

Guinea

Update on the context and situation of children

Guinea's population, estimated at 12.9 million people (2021) living mainly in rural areas, is set to double in 30 years (National Institute of Statistics, 2014). Over half of the population is under 18, highlighting the importance for improving access to equitable, adapted and quality basic social services. Overall, economic growth fell slightly from 7% in 2020 to 5.5% in 2021 (Central Bank of the Republic of Guinea), food prices rose, and freight costs increased due to supply chain disruptions related to COVID-19. The easing of fiscal and monetary policies led to an inflation rate increase from 10.6% in 2020 to 12.6% (International Monetary Fund, 2021). According to the latest poverty measurement survey (2020), half of Guinean children live in a poor household. The challenges for accessing quality education and job opportunities put children at increased risk of school drop-out, violence and exploitation, criminality and unsafe migration.

Political and health crises significantly constrained socio-economic progress in 2021. Guinea experienced a coup d'état on 5 September 2021 which correlated to the 2020 constitutional change which allowed the President to run for a third term, and was compounded by rising tensions regarding the socio-economic and political environment. A transitional charter and civilian-led transitional government were established; however the timeline was not confirmed for the return to constitutional order. The coup interrupted key planning processes, including the National Economic and Social Development Plan (PNDES), the United Nations Sustainable Development Cooperation Framework (UNSCDF), and the 2023-2027 UNICEF country programme.

On 14 February, an Ebola epidemic was declared in Guinea, over five years after the end of the previous epidemic in December 2015, with Nzérékoré region as the epicentre. By the end of the epidemic on 19 June 2021, there were 16 confirmed Ebola cases, 11 people cured, 5 deaths and 10,873 people vaccinated. Simultaneously, Guinea addressed the increasing burden of COVID-19, with 18,664 confirmed cases and 310 deaths in 2021 compared to 13,784 cases and 81 deaths in 2020. In 2021, 32.3% of the adult population received one dose of the COVID-19 vaccine, and 20.2% received both doses (National Agency for Health Security). Other epidemic outbreaks (Lassa fever, Marburg virus, yellow fever, and vaccine-derived poliovirus) also impacted the country this year.

Despite efforts to ensure the continuity of health services, child mortality remained relatively stagnant and at high levels. Neonatal mortality decreased slightly from 32 per 1,000 births in 2018 (Demographic and Health Survey - DHS) to 29.9 in 2020. Over the same period, infant mortality fell from 67 to 62, and under-five mortality fell from 111 to 95.6 (United Nations Inter-Agency Group for Child Mortality Estimation, 2021). The vaccination coverage rate of children who received their third dose of the pentavalent vaccine remained stable since 2020 at 89% (District Health Information Software 2, 2021).

Low coverage of water, sanitation and hygiene (WASH) services persisted, with 64% and 29.8% of the population has access to basic drinking water service and a basic sanitation service, respectively (Joint Monitoring Programme, 2021). Regarding hygiene, 28.4% of households have no hand washing outlet. Open defecation decreased nationwide from 14% (Joint Monitoring Programme - JMP, 2019) to 11.8% (JMP, 2021), and from 22% to 18.1% for rural areas in the same period. The dismantling of the Ministry of Water and Sanitation in late 2021 also created challenges for coordinated responses to addressing WASH needs.

The nutritional situation in Guinea remains worrying. Global acute malnutrition is estimated at 9%, and severe acute malnutrition (SAM) and stunting surpass emergency thresholds (4% and 30%

respectively, DHS, 2018). Anemia is present in 75% of children aged 6-59 months and 46% of women aged 15-49 (DHS, 2018). This situation is linked to poor dietary practices, with only 33% of infants under 6 months exclusively breastfed and 4% of children from 6 to 23 months having a minimum acceptable diet.

While the learning crisis was exacerbated by COVID-19 and the resurgence of the Ebola virus, there were some signs of improvement in learning outcomes. The results of the 2021 national exams show a significant improvement with a 62% pass rate for the Certificate of Elementary Studies compared to 55% in 2020. At the secondary level, the pass rate remained at 35%. Despite Government commitments to increase budgetary allocation to education by 20% to align with international standard, it has remained stagnant at 14% for the past three years.

