

Guinea

Update on the context and situation of children

During this last year of implementation of UNICEF's 2018-2022 Country programme in Guinea, the national context was characterized by challenges of several kinds, some of which were specific to the country while others were global. However, there were also opportunities offered by the transition context with the ongoing reform processes that allow for positioning the rights of children.

With a population estimated at 13,261,638[1] in 2022, Guinea is still struggling to recover from the COVID-19 pandemic. The **humanitarian situation** in the country was exacerbated by the continuing socioeconomic impact of the pandemic, the ongoing political transition following the September 2021 coup d'État, and the recurrent threat from multiple and simultaneous epidemics. In April 2022, a Lassa fever epidemic was declared in Guéckédou, Nzérékoré Region.

The **duration and priorities of the transition** continued to be source of disagreements between the government, the country's political entities and the Economic Community of West African States (ECOWAS). However, in October 2022, ECOWAS and the Guinean transitional government agreed a 24-month transition, thereby averting potential economic and diplomatic sanctions. The agreement focuses on ten points, including (i) the adoption of a new constitution, (ii) review of the electoral roll, and (iii) the organization of general elections.

During the year, UNICEF engaged proactively with the transitional authorities to ensure that the issues facing children, youth and women are given a prominent place in the transition agenda, and in national legislation, policies and Government programs. In this context, politically significant events took place in 2022: the national conferences for truth and reconciliation were held in April, May, and, in September, the highly publicized trials related to the Conakry stadium massacres of 28 September 2009 started.

The **economy** remained relatively undiversified and structurally vulnerable to exogenous shocks, particularly on raw materials pricing. Nevertheless, Guinea's economic outlook was generally positive thanks to the expansion of mining activities. The economic growth rate is expected to increase from 4.8% to 6.3% during the 2022-2024 period. The transition authorities remain committed to improving domestic revenue mobilization. However, the particularly low tax burden, at 11.6% of GDP in 2021 restricted these efforts, despite the boom in the mining sector. The budget deficit, which has remained below 3% of GDP since 2016.[2] Public debt was at 39.3% of GDP in 2021, and the national currency was affected by volatility of foreign currency markets.

Guinea's **socio-economic** performance remained weak. Just under half of Guineans (44%) and nearly one in two children (49%) live below the national poverty line. Budget allocations to child-sensitive social sectors continued to fluctuate from one year to another. The budgetary allocations to the three ministries in charge of health, education, and the protection of women, children and vulnerable people decreased in the 2023 national budget (15.9%), compared to 20.3% in 2022. However, work with national authorities on financing children's rights resulted in the launch of the African Partnership for Children (APC) whose ultimate objective is to increase domestic investments for children's well-being.

Health was among the high priorities of the transitional government and the Ministry of health is committed to strengthening the governance of the sector and to improving access, utilization, and quality of the services. The main indicators are gradually showing a positive trend with respect to health facilities equipment, pediatric HIV treatment, and community health strategy implementation. In

2022, the prevalence of global acute **malnutrition** decreased slightly from 9% (2018) to 7% (2022)[3], as did stunting, which fell from 30% (2018) to 26% (2022). Some regions are more affected by stunting, including: Nzérékoré (33%), Faranah (29.8%) and Labé (29.4%). 75% of children aged 6-59 months and 46% of women aged 15-49 (DHS, 2018) have anemia. Only 43.7% of infants under 6 months are exclusively breastfed, and 4.2% of children aged 6 to 23 months have a minimum acceptable diet.[4]

Coverage of water, sanitation, and hygiene (**WASH**) services remains low. 64% and 29.8% of the population has access to basic drinking water service and a basic sanitation service, respectively, with 28.4% of households having no handwashing facility. Although open defecation decreased nationwide from 14% to 11.8%, and from 22% to 18.1% for rural areas in the same period, Guinea is off track to reach SDG6.2, whose aim to "end open defecation and provide access to sanitation and hygiene." [5]

The prevalence of FGM in Guinea is among the highest in the world and is practiced by people from all major religious and ethnic groups. Regarding child marriage, nearly one in two girls is married before age 18. Child labour continues to be a concern, with a substantial proportion of children involved in some form of work.

Despite the relative stability of school coverage and attendance rates, the lowest performance in national examinations in 2022, for over five years, reflects the acute learning crisis exacerbated by the long closure of schools following the COVID-19 pandemic. This has resulted in a low transition rate between primary and secondary education while 34% of children of primary level age do not attend school. Factors underpinning the **education crisis** are related to funding and sector governance. But there is hope considering opportunities such as the commitments made by the Government at the Transforming Education Summit, the focus on innovation, the progressive optimization of the Common Education Fund and the ongoing process for accessing new allocations from the Global Partnership for Education (GPE).

