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Draft country programme document**

Guinea

Summary

The draft country programme document (CPD) for Guinea is presented to the Executive Board for discussion and comment. The draft CPD includes a proposed aggregate indicative budget of \$58,945,000 from regular resources, subject to the availability of funds, and \$101,145,000 in other resources, subject to the availability of specific-purpose contributions, for the period March 2024 to December 2028.

* [E/ICEF/2024/1](#).

** In accordance with Executive Board decision 2014/1, country programme documents (CPDs) are considered and approved in one session, on a no-objection basis. This draft CPD, and a costed evaluation plan, will be presented to the Executive Board for review from 14 November to 4 December 2023. The final CPD will be posted to the Executive Board web page in English six weeks in advance of the 2024 first regular session and in the other designated languages four weeks in advance.

Programme rationale

1. Guinea is a lower-middle-income country¹, with a per capita gross domestic product (GDP) of \$1,189 (2021),² and has a score of 0.46 on the Human Development Index, which is within the “low human development” category.³ Despite having a chronic budget deficit and being affected by crises including the war in Ukraine, the coronavirus disease 2019 (COVID-19) pandemic and Ebola outbreaks, the country’s economy grew by 4.7 per cent in 2022, with a projection of 5.1 per cent by 2023.
2. The projected population for 2023 is 13.6 million,⁴ (64 per cent rural and 52 per cent female), with an annual growth rate of 2.9 per cent.⁵ People under the age of 18 years constitute 51.3 per cent of the population. Additionally, adolescents (10–18 years) account for 23 per cent. The potential demographic dividend is overshadowed by the challenges to expand the provision of basic social services, social protection and employability skills.
3. After the change of regime on 5 September 2021 and a year of tension, the socio-political situation in Guinea has stabilized following the October 2022 transitional government and the Economic Community of West African States agreement on a 24-month transition. This agreement thereby avoids potential sanctions and places significant focus on planning the forthcoming elections.
4. Agriculture accounts for 27 per cent of GDP. The mining sector contributes 20 per cent of GDP and 85 per cent of exports, whereas the informal economy accounts for 41 per cent of GDP and 96 per cent of jobs. In 2021, the country ranked 182 out of 191 on the Gender Inequality Index.⁶
5. The Ebola crisis (2014–2016) revealed that well-organized communities responded effectively to the epidemic. Based on this finding, the Government promulgated the revised Code of Local Authorities in 2017, establishing a pilot project that involved the decentralization of 14 areas of competence to 40 communes across the country.⁷
6. Monetary poverty, which affects the rural population twice as much as the urban population (55.4 versus 22.4 per cent, respectively) decreased from 48.5 per cent to 43.7 per cent between 2014 and 2019.⁸ Children are exposed to multiple deprivations, notably in rural areas, where in 2018, 90 per cent were reported to be deprived of at least three out of nine areas of well-being.⁹
7. Despite commendable efforts to incorporate environmental priorities into national strategies, the country faces considerable uncertainties. Over the past few decades, there has been a noticeable disruption in rainy seasons and a consistent rise in temperatures, particularly in the north-eastern region, which can be attributed, at least in part, to local environmental degradation. This environmental instability

¹ World Bank letter to the Minister of Economy and Finance, 1 July 2023. See https://mefp.gov.gn/wp-content/uploads/2023/07/Guinee_Classement-2022_WBG.pdf.

² World Bank, GDP per capita.

³ United Nations Development Programme, 2021.

⁴ Guinea National Institute of Statistics (2017). See https://www.stat-guinee.org/images/Documents/Publications/INS/rapports_enquetes/RGPH3/RGPH3_perspectives_demographiques.pdf.

⁵ United Nations, Department of Economic and Social Affairs, *World Population Prospects 2022*.

⁶ World Bank, *Unlocking Women’s and Girls’ Potential: The Status of Women and Girls Relative to Men and Boys in Guinea* (2023).

⁷ Guinea comprises 8 regions, 33 prefectures and 341 communes; on competencies transferred to communes, refer to Guinea Local Government Code, available at <https://medd-guinee.org/wp-content/uploads/2020/12/Code-Collectivites-Locales-REVISE-2017.pdf>.

⁸ World Bank, Evaluation of poverty in Guinea (2022).

