



Convention on the Rights of the Child

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Committee on the Rights of the Child

Combined third to sixth periodic reports submitted by Guinea under article 44 of the Convention, due in 2017*


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Introduction

1. In 2012, the poverty rate in the Republic of Guinea stood at 55.2 per cent. With a human development index of 0.414 in 2015,¹ the country was ranked 183rd out of 188 countries.

2. A study² conducted in 2016 revealed that Guinea has more than 6 million people living below the poverty line. Children are particularly affected by this poverty. Around 60 per cent of children and around 50 per cent of persons between 25 and 34 years of age live in poor households. The poverty rate is almost twice as high among households with children under the age of 15 than among those with no children under that age. Against this backdrop of poverty, basic social services have remained underfunded. During the past six years, an average of only 2.2 per cent of public spending has been allocated to health care. Basic education, and technical education and vocational training, also remain underfunded (receiving 7 per cent and 4.5 per cent of public expenditure, respectively).

3. The period from 2013 to 2016 was marked by the Ebola virus disease epidemic, which had the following effects on basic social services:

- A significant decrease in their use by sectors of the public for whom schools and health centres became places associated with a high risk of infection
- A drop in the availability of services caused by deaths among health-care staff and teachers and school closures to reduce the spread of the epidemic

4. The epidemic also had the following effects:

- The contraction of the labour market, contributing strongly to the impoverishment of the population
- An increase in the vulnerability of children and women affected and/or infected by the epidemic

5. Post-Ebola reconstruction represents an opportunity for the country to invest more and strengthen its basic social services. In accordance with the post-Ebola recovery plan, over one third of the budget (34 per cent) was allocated to promoting the recovery and resilience of the social sector between 2015 and 2017.

6. The present report, which is specific to the Convention on the Rights of the Child and its Optional Protocols, follows the second periodic report of the Republic of Guinea (CRC/C/GIN/2). Rather than repeat information that, for the most part, has already been submitted, it describes the measures taken to implement those recommendations contained in the concluding observations on the initial report under the Convention (CRC/C/15/Add.100, 1999) that have not been implemented or not been sufficiently implemented. It also describes developments in domestic legislation and practice that have taken place since the second periodic report of Guinea was submitted in January 2013 (CRC/C/GIN/CO/2) and provides an update of some statistical data. It consolidates and summarizes contributions from all the ministries concerned with the application of the Convention.

7. Since a common core document drafted in accordance with the general instructions on periodic reports is not available for Guinea, this specific report also provides, as recommended in paragraph 9 of CRC/C/58/Rev.3, some useful background information relating to the Convention and its Optional Protocols that should have been included in the core document.

¹ <http://www.stat-guinee.org/>.

² UNICEF-Republic of Guinea: Situation analysis of children and women in Guinea, October 2016.

I. General measures of implementation (arts. 4, 42 and 44 (6))

(a) Legislation and practice

Reply to the concluding observations made by the Committee in paragraph 12 (CRC/C/GIN/CO/2)

8. The Government has taken several measures to bring its legislation and practice further into line with the Convention and the Optional Protocols. These measures include the enactment of two laws on respect for human rights in general: (i) the Act on Law Enforcement and (ii) the Act on the Organization of the Judiciary. The latter provides for the abolition of the assize court, the establishment of two courts of appeal, the granting of new powers to the courts of first instance and the conversion of magistrate's courts into courts of first instance. In addition to these two laws, the following pieces of legislation have been enacted:

- The Act on General Regulations on Military Personnel (No. 001/CNT/2012), article 39 of which establishes 18 years of age as the minimum age for voluntary enlistment in the armed forces
- Act No. L/2013/01044/CNT of 12 January 2013 on the Special Status of the Police Force
- The Act on General Regulations on Military Personnel and the Code of Conduct of the Defence Forces
- The Code of Military Justice, adopted in 2012
- The Criminal Code and the Code of Criminal Procedure, revised versions of which were enacted in 2016
- The Electoral Code, enacted in July 2017
- The Anti-Corruption Act, adopted in July 2017

9. Furthermore, draft amendments to the following laws have been, or are about to be, submitted to parliament:

- The Civil Code, which was revised in 2016 and submitted to parliament for consideration
- The Act on the Protection of Human Rights Defenders
- The Organic Act on the Supreme Court
- The Local Government Code
- The Parity Act

10. A review of the Children's Code has been initiated with the aim of incorporating the Committee's past recommendations. An initial draft of this version has been submitted for the prior consideration of key State and non-State actors working in the area of child protection.

(b) Comprehensive policy and strategy

Reply to the concluding observations made by the Committee in paragraph 14 (CRC/C/GIN/CO/2)

11. The Government of Guinea, through the Ministry of Social Action, the Advancement of Women and Children's Affairs, reviewed the 2007 National Policy for the Promotion and Protection of the Child and, in 2015, adopted a new policy entitled the National Policy for the Promotion and Protection of the Rights and Welfare of the Child in Guinea. This new policy is in line with the recommendation made in paragraph 14 of the concluding observations on the second periodic report of Guinea. It is the result of a process that began in 2014 with the active participation of key State and non-State actors involved in child protection, including at the community level. The process was led by a

committee made up of representatives of the ministries responsible for protection, health, education, justice, security and civil status, as well as representatives of the United Nations Children's Fund (UNICEF) and the main non-governmental organizations (NGOs) working in the area of protection in Guinea. State and non-State bodies and agencies at the community, prefectural, regional and central levels have actively participated in the process. This new policy will be in place for a minimum of 10 years and is to be implemented through a series of three-year plans. The first three-year implementation plan was formulated in 2016 and covers the period 2017–2019. It focuses on strengthening the community-based child protection system and on developing intersectoral cooperation.

12. The drafting of the National Social Protection Policy was completed in 2016. According to the document in which this policy is set out, social protection is composed of a contributory branch and a non-contributory branch. The non-contributory branch comprises welfare payments, labour-intensive public works, the development of community access to basic social services and activities aimed at reducing poverty and promoting social welfare services for specific vulnerable groups. Child victims of trafficking and/or labour exploitation are considered to belong to these specific vulnerable groups. However, the non-contributory branch is not aimed at these categories of children.

13. Where future developments are concerned, the following measures have been initiated and are in the process of being finalized:

- A national migration policy
- A new version of the Children's Code
- A bilateral agreement between Guinea and Senegal on child protection
- The drafting of a budgeted action plan on combating human trafficking in Guinea

14. The main challenge facing the State is to mobilize the resources needed to implement these policies in a context marked by post-Ebola reconstruction.

Reply to the concluding observations made by the Committee in paragraphs 16, 20 and 22 (CRC/C/GIN/CO/2)

(a) Responsible body, coordination and follow-up on implementation

15. The National Directorate for Children under the Ministry of Social Action, the Advancement of Women and Children's Affairs is the government body with overall responsibility for coordinating the implementation of the Convention and its Optional Protocols. In particular, this Directorate is responsible for determining and implementing national policy on children's rights. It is also responsible for running the Guinean Committee on the Protection of Children's Rights. However, specific issues relating to health, education, security, justice and civil status are the responsibility of other national directorates under other ministerial departments. For this reason, the National Directorate for Children collaborates with these directorates through several intersectoral coordination frameworks. In line with the recommendation made in paragraph 16 of the Committee's concluding observations, the results expected to be achieved under the three-year plan for the period 2017–2019, which forms part of the National Policy for the Promotion and Protection of the Rights and Welfare of the Child, include improved coordination of measures taken to prevent and respond to various forms of violence, exploitation, discrimination, abuse and neglect, including in emergency situations, with the active involvement of the education, health, justice, security, civil status and religious affairs sectors. The plan places significant emphasis on strengthening the capacities of the National Directorate for Children in order to provide effective and sustainable leadership in the implementation of national policy on the protection of the rights and welfare of the child.

16. Where the recommendation contained in paragraph 22 of the Committee's concluding observations is concerned, significant progress has been made in relation to monitoring and, in particular, collecting data on the implementation of the Convention and the Optional Protocols. A number of measures have been taken to collect qualitative and quantitative data relating to the planning, management, monitoring and evaluation of programmes and projects. Such measures include the following:

- In 2015, the establishment of a data-collection system was initiated as part of the response to the Ebola virus disease epidemic. The three-year plan for 2017–2019 provides for the extension of this system to other areas that have not been directly affected by the epidemic. In addition to having its geographical coverage expanded, the system will collect data on other child protection issues, such as female genital mutilation and child marriage.
- The following studies, surveys and evaluations, which were conducted between 2012 and 2017 with the support of UNICEF and several other partners, with the aim of collecting qualitative and quantitative data on the situation of children's rights and the implementation of the provisions of the Convention and the Optional Protocols: (i) the 2012 Demographic and Health Survey and Multiple Indicator Cluster Survey; (ii) a feasibility study on the social and professional reintegration of adolescent girls in Guinea, conducted in 2013; (iii) a study on disparities in the area of education, conducted in 2013; (iv) formative research on diet and nutrition for infants and young children in the regions of Labé and Kankan, conducted in 2013; (v) a study entitled "Towards Universal Birth Registration in Guinea: Analysis and Recommendations for Civil Registration Reform in Guinea for Government and UNICEF", conducted in 2013; (vi) a study on child poverty and vulnerability and proposals for policy responses, conducted in 2014; (vii) a national study on employment opportunities for young persons and women in the mining and agriculture sectors as part of the peacebuilding agenda, conducted in 2014; (viii) the 2014 general population census (General Population and Housing Census, 2014); (ix) the 2015 national survey on nutrition and health, based on the specific, measurable, achievable, relevant and time-bound methodology; (x) a social and anthropological analysis of the determining factors in the perpetuation of female genital mutilation/genital cutting in Guinea, conducted in 2015; (xi) analyses of the situation of women and children, conducted in 2013, 2015 and 2016; (xii) a Multiple Indicator Cluster Survey, conducted in 2016; (xiii) a baseline survey on national mechanisms for combating trafficking in persons and protecting victims, conducted in 2016; (xiv) an assessment of national mechanisms for combating trafficking in persons, conducted in 2017; and (xv) a study of migration profiles in Guinea, conducted in 2017.
- Statistical yearbooks containing data disaggregated by age, gender, area of residence and issue, regularly published by the statistical services of the education, preschool education, health and security sectors.
- Training of a number of key actors in the implementation of the Convention and its Protocols, from the central to the local level, with emphasis being placed on data collection, planning, results-based management and children's rights, including in emergency situations.
- A specific training session on the Monitoring Results for Equity System, organized at a central level in July 2014, with the participation of around 10 focal points from different ministries in order to strengthen the Government's capacity to analyse instances of deprivation and bottlenecks.
- A national workshop on monitoring and evaluating government programmes, with some 40 participants from the central and decentralized levels of the key ministries working in the area of children's rights, organized in September 2014 with the support of UNICEF; this workshop made it possible to relaunch the process of creating a national database of the country's main development indicators, using the DevInfo tool.
- The publication, in 2014, of the results of a study on child poverty and vulnerability, which served as the basis for the drafting of an advocacy document entitled "12 State commitments for the benefit of Guinean Children", signed by the Prime Minister and the Speaker of Parliament in November 2014. Unfortunately, the outbreak of the Ebola virus disease epidemic, which occurred at the same time, abruptly slowed down the momentum generated by this advocacy.

- The testing of a real-time social messaging tool, called “U-Report”, which allows young users of the tool to exchange important information with the Government on pressing issues in their communities.

(b) Budgeting, allocation and management of resources

17. In practice, the budget allocated to the implementation of the Convention and the Optional Protocols is divided among several sectors, including social action, education, health, civil status, justice and security. It is not easy to clearly identify the proportion of the national budget represented by the budgets of these sectors or the proportion of their budgets that they allocate directly to the implementation of the Convention.

Evolution of the budgets of the social sectors in millions of Guinean francs³

	2010	2011	2012	2013	2014
Ministry of Social Action, the Advancement of Women and Children’s Affairs	3 232.8	470.0	4 905.2	7 728.2	38 587.6
Percentage of State budget	0.19	0.08	0.28	0.39	1.35
Ministry of Primary and Secondary Education and Literacy	12 545.0	9 071.1	16 098.9	49 896.1	45 807.9
Percentage of State budget	0.73	1.58	0.93	2.53	1.60
Ministry of Health	117 865.4	94 019.9	169 968.2	209 630.6	254 774.6
Percentage of State budget	6.82	16.40	9.84	10.64	8.90
State budget	1 728 856.00	573 148.00	1 727 388.50	1 971 117.50	2 864 086.40

18. A number of advocacy and fundraising activities have been undertaken to improve the funding for the implementation of the Convention. For example, a study conducted with the support of UNICEF in 2014 contained a budgetary analysis of the education and health sectors and served as the basis for the drafting of an advocacy document entitled “Advocacy for better budget allocation to the social sectors in Guinea”, published in November 2014.

19. Further advocacy actions aimed at the Government, parliament and the private sector will take place within the framework of the three-year plan for the period 2017–2019, under the National Policy for the Promotion and Protection of the Rights and Welfare of the Child, with a view to providing sufficient resources to all sectors concerned with the implementation of the Convention and its Optional Protocols.

20. During the reporting period, financial support from the international community enabled socially and economically disadvantaged children and their families to benefit from a number of programmes and projects aimed at strengthening their resilience, particularly in the wake of the Ebola virus disease epidemic. The following strategies are pursued under these programmes:

- Welfare payments, in particular in the form of allowances for the children of salaried workers, donations in kind (school meals, bags and supplies, food bags, vitamin supplements, etc.) and the reduction or elimination of the costs of access to education, health services, civil status registration, etc.
- Labour-intensive public works
- Development of the Guinean Child Protection System to increase children’s access to basic social services in communities
- Activities aimed at promoting social advancement and reducing poverty among the poorest and most vulnerable (income-generating activities, training in life skills, practical training, increasing access to credit, etc.)

³ National Directorate of Social Protection: National Social Protection Policy, current situation (working paper, March 2015).

- Social action services in the form of awareness-raising campaigns, counselling, psychological support and family support programmes for groups vulnerable to domestic violence, female genital mutilation, trafficking and child labour

21. The majority of these programmes are heavily dependent on funding from external partners such as UNICEF, the World Food Programme, the World Health Organization, the United Nations Development Programme, the United Nations Population Fund, the European Union and the World Bank. The following programmes are particularly aimed at vulnerable children and their families:

- Health-care support for the poor, through a budget line implemented at the level of the two university hospital centres in the capital; however, the effectiveness of this support is limited by the fact that it is difficult to target the poor persons concerned.
- Support for specific groups within the framework of programmes focusing on particular sectors or issues (a multisectoral education support programme for canteens, a programme for combating HIV/AIDS, an Ebola virus response programme, the Social Development and Solidarity Fund, orphanages, etc.).
- The “Productive Social Safety Nets Project”, the main purpose of which is to provide income support to vulnerable groups and lay the foundations for a social safety-net strategy in Guinea; the project has the following specific aims:
 - The realization of labour-intensive public works in urban areas.
 - The provision of life-skills training to participants in labour-intensive public works.
 - The implementation of a conditional cash transfer pilot project to improve human capital in poor and food-insecure rural areas.
 - The strengthening of the institutional capacity of the Government with regard to the development and coordination of social safety nets.
- The Social Development and Solidarity Fund, which is set up to facilitate the socioeconomic reintegration of vulnerable groups at risk of social exclusion; its strategy is to define and identify vulnerable groups, foster social integration, promote economic integration and encourage socioeconomic development; it has a budget of over 100 billion Guinean francs and comprises two strands:
 - The social development strand, the objective of which is to improve the living conditions of the population by establishing economic and social infrastructure, creating jobs in urban and rural areas and conducting income-generating activities.
 - The national solidarity strand, which is intended to mobilize resources for vulnerable persons, including young persons, women, persons with disabilities and older persons, and provide emergency relief.

22. As part of the response to the Ebola virus disease epidemic, the United Nations system, in collaboration with international NGOs, has provided food assistance to victims of the Ebola virus disease and their families with a view to mitigating the impact of the epidemic. Persons who have come into contact with Ebola and communities affected by the disease have benefited from social support, including the distribution of money, clothing, mattresses and essential food items. Thus, 2,232 Ebola patients (86 per cent of the expected target number) received therapeutic foods, 2,380 infants and orphans affected by Ebola received ready-to-use infant milk, and 7,250 severely malnourished children (100 per cent of the target number) in Ebola-affected areas received care. In addition, significant efforts have been made to provide psychological and social support to orphans and other children affected by Ebola:

- 6,220 orphaned children (2,916 girls and 3,304 boys) who lost one or both parents to the Ebola virus disease have benefited in the affected locations from at least three services, including material assistance, cash transfers, psychological and social support and/or educational support.

- 6,001 orphaned children (2,628 girls and 2,978 boys) and 250 widows have received cash transfers in affected prefectures.
- Psychological and social support workshops, attended by 132,595 affected children, including 68,949 girls, have been held in areas affected by the Ebola virus disease. The workshops were facilitated by over 3,000 community volunteers authorized to operate in this field.
- More than 50,000 children affected by the Ebola virus disease, including at least 23,000 girls, have received family, health and school kits, benefiting over 8,000 families.
- 7,763 community leaders (including 3,418 women) have been trained in the provision of child protection and psychological and social support to communities.
- 4,539 home visits have been paid to families looking after orphans by community workers and social workers to ensure that the children's protection needs are being met.
- 836 village councils for child protection have been set up and equipped to reinforce the psychological, social and protection support provided to children living in villages affected by the epidemic and to participate actively in the provision of this support.

23. The main role of the National Humanitarian Action Service is to coordinate the implementation of government policy on humanitarian action and the rehabilitation of disaster areas in collaboration with the various bodies concerned. The Service involves all the ministerial departments, technical development partners and partners belonging to the United Nations system and operates through the National Platform for Disaster Risk Reduction, which is endowed with an advisory body known as the National Technical Coordination Committee. This Committee is composed of five sectoral groups operating in the areas of health, protection, water, hygiene, sanitation, food security, nutrition, shelter and the environment.

24. In terms of responses to natural disasters, 11,000 households, or around 77,000 people (out of a target number of 100,000), received assistance during the floods of 2013. Around 80 per cent of the households that received assistance were headed by women. The beneficiaries were in a state of extreme vulnerability. For that reason, in addition to providing aid, agencies belonging to the United Nations system and the Food and Agriculture Organization have continued to provide support by training 25 trainers from local NGOs and managers from the administrative departments. These trainers, in turn, have been able to pass on the training they received, enabling a total of 3,413 persons from the disaster-affected areas, including 899 women, to be trained in farming techniques and natural-resource management. This initiative was aimed at enhancing the resilience of the affected populations and has made human resource capacities available at the administrative and civil-society levels.