The transitional government, in collaboration with its development partners, developed an Interim Reference Program (PRI 2022-2025) which was adopted by the National Transition Council (CNT) in December 2022. The PRI is articulated around five pillars. Strategic orientations and the national priorities contained therein constitute the basis for the ongoing reflection around the elaboration of the United Nations Sustainable Development Cooperation Framework (UNSDCF 2024-2028) and the UNICEF's Country Programme Document (CPD).

[1] National Institute of Statistics, 2022 projections (<https://www.stat-guinee.org/>)

[2] Latest estimate from December 2022.

[3] 2022 SMART Nutrition Survey (Preliminary Report).

[4] 2022 SMART Nutrition Survey (Preliminary Report).

[5] Joint Monitoring Programme - JMP, 2019, and 2021.

Major contributions and drivers of results

The **convergence municipalities approach** (ICC[1]) was the cornerstone of UNICEF's 2018-2022 Country Program (CPD) in Guinea. In 2018, the government launched the ICC in 40 pilot municipalities in Guinea, with a view to scale it up if its impact is significant. Its aim is to support the decentralization process and to promote access to basic social services for vulnerable people.[2] To achieve the results listed in the CPD, UNICEF adopted various strategies aimed at effectiveness, including participatory community approach, greater involvement of local actors and strengthening of local capacities, leveraging multi-sectoral synergies with joint implementation of program components.

A UNICEF-supported independent evaluation of the ICC concluded that this approach has a positive impact on the lives of communities in the convergence municipalities. As a result, the Government decided to scale up the ICC nationwide. A programme document was developed by the Ministry of Territorial Administration and Decentralization to guide such scale up.

UNICEF's support to the acceleration of **immunization** (KRC1) in six low performing districts resulted in the vaccination of 64,158 hard-to-reach children with BCG and 51,413 with 3rd dose of pentavalent vaccine. Of the 1,631 targeted health facilities, 1,340 (82%) were provided with cold chain equipment by the end of 2022, up from 1,017 (62%) in 2021. A digital census using georeferenced data to identify eligible children aged 0-11 months was implemented in Conakry and provided evidence that this approach significantly improves the measurement of the denominator for vaccination coverage. This methodology will be used to develop a dynamic database for the country's urban vaccination strategy. Vaccination reminders, via SMS in local languages sent to mothers from the digital vaccination records of the DHIS2 platform, contributed to the reduction of drop-out rates from 69% in 2021 to 44% in 2022 for BCG and Penta 3 respectively.

In 2022, 84% of children aged 0-11 months received their third dose of pentavalent **vaccine**, compared to 89% in 2021. Although the overall score for Effective Vaccine Management (EVM) increased from 37% to 64% between 2016 and 2022, it is still below the 80% threshold recommended by the WHO. 90% of women of childbearing age were vaccinated with the Td vaccine during the 3rd round of the vaccination campaign. An integrated health campaign was successful in vaccinating 101% of children aged 6 to 59 months against measles and 95% of children aged 1-7 years against Meningococcal A meningitis (MenA). The 2nd dose of measles vaccination targeting the 15–18-month-olds was introduced into the routine EPI in December 2022 and will strengthen the immunity of children aged 0 -5 years against this disease.

Bottlenecks to the achievement of **immunization** results in 2022 were related to shortages of vaccines and injection equipment, and ongoing unavailability of community relays due to non-payment of their salaries. To address these bottlenecks, Guinea initiated its adherence to the Vaccine Independence Initiative and developed a roadmap for the reform of the Expanded Program on Immunization (EPI). This includes components to support the scale-up of the innovation on vaccination reminders by SMS, the digital census of children, and mobilization of domestic resources for immunization and community health, including the payment of salaries of community relays.

Capacity building, upgrading of the health infrastructure, modernization of the equipment of health facilities, strengthening supervision, and monitoring and evaluation have had a positive impact on the quality of **maternal, neonatal and child health services**. Through coaching and mentoring, 448 health facility staff received a refresher course on intrauterine resuscitation, neonatal care, and active management of the third stage of labor (AMTSL). In 2022, 348 health centers were equipped with childbirth and newborn resuscitation equipment, up from 329 in 2021, an increase in coverage from 80% to 85% of the original target nationwide. In the 40 convergence municipalities, community relays treated 60,704 cases of pneumonia with an antibiotic, compared to 55,539 in 2021; and 17,706 cases of acute diarrhea with ORS/Zinc compared to 14,827 in 2021. 76% of HIV-positive children and adolescents had access to antiretroviral treatment, vs. 73% in 2021. 60% of pregnant women benefited from an assisted delivery.