⁹ Multiple Overlapping Deprivation Analysis, 2018.

carries the potential for a decline in agricultural yields, posing a direct threat to food security and increasing the vulnerability of communities to poverty. Moreover, the risk of spillover in the north-east from the Sahel conflict could lead to an influx of refugees and internal displacement.

8. The under-5 mortality rate decreased between 2017 and 2021, from 108.3 to 98.72 per 1,000 live births, and the neonatal mortality rate fell from 32.6 to 31.1 per 1,000 live births¹⁰ despite multiple disease outbreaks. Women's access to health care is low, which contributes, along with other factors, to maternal mortality, the rate of which is estimated at 553 per 100,000 live births for 2023.¹¹ In addition, for children under the age of 5 years, 69 per cent received treatment for acute respiratory infections, 55 per cent were treated for diarrhoea, and 47 per cent (very low coverage) received the third dose of diphtheria/tetanus/pertussis (DTP3)-containing vaccine.¹²

9. Despite a slight reduction over the past decade, the prevalence of stunting remains high, affecting 25.5 per cent of children, while 6.7 per cent¹³ suffer from global acute malnutrition. The prevalence of early initiation of breastfeeding (25.8 per cent), exclusive breastfeeding (43.7 per cent), continuous breastfeeding up to 23 months (60 per cent), iodized salt consumption (53 per cent) and diet diversity among children aged 6–23 months (11.1 per cent), and the proportion of children (6–23 months) benefiting from an acceptable minimum diet (4.2 per cent), remain low. Vitamin A coverage is 66 per cent. Overweight among adolescent girls and women is 15 per cent and 39 per cent, respectively, while obesity is 2 per cent and 15 per cent, respectively.

10. Between 2015 and 2022, water supply coverage increased nationwide from 63 per cent to 71 per cent (92 per cent urban and 59 per cent rural). Sanitation coverage improved at the national level from 23 per cent to 31 per cent (47 per cent urban and 22 per cent rural), and open defecation simultaneously decreased from 14 per cent to 7 per cent nationwide (1 per cent urban and 11 per cent rural).

11. Only 19 per cent of children attend preschool,¹⁴ while 34 per cent and 47 per cent of primary school and lower secondary school-age children are out of school. The completion rates for primary, lower and upper secondary schools were 53 per cent, 37 per cent and 22 per cent, respectively. Many children, mostly girls from vulnerable groups living in rural areas, do not have access to education.

12. Sixty per cent of primary school students have not acquired the necessary reading and mathematics skills, leading to elevated rates of grade repetition and dropouts. This learning crisis is caused by demand and supply bottlenecks, coupled with multiple factors stemming from deprivations, including inadequate nutrition and insufficient early childhood care and development.

13. The under-5 birth registration rate improved from 58 per cent to 62 per cent between 2012 and 2018.¹⁵ However, disparities persist between rural and urban areas, with rates of 54 per cent and 81 per cent, respectively.

14. Violence, abuse and exploitation against children are widespread. The use of violent discipline in schools and by caregivers in homes is highly prevalent, with 89

¹⁰ Inter-agency Group for Child Mortality Estimation, 2022.

¹¹ UNICEF, *The State of the World's Children 2023: For every child, vaccination* (2023).

¹² See <https://data.unicef.org/country/gin/>.

¹³ National assessment of the nutritional survey, 2022. Available at <https://www.unicef.org/guinea/media/9111/file/Enqu%C3%AAt%20SMART%202022.pdf>.

¹⁴ Guinea education statistics yearbook, 2022.

¹⁵ Demographic and Health Survey (DHS), 2018. See <https://dhsprogram.com/pubs/pdf/SR262/SR262.pdf>.

per cent of children aged 1–14 years having experienced it.¹⁶ Child labour affects 38 per cent of children (5–17 years), with 27 per cent in hazardous conditions. Violence remains a concern given that at least one form of physical violence since the age of 15 was experienced by 55.7 per cent of women, and 29.3 per cent of them have experienced sexual violence.¹⁷

15. Harmful practices, particularly female genital mutilation (FGM) and child marriage, are common in Guinea. With 39 per cent of girls (0–14 years) and 95 per cent of women (15–49 years) having experienced FGM,¹⁸ two thirds before the age of 9 years¹⁹ despite a law that prohibits FGM. About one in two girls marry before the age of 18 years, especially in rural areas, where poverty, cultural traditions and parental illiteracy are prevalent. Child marriages are often associated with early pregnancy, resulting in adverse effects on maternal and child health and other aspects that impede the rights and well-being of the children affected.