25. The recommendation made in paragraph 20 of the Committee's concluding observations relates to the fight against corruption. In that regard, an anti-corruption law was adopted in July 2017.

26. In order to improve the management of programmes and projects aimed at implementing the Convention and the Optional Protocols, training in administrative and accounting procedures has been provided to the staff of State and non-State organizations, including those funded by UNICEF. These administrative and accounting procedures include several relevant practical measures to prevent fraud and corruption.

(c) International assistance

27. The implementation of the Convention and the Optional Protocols and related national strategies and plans is supported by international aid and development assistance, including from UNICEF, the United Nations Population Fund, the Office of the United Nations High Commissioner for Human Rights, the United Nations Development Programme and the World Health Organization, among others. This assistance involves not

only the provision of equipment and technical assistance but also the financing of programmes and projects. In general terms, it is in line with the United Nations Development Assistance Framework. The Framework for the period 2013–2017, which was signed by the Government of the Republic of Guinea and the agencies of the United Nations system in February 2012, has an estimated provisional cost of \$219,369,000. In 2015, cumulative expenditure under this Framework, including the cost of actions taken in response to the Ebola virus disease epidemic, amounted to \$313,327,500. The onset of the epidemic forced agencies to mobilize more resources than had originally been planned and to redirect several programmes that had initially been in the Framework to combating the Ebola virus epidemic. This reorientation concerned almost all the programmes in the fields of health, hygiene, water, sanitation, capacity-building and other areas.

Reply to the concluding observations made by the Committee in paragraph 24 (CRC/C/GIN/CO/2)

(d) Independent monitoring

28. Several republican institutions have been set up, including the National Assembly, the Supreme Council of Justice, the High Communications Authority, the Office of the National Ombudsman and the Constitutional Court. Organic Act No. L/008/CNT/2011 on the organization and functioning of the National Independent Human Rights Institution was enacted in December 2014. Its 33 members, 8 of whom are women, were appointed by presidential decree on 30 December 2014 and were sworn in on 8 January 2015. This Institution supplements the work of the Ombudsman of the Republic, who is appointed by presidential decree, and the National Ombudsman for Children, who is appointed by the Ministry of Social Action, the Advancement of Women and Children's Affairs to monitor respect for children's rights in Guinea. However, there is no record of any significant action being taken by these institutions or bodies to monitor compliance with all the rights enshrined in the Convention. In particular, these institutions have not reported receiving any individual complaints from children or their representatives.

Reply to the concluding observations made by the Committee in paragraphs 26 and 28 (CRC/C/GIN/CO/2)

(e) Disseminating the principles and provisions of the Convention and the Optional Protocols

29. The Convention and the Optional Protocols have been disseminated and promoted through the following awareness-raising activities:

- In 2015, under the United Nations Development Assistance Framework for 2013–2017, more than 537 communities took part in awareness-raising activities, organized by local NGOs, on the protection of women and children from exploitation, abuse, trafficking and violence, in keeping with the provisions of national and international legal instruments. As a result, 335 bodies participating in the protection system for the abandonment of harmful practices were established and 319 communities in the four natural regions have declared their commitment to abandoning female genital mutilation/genital cutting and child marriage. Furthermore, more than 69,000 heads of family, key leaders and representatives of community-based associations who have been trained in the rights, risks and situations associated with such protection are now better able to protect at least 250,000 vulnerable children. The first conviction of a perpetrator of genital cutting did not take place until 2014. The case in question concerned two practitioners of genital cutting who were convicted in Conakry in 2014. Other legal proceedings for genital cutting, initiated against two practitioners in January 2015, resulted in a conviction. A total of three cases have been reported by the justice system since 2013. Since 2014, there have been 14 cases of arrests in Guinea, of which 7 have resulted in convictions.
- As part of a project on the protection of unaccompanied child migrants in West Africa, the NGO Terre des hommes has conducted awareness-raising activities on

children's rights and protecting child migrants in several communities in the prefectures of Guékédou and Nzerékoré, as well as in Conakry.

- Between 2013 and 2015, Save the Children International carried out awareness-raising activities for thousands of children and adults in the prefectures of Kindia, Mamou, Labé and Tougue, as part of its project to protect children subjected to various forms of exploitation, abuse and violence. In 2015, for example, the organization worked to raise awareness among 599 people from 25 villages on the border with Senegal about child trafficking, female genital mutilation and child marriage.
- On 24 July 2016, the Minister for Social Affairs led the launch of a mobile unit to raise awareness of children's rights in communities along the border between Guinea and Senegal. Through radio broadcasts and visits to 20 villages, the mobile unit has helped to spread awareness to 10,900 persons — 8,300 adults (including 3,800 women) and 2,600 children (including 1,200 girls) — on the subjects of trafficking, abuse, the protection of children from female genital mutilation, forced and early marriage, violence, exploitation and migration at a young age.
- As part of the response to the Ebola virus disease epidemic, several thousand people in the affected areas have been made aware of the risks of stigmatization, the repercussions on the well-being of children and children's needs for protection (e.g. family separation, psychosocial support). These awareness-raising efforts have been supplemented by campaigns to rally support for children and families affected by Ebola. Such campaigns have included radio announcements about children's rights and child protection.

30. Several groups of professionals working for and with children have received training on a number of issues relating to the Convention and its Optional Protocols. In November 2016, a training course on children's rights was organized for 54 members of the police and the gendarmerie in Conakry.

31. In October 2016, the National Committee to Combat Trafficking in Persons and Children, in partnership with the transport trade unions, organized awareness-raising sessions for road transport carriers on the topics of child trafficking and illegal migration.

32. Other training activities conducted for professionals in 2016 included sessions on the following topics: female genital mutilation, for 50 journalists; strategies for a social norms-based approach to abandoning female genital mutilation, for 46 NGO workers; the use of a community picture box on female genital mutilation, for 50 NGO workers; and child trafficking between Guinea and Sierra Leone, for a group of 25 people.

33. In addition, in 2015, as part of the response to the Ebola virus disease epidemic, at least 11,285 primary school trainers and teachers were trained in providing psychological and social support to children directly or indirectly affected by the epidemic. The training sessions were held in the six prefectures that comprise the region of Nzérékoré, in the prefecture of Kérouané and in the five districts of Conakry. In addition to professionals, 7,763 community leaders (including 3,418 women) who play a role in implementing the Convention have been trained in child protection and their responsibilities in relation to the realization of children's rights in communities. Several hundred members of prefectural and community child protection bodies (prefectural child protection committees, local child protection councils, local councils for children and families and village child protection councils) have benefited from training/retraining on children's rights and protection, the risks inherent in the context of Ebola, case management, the identification, documentation, tracing and reuniting mechanism, the protocol and response management tools.

(f) Dissemination of reports and concluding observations

34. In June 2013, the Coalition of NGOs to Protect and Promote the Rights of the Child and to Combat Child Trafficking provided its 60 member NGOs with copies of the observations and recommendations made to Guinea by the Committee in January 2013. The Coalition invited the NGOs to develop action plans based on these recommendations.

35. In 2014, with the support of UNICEF, three regional workshops on the dissemination of reports and concluding observations brought together 90 State and non-State actors in the capitals of the administrative regions of Kankan, Kindia and the special area of Conakry. Copies of the reports and concluding observations were also sent by post to the prefectural and regional authorities concerned and to technical and financial partners and civil society organizations. Radio broadcasts were produced by the Guinean Committee on the Protection of Children's Rights and civil society organizations.

Reply to the concluding observations made by the Committee in paragraph 30 (CRC/C/GIN/CO/2)

(g) Cooperation with civil society organizations, NGOs and groups of children and young persons

36. Regarding the recommendation made in paragraph 30 on cooperation with civil society organizations, NGOs and groups of children and young persons, it should be noted that a bill on the protection of human rights defenders has been submitted to parliament by the Government. Consideration of this bill is expected to take place in 2017. In general terms, there is good collaboration between the State and civil society organizations, NGOs and groups of young persons. These organizations actively participate in the planning, implementation and monitoring of programmes and projects aimed at implementing the Convention and its Optional Protocols. In particular, they make up the steering committees for the cooperation programmes established between Guinea and its development partners, including the United Nations system. Thus, the Coalition of NGOs to Protect and Promote the Rights of the Child and to Combat Child Trafficking, the Children's Parliament, and several national NGOs participate actively and regularly in periodic reviews of Guinea's cooperation programmes with its technical and financial partners. These organizations also participated actively in the drafting of the National Policy for the Promotion and Protection of the Rights and Welfare of the Child and the three-year plan for 2017–2019 established in accordance with this Policy.

37. Civil society organizations, NGOs and children's organizations also participate in a number of multisectoral consultation and collaboration frameworks, including regional committees on combating gender-based violence and regional child protection committees.

Follow-up on the activities of mining companies, agricultural undertakings etc.