Regarding nutrition, in all 438 health centers of the country, UNICEF supported the treatment of **severe acute malnutrition** (SAM) for more than 32,716 children (17,030 boys and 15,686 girls), i.e., 36% of the 91,200 targeted children aged 6 to 59 months suffering from SAM, including 4,677 with medical complications, an increase of 39% compared to 2021 (23,478). Community relays conducted active screening on 424,636 children aged 6-59 months, which allowed identification and referral of 15,000 cases of SAM. The performance of the treatment at the national level in relation to the SPHERE standards is as follows: Cure rate: 91.7% (threshold >75%), Drop-out rate: 4.8% (Threshold

<15%), death rate: 1.9% (Threshold <10%) and non-response rate: 1.6%.

Although 25 health districts out of 38 (66%) implemented the minimum requirements to prevent **stunting in children** (KRC2), the number of health centers offering these services remained low (40 out of 438). A plan for the routinization of Vitamin A supplementation for the next 3 years (2023-2025) was developed. 2,449,112 children aged 6-59 months (96%) were supplemented twice with vitamin A, and 2,039,940 children aged 12-59 months (96%) dewormed. A 2022-2025 budgeted plan was developed to increase exclusive breastfeeding, starting with the launch of a national “Stronger With Breastmilk Only” campaign. 242,201 mothers and guardians were sensitized on infant and young child feeding (IYCF) in the 40 convergence municipalities, thanks to 974 women's groups and 1,505 community relays trained and equipped. UNICEF also supported the implementation of a national nutrition survey.

UNICEF, the main contributor for **ending open defecation** (KRC8) and achieving SDG6.2, supported 302,129 people in 13 rural municipalities to achieve open defecation free (ODF) certification through the implementation of the community led total sanitation (CLTS) approach. UNICEF ensured that 347,594 people have access to basic sanitation through a sanitation marketing strategy in collaboration with municipalities, the prefects and the National Directorate of Sanitation in Kindia, Kankan, Labe, Boko and Nzérékoré regions. Post-ODF monitoring was enhanced through greater involvement of municipalities and the Ministry of Territorial Administration and Decentralization (MATD). Through the 'ODF Prefecture' approach, a scaling-up of CLTS interventions is being implemented in the prefectures of Kindia, Beyla, Boffa and Nzerekore.

UNICEF's annual targets for KRC8 were achieved for both ending open defecation and basic sanitation. However, to achieve SDG6.2 in Guinea, more resources and more partnerships are required for reaching the goal in 2030. An evaluation of KRC8 conducted in 2022 recommended pursuing the 'ODF prefectures' approach, paying more attention to sanitation marketing with a gender lens.

In the area of **WASH in institutions**, significant progress was made through UNICEF's cross-sectoral approach. A total of 39,705 students (including 18,461 girls) from 93 schools gained access to water and/or sanitation services in the regions of Mamou, Labé, Kindia and Boké. 109 health centres benefited from water and/or sanitation interventions, including an improvement of the water supply for 34 centres, through the construction of solar water systems in Labe, Kindia and Kankan regions.

Education Sector coordination, inclusive education and addressing the learning crisis through innovations have been UNICEF's priority in this field. As part of Global Partnership for Education (GPE)'s new allocations process, UNICEF supported the **contextual analysis** of enabling factors. This exercise identified the major shortcomings of the sector, the areas requiring particular attention, and the strengths on which to build. It also stressed the urgent need to address the learning crisis and to accelerate the reforms suggested in the Ten-Year Education Program in Guinea (ProDEG2020-2029). Progress on **learning outcomes (KRC4 and SDG4.1)** has remained limited. The 2022 **national examinations** results demonstrated poor performance at all pre-university levels, with success rates of 17,6% in the primary school certificate, 15% in the high school 1st diploma, and 9% at the baccalaureate. Quite like those of PASEC[3] 2019, these results are further evidence of the learning crisis which justifies the urgent use of remedial approaches aimed at the acquisition of fundamental skills. In this context, a targeted education program based on differentiated teaching has been set up, with the support of UNICEF, to support students according to their real learning needs rather than their age or grade.