16. Strategic choices are guided by the lessons learned from the previous country programme, the comparative advantages of UNICEF, and the current evolving political and socioeconomic context. Key lessons learned include: (a) community participatory approach combined with capacity development of partners at the local level have increased demand, quality and access of services, at the community level; and (b) intersectionality between programme components, increased community engagement, accelerated access to equitable basic services for children.

Programme priorities and partnerships

17. The Government of Guinea and UNICEF developed the proposed country programme through an iterative process that included the participation of civil society organizations, children and youth. It is informed by the 2018–2023 country programme evaluation, sectoral evaluations, child risk and impact analysis, and a summarized updated situation analysis. The country programme is derived from the United Nations Sustainable Development Cooperation Framework (UNSDCF 2024–2028), and is aligned with the national priorities established in the Interim Reference Programme of the Transition (2022–2025) and sectoral policies. In addition, it is based on the most recent concluding observations (2021) of the Committee on the Rights of the Child and linked to national sectoral priorities, as well as aligned with the Sustainable Development Goals, UNICEF Strategic Plan, 2022–2025 and Gender Action Plan, 2022–2025.

18. The programme vision is: “A Guinea where children, and especially adolescent girls and those living in the most vulnerable families within the most deprived geographic areas, have equitable opportunities for access to, and sustained use of, quality essential social services and social protection, and to realize their full potential, including in a context characterized by climate-related vulnerabilities and emergencies”.

19. Besides support to central-level system strengthening of the social sectors, planning and budget ministries, the country programme will geographically converge two out of the eight regions within the country. In collaboration with other United Nations agencies, UNICEF will sequentially support all communes within the six most deprived prefectures in the two selected regions. In addition, continued support will be provided to 40 government-prioritized convergence communes nationwide,

¹⁶ Multiple Indicator Cluster Survey (MICS), 2016. See https://www.stat-guinee.org/images/Documents/Publications/INS/rapports_enquetes/Rapport_MICS_2016.pdf.

¹⁷ Ibid.

¹⁸ DHS, 2018.

¹⁹ UNICEF, *Multi-Country Evaluation of Community Engagement to End FGM* (2021). See <https://eisi.unicef.org/records/18562/completedrecordread>.

and humanitarian support will be provided for epidemics and climate-related disasters to consolidate the achievements of the previous country programme. This approach is aligned with the “leave no one behind” principle of the Sustainable Development Goals contributing to the reduction of inequities.

20. The country programme focuses on four components:

(a) Learning and acquiring the skills needed for children and adolescents to reach their full potential, with care and attention, including a focus on nutrition, and adolescent girls;

(b) Promoting legal identity through birth registration; preventing and responding to violence, exploitation, abuse, neglect and harmful practices affecting children and adolescents, especially girls; and enabling access to integrated and quality child protection services that help to ensure their physical, mental and social well-being;

(c) Quality integrated health, nutrition, drinking water, sanitation and hygiene services, and mitigation of climate-related risks; and

(d) Access to inclusive social protection for the most vulnerable children and adolescents.

21. The programme will improve multisectoral approaches and use cross-cutting interventions, including communication, knowledge management, social behaviour change, gender equality, adolescent participation/youth engagement, community resilience-building and digital transformation. Enhanced cooperation with the Government at all levels, implementing partners, civil society organizations, United Nations agencies, international finance institutions and the private sector will facilitate the achievement of results.

22. The country programme will promote child rights through capacity development of duty bearers at service and community levels and the simultaneous empowerment of children and adolescents as rights holders, ensuring that adolescent girls are prioritized and consulted to inform decisions that affect their lives. The programme design will facilitate the strengthening, consolidation and expansion of intersectoral initiatives being implemented, such as interoperability between health and birth registration services and social protection to prevent child marriage or delay the age of girls’ marriage.

Children learn and acquire skills

23. Contributing to outcome 1 of the UNSDCF and to the Guinea Education Sector Plan, the country programme is aligned with Goal Area 2 of the UNICEF Strategic Plan, 2022–2025 and with the UNICEF Gender Action Plan, 2022–2025. In partnership with the Government, Global Partnership for Education, United Nations Educational, Scientific and Cultural Organization (UNESCO), World Food Programme (WFP), private sector and civil society organizations, the country programme will support national efforts to increase access to quality and inclusive education, particularly for girls and those living with disabilities. A multisectoral approach will be adopted to support the Government, with schools serving as entry points for synergies across programmes, offering an improved quality and a safer, healthier and equitable learning environment.

