

UNICEF HUMANITARIAN ACTION

GUINEA

IN 2009



Core Country Data	
Population under 18 (thousands)	4,656
U5 mortality rate	150
Infant mortality rate	93
Maternal mortality ratio (2000–2007, reported)	980
Primary school enrolment ratio (2000–2007, net, male/female)	77/66
% U1 fully immunized (DPT3)	75
% population using improved drinking-water sources	70
Estimated adult HIV prevalence rate (aged 15–49), 2007	1,6
% U5 suffering moderate and severe underweight/stunting	26/35

Source: *The State of the World's Children 2009*

Guinea continued to be deeply marked by growing vulnerability in 2008. Despite the emergency measures launched by authorities to reduce the high cost of living and to increase basic services, populations, particularly in urban areas, are confronting poor access to essential commodities and steady decline in living standards. High levels of malnutrition and internal violence due to the armed forces grievances throughout 2008 have increased the social discomfort in the country.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	4,348,251
Water, Sanitation and Hygiene	855,000
Education	265,630
Child Protection	535,000
Total**	6,003,881

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other underfunded emergencies.

** The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

The decade-long conflict in neighbouring countries (Côte d'Ivoire, Liberia and Sierra Leone), the influx of more than 100,000 refugees and civil unrest in 2006, 2007 and 2008 along with high consumer food prices have gravely worsened the well-being and livelihood of children and women throughout Guinea. Results from the latest Demographic and Health Survey (DHS 2005) indicate that maternal mortality is on the rise, while under-five mortality is slowing down compared to 1999 rates, but with an increase in chronic malnutrition, mainly among children under age five. It is estimated that some 50,000 children suffer from some form of acute malnutrition. Less than 10 per cent of the population has access to basic health services, and preventable or easily treated diseases remain the main killers of Guinean children and women, with malaria, measles, acute respiratory infections and malnutrition being the leading causes of death.

The country's social, political and economic situation is deteriorating. People continue to suffer from escalating insecurity and urban violence, malnutrition, very limited access to basic commodities, and high levels of poverty. Cholera has been endemic in Guinea over the past 10 years. In 2007, 8,546 cases were recorded, resulting in 310 deaths. According to the 2007 report of the Ministry of Health and Public Hygiene, women accounted for 34.3 per cent of the cases and children for 18.44 per cent. In 2008, however, only 256 cholera cases had been notified by the end of September. Despite this positive trend, sustained disease surveillance is required as the epidemic persists in neighbouring countries. Access to safe water remains a big problem, both in rural and urban areas. Even though official reports assert that coverage is close to 70 per cent, more than half of Guineans lack access to improved drinking-water sources. As regards sanitation, the situation is even worse, with less than 20 per cent of the population using hygienic latrines. Hygiene practices, such as handwashing with soap at critical times, are still rare. According to the latest Multiple Indicator Cluster Survey (MICS 2007–2008), less than 24 per cent of women wash their hands with soap after babies' toilet and only 14 per cent do it before feeding children.

HIV prevalence remains a threat. According to the most recent data approximately 1.6 per cent of the adult population is HIV-positive.

Numbers of children are victims of migration and trafficking because of poverty and socio-political instability. Twenty-two children were recuperated across the borders of Guinea and Mali in 2008. Presently, sharp hikes in the cost of fuel and power and water shortages have raised new protestations and many children have been injured in Conakry and other cities. Instability is susceptible to spread with unpredictable consequences on children and women.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In close collaboration with local, national and international partners, such as the World Health Organization (WHO), the International Federation of Red Cross and Red Crescent Societies (IFRC) and Médecins sans Frontières (MSF), UNICEF has continued to respond to the humanitarian needs of the Guinean population affected by high food and fuel prices. It has mainly focused on the priority areas of health, nutrition, water, sanitation and hygiene (WASH), education and child protection.

In the area of health, routine immunization services have been improved through increased technical and supply assistance to the Ministry of Health and Public Hygiene and other national partners. A successful follow-up measles immunization campaign carried out in 2006 resulted in a drastic decline of measles cases from over 139 in 2006 to only 2 suspected cases in 2008. In the area of nutrition, the overall goal was to minimize the impact of the ongoing crisis on the nutritional status of children under age five and to ensure that pregnant women in affected areas were identified and provided with micronutrient supplementation. To this end, UNICEF supported over 20 supplementary and therapeutic feeding centres in districts with the highest prevalence of acute malnutrition, recuperating approximately 2,000 malnourished children in ambulatory feeding centres. As expected, the number of cases of acute malnutrition with complications decreased. UNICEF provided drugs for the treatment of 465 persons affected by meningitis in Kissidougou and for the treatment of 248 cholera patients in Boke and Boffa. Finally, 413 persons wounded following soldiers' riot received treatment thanks to UNICEF's and other partners' support.

