



UNICEF/Guinea/2021/Mohamed Mazaboudi

Children recovering from malnutrition receive therapeutic food at a UNICEF-supported health care centre.

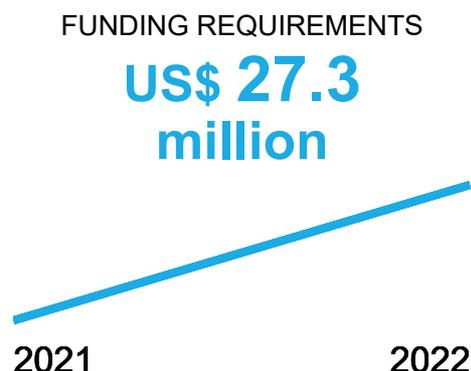
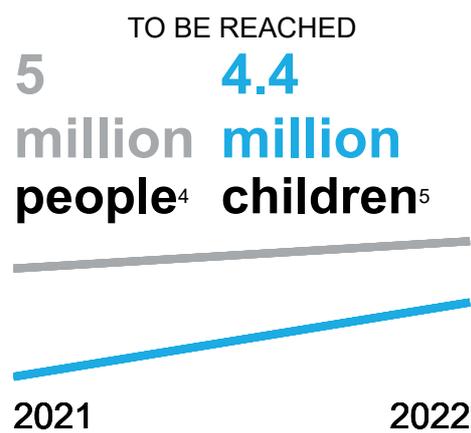
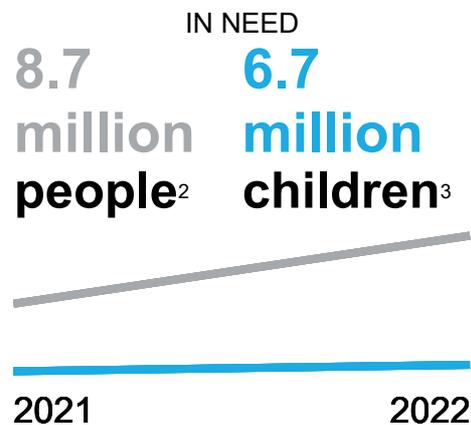


Humanitarian Action for Children

Guinea

HIGHLIGHTS¹

- The humanitarian situation in Guinea has been exacerbated by the socioeconomic impact of COVID-19, political instability, and the recurrent threat of disease outbreaks, including hemorrhagic fevers (Ebola, Lassa and Marburg), measles, polio, and COVID-19 prolonged school closures contributed to the decrease of access to school, placing almost 4,5 million children at risk of learning interruption.
- The resurgence of the Ebola virus disease in 2021 and the growing risk of spillover of conflict and armed violence from the neighboring Central Sahel countries highlight the need to maintain a robust emergency readiness capacity in the country, while continuing to invest into systems strengthening for the delivery of essential services.
- UNICEF requires US\$27.3 million to continue responding to the threat of disease outbreaks, supporting basic service provision, and protecting women and children from violence and abuse.



KEY PLANNED TARGETS

91,200
children admitted for treatment for severe acute malnutrition

604,404
children vaccinated against measles

285,000
people reached with critical WASH supplies

316,000
women and children accessing gender-based violence mitigation, prevention, response

HUMANITARIAN SITUATION AND NEEDS

Half of Guinea's children already lived in poor households before the start of the COVID-19 pandemic. Their vulnerability has been exacerbated by the socioeconomic impact of COVID-19, low access to social protection mechanisms, political instability, and the recurrent threat of disease outbreaks, especially hemorrhagic fevers, measles and polio. The pandemic led to the interruption of education for thousands of students, exacerbating gender inequalities, increasing the likelihood of early and/or forced marriage as well as concern on gender-based violence. Violence against women and children has increased by 20 per cent since the onset of COVID-19, aggravating an already alarming situation in a country where violence – including sexual violence – is widespread.⁶

The resurgence of the Ebola virus disease in 2021 placed additional pressure on a fragile health system that was still recovering from the 2014–2016 Ebola outbreak and is characterized by inadequate facilities and limited capacity to ensure the required vaccination coverage for children. In 2022, more than 2.2 million children under 5 years of age require polio vaccination⁷ and 604,404 are in need of measles vaccination following the under-utilization of health services during the COVID-19 pandemic.⁸

The lack of adequate WASH services in health facilities, schools and communities is another challenge to curbing outbreaks, with 21 per cent of households, 69 per cent of health facilities and 64 per cent of schools lacking access to safe water.⁹ The nutritional situation of children is fragile due to economic impact of COVID-19 and persistent food insecurity. In 2022, it is projected that 286,000 children will suffer from severe acute malnutrition nationwide.¹⁰ In addition, over 4 million children are at risk of dropping out of school, if there is any further epidemic resurgence.¹¹

While the security situation in Guinea has remained relatively calm following a military coup in September 2021, the longer-term socioeconomic impacts are not yet clear, particularly as the country faces the growing risk of spillover of conflict and armed violence from the neighboring Central Sahel countries.