Despite progress made in 2021 for ensuring children are protected from violence, abuse and exploitation and their families adopt positive behaviours, access to improved child protection services remains hampered by the limited offer of services, particularly in hard-to-reach areas and emergency situations. The proportion of children victims of violence having access to multisectoral services from justice, health and social services workers increased from 72% in 2020 to 79% in 2021, and the birth registration rate increased from 45% to 54% (UNICEF-Government Periodic Review, 2021).

Within the 2022 Finance Law adopted by the transition authorities in December 2021, the proportion of the national budget for social sectors sensitive to children (health, education, social welfare) increased to 19.6% for 2022, following a decreasing trend in 2019 (22.4%), 2020 (18%) and 2021 (15.4%). The health crises and political instability experienced in 2021 highlighted the challenges for gender equality, in particular the differentiated impact and unequal access of women and girls to services and opportunities.

According to the latest data, there has been some progress for key targets of the Sustainable Development Goals (SDGs) despite recent challenges, however the overall goals remain far from being achieved. Income poverty decreased from 55.2% in 2012 (Light Poverty Assessment Survey) to 43.7% in 2019 (Harmonized Survey on Household Living Conditions); the food insecurity rate fell from 27.2% in 2012 to 21.8% in 2018; and births in a health facility increased from 31% to 53% between 2005 and 2018 (DHS, 2018; SDG Report, 2021). Guinea continues to work towards the achievement of the SDGs through its vision (Emerging and Prosperous Guinea on the Horizon 2040) and the PNDES prioritizing 72 of the 169 SDG targets.

Major contributions and drivers of results

The **convergence municipalities approach** was critical for promoting integrated and targeted interventions across UNICEF programmes. UNICEF's support to municipal councils led to the development of Local Development Plans (LDP) and Annual Investment Plans (AIP) which integrate key results for children. An evaluation of the convergence municipalities initiative is currently underway on how to improve programming, while informing the next country programme.

For maternal and child health, UNICEF provided coaching and equipment for 44 health facilities for delivery and newborn resuscitation, increasing the total number of facilities supported from 285 in 2020 to 329 in 2021. As a result of quality and systems strengthening, births attended by qualified personnel increased from 271,414 in 2020 to 323,588 in 2021. UNICEF integrated the prevention of mother-child transmission of HIV/AIDS in 176 additional health facilities, thus increasing access to antiretroviral therapy (ARV) for pregnant women (4,424 HIV+ pregnant women in 2021 compared to 4,375 in 2020).

UNICEF supported capacity building for community health workers to better manage illnesses, leading to significant progress in the convergence municipalities. In 2020, the treatment of pneumonia cases with antibiotics was at 36%. Thanks to targeted efforts in convergence municipalities, the treatment rate increased to 91% while the national average decreased slightly to 35% (preliminary data, 2021).

While 2021 results for **immunization and SDG 3.2** did not significantly improve, UNICEF focused on technical and financial investments in advocacy and capacity-building to enable long-term advancements for children despite the unprecedented health challenges faced this year. The vaccination coverage rate for children under one year of age who received their third dose of the pentavalent vaccine was 89.2% (October 2021). To leverage opportunities for reaching children, UNICEF intensified routine vaccination services and communication during the polio campaigns. UNICEF supported the implementation of diversified equity strategies, including engagement with local leaders and media outlets, and digital monitoring to reach unvaccinated children.

To control the multiple epidemics that impacted Guinea in 2021, UNICEF played a leading role in the coordination and response at both national and community levels. UNICEF also provided personal protective equipment (PPE), medicines and monitoring support to 22 health structures. 445 community health volunteers were trained, subsequently reaching 165,000 people with daily informational visits on the Ebola virus. This approach promoted prevention measures among communities and allowed for early identification of possible cases to curb the spread of the virus. As co-lead for health in emergencies, Risk Communication and Community Engagement and the COVAX facility, UNICEF was a key partner for the development of the Ministry of Health's vaccination plan, monitoring the availability of vaccines, and strengthening logistics – including a mobile health clinic for the referral of COVID-19 patients, 69 cold chain equipment and 100 coolers to strengthen vaccine storage and transportation.