24. To improve the quality of basic education, UNICEF, in partnership with civil society organizations, the World Bank and United Nations agencies, will focus on school readiness in pre-primary education and foundational learning in primary education. UNICEF will support the Government in improving the availability of teaching and learning materials for preschool and primary education and strengthen

teaching, monitoring and evaluation capacities. In addition, UNICEF will support the Government in implementing its national preschool policy and promote and scale up the “teaching at the right level” approach as the entry point of the Foundational Literacy and Numeracy global initiative and digital learning. This will be achieved through direct collaboration with local authorities and school management committees, including teachers and parents, to encourage families to invest in education. Contribution to the Common Fund for Education, which aims to improve the effectiveness of development aid, will be maintained.

25. To address gender disparities in the completion of secondary education, UNICEF will work with the above-mentioned partners to support the Government in implementing its National Programme for the Acceleration of Girls’ Education. This will consist of implementing holistic multisectoral interventions that respect, promote and protect girls’ rights to education, as well as promote female teachers and school leaders. The interventions will also focus on gender-responsive pedagogy, adequate health and water, sanitation and hygiene (WASH) services, prevention of and protection from violence, and prevention of child marriage. Cash transfers to vulnerable families will be scaled up to enrol and maintain adolescent girls in schools, contributing to the prevention of child marriage or a delay in the age of marriage. Girls’ education will be accelerated through social protection, mentoring and psychosocial support, monitoring attendance and learning progress, tracking enrolment at the legal age, and implementing social behaviour change to address causes related to gender inequality and mitigate harmful social norms and violence.

26. UNICEF will work closely with the Government, traditional and religious leaders to support out-of-school adolescents and youth by focusing on strengthening alternative education programmes, including technical and vocational training, improved access to digital platforms, capacity-building in entrepreneurship, and partnerships with small and medium enterprises.

27. Community engagement will be enhanced, including nurturing care for early childhood development; promotion of responsive care practices, with a gender lens during the first 1,000 days at community level and at the preschool level; parenting education and community platforms such as women’s groups; implementation of WASH in schools; and improvement of menstrual hygiene, deworming, micronutrients intake and civil registration.

Children and adolescents are protected from violence and exploitation

28. Contributing to outcome 1 of the UNSDCF, the country programme is aligned with Goal Area 3 of the UNICEF Strategic Plan, 2022–2025, the Child Protection Strategy (2021–2030) and the UNICEF Gender Action Plan, 2022–2025. In partnership with the Government, UNDP, United Nations Population Fund (UNFPA), International Organization for Migration, civil society organizations and the private sector, UNICEF will strengthen systems at the national and commune levels to help ensure that children and adolescents, including those on the move, and particularly adolescent girls, are better protected from violence, exploitation and abuse, and have safe, inclusive access to integrated protection services for their physical, mental and social well-being, including legal identity through birth registration.

29. To address the low birth registration rate, high prevalence of violence against children, especially girls, the persistence of harmful practices, notably FGM and child marriage, and children’s limited access to justice, UNICEF will focus on strengthening the interoperability of birth registration with health; prevention and response services for harmful practices and violence against children; and children’s access to justice. Three strategies will be pursued: (i) prevention and response-

focused system strengthening; (ii) capacity-building at the institutional, community and family levels; and (iii) engaging with girls as partners and agents of change.

30. Specifically, building from existing partnerships with local and girl-focused organizations that are currently providing services, UNICEF will continue to strengthen collaboration with the Government and partners to accelerate birth registration through interoperability with health; strengthen the social service workforce; establish a child protection case management and referral mechanism; and build the capacity of justice actors and systems for facilitated access to justice, including diversion and alternatives to detention.

31. The capacities of communities, families, children and adolescents will be strengthened to adopt attitudes and behaviours to enhance their self-efficacy and protect children. Additionally, women and community leaders will undertake collective action to end FGM and child marriage in communities.