38. There is no specific functional mechanism for monitoring the activities of companies that are likely to have an influence on children's ability to exercise their rights. However, the Guinean Child Protection System, which covers the entire territory, including the sites of large mining and agricultural companies, monitors the situation of children's rights and regularly provides prevention and protection services from the regional level to the village and sector levels. In addition, a national study on employment opportunities for young people and women in the mining and agriculture sectors, conducted in 2014 within the framework of the peacebuilding agenda, has highlighted not only employment opportunities but also the risks of children's rights violations in these two sectors.

39. Some mining and agropastoral companies have a social component that includes the provision of services to children in local communities through the construction of schools and boreholes. However, these activities are not closely monitored and documented by the public services of the State.

Reply to the concluding observations made by the Committee in paragraph 33 (CRC/C/GIN/CO/2)

II. Definition of the child (art. 1)

40. Guinean legislation defines a child as any human being under 18 years of age and guarantees children's access to the enjoyment and exercise of their rights, in accordance with the Convention and other international human rights instruments. In accordance with

the recommendation made in paragraph 33 of the Committee's concluding observations, the provisions of article 269 of the Children's Code, allowing boys and girls under the age of 18 to marry with the consent of their parents or legal guardians, have been removed from the draft revision of the Children's Code.

III. General principles (arts. 2, 3, 6 and 12)

Reply to the concluding observations made by the Committee in paragraph 37 (CRC/C/GIN/CO/2)

(a) Non-discrimination

41. Several strategies have been implemented on the ground by the Government and civil society organizations working to eliminate female genital mutilation. These include the retraining of women who perform female genital mutilation, the medicalization and then the de-medicalization of female genital mutilation, the adoption of a community- and rights-based approach and of a listening and dialogue approach to the issue, the changing of social norms and the punishment of those who perform female genital mutilation.

42. Regarding gender-based violence in general, six support centres for survivors have been established on a pilot basis, two in Conakry and one in each of the following prefectures: Labé, Kankan, Kamsar and Nzérékoré.

43. Coordination meetings of the committees working to combat gender-based violence are organized regularly. The Office of the United Nations High Commissioner for Human Rights participates actively in these meetings and is involved in advocacy to promote the enforcement of legislation in respect of perpetrators of female genital mutilation and gender-based violence, as well as the acceleration of legal proceedings against children in conflict with the law.

Reply to the concluding observations made by the Committee in paragraph 39 (CRC/C/GIN/CO/2)

(b) Best interest of the child

44. The principle of the best interest of the child, which is recognized under article 2 of the Children's Code, has been taken into account in several administrative and/or judicial decisions. For instance, between 2004 and 2008, the principle was respected by the committee on durable solutions, which brought together various organizations to determine the best interest of the child by using methods and tools promoted by the Office of the United Nations High Commissioner for Refugees and UNICEF. The committee identified durable solutions for the reintegration of unaccompanied children from Liberia and Sierra Leone whose families had not been located after several years of searching. Since 2015, the principle has often been applied in facilities run by the Guinean Child Protection System in Koundara in providing support to suspected child victims of trafficking who are intercepted at the border with Senegal or who have been sent back from Senegal.

45. Furthermore, provisions on the best interest of the child are referred to in several decisions of the Children's Court in Conakry.

Reply to the concluding observations made by the Committee in paragraph 41 (CRC/C/GIN/CO/2)

(c) Right to life, survival and development

46. The actions taken to improve the quality of and access to maternal and neonatal health-care services include: the development of emergency obstetrical care, the improvement of the referral system for pregnant women who experience obstetrical emergencies, the training of practitioners in emergency obstetrical care and the strengthening of technical capacity. As a result, infant and maternal mortality rates continued to drop between 2012 and 2015. Maternal mortality decreased from 980 to 724

per 100,000 live births, while infant and child mortality fell from 163 to 122 per 1,000 live births. The table below shows the trends in the under-5 mortality rate based on figures from the 2016 Multiple Indicator Cluster Survey (MICS).

Neonatal, post-neonatal, infant, child and under-5 mortality rates by five-year period preceding the survey, Guinea, 2016

<i>Year preceding the survey</i>	<i>Neonatal mortality</i>	<i>Post-neonatal mortality</i>	<i>Infant mortality</i>	<i>Child mortality</i>	<i>Under-5 mortality rate</i>
0–4 years	20	24	44	46	88
5–9 years	24	27	51	40	88
10–14 years	28	25	54	48	99

1. MICS indicator 1; Sustainable Development Goal (SDG) indicator 3.2.2 — Neonatal mortality rate.
2. MICS indicator 1.3 — Post-neonatal mortality rate.
3. MICS indicator 1.2; Millennium Development Goal (MDG) indicator 4.2 — Infant mortality rate.
4. MICS indicator 1.4 — Child mortality rate.
5. MICS indicator 1.5; MDG indicator; SDG indicator 3.2.1 — Under-5 mortality rate.

The post-neonatal mortality rate is calculated as the difference between the infant and the neonatal mortality rates.

Reply to the concluding observations made by the Committee in paragraph 43 (CRC/C/GIN/CO/2)

(d) Respect for the views of the child

47. The Children’s Parliament regularly speaks out about all matters of concern to children, either through the media or in most of the working groups and consultations involving child-protection organizations. The creation of the U-Report tool has enabled some 8,213 young people to exchange important information with the Government regarding pressing issues in their community. The most active regions are Conakry, Nzérékoré, Kindia and Boké. The composition of U-Reporters varies along sex and age lines: 75 per cent of U-Reporters are male and 25 per cent are female; 15- to 19-year-olds account for 16 per cent of U-Reporters, 20- to 24-year-olds for 49 per cent, 25- to 30-year-olds for 27 per cent, 31- to 34-year-olds for 5 per cent and those aged 35 and above for 3 per cent. Several surveys have been conducted, covering topics such as female genital mutilation, HIV/AIDS and the economic independence of women (*source*: UNICEF Situation Analysis 2016). However, not all of the key child protection actors use this tool.

IV. Civil rights and freedoms (arts. 7, 8, 13–17, 19 and 37 (a))

Reply to the concluding observations made by the Committee in paragraph 45 (CRC/C/GIN/CO/2)

(a) Birth registration

48. In 2012, the birth registration rate in Guinea was 57.9 per cent, higher than other countries with a similar gross national income. However, a quarter of those whose birth was registered do not have a birth certificate. In Guinea, being registered without a birth certificate is almost the same as not being registered at all. In four out of five cases, late registration, i.e. as of the age of 6 months, does not take place either. The total number of children under the age of 5 who are not registered is estimated at 821,000 and the number without a birth certificate at 1,141,000. For those under the age of 18, the national estimates

are of 2,489,000 unregistered children and 3,459,000 children without a birth certificate (*source*: Civil Registration Centre for Development, 2014).

49. There are wide disparities between the regions, some of which have a serious problem of missing birth certificates. Conakry has the highest registration rate (86.4 per cent), while Labé and Mamou have the lowest (approximately 39 per cent). The registration rate in urban areas (83 per cent) far outstrips the rate in rural areas (49 per cent).

50. The disparity between rich and poor households is striking compared to other countries: 83 per cent of children born to families in the richest quintile are registered, compared to only 21 per cent of children from the poorest quintile.

51. The main causes of the situation are: financial and geographic barriers, the lack of engagement on the part of community-level child-protection organizations, the lack of civil status offices in communities, the lack of awareness of the importance of birth certificates, the Government's limited capacity to take action and lax legislation that does not make birth registration mandatory.

52. The Government regularly organizes campaigns to facilitate the registration of births and the regularization of civil status documents at the national, regional and prefectural levels.

53. The Government has launched a programme to modernize the civil status system. One of the strategies is to create synergies between the civil status and health sectors. For example, vaccination is a convenient occasion to check whether a child has been registered.

(e) Preservation of identity (art. 8)

54. The new Code of Criminal Procedure of 26 October 2016 contains provisions that protect the privacy of minors (whether perpetrators or victims of criminal offences) at all stages of the judicial process. For example, article 305 (6) of the Code provides that judges may hold closed hearings if the accused is a minor or if the civil party to the suit so requests at the time of the hearing.

55. Article 399 (2) of the Code of Criminal Procedure provides that the presiding judge may order that the hearing or examination of the victim or the civil party, upon his or her request, be conducted by audiovisual recording.

56. The provisions of articles 872 ff. of the Code of Criminal Procedure allow for the use of telecommunications in the course of proceedings, provided that the confidentiality of the transmission can be guaranteed.

57. The Children's Code also sets forth measures to protect the privacy of children who are taking part in judicial proceedings (whether they are victims of, or have some other involvement in, criminal acts).

(f) Freedom of expression and the right to seek, receive and impart information (art. 13)

58. For the first time in Guinea, a national youth consultation was held across the country as part of the assessment of the National Youth Policy. The consultation yielded a list of grievances that was submitted to the Government to feed into the design of the new National Youth Policy.

59. A website for young people has been set up, enabling 270,000 of them to keep abreast of youth news and job opportunities.

V. Violence against children (arts. 19, 37 (a) and 39)

(a) Torture and other cruel, inhuman or degrading treatment or punishment

Reply to the concluding observations made by the Committee in paragraph 46 (CRC/C/GIN/CO/2)

60. The law provides for alternatives to detention, but, in practice, deprivation of liberty is the most common sentence for children in conflict with the law, including for children as young as 13 years old. Children in conflict with the law are held for several years before being tried. There are no specific detention and rehabilitation centres for convicted children.