A process was launched to **update the national preschool policy**, integrating a year of preschool, develop a strategy to operationalize it, and support the development of programs in line with the said policy. This process, which was entrusted to UNICEF, is part of the government's commitment to improve learning outcomes and combat school exclusion.

In the Convergence municipalities, UNICEF's continued its support to the "Education" component of the Annual Municipal Investment Plans, through performance-based financing. As a result, it was possible to reach 100 educators to promote the Essential Family Practices package, especially in parental coaching and stimulation of young children within the communities, and the strengthening of monitoring and supervision of the sector.

In addition, UNICEF continued to implement **social protection measures** through the granting of scholarships to 2,000 vulnerable children (including 1,051 girls) for their retention and academic success in lower secondary schools in the convergence municipalities.

For **KRC5**, 2,224 **child survivors of violence**, including 859 cases related to child sexual abuse, cared for by child protection (CP) services[4]. The increase in cases handled, from 448 in 2020 to 745 in 2021, is evidence of an improvement in reporting and service provision. These achievements were as a result of collaboration between service providers, and of UNICEF's advocacy for strengthening the availability, accessibility and quality of protection services.

Regarding **KRC6-Ending child marriage (CM)**, 13,654 adolescent girls aged 10-19 (out of 8,626 planned, i.e., 158%) received prevention and care services during the year: 2,755 at risk girls were monitored by members of community-based protection groups, 9,650 girls reached through peer education, and 198 cases of child marriages were prevented at nationally. As CM is underpinned by several factors, a multisectoral approach comprising Education, Health, Gender and social and behavior change components, has provided alternative options in each of these sectors, so that CM becomes less attractive for girls.

781 male role models, 448 female mentors, 131 women's groups and 27 young girls' platforms continued to benefit from UNICEF's assistance to influence social norms related to **female genital mutilation (FGM)**, CM and other harmful practices.

There were 333,413 **births registered (KRC7)**, including 156,438 baby girls, representing 63% of the 531,208 total births expected in the country (compared to 54% in 2021). The registration rate in the convergence municipalities, which are mostly in rural areas, is 62%. Interoperability with the health programme and the integrated campaigns (Vitamin A supplementation and birth registration) made a significant impact on the scope and scale of birth registration beyond the convergence municipalities. Started in 2021, this joint approach continued with three campaigns through which birth certificates were issued to thousands of children. As a result, the number of beneficiary children doubled: 46,035 children in 2022 compared to 22,000 in 2021.

UNICEF continued to strengthen **child-sensitive budgeting** by providing support to the ministries of finance and budget, and to the sectoral ministries, for the establishment of the APC. This resulted in the identification of domestic financing options for the APC and increased fiscal space for child rights centered investments. Through the APC, the allocations for two priority programs for children were reinforced in the domestic budget, namely: vaccination of children and the fight against child malnutrition.

Furthermore, funding for child-sensitive interventions improved significantly in 36 out of the 40 convergence municipalities and 3 urban municipalities, thanks to the establishment of a results framework for Local Development Plans (LDP) and Annual Investment Plans (AIP), aligned with the 14 areas of competence that were transferred to municipalities, and aligned with the SDGs.

Evaluation and studies planned in the 2021-2022 Integrated Monitoring, Evaluation and Research Plan (IMERP) were completed. Five evaluations, two studies, and a national survey were conducted, and the reports validated. All of this evidence will inform reflections during the preparation of the

The network of 40 community radio stations and 6,527 actors were instrumental in encouraging the adoption of essential and favorable family practices for responding to the epidemics. These actors include community relays, members of monitoring and community action committees, members of the local action groups of the government's community-based early warning system, communication focal points of line ministries, and community leaders. They were trained in communication techniques for social and behavior change (SBC) and in risk communication and community engagement (RCCE). The use of socio-anthropological evidence from studies were instrumental in mobilizing communities around SBC interventions.

HUMANITARIAN RESULTS

The National Forum on the management of multiple and simultaneous epidemics, the first of its kind in West and Central Africa, was held under the patronage of the President of Guinea. It led to the "Conakry declaration" and a roadmap for improving preparedness and response to multiple and simultaneous epidemics.

UNICEF continued to participate in the coordination of health emergency preparedness and response led by the National Agency for Health Security. As co-lead of the infection prevention and control (IPC)/WASH pillar of the national humanitarian architecture, UNICEF supported the Government to coordinate the ongoing response to COVID-19, and to the Lassa fever epidemic in Guéckédou, in the N'Zérékoré region.

