

## UNICEF HUMANITARIAN ACTION

# GUINEA

## IN 2007



### CORE COUNTRY DATA

Population under 18 (thousands)	4723
U5 mortality rate*	163
Infant mortality rate	98
Maternal mortality ratio (1990-2005, reported)	530
Primary school enrolment ratio, gross (male/female)**	83/73
Primary school enrolment ratio, net (male/female)**	66/60
% U1 fully immunized (DPT3)	69
% population using improved drinking water sources	50
Estimated no. of people (all ages) living with HIV*	174,020
% U5 suffering from moderate and severe underweight	26

Source: *The State of the World's Children 2007*

\* Demographic and Health Survey 2005

\*\* National Education Database

### Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition (including water, sanitation and hygiene)	1,714,200
Child protection and HIV/AIDS	642,800
<b>Total *</b>	<b>2,357,000</b>

\* 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

In Guinea, despite the improvement of the situation and the ongoing repatriation process of Liberian refugees, the humanitarian conditions continue on their downward trend with increasing levels of vulnerability, malnutrition, morbidity and mortality rates. The outbreak of almost eradicated diseases such as yellow fever, a more than 60 per cent fuel price increase and the continued inability of the Government to provide basic social services, further contributed to deteriorate the very precarious living conditions of vulnerable populations. Today, Guinea's social indicators have become similar to those of countries emerging from a prolonged war. Demographic and Health Survey 2005 data indicate that the under-five mortality rate is very high and stands at 163 deaths per 1,000 live births, with the worst regional rates in Forest Guinea (215) and in Upper Guinea (199). There is a relative lack of health posts and health centres in these areas as well as shortage of staff and resources, especially essential drugs and medical equipment. This situation makes it difficult to address health issues for host communities, returnees and internally displaced persons (IDPs).

In addition, both Forest Guinea and Upper Guinea are badly affected by epidemics. In 2005 a meningococcal epidemic in Mandiana district (184 cases, 17 deaths) has warranted mass immunization and emergency support from Médecins sans Frontières (MSF), UNICEF and WHO. In 2006, a total of 1,923 cholera cases (with 158 deaths) have been recorded up to week 39 with a lethality rate of 8.2 per cent, out of which 1,563 cases (with 138 deaths) in Forest Guinea. Sporadic yellow fever and measles cases have also been reported and may at any time acquire an epidemic dimension given the insufficient immunization coverage. The significant number of malaria cases, with regular epidemic outbreaks, is directly responsible for more than 30 per cent of deaths among under-five children in Guinea.

In education, despite some improvements, didactic materials and equipment are still lacking and classrooms often remain overcrowded. In Forest Guinea, this situation is due to the destruction of a large number of schools and is aggravated by the fact that host communities have to absorb more than 100,000 returnee children and 35,000 IDPs. The net enrolment ratio at national level is 66 per cent for boys and 60 per cent for girls, meaning that some 40 per cent of children are out of schools. The gross repetition rate is almost 20 per cent.

Concerning HIV/AIDS, the seroprevalence surveys carried out in Guinea show that the HIV/AIDS epidemic had jumped from 1.03 per cent prevalence rate in 1995 to 2.8 per cent in 2001 among the adult population, with a higher proportion in cities. According to 2006 official estimations based on a national prevalence of 1.5 per cent, 174,020 Guineans are HIV-positive (67,500 adults and 106,520 children). The seroprevalence is higher in Forest Guinea. In the three countries bordering Guinea, HIV prevalence is two to four times higher. In 2001, the HIV prevalence rate had reached 7 per cent among pregnant women in the city of N'Zérékoré.

As for child protection, despite progress made in addressing some critical issues, women, girls and adolescent boys continue to bear the burden of sexual and gender-based violence, exploitation and abuse. An increasing number of children are orphaned and rendered vulnerable by HIV/AIDS (OVC) and have to face stigmatization and discrimination. Protection needs also continue to exist along border areas. Humanitarian actors should be more attentive and better respond to the needs of young people, especially children formerly associated with fighting forces, street children, children in conflict with the law, and children at risk of abuse, exploitation and trafficking.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