Thanks to UNICEF's advocacy, the Government announced its commitments at the Nutrition for Growth Summit to progressively increase domestic resources from 1.35 million to 10 million USD, reduce chronic malnutrition from 30% to 18%, and scale-up infant and young child feeding (IYCF) by 2030. Furthermore, the Government demonstrated growing interest for improving child nutrition by establishing a stronger coordination mechanism through the multisectoral nutrition committee under the leadership of the Prime Minister.

UNICEF contributed to **stunting prevention and SDG 2.2**, ensuring that children under 5 receive high impact nutrition services. A key entry point was the support to women's groups with an integrated package of interventions, including IYCF promotion and other essential family practices (WASH, health, protection, food security), early self-screening of malnutrition by the mothers, awareness-raising on good nutritional practices, cooking demonstrations, fortification of complementary foods at home with multi-micronutrient powders, and income generating activities. In addition, 2,489,249 children 6-59 months received two doses of Vitamin A supplementation during campaigns. Integration of Vitamin A supplementation into routine services is also being considered.

Reinforced community dynamics enabled the continuity of essential nutrition services despite multiple health epidemics. In 2021, 22,198 children aged 6-59 months suffering from SAM were treated (compared to 74,640 SAM children treated in 2020), or 16% of the estimated SAM burden. The long-lasting impact of COVID-19 on the continuity of nutrition services and limited fund mobilization were contributing factors to this decline in the number of children treated. However, 2021 performance remained within the SPHERE standards, with a cure rate of 80.06% (threshold >75%), a drop-out rate of 12.87% (threshold <15%), and a death rate 2.11% (threshold <10%).

Ensuring access to safe WASH services and strengthening the institutional arrangements was a priority for UNICEF given the multiple epidemics faced in 2021. UNICEF supported the government for strength WASH policies and legislation, to increase water and sanitation coverage in communities and institutions (schools and health facilities), and to promote individual and social behavior change for improved sanitation and hygiene practices.

As the main contributor for **ending open defecation and achieving SDG 6.2**, UNICEF supported 1,536 rural communities hosting 433,613 people for open defecation free (ODF) certification through the implementation of the community led total sanitation (CLTS) approach in collaboration with the National Directorate of Sanitation and municipalities in Labé, Boké, Kindia, Kankan, Faranah and Nzérékoré regions. Particular attention was paid to post-ODF monitoring through greater involvement of the Ministry of Territorial Administration and Decentralization (MATD), as well as the 'ODF Prefecture' pilot approach, an innovative scaling up of CLTS interventions to prefecture level in Kindia, Beyla and Boffa.

Significant progress was made through UNICEF's cross-sectoral approach to strengthen WASH services at institutional level. A total of 35,890 students (including 11,959 girls) from 66 schools gained access to separate latrines in the regions of Nzérékoré, Mamou, Labé, Kindia and Boké. 61 health centres benefited from water and/or sanitation interventions, including an improvement of the water supply for 51 centres, through the construction of solar water systems in Kindia and Kankan regions with funding from the World Bank.

As co-lead of the infection prevention and control (IPC)/WASH pillar, UNICEF coordinated the multi-epidemic integrated approach to address COVID-19, Ebola virus, Marburg and Lassa fever in coordination with government, UN, NGO and community actors. 40 health centres and 58 schools were connected to water and/or sanitation facilities to create a conducive environment for disease prevention. 46 health structures benefited from staff training in IPC and 23,712 people received hygiene kits to improve handwashing practices.