Children survive, thrive, and live in a safe and clean environment

32. Contributing to outcomes 1 and 2 of the UNSDCF, in line with the Ministry of Health and Public Hygiene strategic objectives 1, 2 and 3 and Goal Areas 1 and 4 of the UNICEF Strategic Plan, 2022–2025, and in partnership with United Nations agencies, UNICEF will seek to address neonatal, infant, child and maternal mortality and access to appropriate health and nutrition care and support, as well as vulnerabilities to diseases and the recurrence of epidemics in an unsafe and potentially unsustainable environment.

33. To reduce infant and child mortality, in collaboration with the Ministry of Health and Public Hygiene, World Health Organization (WHO), UNFPA, Gavi, the Vaccine Alliance, and World Bank, the country programme will support:

(a) Preparedness and response to multiple epidemic outbreaks across the country;

(b) Efforts to improve quality and access for children, including newborns and mothers, to community-based and facility health services, including malaria prevention, acute respiratory infection and diarrhoea disease; and

(c) The prevention of adolescent pregnancy, as well as access to appropriate health and nutrition care and support, including gender-based violence, antenatal and postnatal care services, iron supplementation and deworming.

34. Building on the commitment of the Government to increase immunization coverage by 20 per cent, the country programme will specifically target zero-dose and under-vaccinated children and communities with DTP by implementing the zero-dose strategy through various approaches, the intensification period of routine immunization, and strengthening supply and cold chain systems. Social and behavioural change interventions will enhance the demand for maternal, newborn, infant and adolescent health services by addressing social barriers, including during emergency contexts.

35. To accelerate the prevention and reduction of stunting and wasting, and decrease micronutrient deficiency among children and women, the country programme will focus on:

(a) Systems strengthening to provide quality nutrition services, including the promotion of balanced and nutritious diets and adoption by mothers and caregivers of key family care practices;

(b) A systemic approach to empower communities, including women, adolescents and caregivers, to enhance demand for and positive practices related to

children's well-being, including, nutrition, health, education, WASH, child protection, and social protection products and services; and

(c) Advocacy and alliance-building with the private sector and women's cooperatives by promoting the use of locally produced nutrient-dense foods to improve the diets of children (6–23 months).

36. To scale up innovative and evidenced-based interventions, UNICEF will:

(a) Design and implement integrated models for adolescents' participation on issues affecting their rights, including menstrual hygiene, and mental health and psychosocial support;

(b) Improve availability and access to gender-transformative WASH services in schools, health facilities and communities, including community-led total sanitation, as a pathway to ensuring better health, hygiene and nutrition for children and adolescent girls; and

(c) Further invest in community-based, community-led and climate-resilient interventions that strengthen community resilience and health.

Children have access to inclusive social protection

37. Contributing to outcomes 1 and 3 of the UNSDCF, Goal Area 5 of the UNICEF Strategic Plan, 2022–2025, and in partnership with the Government, World Bank, civil society organizations, development partners, private sector and United Nations agencies, the country programme will contribute to strengthen access to social protection; public finances for effective implementation of basic social services for children; and local governance, in particular the decentralized planning and budgeting mechanism.

38. The programme will contribute to breaking the intergenerational poverty cycle and support the development of an inclusive, integrated and gender-transformative social protection system through leveraging of domestic and external resources to improve the coverage of social protection services, and designing and implementing initiatives to enhance access to basic social services for the most vulnerable children, adolescents and families.

39. To address the prevalent low coverage and ineffectiveness of essential social services for children, UNICEF will provide technical support and evidence-based advocacy to increase resources allocated to social sectors, including social protection; enhance the equitable transfer of resources to decentralized services and local communities; and enhance government stakeholders' capacities in the preparation and transparent execution of social sector budgets with a child rights, gender and equity perspective.

40. In the selected geographical areas, communities will be empowered to enhance their demand and use of social services through the establishment and functioning of frameworks for intersectoral consultation and coordination on competencies transferred to local authorities; and strengthening local planning and budgeting systems and the capacities of children and youth to participate in the local governance processes.

Programme effectiveness

41. This component will coordinate multisectoral interventions and ensure cross-sectoral priorities such as social and behavioural change, emergency preparedness and resilience, and gender-transformative approaches, including an office-wide priority on adolescent girls as well as adolescent/youth participation/engagement. The efficient and effective delivery of the programmes will be supported by rigorous

strategic planning, monitoring, knowledge management, innovation and evaluation to inform programming. UNICEF will strengthen the generation, analysis and use of data disaggregated by age, sex and level of vulnerability when possible as the basis for decision-making, addressing the data gaps to inform inclusive programming.