The cluster approach was put in place in 2008. UNICEF leads the WASH cluster, which includes government partners (Ministry of Energy and Hydraulics and Ministry of Health and Public Hygiene), the university and local NGOs (Guinea Red Cross and youth associations) who intervene in the WASH sector, as well as UN agencies – the Office for the Coordination of Humanitarian Affairs (OCHA) and the World Health Organization (WHO). The education cluster was also implemented and the Education Contingency Plan adopted.

Concerning WASH, household water treatment was enforced and extended, population was sensitized on the importance of handwashing with soap, and social mobilization activities to promote cholera prevention through community- and family-based communication and 'mediatization' were undertaken with the strong involvement of national and local authorities. These initiatives led to a drastic decrease in the number of reported cholera cases (97 per cent), with only 256 cases in 2008 against 8,546 in 2007.

In the area of protection, the mandate of the protection cluster was revised, extending its membership to additional NGOs, UN agencies and civil society organizations. The new cluster members finalized the report on the Guinea Emergency Response Plan (ORSEC).

Furthermore, the evaluation of the emergency training conducted in 2007 highlighted areas that had not been treated in-depth during the training, such as the psychosocial dimension of emergencies.

3. PLANNED HUMANITARIAN ACTION FOR 2009

Coordination and Partnership

UNICEF leads the WASH cluster, co-leads the protection cluster and is an active member of the health cluster led by WHO and the food security cluster led by the Food and Agriculture Organization (FAO). UNICEF coordinates nutrition issues in collaboration with the World Food Programme (WFP).

The Inter-Agency Coordination Mechanism has continued to work through meetings and working groups. The Country Office ensures effective leadership through technical and material support to child protection, WASH and child survival programmes. The recurrent cholera epidemic was avoided in 2008 with zero deaths registered even in endemic areas, and child trafficking was monitored in collaboration with the Government and partner NGOs.

Linkages of HAR with the Regular Programme

The current Country Programme continues to focus on humanitarian emergency preparedness and response. Each main component of the Country Programme comprises a planned package of specific activities for emergency response.

In 2009 and beyond, the UNICEF Country Office intends to enhance measures and actions to provide adequate and increasingly effective responses to the population in need of assistance. Interventions will mostly focus on children and women particularly affected by poverty and emergencies.

Health and Nutrition (US\$ 4,348,251)

For 2009, the overall goal is to minimize the impact of the ongoing crisis on the health and nutritional status of children under age five and to ensure that pregnant women in affected areas are identified and provided with micronutrient supplementation. Some 50,000 malnourished children under age five will benefit from the following key activities:

- Continue supporting the 20 therapeutic feeding centres previously established and run by partners and add five new therapeutic feeding centres along with 50 new ambulatory nutrition rehabilitation centres for the treatment of 50,000 severely malnourished children (55 per cent of target group);
- Train 50 new health staff in treating severe malnutrition;
- Conduct one nutritional survey using the SMART approach;
- Procure and administer twice a year vitamin A and deworming medicines to all children under age five;
- Ensure continued provision of supplies for therapeutic feeding.

Water, Sanitation and Hygiene (US\$ 855,000)

For 2009, the overall goal is to reduce the incidence of cholera and other waterborne diseases. Approximately 1 million persons, focusing on children (16 per cent) and women, will be reached through the following key activities:

- Organize a specific door-to-door sensitization campaign in high-risk communities to promote community-based capacity and practices in health and hygiene;

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- Organize sensitization campaigns on sanitation, in collaboration with the District Council and rural communities;
 - Provide feeding centres with WASH facilities/services.

Education (US\$ 265,630)

A total of 7,300 displaced and war-affected children and 300 teachers and preschool educators will benefit through the following key activities:

- Procure and distribute 30 recreational kits and 60 'school-in-a-box' edukits for 4,800 primary schoolchildren and 50 early childhood development (ECD) kits for 2,500 children aged 3–6 years in preschools;
- Train 50 staff in prefectural education structures to prepare local contingency plans and to coordinate and develop relevant answers in crisis situations;
- Train 200 primary schoolteachers, with particular attention to HIV/AIDS prevention and peace education;
- Train 100 preschool educators;
- Support the construction of 50 temporary school/classroom structures to accommodate 2,500 primary schoolchildren.

Child Protection (US\$ 535,000)

For 2009, the overall goal is to ensure a rapid response to the needs of the most vulnerable population in order to reduce the physical, psychological, legal and administrative consequences of crises on children and women in general and vulnerable people in particular. Key activities will include:

- Reinforce and equip existing child-friendly spaces (water supply points, gardens, recreational kits etc.);
- Train experimented and focus teachers in psychosocial care and provide tools for rapid assessments in order to better address and respond to violence/abuse, including gender-based violence;
- Support family tracing, reunification and reintegration of separated children, and assist families, separated children and parents most in need of support;
- Support the elaboration of a database on children and women victims of the crisis;
- Support the collection and centralization of data on children and women in times of crisis.