Regarding COVID-19, the national plan for vaccination was implemented via the routine EPI and acceleration campaigns. UNICEF provided support for the monitoring of the availability of vaccines under the COVAX framework, and for strengthening of vaccine logistics. UNICEF secured funding to support four rounds of vaccination in Nzérékoré, and for the vaccination of children aged 12-17 years in Conakry and in the municipalities of Coyah, Dubreka, and Kindia. By the end of 2022, 25% of the general population and 10% of children 12-17 years, were fully vaccinated. In the Education sector, 6,000 table benches were provided to schools identified as most in need, to contribute to disease prevention through improved physical distance between students, and to create optimal learning conditions. This allocation followed the final receipt of the rehabilitated school infrastructures (35 schools with 45 water points repaired and 57 water points constructed), benefiting nearly 19,000 students.

To respond to the **Lassa fever epidemic**, UNICEF provided nutrition inputs. 80 health centres had their staff trained in IPC and received hygiene kits to improve handwashing practices, benefiting about 80,350 people. 12,674 students (including 4,549 girls) from 12 schools gained access to improved sanitation facilities while 12,846 people from 47 vulnerable communities live in an open defecation free environment. In addition, 3,000 people gained access to basic water services through the construction/rehabilitation of two solar powered water systems. Six social workers were deployed to assess the needs and provide care for children infected/affected by the Lassa fever (336 including 159 girls) and their parents (373, including 184 women).

[1] In French: "Initiative des communes de convergence".

[2] Evaluation report of the ICC, page v.

[3] <https://pasec.confemen.org/> : Programme d'analyse des systèmes éducatifs

[4] OPROGEM is the Government office for the protection of gender, children, and morals; BSPPV is the Gendarmerie's Special Brigade for the Protection of Vulnerable Persons.

UN Collaboration and Other Partnerships

UNICEF leveraged partnerships for children through coordination of UN development activities by leading the UN Programme Management Team (PMT) and the UNDAF result group on social services (UNDAF Results #3), and by contributing to coordination of humanitarian activities, and acting as spokesperson for the technical and financial partners of the Common Fund for Education.

UNICEF collaborated with development partners to support the government to strengthen the health system and the response to epidemics. These include GIZ, USAID, the Government of Japan, ALIMA, EU, GIZ, the Red Cross, and MSF. The Bill and Melinda Gates Foundation supports immunization and primary health care. UNFPA, WHO, the World Bank, and UNAIDS, supported the coordination of the SRMNIA-N platform, as well as related training and provision of equipment and drugs for the extension of pediatric care sites of HIV, emergency obstetric and newborn care (EmONC) and Essential newborn care (ENC). The implementation of the COVID-19 response plan received support from GAVI, WHO, IOM, WFP and FAO.

In nutrition, through the MUSKOKA Fund, Japan, WB, and WHO provided support to the capacity building of health workers. HKI, Child fund and Nutrition International cooperated for Vitamin A supplementation and deworming. UNICEF supported the functioning of the Nutrition Technical Group bringing together the Ministries related to health, SCOs, university researchers, private companies and UN agencies. UNICEF, WB and HKI co-funded the SMART nutritional survey.

UNICEF worked closely with the UN Coordination to organize Guinea's participation in the Transforming Education Summit (TES), which calls for a joint follow-up of post-summit actions. Also, the partnership with the GPE and the French development agency remains one of the most important to contribute to the qualification of the **educational** system. The WB turned to UNICEF to support the implementation of the Preschool and Basic Education Results Project (PRePEF). UNICEF worked closely with the International Telecommunication Union, to provide technical support to the Ministry in charge of the digital economy to accelerate the digitalization of the Ministry of Education, including universal internet connectivity of schools.

Joint UNFPA-UNICEF work led to progress in the **protection** of children against GBV and FGM. The OHCHR supports criminal justice actors and foster families. Plan International helped disseminate the Child Code and participated in the meetings of the steering committee on child marriage.

UNCDF helped fund and implement the capacity building program on local resource mobilization, while UNDP recruited a national consultant to develop the AIP/LDP monitoring framework, and coordinated the development of the SDG financing strategy. UNICEF collaborated with UNDP, WFP and IOM in the joint program on human security.

Lessons Learned and Innovations

Innovations

Interoperability between programme components proved beneficial in several ways. In addition to achieving the goals regarding Vitamin A supplementation, deworming, and birth registration, and child marriage, the joint campaigns implemented by the child protection and health programmes had other benefits: (i) Strengthening coordination between the child protection and health sectors; (ii) Improving the scale, scope and reach, of multi-sector interventions that cater for a greater number of vulnerable children across the country; (iii) Improving the effectiveness and efficiency of the program by sharing

operating costs (media, logistics, communication and supervision) during joint interventions; and (iv) Strengthening the capacities of wider communities and families on the universal and multidimensional nature of children's rights.