Building on the lessons learned from 2020 COVID-19 school closures, UNICEF supported the Ministry of Pre-University Education and Literacy to implement a strategic shift in the education system oriented towards system-wide digitalization, in line with the Education Sector Plan (ProDEG 2020-2029). Based on a participatory and holistic situational analysis, a roadmap for the digitization of educational and administrative management was launched. UNICEF also provided technical and financial support to the Learning Passport to supply quality educational resources to rural areas hosting vulnerable populations with minimal internet access. Guinea also joined the global GIGA initiative to promote better geolocation and connectivity of schools via the internet.

Progress on **learning outcomes and SDG 4.1** has remained limited since the latest Education Systems Analysis Programme (PASEC, 2019) report which indicated that only 45% and 32% of students at the end of primary school had sufficient skills in reading and mathematics, respectively. This year saw an improvement in national exam results at primary level, which is largely due to the return to a more consistent learning schedule. Results at the secondary level did not improve, in part because of weak capacities and monitoring of schools and lack of educational resources. To address this, UNICEF reinforced and monitored the capacities of school leadership and pedagogical skills. In addition to digital solutions, UNICEF also provided individual learning materials to 87,000 students, post-training monitoring for school principals, and led the launch of the Foundational Literacy & Numeracy initiative to improve learning outcomes. To promote pre-school education, UNICEF ensured community-based centres have the necessary equipment, teaching staff, pedagogical support and monitoring, while also advocating for increased government commitment to support early learning.

Education financing was an important focus of UNICEF's advocacy efforts in 2021. UNICEF

leveraged the first part of its \$1 million total contribution to the Education Sector basket Fund to sustain proven approaches for creating lasting results for children. In addition, the continuation of performance-based financing of municipalities and the granting of scholarships to 2,000 vulnerable students had positive effects on performance. UNICEF also advocated for increased education financing at the sub-national level.

Through the Education Cluster, UNICEF supported the Ministry of National Education to coordinate the response to the multiple crises impacting children's learning, therefore minimizing the duplication of interventions and the waste of resources. The implementation of the COVID-19 Response Sector Plan was strengthened by building upon the achievements of 2020 while also including additional measures to combat the Ebola virus. Promotion of health and WASH measures in schools positively contributed to limiting the spread of Ebola virus and new variants of COVID-19, both in schools and in communities. The rehabilitation of school infrastructure was a priority for limiting the spread of outbreaks. UNICEF supported the renovation of 20 community pre-schools, 10 primary schools and 5 colleges, as well as the construction of 57 boreholes and the repair of 45 water points. A "Back to School" campaign centered on health-related communication had a positive effect on school life, coupled with the distribution of 400 sanitary kits to limit the spread of Ebola virus and COVID-19.

Innovative and cross-sectoral approaches underpinned UNICEF's efforts for protecting children. 387,661 children (including 247,604 girls) were protected against violence, including those living in emergency situations – a 54% increase since 2020. This was supported through UNICEF's efforts and advocacy at the regulatory level, including the reforms undertaken in the revision of the 2019 Guinean Children's Code to improve its scope and modernize its content, and for the Government's 2021 commitment to end violence against children and strengthen the protection system and community services, in particular civil status, vital statistics, and justice. UNICEF actions to end female genital mutilation focused on promoting communication interventions which reached 84,481 community members, including 48,680 women and 35,800 men.

Regarding UNICEF's efforts to **end child marriage and achieve SDG 5.3**, 22,534 adolescent girls received prevention and care services against child marriage and female genital mutilation. Acceleration was achieved by strengthening community networks, engaging community and religious leaders and adolescents' groups in social dialogue and intergenerational discussions. For the implementation of the national plan to end child marriage, UNICEF supported the publication and outreach of the regional strategic plans, as well as the formalization of the national steering committee.

Particular emphasis was placed on revitalizing the justice system and free legal services for children in contact with the law, resulting in the release of 1,194 children (745 girls) and the resumption of criminal hearings for minors for the time in 5 years, allowing 115 children (16 girls) in prison to benefit from the process in 2021. For children on the move, UNICEF supported One-Stop Social Welfare Shops which offer integrated services (protection, health, nutrition, education) in coordination with community-based mechanisms, police and social workers.

