent, resulting in unmotivated and unskilled teachers facing large numbers of children in their classes, without the assistance of educational materials or books. Although it is recognized that having female teachers is one of the important factors for increasing girls' enrollment and persistence, approximately 75% of teachers are male and the proportion is even higher in rural areas.

Although vocational education is recognized as a need for youth and the government's latest education plan includes a policy to promote basic vocational training both in rural and urban areas, only a few schools in urban areas (mostly private) offer vocational training. Meanwhile, a wide range of informal vocational education centers offering vocational training for youth are not taken

## Challenges (continued)

into account by the education system and do not receive any support. Today Franco-Arabic schools, also called improved Koran schools, have emerged, many as result of UNESCO, UNICEF or NGO efforts to integrate additional curricula and grading up of pedagogic skills of Islam teachers.

### **Poor access to adolescent reproductive health services**

In Guinea, youth under 20 years of age constitute 56% of the population. Among Guinean youths, there is an increase in early sexual intercourse which leads to unintended pregnancies, STI/AIDS and clandestine abortions. Most girls are sexually active before age 19 and the median age of sexual debut is estimated at 16 years. Currently, 37% of girls 15 to 19 years of age are already at least a mother or pregnant. Presently, the situation becomes more alarming with reported cases of unintended pregnancy at the primary school level. Also, the Irish Aid funded project's final evaluation, has revealed cases of young mothers (under 18), who are facing serious issues like being ousted from the family home.

The high fertility rates and low contraceptive use in Guinea are attributable to several factors including a lack of information about family planning methods, prevailing socio-cultural and religious norms, and poor quality of and access to family planning services. For women, lack of education and low literacy rates (27% adult female literacy rate), early marriage, and traditional preference for large families are barriers to the use of family planning.

### **Children at risk and the quality of the informal education sector**

There exists a number of networks for child trafficking and exploitation with proliferation into neighboring countries. In 2003, a survey conducted by the ministry of Social Affairs revealed that 76% of trafficking victims are boys, the average age is 15 years, and 79% are not in school. In country, child trafficking supplies the workforce for street food vendors, maids and traditional mining. Guinean child-traffickers also supply neighboring countries in the sectors of prostitution, pedophiles, illegal adoption and enrollment as child soldiers.

Children remain very vulnerable to accidents and disease due to female excision, poor family controls, under/malnutrition, forced and early marriages and unwanted pregnancies. Also, children who migrate to urban centers are often obliged either to commit small crimes (stealing food) or accept to work, given that it is extremely hard to meet their daily needs.

### **Youth and child participation**

Youth and children in Guinea are always kept in the background in matters concerning the development of their own communities, even when it pertains to matters concerning them exclusively.

Guinean children generally have very limited access to information such as Child Rights, health, education, environmental protection, and about events outside their own immediate neighborhood.

The case is particularly pathetic for children who might live through adolescence without traveling beyond their district, reading a newspaper, listening to a radio or seeing a television set. Because they have traditionally been kept in the background, many children lack communication skills and grow up as timid and quiet adults who cannot express themselves well and dare not express themselves outside their family or community. Listening to children and respecting their opinion is a revolutionary idea for many people living in Guinea. But it is becoming a reality, as evidenced by the establishment of the Children's Parliament and other children's organizations and youth clubs. The existence of children's and youth's associations and their training in structuring, democracy, citizenship and interaction will permit these children and adolescents to express themselves and participate actively in the development of their communities.



# Why Sponsorship is Important



Sponsorship is perceived by the communities as a means of holistic development and social inclusion for excluded, deprived and vulnerable children. It is the primary means for mobilizing parents around child protection measures at the community level.

The implementation of many child development projects through sponsorship have made available infrastructures like ECD centers, primary schools, hospitals, and youth centers in the communities. And, sponsorship has brought significant changes in the lives of children.

It also allows the community to understand the importance that sponsors give to the protection of children. Sponsorship has become both a child protection system and the fight against poverty. In the Arfamoussaya and Haut Tamisso communities, the following results amplify why sponsorship is important:

- The provision of school supplies to facilitate learning for orphan children in Arfamoussaya community, through the financial support of a sponsor;
- In Arfamoussaya, most of the orphans have difficulty obtaining school materials such as books and uniforms to enable them to have the same learning conditions as children with parents.
- The renovation of a primary school in Saferin in Haut Tamisso community through the financial support of another sponsor.

Before the renovation of the primary school in Saferin, the children used to sit in a very old school building that lacked an adequate roof and space. The building had fallen into disrepair and offered a poor learning environment. During the rainy season, the floor would be covered with water due to a flimsy roof. As a result of the renovation, the environment is now more conducive to teaching and learning.