42. Gender-responsive programming and disability-inclusive approaches will be mainstreamed across sectors to reach the most vulnerable groups. This component will promote social norms and behaviour change, knowledge management and accountability to beneficiary populations.

43. UNICEF will expand the use of advocacy and communications to support policy development and increase awareness on child rights, while institutionalizing engagement with children and young people to ensure that their voices are heard. External partnerships will facilitate leveraging of resources to gear collaboration towards systemic impact. UNICEF will contribute to addressing rights deprivations of adolescents and young people, including the right to participation.

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources^a</i>	<i>Total</i>
Children learn and acquire skills	5 450	18 000	23 450
Children and adolescents are protected from violence and exploitation	5 250	11 500	16 750
Children survive, thrive, and live in a safe and clean environment	15 795	60 000	75 795
Children have access to inclusive social protection	5 000	5 385	10 385
Programme effectiveness	27 450	6 260	33 710
Total	58 945	101 145	160 090

^a Other resources (emergency) may be mobilized, as required, through humanitarian appeals processes.

Programme and risk management

44. This CPD outlines UNICEF contributions to national priorities for children and serves as the primary unit of the accountability of the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

45. The programme will be coordinated as part of the UNSDCF and implemented in cooperation with the Government of Guinea under the leadership of the Ministry of Planning and International Cooperation. UNICEF will co-lead and/or support United Nations country team coordination mechanisms. It will work with the country team on regularly monitoring UNSDCF and Sustainable Development Goal indicators, resilience-building, and mobilizing resources for emergency response when needed.

46. Key risks include a reduced fiscal space due to external macroeconomic factors; recurrent epidemic outbreaks, climate-related adversities; norms, decrees or legislation not being enacted by the Government or parliament, and UNICEF not

realizing the expected other resources income. Mitigating measures comprise community-based resilience-building and prompt reaction in case additional funding is required. UNICEF will apply the harmonized approach to cash transfers and uphold the “do no harm” principle in all its operations, including mechanisms to strengthen accountability to affected populations and actions to protect children from sexual exploitation and abuse.

Monitoring, learning and evaluation

47. Programme monitoring, and evaluation will be conducted in collaboration with the Government based on the results and resources framework. Outcome indicators will be monitored through national surveys or administrative data. Output indicators will be assessed with a gender lens during annual reviews with implementing partners, benefiting from joint field visits and other monitoring activities. UNICEF will work with other United Nations agencies to monitor the progress of the UNSDCF and to demonstrate the contributions of UNICEF.

48. UNICEF will collaborate with the National Institute of Statistics to improve the quality of data disaggregated by sex, age and vulnerability level, supporting the data collection and analysis of household surveys, including the Demographic and Health Survey (DHS)/Multiple Indicator Cluster Survey (MICS), Standardized Monitoring and Assessment of Relief and Transition (SMART), the general population census and real-time monitoring. UNICEF will contribute to strengthening the capacities of relevant sectoral information systems to monitor children’s rights and the country’s progress towards achieving the Sustainable Development Goals. In this respect, UNICEF will be actively involved in all coordination bodies for the implementation of the National Statistics Development Strategy.

49. Partnerships with the Government, research centres, United Nations agencies and civil society organizations will be strengthened to promote results-based management and an evaluation culture and function to improve the performance of public policies benefiting children. The evaluations outlined in the costed evaluation plan will assess progress with a gender lens and enable timely adjustments.

50. In 2025, UNICEF will support the Government and non-governmental partners in the process of reporting to the Committee on the Rights of the Child.

Annex

Results and resources framework

Guinea – UNICEF country programme of cooperation, March 2024–December 2028

<p>Convention on the Rights of the Child: articles 2, 5, 8, 12, 16, 19, 23, 24, 26, 28, 29, 30, 34–38</p> <p>National priorities: Interim Reference Programme of the Transition (2022–2025) axis 3: legal framework and governance; axis 4: social action, employment and employability; and axis 5: infrastructures, connectivity and sanitation</p>
<p>UNSDCF outcomes involving UNICEF: 1–3</p>
<p>Related UNICEF Strategic Plan, 2022–2025 Goal Areas: 1–5</p>