SECTOR NEEDS



1.2 million children under 5 years in need of nutrition service¹²



2.2 million children in need of immunization services¹³



1.5 million people are at higher risk of gender-based violence¹⁴



4.5 million children are at risk of learning interruption¹⁵



1.6 million people in need of social protection services¹⁶

STORY FROM THE FIELD



Francis, 16 years old, was declared a contact case of Ebola, following the tragic death of his mother, a 51-year-old nurse, who died of Ebola in the rural community of Gouéké.

To respond to the latest Ebola outbreak, UNICEF, together with the Regional Inspection of Social Action and Children, identified, trained and deployed 18 social workers to provide psychosocial support to infected/affected children and families in Gouéké, Womey, Kokota and N'Zérékoré.

Since the resurgence of Ebola, UNICEF has been working with health authorities to ensure that all orphaned children and child contact cases can benefit from psychosocial care and hygiene kits.

[Read more about this story here](#)

Francis and classmates receiving psychosocial support. During the Ebola outbreak, UNICEF, with the Guinea Ministry of Health deployed 18 social workers to provide psychosocial support to children.

HUMANITARIAN STRATEGY

In 2022, UNICEF will seek to reach 5 million people in need of humanitarian assistance in Guinea, including 4.4 million children. UNICEF's humanitarian action will be guided by three strategies: (1) supporting the continuity of essential services and access to social protection, (2) enhancing community engagement and (3) strengthening emergency preparedness.

To respond to the multiple epidemic threats in the country, UNICEF will ensure the continuity of health and immunization services through community-based surveillance, vaccination, strengthening laboratory capacity, procurement of essential medicines and critical pharmaceutical supplies, and support for mobile clinics in remote areas. Building on lessons learned from the 2021 Ebola outbreak, UNICEF will take a community-based approach to its humanitarian action, revitalizing and strengthening the capacities of community-based organizations and working through community networks to reinforce resilience. UNICEF will focus on survivor follow up and health systems strengthening, investing in cross-sectoral support for the continuity of essential health and other social services, while simultaneously strengthening emergency preparedness. This will include supporting WASH services in health centers, communities and schools.

UNICEF will draw on its strong field presence and repositioning of emergency stocks to ensure timely response to disease outbreaks, natural disasters, and conflict, in line with the Core Commitments for Children in Humanitarian Action, while maintaining strong linkages with longer-term development actions.

To address the nutrition needs of children in Guinea, UNICEF will focus on early detection and adequate care for children with severe acute malnutrition by strengthening its presence and operational support to health centers and community platforms.

In education, UNICEF will focus on supporting the continuity of learning in safe environments, facilitating access to learning materials, and providing WASH services, quality emergency supplies and consumables in schools and early learning centers. Building on good practices and lessons learned, UNICEF will also consider and strengthen distance learning and digital platforms approaches depending on COVID-19 dynamics in the country.

To respond to the critical protection challenges worsened by disease outbreaks, conflict and a fragile security situation, UNICEF will support violence prevention services for children and women, focusing on mental health, psychosocial support and gender-based violence, including programmes for the empowerment of women and adolescents.

UNICEF will invest into a systemic approach to prevent sexual exploitation and abuse, including regular training, community engagement, risk assessment, increased vetting and human resources measures.

In social protection, UNICEF will focus on strengthening national social protection systems, providing emergency cash transfers to the poorest households and linking emergency cash programming with the national social register.

2022 PROGRAMME TARGETS



Nutrition

- **91,200** children aged 6 to 59 months with severe acute malnutrition admitted for treatment¹⁷
- **1,121,606** children aged 6 to 59 months receiving multiple micronutrient powders



Health

- **604,404** children aged 6 to 59 months vaccinated against measles¹⁸
- **19,750** health care facility staff and community health workers trained in infection prevention and control¹⁹
- **2,222,651** children aged 0 to 59 months vaccinated against polio



Water, sanitation and hygiene

- **150,000** people accessing a sufficient quantity of safe water for drinking and domestic needs
- **60,000** children use safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces
- **285,000** people reached with critical WASH supplies



Child protection, GBViE and PSEA

- **120,000** children and parents/caregivers accessing mental health and psychosocial support²⁰
- **316,000** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- **1,200,000** people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers



Education²¹

- **2,189,412** children accessing formal or non-formal education, including early learning
- **153,258** children receiving individual learning materials
- **8,905** schools implementing safe school protocols (infection prevention and control)



Social protection

- **10,000** households reached with UNICEF funded multi-purpose humanitarian cash transfers



Cross-sectoral (HCT, C4D, RCCE and AAP)

- **2,500,000** people reached through messaging on prevention and access to services
- **500,000** people engaged in risk communication and community engagement actions

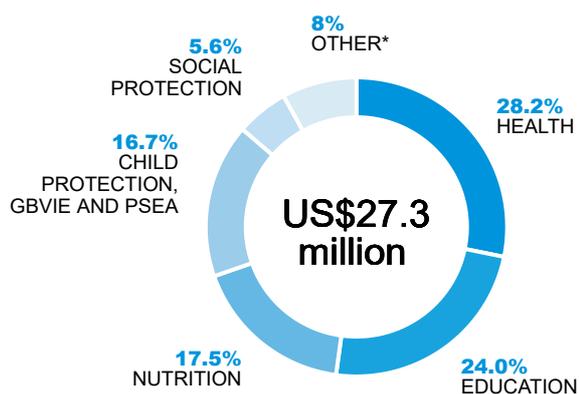
FUNDING REQUIREMENTS IN 2022

UNICEF requires US\$27.3 million to save lives and alleviate the suffering of children, adolescents and women in Guinea in 2022. The increased budget, compared to last year, reflects the increased targets and unit costs.