Important steps were taken to accelerate birth registration and mainstream efforts across UNICEF programmes. The greatest achievements were recorded in the convergence municipalities, where 65% of children were registered (59% in 2020) compared to 54% nationwide (45% in 2020). The joint decree between the Ministry of Justice and MATD on the interoperability of justice and civil status for birth registration was an important step towards improving the issuance of birth certificates to children within and outside the regulatory deadlines.

In the area of **social policy**, UNICEF conducted thematic studies to inform national development planning (PNDES) priorities on human capital development assessment and prospects, fragility, and the pillars of a resilience strategy. UNICEF also supported domestic resource mobilization initiatives.

Through the African Partnership for Children, an analysis of financing options and advocacy document for its implementation were produced to improve the financing of immunization and addressing child malnutrition in the national budget. Local resource mobilization was improved for 28 convergence municipalities, which contributed to investments in social services.

To strengthen transparency and social accountability for local governance, UNICEF advocated with mayors, ministries, and development partners to integrate the Guinean Children and Youth Advisory Council (CCEJ) and the Social Accountability Councils (CRS) in convergence municipalities. In 2021, the capacities of 120 CCEJ and CRS members were strengthened in 20 convergence municipalities (24 total) to improve citizen participation and social cohesion.

UNICEF supported the organization of the first edition of the national conference on **social protection** which resulted in a joint 2021 action plan. Scholarships provided to 2,000 lower secondary school students contributed to addressing a key barrier for vulnerable children. Emergency cash transfers were also provided to 500 vulnerable households affected by the resurgence of the Ebola virus.

To strengthen **humanitarian action**, UNICEF supported the National Humanitarian Affairs Service through the expansion of Local Action Groups (LAG) in 80 vulnerable rural municipalities (increase from 40 in 2020), by strengthening the digital community-based surveillance system by involving local leaders and elected officials. These used mobile phones to raise awareness about COVID-19 and the Ebola virus. The LAGs also promoted the integration of emergency preparedness and response in LDPs. The catalytic effect of minimum contingency stock pre-positioned in these municipalities allowed the local crisis management committees to strengthen the forecasts in their AIP.

In 2021, UNICEF emphasized the interplay between **gender** and the multiple epidemic outbreaks impacting Guinea. Gender-specific analysis of COVID-19 in Guinea provided key data on adaptation strategies used by families and communities, including child marriage, and school dropout for girls. The engagement of women and young people was promoted through a mapping of youth and women organizations/networks, including informal groups, and capacity building sessions and support to women and youth-led initiatives. Their actions were essential for addressing gender-based violence (GBV) and risk communication in the Ebola response.

To promote **social cohesion**, 800 female leaders were trained on conflict management, GBV prevention and social dialogue mechanisms in 5 municipalities of Conakry. The activities implemented by the female leaders reached more than 32,603 people (including 23,247 women and girls from formal and informal organizations), as well as local authorities and community actors.

Based on two pulse check staff surveys on workplace culture, UNICEF Guinea ranked among the top 20 UNICEF offices globally. The Guinea Country Office continued to focus on improving areas that received proportionately lower ratings, in particular work-life balance and developing managerial skills. Investments were made in technology to support the implementation of field activities and teleworking modalities. Staff were trained to take advantage of improved home connectivity and streamlined processes which reduced paperwork processes and allowed for electronic signatures, thus simplifying transactions.

Significant investments were made to improve staff security, as well as preventing sexual exploitation and abuse (PSEA) by reinforcing staff and partner knowledge and engagement. In addition to refresher sessions, Terms of Reference were updated for UNICEF PSEA focal points working closely with other UN colleagues. A PSEA action plan (2021-2023). Regional coordination committees were established, and their capacities were strengthened. A complaint mechanism was also initiated, including an anonymous hotline.