61. The central prison is overcrowded and minors share cells with adult inmates; petty criminals cohabit with felons. Persons in pretrial detention have spent over 10 years there without ever being brought before a judge. Women live there with their infant children. Cells measuring 2 m² house more than 10 inmates. Normal men cohabit with the mentally ill.

62. In the community, persons who have been imprisoned are sometimes marginalized or rejected after their release and thus re-victimized.

63. In connection with justice and security sector reforms, the Office of the United Nations High Commissioner for Human Rights has developed human rights training modules for the defence and security forces focused on the prohibition of torture and other cruel, inhuman or degrading treatment or punishment. The process of making the teaching of these modules systematic at police, gendarmerie and military training centres is ongoing.

64. New texts prohibiting and punishing torture and other cruel, inhuman or degrading treatment or punishment committed by members of the defence and security forces have been adopted, but their dissemination and enforcement remain insufficient.

(b) Corporal punishment

Reply to the concluding observations made by the Committee in paragraph 49 (CRC/C/GIN/CO/2)

65. As yet, there are no laws explicitly prohibiting corporal punishment. However, one of the priorities of the new three-year plan on the implementation of the National Policy for the Promotion and Protection of the Rights and Welfare of the Child in Guinea for the period 2017–2019 is the elimination of corporal punishment, especially through improvements to the legal framework, awareness-raising designed to eliminate these practices, which remain common in family and institutional settings, and the promotion among families and communities of positive discipline. Several schools have internal regulations and codes of conduct that prohibit corporal punishment. Furthermore, the bill to amend the Children's Code includes a ban on corporal punishment.

(c) Abuse and neglect

Reply to the concluding observations made by the Committee in paragraph 51 (CRC/C/GIN/CO/2)

66. Nothing new to report in this regard.

(d) Sexual exploitation and abuse

Reply to the concluding observations made by the Committee in paragraph 53 (CRC/C/GIN/CO/2)

67. Nothing new to report in this regard.

(e) Female genital mutilation and child marriage**Reply to the concluding observations made by the Committee in paragraph 56 (CRC/C/GIN/CO/2)**

68. According to the 2014 General Population and Housing Census, overall more than 13 per cent of children 12 to 17 years old are married; the rate is 22 per cent among girls of this age group. Prevalence varies widely between regions. For example, Conakry has the lowest rate of marriage among 12- to 17-year-olds, whereas, in Kankan, the rate hovers around 20 per cent. According to the 2012 Demographic and Health Survey, more than one in every five women aged 25 to 49 years (27 per cent) entered into a union prior to the age of 15.

69. In 2012, over 80 per cent of girls aged 10 to 14 years nationwide were excised. The rate is 85 per cent among girls of that age group whose mother is Muslim. Almost all women 15 to 49 years old (97 per cent) have been excised, usually before the age of 15 (97 per cent) and most between the ages of 5 and 9 (41 per cent). The practice is entrenched in social norms despite the serious risks to the health and well-being of girls and women.

70. Several action plans have been or are being implemented to end the practices of female genital mutilation and child marriage. They include:

- The action plan on the joint programme to accelerate the total elimination of female genital mutilation among the next generation by reducing the prevalence of the practice among girls aged 0 to 14 by 40 per cent by the end of 2017.
- The national strategic plan against female genital mutilation for the period 2012–2016, which has been extended to 2018 and whose salient results between 2013 and 2015 include:
 - The strong commitment of the authorities to the elimination of female genital mutilation, as illustrated by the public condemnation of the practice by the President in July 2015, the pledge of the Minister of Justice to better enforce legal instruments and the pledge of the Minister of Health to take all administrative and other appropriate measures to halt the medicalization of female genital mutilation.
 - The amendment of the national strategic plan against female genital mutilation for the period 2012–2016 to extend it to 2018.
 - A socio-anthropological study carried out in 2016 to determine the reasons why female genital mutilation continues to be practised. The study is to serve as a basis for improvements to existing strategies on the elimination of excision.
 - The establishment of a mechanism to collect and process disaggregated data using smartphones in order to update the di Monitoring database.
 - The inclusion of a module on female genital mutilation in the curriculum of the eight health personnel training schools, which also have the necessary teaching staff.
 - Since the Ebola epidemic, the involvement of the Secretariat of Religious Affairs, which has made it possible to raise awareness among 1,148 religious leaders regarding female genital mutilation and to have a harmonized sermon against the practice preached across the country.
 - The establishment of an early warning and law enforcement mechanism that has prevented 20 excisions and led to 14 arrests and 7 convictions in 2015.
 - The development of harmonized national tools on female genital mutilation, namely a picture box for use in primary schools, a harmonized national module, a compilation of the laws regarding female genital mutilation and gender-based violence, a national training manual on life skills, which includes a section on female genital mutilation, and a midwife training manual.

- The development of standard operating procedures for community-based action, which are being used by all NGOs with a view to adopting a harmonized approach.
- Since 2013, 779 communities and 126 districts (approximately 200,000 people) have said they will stop practising female genital mutilation and child marriage and are providing protection to 19,471 non-excised girls and 6,174 at-risk unmarried girls.
- A broad campaign to combat female genital mutilation has been mounted every year since 2013 during the school holidays, which correspond to a peak in the practice.
- The implementation of a national action plan against child marriage whose 2017 objective is to promote the elimination of child marriage in some 30 per cent of villages and 10 per cent of districts and the protection from child marriage of 150,000 girls between the ages of 12 and 18 who have been identified as unmarried in the areas of intervention of child-protection professionals.

71. The elimination of female genital mutilation and child marriage continue to be an absolute priority for the Government. To this end, it has taken a number of specific measures:

- The strengthening of the prohibition of these practices in the Criminal Code and the Code of Criminal Procedure, which were promulgated in 2016. The Civil Code and the Children's Code are currently being amended for the same purpose.
- The inclusion of the elimination of these practices among the priority goals of the National Policy for the Promotion and Protection of the Rights and Welfare of the Child in Guinea, which was adopted in 2015. The three-year budgeted plan on the implementation of the National Policy for the period 2017–2019 allocates over a third of the activity budget to the elimination of these practices.
- The commissioning of a socio-anthropological study on child marriage.

(f) Freedom of the child from all forms of violence

Reply to the concluding observations made by the Committee in paragraph 58 (CRC/C/GIN/CO/2)

72. In 2009, 77 per cent of primary and secondary students polled had been victims of violence at school. The most common forms were public insults, bullying, emotional abuse, slapping and rape. The violence had physical effects (e.g. injuries, broken teeth, burns and loss of hearing) and emotional repercussions (e.g. frustration, embarrassment, humiliation, fear, stress, loss of self-confidence, sense of insecurity, hatred and disgust), as well as an impact on the education of the victims, who were forced to leave school or change establishment or whose performance deteriorated.

VI. Family environment and alternative care (arts. 5, 18 (1–2), 9–11, 19–21, 25, 27 (4) and 39)

(a) Children deprived of a family environment

Reply to the concluding observations made by the Committee in paragraph 62 (CRC/C/GIN/CO/2)

73. The Ministry of Social Affairs, the Advancement of Women and Children's Affairs issued a decision on the establishment, monitoring and closure of shelters for at-risk children. The decision began to be disseminated in 2015 through six regional workshops that each brought together 30 professionals in the field. However, it remains relatively unknown and applied. In practice, foster families are the main recourse.

(b) Family environment**Reply to the concluding observations made by the Committee in paragraph 60 (CRC/C/GIN/CO/2)**

74. Nothing new to report in this regard.

(c) Parental responsibility

75. Nothing new to report in this regard.

VII. Disability, basic health and welfare (arts. 6, 18 (3), 23, 24, 26, 27 (1–3))**(a) Children with disabilities****Reply to the concluding observations made by the Committee in paragraph 64 (CRC/C/GIN/CO/2)**

76. A national policy and strategy specifically designed to ensure the dignity, autonomy and active participation in the community of children with disabilities have yet to be adopted. However, Guinea ratified the Convention on the Rights of Persons with Disabilities in February 2008.

77. There are very few services, programmes and projects tailored to the needs of children with disabilities.

(b) Health and health services**Reply to the concluding observations made by the Committee in paragraph 66 (CRC/C/GIN/CO/2)***Maternal mortality*

78. See above.

79. Although relevant figures are not available, the Ebola virus disease has probably worsened maternal mortality as the number of caesarean sections performed fell by 14 per cent between August 2013 and August 2014.

Infant mortality and the main fatal diseases in children

80. See above.

Immunization coverage

81. Maternal and neonatal tetanus, measles and poliomyelitis continue to cause illness and death in children. The immunization coverage survey carried out in 2016 reveals a marked increase in the number of children 12 to 23 months old who are fully vaccinated. The vaccination rate rose from 37 per cent in 2012 to 53 per cent in 2015. Coverage is slightly higher in urban areas (53.6 per cent) than in rural areas (52.4 per cent), but the difference is not statistically significant. However, there are disparities between administrative regions: the rate of fully vaccinated children is higher in the regions of Mamou (78 per cent), Boké (68 per cent), Labé (67 per cent) and Nzérékoré (59 per cent) and lower in the regions of Kankan (40 per cent) and Kindia (42 per cent). In the region of Conakry, the rate is higher in Matam (65 per cent) and Kaloum (65 per cent) and lower in Ratoma (45 per cent). Furthermore, it should be noted that, in 2012, 10.9 per cent of children 12 to 23 months old had received no vaccinations at all compared to 5.6 per cent in 2015, or a drop of 5.3 percentage points. This demonstrates that access to immunization services improved significantly between 2012 and 2016.