Through this appeal, UNICEF will work to make essential services and systems more resilient to multiple shocks (disease outbreak, conflict and political instability).

Funds are required to reach vulnerable people, including children with disabilities, with an integrated multi-sectoral package of services including health, nutrition, education, protection and WASH.

UNICEF will act as the provider of last resort for the most deprived and vulnerable children in Guinea, including those living in hard-to-reach and remote areas that are fragile and more likely to be the sites of epidemics. Without adequate funding, UNICEF will be unable to reach affected children with vital life-saving support.



Sector	2022 requirements (US\$) ²²
Nutrition	4,765,748
Health	7,688,039
Water, sanitation and hygiene	1,185,000
Child protection, GBVIE and PSEA	4,548,000 ²³
Education	6,529,064
Social protection	1,537,000
Cross-sectoral (HCT, C4D, RCCE and AAP)	1,000,000
Total	27,252,851

**This includes costs from other sectors/interventions : Water, sanitation and hygiene (4.3%), Cross-sectoral (HCT, C4D, RCCE and AAP) (3.7%).*

Who to contact for further information:

Pierre Ngom
Representative, Guinea
T +224625000023
pngom@unicef.org

Manuel Fontaine
Director, Office of Emergency Programmes (EMOPS)
T +1 212 326 7163
mfontaine@unicef.org

June Kunugi
Director, Public Partnership Division (PPD)
T +1 212 326 7118
jkunugi@unicef.org

ENDNOTES

1. UNICEF's public health and socio-economic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.
2. As Guinea's country programme does not have interagency assessments and planning documents (e.g. HNO/HRP), the people in need estimates were made by UNICEF on the basis of the National Statistics Institute's 2014 General Census of Population and Housing projections for the year 2022 (National Institute of Statistics projections for 2022).
3. As Guinea's country programme does not have interagency assessments and planning documents (e.g. HNO/HRP), the people in need estimates were made by UNICEF on the basis of the National Statistics Institute's 2014 General Census of Population and Housing projections for the year 2022 (National Institute of Statistics projections for 2022).
4. The total people to be reached was estimated based on an aggregation of programme targets using the total number of children 0-59 months targeted for polio vaccination (2,222,651), the children aged 5-17 years targeted for education (2,163,951), and 49 per cent (588,000 adults) of people provided with access to a safe and accessible channel to report sexual exploitation. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
5. The total number of children to be reached was estimated using the number of children 0-59 months targeted for polio vaccination (2,222,651) and the children aged 5-17 years targeted for education (2,163,951 out of the total 2,189,412 aged 4-17 years of education target).
6. United Nations Children's Fund, World Bank, United Nations Development Programme and Guinea Ministry of Economic and Finance, Economic Impact of COVID-19 Study in Guinea, June 2020.
7. Statistical yearbook of the Ministry of Education of Guinea, September 2021.
8. EPI, 2021.
9. National Institute of Statistics, Guinea 2016 Multiple Indicator Cluster Survey, 2017.
10. DHS 2018.
11. Statistical Yearbook of the Ministry of National Education, 2021.
12. DHS, 2018.
13. DHIS2/DVD-MT, 2021 (children 9 to 14 years) and EPI, 2021 (children 9 to 59 months).
14. National Institute of Statistics projections for 2022.
15. Statistical yearbook of the Ministry of Education of Guinea, September 2021. This data include the 1.2 million out of school children (OOSC).
16. National Institute of Statistics, Harmonised Household Living Conditions Survey Report, December 2020.
17. Severe acute malnutrition target is based on the projected coverage of the 416 health centres in 2022.
18. Measles target is based on the projection of the Expanded Immunization Program, and DHIS2/District Vaccination Data-Management Tool (DVD-MT), 2021 that estimates the number of children in need of measles vaccination.
19. 6,500 teams (1 vaccinator and 1 tool filler) are mobilized to vaccinate an average of 150 to 250 children aged 0 to 59 months per day over 4 days. 6,500 social mobilizers for outreach and 250 town criers for a total of 19,750 people.
20. MHPSS target has increased, compared to 2021, to reflect UNICEF analysis on the projected needs of child protection
21. UNICEF plans to cover public and community pre-school, primary and secondary schools throughout the country in 2022, compared to the 70 per cent coverage of the sector needs in 2021.
22. The increased budget, compared to last year, depends on the increased targets and refinement of unit costs by sector.
23. This includes GBViE-specialised programming within the financial ask for Child Protection (US\$948,000); total amount for PSEA (US\$2.4 million).