UN Collaboration and Other Partnerships

Partnerships with **UN organizations** were crucial to achieve results for children. UNICEF's partnership with the World Health Organization (WHO) was critical for system strengthening in response to the Ebola virus and COVID-19, the revision of breastfeeding guidelines, and strengthening the IPC sub-component of the Ebola virus response. Collaboration with the UN Population Fund (UNFPA), the Joint UN Programme on HIV/AIDS (UNAIDS) and UN Women facilitated the continuity of routine health interventions. To strengthen health governance, a joint mission in low-performing districts was conducted with the Minister of Health and Country Representatives of UNICEF, WHO and GAVI. The outcomes included a roadmap and monitoring committee to revitalize critical health indicators.

The UN Development Programme (UNDP) and UN Capital Development Fund (UNCDF) contributed to UNICEF's efforts to integrate the SDGs and children's rights into national and local planning. UNDP mobilized an international consultant to coordinate the development of the new PNDES, thus facilitating the integration of findings from the thematic studies conducted by UNICEF on human capital, fragility and resilience. The UNCDF partnership strengthened the mobilization of local resources in 10 municipalities, including 4 convergence municipalities. The Office of the UN High Commissioner for Human Rights (OHCHR) supported the strengthening the hosting of children by foster families, which UNICEF has advocated since the start of the Country Programme.

The **World Bank** partnership was critical for accelerating and scaling up results for children. The WASH programme has recorded significant results thanks to generous financial support from the World Bank, with a new a new component for the electrification of health facilities. The World Bank also collaborated with UNICEF in the development of the roadmap for the digitization of the Ministry of Education.

The **private sector** was key to advancing new approaches, including the collaboration with Microsoft to create a 21st century learning environment, and the Orange partnership to promote vaccination awareness via SMS.

Thanks to cooperation with Helen Keller International and Nutrition International, a nationwide campaign for Vitamin A supplementation was conducted. 40 municipality contingency plans were validated with technical assistance from the Red Cross. Partnerships with **youth** as agents of change was strengthened through Guinea's active participation in the climate change debate between young people as part of the "Young Voices of the Sahel" with participation from 22 young Guineans.

Partnerships were critical for promoting **gender equality** nationally. As the Interagency Gender Group co-lead with UNFPA and the UN Office for Project Services (UNOPS), UNICEF led the development of the UN Country Team System-wide Action Plan (SWAP-UNCT). Close collaboration was established with UN Women regarding inter-agency work on gender issues, gender mainstreaming in the response to COVID-19 and the Ebola virus, but also UNICEF's participation in the training initiative on gender responsive results-based management and gender mainstreaming.

Donor flexibility was crucial to reprogramme funds considering political and health challenges, as well as contributions to UNICEF's Regular Resources and Thematic Funds, enabling UNICEF to address the most pressing needs facing children and women and to adapt interventions to ensure continuous delivery of results.

Lessons Learned and Innovations

The political unrest and health crises in 2021 exacerbated vulnerabilities and exposed gaps in national systems, thus highlighting the need for system strengthening. The epidemic outbreaks also presented opportunities for innovation, as well as strengthening of existing approaches to include response measures.

Lessons from the first **Ebola epidemic** facilitated a rapid response to multiple epidemics in 2021 by tapping into existing laboratory, surveillance and treatment infrastructure, as well as adopting the ‘no regrets’ approach as soon as the epidemic was declared. UNICEF responded by mobilizing all programme sectors to deliver a coordinated response. UNICEF’s ongoing knowledge sharing with the Democratic Republic of the Congo Country Office on managing multiple epidemics also strengthened the response in Guinea. Thanks to effective coordination for diagnosis, isolation, case management, vaccination and community mobilization, the outbreak was controlled within one region hence and was not as devastating as the first epidemic. In addition, community engagement with religious and community leaders, women’s groups and youth associations were also key actors for maintaining the continuity of social services.

UNICEF supported the **digitalization of social services** to improve quality and accountability. There was a major shift in the monitoring of immunization services through the digitalization of the vaccination registry and the operationalization of the SMS vaccination reminder programme in Conakry city and two prefectures (Labé and Boffa). This programme improvement sends automated voice messages in local languages to remind mothers and caregivers of vaccination appointments. In 2021, UNICEF began developing a system for monitoring violence, rape and sexual harassment through a digital platform and mobile application.