Mother and child nutrition

82. The prevalence of chronic malnutrition in children under 5 years old fell from 31 per cent in 2012 to 26 per cent⁴ in 2015.

83. The level of chronic malnutrition is slightly higher among boys (29 per cent) than girls (23 per cent).⁵ Eight out of every 10 children (77 per cent) and 6 out of every 10 women (59 per cent) have anaemia and only 12 per cent of children are given iron. Only 21 per cent of babies are exclusively breastfed during the first six months of life. The rate was 35 per cent in 2016 according to the Multiple Indicator Cluster Survey. In addition, 60 per cent of children 6 to 23 months old receive appropriate supplementary food.

84. Acute malnutrition affects 8 per cent of children under 5 years old, but has reached levels approaching emergency thresholds in certain areas, such as Siguiiri (14.5 per cent), owing to intensive gold panning activities that require women to be away from their children. According to the 2015 UNICEF report on the state of the world's children,⁶ 12 per cent of newborns and 17 per cent of children under 5 years old in Guinea are underweight.

85. According to UNICEF, 34,119 children suffering from severe acute malnutrition in the country received treatment in 2014, with 94 per cent of them recovering in nutrition centres.⁷ In 2015, nearly 1.5 million children were screened for malnutrition, of whom 1.4 million received vitamin A supplements, 1.2 million were dewormed and almost 22,000 suffering from severe acute malnutrition received treatment.⁸ The number of outpatient nutrition centres integrated into health-care facilities rose from 115 in 2011 to 410 in 2015 and that of therapeutic feeding centres incorporated into hospitals from 21 to 32. The country takes part actively in international nutrition initiatives, such as Scaling Up Nutrition (SUN) and Renewed Efforts Against Child Hunger (REACH).

86. The table below provides data on the nutritional situation of children according to the 2016 Multiple Indicator Cluster Survey:

Nutritional status of children: Percentage of children under 5 years old, by nutritional status according to three anthropometric indicators (weight for age, height for age and weight for height), Guinea, 2016

Sociodemographic features	Weight for age			Height for age			Weight for height			Number of children under 5 years old			
	Underweight			Stunted growth			Emaciation		Obesity				
	Percentage below		Z-score average	Percentage below		Z-score average	Percentage below		Percentage above				
	-2 SD	-3 SD	(SD)	-2 SD	-3 SD	(SD)	-2 SD	-3 SD	+2 SD		(SD)		
Total	18.3	5.6	-0.9	7 141	32.4	14.6	-1.3	7 081	8.1	2.9	4	-0.3	7 053
Sex													
Masculine	19.1	5.8	-0.9	3 652	34.5	15.7	-1.3	3 616	8.6	3.3	4.6	-0.3	3 609
Feminine	17.4	5.3	-0.9	3 489	30.3	13.4	-1.2	3 465	7.5	2.6	3.4	-0.3	3 444

Access to drinking water and sanitation

87. In Guinea, 73.4 per cent of households do not have drinking water and 66.6 per cent do not use improved toilets. Disparities between rural and urban areas and between regions

⁴ National Nutrition Survey conducted using Standardized Monitoring and Assessment of Relief and Transitions (SMART) methods by UNICEF, the World Food Programme and the Ministry of Health in July 2015.

⁵ National Nutrition Survey conducted using SMART methods by UNICEF, the World Food Programme and the Ministry of Health in July 2015.

⁶ UNICEF, *The State of the World's Children Report 2015 Statistical Tables* (Nov 20, 2014).

⁷ UNICEF, 2014 Annual Report.

⁸ Nutrition and Food Security Cluster bulletin, October 2015.

are very pronounced. Rural areas and the region of Mamou are the most underprivileged in terms of drinking water, as is the region of Faranah in terms of sanitation.

88. A third of urban households do not have drinking water or sanitation. In rural areas, the rate is 92 per cent with regard to drinking water and 82 per cent with regard to sanitation. As for the regions, aside from Conakry, where the rate of households without access is relatively low, lack of access is very high in all the other regions. Lack of access to drinking water ranges from 80.7 per cent in Boké to over 90 per cent in Mamou, while 71.3 per cent of households in Kindia and 87 per cent in Faranah go without adequate sanitation services.

(f) Adolescent health

Reply to the concluding observations made by the Committee in paragraph 68 (CRC/C/GIN/CO/2)

89. Adolescents are at high risk of contracting sexually-transmitted infections and becoming pregnant. Guinea is among the countries classified as level red by the United Nations Population Fund because the average age at first sexual intercourse is under 17. Indeed, 34 per cent of girls between the ages of 15 and 19 have already begun their reproductive life, 22.4 per cent had their first sexual intercourse before the age of 15, 28 per cent have already had at least one child and 6 per cent were pregnant with their first child at the time of the 2012 Demographic and Health Survey/Multiple Indicator Cluster Survey. The median age of first sexual intercourse does not vary much according to socioeconomic status and is generally between the ages of 16 and 18.

90. A multidimensional analysis of child hardship, carried out as part of the development of the national social protection policy (De Neubourg, Bakouan Traoré, & Gassmann, *Pauvreté et Protection Sociale en Guinée* (Poverty and Social Protection in Guinea), 2015), revealed that over 40 per cent of girls give birth to their first child before the age of 18. Early pregnancy often leads to dropping out of school. The combination of high early pregnancy and dropout rates means that babies are born into households where the mother has little or no education and is illiterate. Given the importance of a mother's educational attainment in determining a child's level of hardship, children who grow up with poorly educated mothers are at greater risk of dropping out of school and being illiterate themselves. In addition to the threat posed to a girl and her child's future, early pregnancy not only undermines prospects for economic growth but it also guarantees that poverty, in all its forms, will be transmitted from one generation to the next.

(g) HIV/AIDS

Reply to the concluding observations made by the Committee in paragraph 70 (CRC/C/GIN/CO/2)

Mother-to-child transmission

91. There were 120,000 people living with HIV/AIDS in Guinea in 2012 (1.7 per cent of the population), including 63,000 women, or more than half of those infected, and 14,000 children. There were 46,000 AIDS orphans in 2012.

92. Urban areas, in particular Conakry, have the highest prevalence rates (2.7 per cent).

93. The prevalence of the virus among pregnant women, in addition to being higher than among the general population, is on the rise. According to the 2015 National Sentinel Surveillance Study, it increased from 2.53 per cent in 2008 to 3.6 per cent in 2015. The rate is very high in the regions of Boké (4.41 per cent), Conakry (4.38 per cent) and Nzérékoré (4.41 per cent). However, significant progress has been made regarding the care provided to HIV-positive pregnant women: 62 per cent were given antiretroviral drugs to reduce the risk of mother-to-child transmission in 2014, compared to 17 per cent in 2011.

94. Through the unit on reproductive health and the prevention of HIV/AIDS, 80 per cent of HIV-positive pregnant women received antiretroviral drugs. All persons known to be living with HIV/AIDS are undergoing antiretroviral treatment and are regularly

examined at the hospital in Nzérékoré. In addition, the United Nations Development Assistance Framework has made it possible for 104 health-care centres in four regions to provide nutritional support services for children under 5 years old, pregnant and breastfeeding women and persons living with HIV/AIDS. Furthermore, with support from the United Nations system, considerable progress has been made on a bill on the establishment of a national observatory on the rights of persons living with HIV/AIDS.

Risk behaviour among adolescents

95. It is estimated that, as a result of sustained awareness-raising campaigns on HIV, half of young people between the ages of 15 and 24 have some knowledge of how to prevent the sexual transmission of HIV.

96. Members of the network of persons living with HIV/AIDS (30 people), including sex workers, have benefited from capacity-building activities on results-based planning and management. The counselling, information and guidance centres for young people, which were set up as strategic bridges to reach school dropouts and young people who have never attended school, provide services and information on sexual and reproductive health and HIV that are tailored to young people, including adolescents. Lastly, as result of a specially-designed training strategy, young people from families whose members are infected with HIV/AIDS and who receive supplies from the World Food Programme at health-care centres are aware of the disease's modes of transmission.

(h) Standard of living

Reply to the concluding observations made by the Committee in paragraph 72 (CRC/C/GIN/CO/2)

97. The per capita gross domestic product (GDP) growth rate fell between 2013 and 2015. It stood at -0.2 per cent in 2013, -1.9 per cent in 2014 and -1.6 per cent in 2015.⁹

98. Approximately 90 per cent of households have at least one insecticide-treated mosquito net. The target under the United Nations Development Assistance Framework (i.e. 50 per cent of households) has been exceeded thanks to considerable involvement of the United Nations system.

99. The results of the food security assessment conducted in May 2015 by the World Food Programme, FAO and the Government show that approximately 1.9 million people are in a situation of food insecurity in Guinea, 59,000 of them in a situation of severe food insecurity.¹⁰ In other words, 17.6 per cent of households in the country face food insecurity. When compared against the results of surveys conducted in 2009 and 2012, the number of households facing food insecurity has decreased.