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
<p>Outcome 1: Basic services: By the end of 2028, populations, including women, young girls and boys, children, particularly vulnerable people, and those living in rural, peri-urban and hard-to-reach areas, use quality, equitable, sustainable, and inclusive basic social services, including in emergency situations.</p>	<p>1. By the end of 2028, increased basic education-age children in priority intervention areas, particularly girls, have access to inclusive, quality teaching and learning and will acquire the fundamental skills needed to develop their full potential, in an environment free from violence, including in emergency situations.</p>	<p>1. Percentage of children (Grades 2–3 and 5–6) achieving a minimum level of competence in reading and mathematics</p> <p>B (2019): 40%; T: 60%</p>	<p>Programme on the Analysis of Education Systems</p>	<p>1. By the end of 2028, stakeholders in the education system, at national level and in the target areas, have increased capacity to provide a better learning environment and inclusive, quality basic education services.</p> <p>2. Communities, parents, and families in the target municipalities take action conducive to increased school enrolment of girls and other vulnerable children, including in emergency situations.</p> <p>3. Ministries and technical services in charge of education</p>	<p>Ministries of Education; Administration; Child Protection</p> <p>UNESCO</p> <p>World Bank, Global Partnership for Education; Plan International; civil society organizations; French Development Agency</p>	5 451	18 000	23 450
		<p>2. Gross enrolment ratio in pre-primary education</p> <p>B (2022): 19%; T: 50%</p>	<p>Statistical Yearbook, Ministry of Education 2027–2028</p>					
		<p>3. Net enrolment rate in primary education</p> <p>B (2022): 54.7%; T: 75%</p>						
		<p>4. Primary completion rate*</p> <p>B (2022): 65.3%; T: 70%</p>	<p>Statistical Yearbook, Ministry of Education 2027–2028</p>					
		<p>5. Completion rate of lower secondary education*</p>						

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
		B (2022): 43.9%; T: 45%		have increased capacity to ensure better coordination and steering of the education system at all levels, particularly at the decentralized level in the target areas.				
Outcome 1: Basic services	2. By the end of 2028, children and adolescents (girls and boys), especially the most vulnerable and those with disabilities in priority intervention areas, are protected against violence, exploitation, discrimination, abuse, neglect and harmful practices, including in emergency situations.	1. Percentage of girls, boys, women and men aged 15–49 years who believe that FGM should be eliminated Women: B (2018): 26.2%; T: 50% Men: B (2018): 31.8%; T: 60%	DHS/MICS	1. Relevant government services, local authorities and partners have increased capacity for the effective application of the legal framework and the operationalization of coordination frameworks protecting children and adolescents against violence, exploitation, discrimination, abuse, neglect and harmful practices, including in emergency situations. 2. Institutions and actors working in the fields of justice for children, social work, community engagement and civil registration have increased capacity to offer quality and inclusive protection services to children and adolescents, particularly the most	Ministries of Child Protection; Administration; Education; Health WHO; UNDP Enabel; Plan International; ChildFund	5 250	11 500	16 750
		2. Proportion of women aged 20–24 years who were married or in a relationship before the age of 18*	DHS/MICS					
		3. Percentage of children in conflict with the law subject to a diversion order or a non-custodial measure. B (2022): 59%; T: 75 %	Administrative data					
		4. Proportion of children under the age of 5 years registered by a civil registry authority, by age* B (2018): 62%; T: 80%	Administrative data					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
				vulnerable in the priority intervention areas, including in emergency situations. 3. Capacities of communities, families, children and adolescents, including those with disabilities, in priority areas are strengthened to adopt and influence positive practices, identify, and prevent violence, exploitation, abuse and neglect, and use appropriate care services, including in emergency situations.				
Outcome 1: Basic services Outcome 2: By 2028, the Guinean population, in particular young people, women, people with disabilities and vulnerable people, especially in disadvantaged areas, participate actively in	3. By the end of 2028, newborns, children, adolescents and pregnant and lactating women, including people with specific needs, have equitable access to and increased use of integrated health, nutrition, drinking water, sanitation, and hygiene services, adopt behaviours	1. Percentage of surviving infants who received (a) first dose and (b) three doses of DTP vaccine B (2022): (a) 62%; T: 90% B (2022): (b) 47%; T: 80% 2. Percentage of (a) mothers and (b) newborns receiving postnatal care B (2018): (a) 43%; T: 85% B (2018): (b) 49%; T: 85%	WHO/UNICEF Estimates of National Immunization Coverage DHS/MICS	1. National institutions and local authorities have increased capacity to develop and implement public policies, coordination and financing mechanisms that support the development of basic health, nutrition, water and sanitation services, particularly for the most vulnerable, and use data for decision-making. 2. Health facilities and communities have	Ministries of Health; Environment; Administration; Education; Water Services WHO; UNFPA; UNDP; WFP World Bank; Gavi, the Vaccine Alliance; BMGF; USAID; HKI; civil society organizations; private sector	15 795	60 000	75 795