Digital solutions were deployed to improve the education information and management system, thus making quality and timely data available to decision-makers, and improving the relevance of the education system for the 21st century. UNICEF also supported the use of a digital application to collect school statistical data. This innovation made it possible to compile the necessary data within the time required to finalize the school yearbooks, which is a remarkable improvement from previous years.

UNICEF focused on sustainable innovations to improving access to drinking water using mixed solar water supply technology at-scale in the hardest-to-reach areas. Through the construction of 63 solar water systems in Kindia, Kankan, Labé and Boké regions, 48,010 people gained sustainable and safe access to water. This approach strengthened capacities of the private sector and the National Water Point Service of Guinea (SNAPE) to advocate for this approach.

Supporting **community engagement** and strengthening the availability of services at the community level is essential to building approaches which are resilient to the challenges faced. Debates with women’s groups and youth associations regarding harmful practices such as female genital mutilation and child marriage nurtured new agents of change for social norms who better understand social pressures and can convey essential messages for behavior change.

Given the political insecurity that prevailed in 2021, UNICEF’s approach to **co-create strategies** with ministries, service providers and other stakeholders was critical to advancing key results during the transitional period. This was applied for the case of developing the digitalization roadmap with the Ministry of Education and education partners. However, it should be noted that the high turnover of Ministry teams following the recent political change proved to be a major constraint for the ownership and timely implementation of the country programme’s annual workplan. The Government’s commitment to ending violence against children (December 2021) presents a major opportunity to jointly develop child protection interventions and reinforce strong, inclusive institutional and

community protection systems. UNICEF will expand partnerships with key private sector and civil society stakeholders to maintain support for children during this transitional period. UNICEF's technical assistance for strengthening local development and investment plans, as well as performance-based financing mechanisms, has shown promise in the targeted convergence municipalities for increased allocation for promoting women and children's rights.

In 2021, UNICEF strengthened **cross-sectoral collaboration** to maximize both resources and opportunities to reach the hardest-to-reach children. UNICEF integrated a three-pronged approach linking the vitamin A supplementation campaign to birth registration and child malnutrition screening. As a result of this one-week campaign, 98,000 additional births were registered, and 72% (2,074,341 children) of supplemented children were screened - leading to 78,480 children identified as malnourished (including 39,240 with SAM) and referred to health centres. This promoted efficiency and cost-effectiveness, and shows promise for scaling up and expanding to additional multi-sectoral interventions. The involvement of women's groups was also an important approach to deliver integrated nutrition, health, WASH and social protection services for children and women in their communities. Cross-sectoral evidence generation, including the gender dynamics of COVID-19 and UNICEF's study on menstrual hygiene management, are key resources for improving gender-sensitivity, addressing bottlenecks and promoting a comprehensive package of services for women and girls.

Based on the progress and lessons learned in 2021, in the final year of the Guinea-UNICEF country programme (2018-2022), UNICEF will focus on integrating and scaling up humanitarian-development nexus programming to maximize results for women and children, while ensuring alignment with the roadmap of the transitional government. Digital innovations will continue to be developed across UNICEF's programmes to promote quality services, improve accessibility, address accountability and enhance sector management. The cash transfer approach will be explored for other UNICEF programmes, including nutrition for promoting dietary diversity.

Improving data quality will be emphasized, including real-time monitoring for health and the deployment of the Child Protection Information Management System (CPIMS+/Primer). UNICEF will analyze the success factors and limitations, build strategies to leverage these results, as well as generate evidence to inform programme approaches.

UNICEF will pursue opportunities to implement cross-sectoral approaches to maximize the impact for children and to enable an integrated and continuous delivery of services. Additionally, greater emphasis will be placed on geographical synergies. To capitalize on these opportunities, UNICEF's resource mobilization strategy will focus on expanding the funding base – including private sector partnerships, and leveraging domestic resources to accelerate results for children.