100. In 2015, 17 rural and urban communities saw the installation of facilities to reduce greenhouse gas emissions and human pressure on timber resources and to relieve some of the burden of daily chores on women and protect their health. Thus, 10,750 households were equipped with improved fireplaces, 771 tons of salt were produced using solar energy and 30 solar kits were installed. It is estimated that the production of iodized salt has saved 2,317 tons of wood, or 290 hectares of mangroves.

101. Between January 2013 and August 2015, \$700,000 in microloans were used to fund 482 projects for young people and women, thereby creating 106,150 jobs, nearly half of which were for girls. Funding mechanisms were developed to reach all categories of the population. For example, 4,973 women received loans from the Yétemali banking network; the Foniké fund awarded loans to 3,001 young developers, including 1,440 women; 57 young people received funding from the Agriculture Entrepreneurship Fund; Foncréa granted loans to 1,482 people in 2013 and 2014, including 1,185 women; and the Djigui

⁹ Source: Guinée 2015, economic outlook.

¹⁰ Assessment of food security in emergency situations, World Food Programme/Food and Agriculture Organization of the United Nations/Ministry of Agriculture, July 2015.

Nafa fund provided funding to 758 people, including 562 women, in the prefectures of Haute-Guinée.

102. Another youth employment project under the United Nations Development Assistance Framework has been rolled out in 10 prefectures of Haute-Guinée, Moyenne-Guinée and Guinée-Forestière with the aim of increasing resilience and self-reliance in the community by providing young people with technical and practical skills to meet their own needs. The outcome of the project includes not only better skills but also the establishment of community production centres in three rural communities of Guinée-Forestière, where 50 qualified instructors provide good quality training in the areas of agrifood processing, entrepreneurship and wood processing, among others. A total of 857 people have received specialized training and the centres are in high demand. An assessment of the project revealed that 32 per cent of those who received training at the centres have found employment.

VIII. Education, leisure and cultural activities (arts, 28, 29 and 31)

Reply to the concluding observations made by the Committee in paragraph 74 (CRC/C/GIN/CO/2)

(a) Education, including vocational training and guidance

Access to good quality preschool education

103. In 2014, there were 1,803,793 children between the ages of 3 and 6 in Guinea, of whom 858,347 were girls. Most (1,253,341) live in rural areas. Enrolment in preschool education remains low, with a gross rate of 8.4 per cent and a net rate of 7.2 per cent for the 2014/15 academic year (Ministry of Social Affairs, the Advancement of Women and Children's Affairs, 2015). There are great disparities between the regions and between urban and rural areas: both rates are markedly higher in Conakry than in the other regions and, by and large, preschool education centres are located in urban areas, chiefly in the prefectural and regional capitals. In the 2014/15 academic year, Conakry alone was home to nearly half of the centres (864 out of 1,746). Preschool education services do include nurseries and crèches but are mainly comprised of kindergartens and community childcare centres. The small number of community childcare centres (190 in 2014/15) is compounded by a number of shortcomings, including a lack of basic infrastructure (drinking water, latrines and cafeterias), a shortage of teaching materials and toys and an insufficient number of educators.

Access to good quality basic education

104. According to the 2013/14 statistical yearbook on primary education, there was very little change in the education indicators compared to 2012/13. Disparities between administrative regions, sexes and socioeconomic status have not been resolved: the highest completion rates were recorded in the regions of Conakry (84.2 per cent), Mamou (82.2 per cent), Kindia (64.2 per cent), Kankan (62.6 per cent) and Boké (62.6 per cent), while the lowest rate was recorded in the region of Labé (50 per cent). The completion rate among girls is 58.7 per cent, compared to 71.7 per cent among boys (National Statistics Institute, 2016).

105. Many primary school teachers do not have the requisite qualifications in certain subjects. In 2014, there were on average 3.1 textbooks per primary school pupil, 4 in the public system. Regarding infrastructure, the student per classroom ratio barely changed between 1999 and 2014, rising from 44 to 44.5. The ratio is highest in Conakry (53.7) and lowest in Mamou (37.9). It is highest in urban areas, reflecting enthusiasm for education in those areas, partly because schools are closer and have enough teachers and the opportunity cost is lower in the city than in the countryside. Only 33 per cent of establishments have water; the disparity between rural schools (21 per cent) and urban schools (62 per cent) is high. There is a similar disparity with regard to the availability of latrines in schools.

106. Education costs remain largely dominated by staff salaries (57 per cent). The purchasing of goods and services accounts, on average, for less than 10 per cent. Recurrent expenditures account for nearly 93 per cent of all expenditures in the sector. Therefore, there is very little investment capacity (on average 7 per cent).

107. The net enrolment rate has risen to 47.8 per cent,¹¹ which represents an increase of 3.5 percentage points compared to the baseline of 44.3 per cent under the United Nations Development Assistance Framework. The rate is 39.3 per cent for girls and 55.9 for boys. In 2014, the gender parity index was 0.89 with regard to the gross primary enrolment ratio and 0.83 with regard to the gross enrolment ratio.¹² In terms of the latter indicator, the gap between girls and boys has barely changed (0.2 percentage points), despite efforts by UNICEF under the Framework to improve these indicators through the use of active pedagogical methods, teacher training, the distribution of school kits in certain schools and the construction of modern schools.

108. In order to boost the quality of teaching and learning, steps have been taken under the Framework to enhance the training of teachers in various subjects and in how to monitor academic progress. In addition, a pool of 41 instructors has been set up and over 2,500 teachers in multigrade classrooms, as well as 1,348 middling and least-performing teachers, have received training. Other measures to increase enrolment include: awareness-raising about the education of 6- to 11-year-olds, media campaigns and outreach targeting parents and school administrators, the distribution of schools supplies and the provision of meals in 735 school cafeterias in 2014 and 1,365 in 2015.

Access to secondary education and vocational training

109. In the period 2009–2014, the average enrolment rate among girls was 25 per cent. In 2014/15, there were 639,478 students attending secondary schools (lower and upper secondary), of whom 248,255 were girls and 391,223 were boys, out of a total of 1,765,937 secondary-age students, including 922,691 girls and 843,246 boys. Disparities according to the socioeconomic status of the head of household persist with regard to the net secondary enrolment rate. For example, the enrolment rate of children from households whose head is a public servant is significantly higher (55.2 per cent) than those from households whose head is a farmer (14.4 per cent).

110. The net completion rate of both lower and upper-secondary education remains low, with enormous disparities by region, setting (urban compared to rural) and sex. For example, the net lower-secondary completion rate is 12.2 per cent nationally, but 21.6 per cent in urban areas and 5.5 per cent in rural areas. The rate for girls is 9.1 per cent nationally, but 17.7 per cent in urban areas and 3.6 per cent in rural areas. These variations are also observed at the upper-secondary level.

(b) Recreational and cultural activities

111. Occasional television shows and advertisements deal with topics such as trafficking in children, female genital mutilation and child marriage.

IX. Special protection measures (arts. 22, 30, 32, 33, 35, 36, 37 (b–d), and 38–40)

(a) Asylum-seeking and refugee children

Reply to the concluding observations made by the Committee in paragraph 76 (CRC/C/GIN/CO/2)

112. Nothing new to report in this regard.

¹¹ Ministry of Pre-University Education statistical yearbook 2013/14 and UNICEF 2013 annual report.

¹² UNICEF, Country Office Annual Report 2014.

(b) Children in armed conflict**Reply to the concluding observations made by the Committee in paragraph 78 (CRC/C/GIN/CO/2)**

113. Nothing new to report in this regard.

(c) Economic exploitation, including child labour**Reply to the concluding observations made by the Committee in paragraph 80 (CRC/C/GIN/CO/2)**

114. According to the 2012 Demographic and Health Survey/Multiple Indicator Cluster Survey, 52.6 per cent of 5- to 11-year-olds and 37 per cent of 12- to 14-year-olds had worked in the week preceding the survey. The prevalence of child labour varies in accordance with a family's economic well-being. More than 55 per cent of children from the most underprivileged households work, compared to only 10.2 per cent of those from better off households. From a regional perspective, 12- to 14-year-olds in the region of Faranah are the most economically active, with a rate of 58.5 per cent, while the rate in Conakry is 12.4 per cent.

(d) Children in street situations**Reply to the concluding observations made by the Committee in paragraph 82 (CRC/C/GIN/CO/2)**

115. Nothing new to report in this regard.

(e) Sale, trafficking and abduction**Reply to the concluding observations made by the Committee in paragraph 84 (CRC/C/GIN/CO/2)**

116. Nothing new to report in this regard.

(f) Administration of juvenile justice**Reply to the concluding observations made by the Committee in paragraph 86 (CRC/C/GIN/CO/2)**

117. The newly reorganized justice system provides for specialized children's courts.

(g) Child victims and witnesses of crimes**Reply to the concluding observations made by the Committee in paragraph 87 (CRC/C/GIN/CO/2)**

118. In general terms, the protection of persons is enshrined in the Constitution of May 2010, in particular articles 19 and 23. More specifically, the protection of child victims and witnesses is provided for in articles 393 to 396 of the Children's Code. The Code of Criminal Procedure of 26 October 2016 regulates the reparations procedure for victims of criminal acts in connection with the enforcement of judgments of the International Criminal Court (art. 719 ff.); establishes, under every lower court, an office for assistance to victims of criminal acts (art. 857); and provides for a procedure for offences of a sexual nature and the protection of underage victims. Several other provisions, particularly those on preliminary investigations and conditional release, also underscore the rights of victims and witnesses of criminal acts. In practice, a number of measures have been taken, primarily by NGOs, to protect victims and witnesses, including: (i) training for social workers and legal officials in relevant psychosocial and legal matters; (ii) campaigns and periodic support to promote birth registration and the regularization of civil status documents; (iii) support to access remedies and procedures available to victims.