In close collaboration with the Guinean Government, UN agencies, civil society and beneficiaries, UNICEF has continued to respond to the humanitarian needs of the population affected by the war (refugees, IDPs, host communities) in the areas of health, nutrition, water and sanitation, education and child protection. Health, nutrition and WASH projects have significantly contributed to control and stop the cholera epidemic, particularly in Forest Guinea, by providing medical supplies (oral rehydration salts, Ringer's lactate, catheter), by promoting hygiene education and by delivering messages on how to handle suspected cases and disinfect water points. To reduce the incidence of diarrhoea among children, water and sanitation achievements included the chlorination of 3,454 water points along the border with Liberia, Côte d'Ivoire and Sierra Leone for 1,384,000 people, mainly children. In addition, 500 latrine facilities were constructed for the benefit of 2,500 persons. Sensitization messages were also broadcast through national and local radios to raise awareness on cholera prevention. As for meningitis, the situation led to set up a crisis committee at national, regional and prefectural levels for the coordination and mobilization of resources. With the support of partners (via the National Task Force), Guinea received from the International Co-ordinating Group for meningitis vaccine provision 200,000 doses of meningitis vaccine, while UNICEF provided 15,000 vials of oily chloramphenicol. Médecins sans Frontières, UNICEF and WHO supported operational costs related to the care of patients and to the immunization of 157,259 people in Mandiana district, the worst-affected area, reaching 78 per cent coverage. All these actions contributed to stop the meningitis epidemic in nine weeks with zero cases reported in week 18. Furthermore, the lack of essential drugs was temporally alleviated thanks to the support provided jointly by Plan Guinea and UNICEF to all Forest Guinea health centres for an eight-month period ending March 2007, while vaccines and immunization material, vitamin A as well as therapeutic food for five nutritional rehabilitation centres, including refugee camps, have been supplied throughout the year. Support was also provided to monitor and improve the capacity of health staff.

In regards to HIV/AIDS, 2,000 pregnant women in four prevention of mother-to-child transmission (PMTCT) sites in Forest Guinea received counselling and testing during the first semester of 2006. Among them, 26 HIV-positive mothers and 10 newborn babies received medical treatment. The capacity of 10 trainers was strengthened to further expand the PMTCT project to the districts of Beyla, Lola and Macenta in 2007. These trainers are now able to train caregivers in preventive care and treatment of infected mothers and children.

In the education sector, 30 education kits and 31 recreation kits were distributed among 3,200 children (refugees, IDPs, host communities) in Forest Guinea. Thirty teachers were trained to provide psychosocial support to war-affected children and to promote peace education in their respective regions.

Regarding child protection, 100 women and girls victims of sexual abuses during/after armed conflict benefited from psychosocial support through a rehabilitation programme in collaboration with TWIN (Today's Women International Network), a local NGO. In addition, 25 former child soldiers and 125 vulnerable children living in Macenta (Forest Guinea) received educational, recreational, health and counselling services as preventive and rehabilitation/reinsertion measures. In addition, 150 unaccompanied minors and separated children benefited from the 'Durable Solutions', among which 55 were reunited with their families in Sierra Leone and 15 others were locally reintegrated into Guinean or Sierra Leonean families. A total of 50 members of the Child Protection Committee in Forest Guinea were trained on protection issues and on the referral process of children in need of special protection.

### 3. PLANNED HUMANITARIAN ACTION FOR 2007

#### **Coordination and partnership**

In 2006, the existing inter-agency coordination mechanism was strengthened through sectoral working groups in terms of information-sharing and humanitarian project preparedness that include the regional Consolidated Appeal Process (CAP) 2007 and the updating of UNICEF Guinea's contingency plan as well as the inter-agency contingency plan. UNICEF is the lead agency for nutrition, water, sanitation and hygiene, and IT/database.

#### **Regular programme**

The Government of Guinea and the UNICEF Country Office are finalizing the elaboration of the new Country Programme of Cooperation (2007-2011) which is built around the sectors of child survival and development, basic education and equity, child protection, social policy/advocacy/HIV/AIDS (cross-cutting sector). The new programme is tailored to take into account both development and emergency situations. As for the current programme (2002-2006), UNICEF continues to support the humanitarian projects in Forest and Upper Guinea through its zonal offices in Kissidougou and N'Zérékoré.

#### **Health and nutrition (including water, sanitation and hygiene) (US\$ 1,714,200)**

Some 932,000 Guinean people, with special emphasis on refugees, IDPs and host community children in Forest Guinea, will benefit from the following key activities:

- Ensure the management of cholera, meningitis, measles, malaria and yellow fever outbreaks at regional and district levels;
- Provide essential drugs, basic medical kits and vaccines for district health facilities, including vitamin A and Mebendazol for systematic supplementation and de-worming, through a community based-approach;
- Treat 1,500 severely malnourished children in five Forest Guinea facilities and extend care to two hospitals;
- Support water disinfection and the rehabilitation of water sources to prevent cholera outbreaks;
- Develop communication activities to prevent meningitis and cholera outbreaks;
- Strengthen the coordination response system through regular coordination meetings at regional and district levels.

#### **Child protection and HIV/AIDS (US\$ 642,800)**

Some 5,000 victims of armed conflict, 3,000 women victims of gender-based violence and/or sexual abuse and exploitation and 500,000 people affected by HIV/AIDS with priority for Liberian and Ivorian refugees and IDPs, are targeted through the following key activities:

- Provide early intervention, rehabilitation and reintegration services for victims of abuse or exploitation;
- Provide legal clinic services and psychosocial support;
- Provide access to basic services (shelter, food, education and health);
- Strengthen coordination of HIV/AIDS-related activities and support health structures to provide voluntary counselling and testing, PMTCT services and care to people living with HIV/AIDS as well as to victims of sexual violence.