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
economic growth supported by a diversified, inclusive, equitable and sustainable economy that generates decent jobs.	conducive to the survival and development of children and live in a safe environment taking into account the effects of climate change and emergencies.	3. Percentage of children with diarrhoea who received (a) oral rehydration salts (ORS) and (b) ORS and zinc (a) ORS B (2018): 55%; T: 70% (b) ORS + zinc B (2018): 22%; T: 35%		necessary equipment and offer high-quality maternal, neonatal and child health services, as well as gender-specific health services for adolescents. 3. Health facilities and communities have the necessary equipment and inputs to provide equitable, quality nutrition services. 4. Institutions and rural and peri-urban communities will have increased skills and adequate infrastructure to provide sustainable drinking water, sanitation and hygiene services, taking into account the effects of climate change and emergencies.				
		4. Percentage of infants under 6 months exclusively breastfed B (2022): 44%; T: 60%	DHS/MICS/SMART	4. Institutions and rural and peri-urban communities will have increased skills and adequate infrastructure to provide sustainable drinking water, sanitation and hygiene services, taking into account the effects of climate change and emergencies.				
		5. Percentage of children aged 6–23 months who are fed a minimum diverse diet B (2022): 11%; T: 20%	DHS/MICS/SMART	5. Parents, children, adolescents, pregnant and breastfeeding women, and people with special needs, particularly in the target municipalities, take action conducive to the use of basic health, nutrition and water and sanitation services, including in				
		6. Proportion of population using: (a) basic drinking water services; (b) basic sanitation services; and (c) practicing open defecation* (a) B (2023): 71%; T: 70% (b) B (2023): 31%; T: 40% (c) B (2023): 7%; T: 3%	Joint Monitoring Programme					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
				emergency situations, and develop resilience to shocks and climate change.				
<p>Outcome 1: Basic services</p> <p>Outcome 3: By the end of 2028, the Guinean population, in particular young people, women and vulnerable people, especially in disadvantaged areas, actively participate in economic growth supported by a diversified, inclusive, equitable and sustainable economy that generates decent jobs.</p>	<p>4. By 2028, more children, especially those living in poor households, rural areas, and hard-to-reach areas, have access to social protection measures and use inclusive and equitable basic social services, including in emergency situations.</p>	<p>1. Extent to which measurement, analysis or policy advice has informed policies and programmes to reduce child poverty.</p> <p>B (2022): 4%; T: 5%</p>	Sector review	<p>1. Relevant public institutions and local authorities, especially in priority areas in disadvantaged prefectures, have improved capacity to mobilize resources, design and implement child budgets, including in emergency situations.</p> <p>2. Authorities at all levels, especially in priority areas in disadvantaged prefectures, have increased capacity to make effective the decentralization and reconcentration approach to public services in relation to the 14 competence areas transferred to municipalities.</p> <p>3. Institutions responsible for social protection at central and decentralized levels, especially in priority areas and targeted municipalities, have improved capacity to develop and</p>	<p>Ministries of Planning; Finance; Budget; Children Protection; Education; Health</p> <p>UNDP</p> <p>World Bank; Enabel; GIZ; European Union</p>	5 000	5 385	10 385
		<p>2. Extent of action taken to support care work, including through family-friendly policies.</p> <p>B (2022): 0; T: 15%</p>	Sector review					
		<p>3. Children suffering from at least three key deprivations.</p> <p>B (2018): 72%; T: 30%</p>	DHS/MICS					

<i>UNSDCF outcomes</i>	<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
						<i>RR</i>	<i>OR</i>	<i>Total</i>
				implement inclusive, integrated and gender- transformative social protection strategies and programmes, including in emergency situations.				
Outcomes 1–3	5. Programme effectiveness					27 450	6 260	33 710
Total resources						58 945	101 145	160 090

* Outcome indicator aligned with the UNSDCF indicator.