X. Implementation of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography

(a) Implementation of the recommendations in the Committee's previous concluding observations under the Optional Protocol

119. In response to the recommendation contained in paragraph 88 of the Committee's concluding observations, Guinea prepared its initial report on the implementation of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography in 2014. The report will be considered by the Committee at its seventy-sixth session in September 2017. Accordingly, the Committee's observations regarding the Optional Protocol were not available at the time of drafting.

(b) Any major developments concerning legal and policy measures taken towards the implementation of the Optional Protocol, including whether all acts defined under articles 2 and 3 have been incorporated in the criminal legislation of the State party and whether extraterritorial jurisdiction over such crimes has been exercised

120. A revision of codes and laws has been under way since 2010. Amended versions of the Criminal Code and the Code of Criminal Procedure were promulgated in 2016. The amendment of the Children's Code is in the advanced stages and will better align Guinean law with the Optional Protocol by defining and criminalizing more clearly all the acts defined under articles 2 and 3 of the Optional Protocol and by regulating international adoptions, especially cases where a Guinean child is adopted by a resident of another State.

121. Since the submission of the initial report, no case has been recorded that required the State to exercise its extraterritorial jurisdiction in cases of acts covered in the Optional Protocol.

(c) Measures to establish liability of legal persons for offences under the Optional Protocol

122. The new Criminal Code, contrary to the previous version, contains provisions on the liability of legal persons. Article 280 introduces the principle of the criminal liability of legal persons, except the State. This does not preclude individuals, perpetrators or accomplices from liability for the acts.

(d) Prevention measures and promotion of awareness of the harmful effects of the offences under the Optional Protocol

123. The protection of vulnerable children from the practices covered in the Optional Protocol is generally ensured at the community level by NGOs and local offices of the Guinean Child Protection System.

124. The National Committee on Trafficking in Persons, which became the National Committee to Combat Trafficking in Persons and Related Practices on 7 February 2017, in partnership with the transport trade unions, organized awareness-raising sessions for road transport carriers on the topics of child trafficking and illegal migration in October 2016.

125. Several cross-border activities have been carried out along the Guinea-Senegal and Guinea-Sierra Leone routes, including: travelling exhibitions, training of defence and security forces, the establishment of village child protection committees and the provision of capacity-building for their members. In the prefecture of Forécariah, 250 children and their parents were educated about trafficking in children. Awareness campaigns about the stigmatization of Ebola survivors and trafficking in children have reached 331 inhabitants of 29 villages bordering Sierra Leone.

(e) Measures taken to provide social reintegration and physical and psychological recovery for child victims of offences under the Optional Protocol and to ensure that they have access to procedures to seek compensation

126. During the reporting period, over 48 foreign minors in situations of hardship were identified and were provided with assistance to return to their country of origin. Some 576 children who were victims or at risk of trafficking or abuse benefited from prevention and/or protection services along the Guinea-Senegal route.

(f) Measures adopted to protect children who have been victims and/or witnesses of the practices prohibited under the Optional Protocol during all stages of the criminal justice process

127. A new Code of Criminal Procedure was promulgated on 26 October 2016. It regulates the reparations procedure for victims of criminal acts in connection with the enforcement of judgments of the International Criminal Court (art. 719 ff.); establishes, under every lower court, an office for assistance to victims of criminal acts (art. 857); and provides for a procedure for offences of a sexual nature and the protection of underage victims. Several other provisions, particularly those on preliminary investigations and conditional release, also underscore the rights of victims and witnesses of criminal acts. In this connection:

- Twelve cases of trafficking have yet to be tried at the time of writing and a further 18 have reportedly disappeared from the judicial circuit. The court of Labé handed down 2 convictions in 2015.
- An undetermined number of children from Mali and Sierra Leone, as well as Guinean children living abroad, have been repatriated in one direction or another, in collaboration with several national and international children's organizations. The children who returned to Guinea received reintegration assistance.
- There is still no specific reception and assistance centre for trafficking victims.

(g) Efforts to promote international cooperation and coordination concerning prevention, detection, investigation, prosecution and punishment

128. The provisions of article 704 ff. of the new Code of Criminal Procedure provide for the possibility of judicial cooperation with the International Criminal Court to prosecute and sentence anyone suspected of having committed offences under its jurisdiction, including the offence of the recruitment of children.

129. Guinea is a member of the West African Network of Central Authorities and Prosecutors against Organized Crime.

130. Guinea regularly takes part in regional meetings held in West Africa to ensure international coordination and collaboration in the prevention, detection, investigation, prosecution and punishment of practices covered in the Optional Protocol. Several international partners, including the United Nations Office on Drugs and Crime, the International Organization for Migration, International Social Service — West Africa, the Multinational Joint Task Force against Boko Haram and the Fund for Global Human Rights, lend their support to these coordination and collaboration meetings.

131. Guinea also takes part in meetings to monitor the implementation of bilateral and multilateral agreements regarding practices covered in the Optional Protocol.

(h) Steps taken to support international cooperation to assist the physical and psychological recovery, social reintegration and repatriation of victims

132. Guinea receives support from the international community via cooperation agreements signed with child-protection agencies such as UNICEF, Plan International, Terre des Hommes — Lausanne and ChildFund. These organizations consult one another through a mechanism that coordinates non-State actors in the child protection sector.

133. Guinea receives assistance as part of the implementation of the Trafficking Victims Protection Act of the United States of America, which lists countries by level of

commitment to anti-trafficking efforts and by progress made. Guinea was in tier 2 of the monitoring list for several successive years but was recently downgraded to tier 3.

XI. Implementation of the Optional Protocol on the involvement of children in armed conflict

(a) Implementation of the recommendations in the Committee's previous concluding observations under the Optional Protocol

134. Nothing new to report in this regard.

(b) Minimum age for military conscription

135. Nothing new to report in this regard.

(c) Minimum age for voluntary enlistment

136. Nothing new to report in this regard.

(d) Any major developments concerning legal and policy measures taken towards the implementation of the Optional Protocol, and whether jurisdiction over such crimes has been exercised, including extraterritorially

137. A new version of the Code of Criminal Procedure, adopted and promulgated on 26 October 2016, retains all the provisions related to the Optional Protocol, namely articles 3 and 4. In addition, article 703 of the new Code compels the State to play a role in the punishment of perpetrators of relevant offences, including the recruitment of child soldiers as a war crime, and to cooperate with the International Criminal Court. However, the new versions of the Criminal Code and the Code of Criminal Procedure still contain all the provisions related to the Optional Protocol and incorporate all the provisions of the Rome Statute of the International Criminal Court.

138. The declaration of National Citizenship Week and the goal of the Ministry of National Unity and Citizenship to have classes on human rights and civics included in school and university curricula provide opportunities to raise awareness of the Optional Protocol and related practices.

139. The Code of Military Justice, adopted in 2012, contains provisions that could apply to offences committed by military personnel abroad. Article 18 stipulates that the military courts are competent to examine and pass judgment on ordinary offences committed by members of the armed forces, or equivalent non-combatant personnel in service, in military establishments or at their billet, as well as the military offences established under this Code in accordance with the rules of procedure which apply thereto. The expression "at their billet" refers to the place where travelling members of the armed forces are accommodated. If travel occurs within the national territory, the expression refers only to the home and annexes of the person hosting the member or members of the armed forces. If travel occurs in foreign territory, the term refers to any offence committed anywhere in the foreign territory.

(e) Whether children have directly taken part in hostilities

140. No cases of direct participation by Guinean children in hostilities have been recorded since the drafting of the initial report regarding the Optional Protocol.

(f) Measures taken to provide for the physical and psychological recovery of children who have been recruited or used in hostilities, through, inter alia, technical cooperation and financial assistance

141. Nothing new to report in this regard.

- (g) **Whether child asylum seekers and migrants are screened in order to identify children affected by armed conflict, and whether children so identified are provided with adequate assistance for their physical and psychological recovery**

142. Nothing new to report in this regard.

- (h) **Whether children have been charged for war crimes committed while they were recruited or used in hostilities**

143. Nothing new to report in this regard.

XII. Cooperation with regional and international bodies

Reply to the concluding observations made by the Committee in paragraph 89 (CRC/C/GIN/CO/2)

144. Nothing new to report in this regard.

Conclusion

145. The future of a nation is determined by the investment adults make now in their children, as they will be the ones responsible for the country's fate tomorrow. The lesson that can be learned from everything noted in this report is that the road to the full realization of children's rights remains long and arduous. Protection indicators, while encouraging, remain far below the level needed to reach the Sustainable Development Goals regarding children.

146. To this end, it is crucial to place children at the heart of development efforts by designing programmes and projects that address all issues relating to their survival, development and participation. However, the country's poverty, compounded by difficulty in kick-starting the economy, constitutes a barrier to the achievement of the indicators on the fundamental rights of children.

147. The Government's new drive for economic and social development, with support from development partners, will undoubtedly contribute to the realization of children's rights in practice.