The use of **SMS reminders to mothers, in local languages**, via the existing DHIS 2 digital platform is an innovation that can significantly contribute to the reduction of immunization dropout rate, while improving vaccination coverage as in the municipality of Matoto in Conakry city up to 51% for the 1st dose of pentavalent vaccine. The use of georeferenced data to conduct the head count of children in Conakry helped improve the denominator of immunization measurements and is a good methodology to integrate in urban vaccination strategies for a better control of vaccination target population.

The **networking of community radios** allowed further mobilization of the media on the promotion of children's rights, to strengthen their capacities in a coherent manner. It also helped create a synergy between community radios and other State technical services so that they can pool their efforts and work together to promote essential family practices.

The **Teaching at The Right Level (TaRL[1])** approach to education was implemented for the first time in Guinea. It is a three-step approach of accelerated learning at the classroom level, comprising: i) assessment of children, using simple tools, in reading and mathematics; ii) grouping of children by learning level rather than by age or class; iii) development of fundamental skills through an interactive teaching and learning methodology and play-based activities, adapted to each student's level.

Lessons learned

Lessons learned during programme implementation, and those formulated in the above-mentioned evaluation reports, will feed into future UNICEF actions, starting with the finalization of the next CPD.

The **'ODF Prefecture' approach** based on the leadership of municipalities (the triggering and follow up of municipal council with the support of local NGOs and prefects) has added value to the sanitation strategy: acceleration of the certification of triggered communities, reaching out many people (the aim is to reach all communities in the prefecture), support the post ODF strategy to reduce slippage while creating a conducive environment for more improved sanitation facilities (sanitation marketing).

As demonstrated by an independent evaluation conducted in 2022, the convergence municipalities approach proved successful, bringing essential services to local communities and positively impacting the wellbeing of children and their families. The results recorded in the municipalities not covered by the ICC were not as good, underlining the efficacy of the approach in the 40 pilot municipalities. In order for the approach to be successfully scaled up, the commitment of government partners is indispensable.

Emerging Opportunities and Adjustments for 2023

In order to strengthen social inclusion, **domestic financing of child rights interventions** the national budget is key to achieving the SDGs for children. Thus, the African Partnership for Children (APC) proves to be an innovative approach to sustainably improve the domestic financing of child rights programs.

The noticeable engagement of the transitional government to improve health sector governance and accountability, which resulted in changes across programs and projects, represents an important opportunity for the improvement in health-related indicators. Guinea's adherence to the vaccine independence initiative with the Prime Minister as a vaccination champion, and the ambition to

increase the vaccination coverage rate of the Pentavalent 3 vaccine by 20 percentage points by the end of 2023, will help to relaunch the immunization program sustainably. The launch of the APC by the Prime Minister will help mobilize substantial domestic resources needed to fund the priorities related to immunization, nutrition and community health. The signing of the Conakry Declaration and Roadmap by the Prime Minister will enable mobilization of resources for better preparedness to epidemics.

The **adoption of the law on local public services** and the signing of the implementing texts of the Code of local communities offer new prospects for consolidating the decentralization process in Guinea, by enabling municipalities to recruit the human resources necessary to implement the competencies that have been transferred to them.

The rollout of the **new GPE financial model** and UNICEF's current role as technical and financial lead partner provide opportunities to boost the education sector and advance the realization of children's right to education. In addition, the update of the national preschool policy integrating a year of preschool is seen as a positive opportunity.

To ensure a risk-informed programmatic approach and to mitigate the impact of hazards on children and the basic social services on which they depend, UNICEF, in collaboration with the Government, conducted a Child Risk and Impact Analysis (CRIA)[2]. The results showed that children are disproportionately affected by these "high-risk" changes in all aspects of their lives, with multiplier effects depending on their individual and specific vulnerabilities, socio-economic status, age category, gender, and geographic location. Along with other evidence-based data, the results are informing ongoing reflections for the elaboration of the new country program (2024-2028).

[2] <https://www.unicef.org/guinea/rapports/analyse-des-risques-et-de-limpact-des-al%C3%A9as-sur-les-enfants>
<https://www.unicef.org/guinea/rapports/analyse-du-paysage-climatique-pour-les-enfants-en-guin%C3%A9>