

Republic of Guinea

Executive Summary

In 2006, the socio-economic situation in Guinea deteriorated significantly, putting pressure on vulnerable populations living in extreme poverty with declining coping mechanisms and as a result, increasing the humanitarian needs even in a non-conflict situation. Humanitarian indicators were low as the majority of the population continued to face high mortality, morbidity, and malnutrition rates.

Guinea has very poor road infrastructure. Conducting reliable, timely, and inclusive needs assessments were a significant challenge. Limited access to health, food, water, and sanitation facilities was triggering outbreaks and recurrences of life-threatening diseases such as cholera and meningitis and outbreaks became more frequent and more deadly.



Overstretched health facilities had been affected by the continuous arrival of refugees while public services were no longer being subsidized by the state. Health posts, centers, and hospitals had a shortage in the supply of essential drugs and other medical supplies. No health care was possible or emergency surgical or obstetrical operations. Reproductive and sexual health services were underfunded, in particular, family planning, maternal health, basic obstetric care, prevention and management of gender-based violence, prevention and treatment of sexual transmitted diseases/HIV/AIDS, women's rights as regards procreation, and prevention of harmful practices affecting women's health. In addition, there was an absence of a functional system of maintenance of infrastructure and equipment.

The food and agriculture sectors were also of great concern, particularly in Guinée Forestière or Forest Region. Limited access to seeds, agricultural tools and arable land and the impact of armed conflict in the sub-region (Sierra Leone, Liberia, and Cote d'Ivoire) on the population of Guinea Forest Region worsened the situation. At least 10 percent of households faced constant food insecurity, 18 percent were at risk, and only 25 percent of the population was considered food secure. The stocks and means of production of host households were depleted by their collective efforts to assist refugees, internally displaced people (IDPs) and returnees from the countries in conflict for several years. While Guinea Forest Region has large amounts of natural resources, the agricultural production was insufficient for its population. Only 20 percent of potentially arable land was being used and rising inflation and currency depreciation had a strong impact on food as Guinea imported the majority of its rice, the country's staple food. The population continued to require assistance in seeds and agricultural tools essential to allow them to take up again their agricultural activities. Food distribution to prevent the consumption of seeds by the beneficiaries during this lean period was deemed essential.

The WFP-managed Humanitarian Air Operation (HAS) provided service to more than 120 different organizations, including NGOs, UN agencies, diplomatic representations and Government counterparts throughout Coastal West Africa (Guinea, Liberia, Sierra Leone, and Côte d'Ivoire). The service between countries facilitated access to, and enhanced humanitarian coordination amongst countries. The Humanitarian Air Operation was facing financial difficulties

and World Food Programme (WFP) needed additional funding to continue to operate the aircraft in order to transport humanitarian personnel, relief supplies, and medical evacuees.

Notwithstanding these challenges, the UN Country Team worked closely with NGOs and Government Ministries to quantify the needs of vulnerable populations. Although the 2006 Consolidated Appeals Process (CAP) identified interventions in response to cholera and meningitis epidemics as well as household food security and the reduction of severe malnutrition as priorities, funds were not available for the targeted projects. The CAP was underfunded with only 28 percent of its requirements funded. To mitigate the adverse impact of insufficient funding, projects targeting interventions in the food security, health, coordination and support services, and water and sanitation sectors as well as for refugees, were submitted for CERF funding for underfunded emergencies. No other funding sources were available, either from CAP bilateral donors, internal agency reserves or unearmarked agency funds. The CERF grant was the only immediate available source of financing for these projects. CERF resources were allocated proportionally to the identified financial needs and shortfalls in the early stages of the response.

In 2006, the CERF approved \$1,997,549 to assist the Government of Guinea to redress imbalances in underfunded emergencies. The first allocation of \$1,000,000 was committed to WHO, UNICEF, UNHCR, FAO and WFP through the CERF grant facility for underfunded emergencies for two inter-agency emergency, life-saving activities in the food security, health, multi-sector, and water and sanitation sectors. A second allocation of \$997,549 was made to WHO, UNFPA, UNICEF and WFP for four projects in the health, water and sanitation, and coordination and support services sectors.

Table 1: Agencies that received funds in 2006

Total amount of humanitarian funding required - 2006 (Funding received in 2006)	<ul style="list-style-type: none"> ▪ \$ 25,226,621 ▪ \$ 15,907,405 received including CERF contributions
Total amount of CERF funding received by window (rapid response/under-funded)	<ul style="list-style-type: none"> ▪ Underfunded: \$1,997,549
Total amount forwarded to implementing partners	<ul style="list-style-type: none"> ▪ \$ 738,999
Total number of beneficiaries targeted and reached with CERF funding (disaggregated by sex/age)	<ul style="list-style-type: none"> ▪ 2,000,000
Geographic areas of implementation	<ul style="list-style-type: none"> ▪ Guinea Forestière (Forest Region), Haute Guinea (Northern Guinea), West Africa Coastal Region

Decision-making

The decision-making process for CERF allocation evolved throughout 2006. Initially, the UN Country Team played the central role in allocating resources. Following consultations with humanitarian actors, the Inter-agency Standing Committee (IASC), the Country Team and inter-agency sector working groups, including NGOs, allocations were made to critically underfunded projects in the 2006 CAP. Prioritization was based on a rapid situation analysis and needs assessments to the different sectors. The IASC/COPIA¹ played a significant role in the process of identifying priority areas for the two CERF allocations in 2006. NGO partners were actively engaged with OCHA and the UN Country Team through inter-agency coordination meetings and the national crisis committee. It served as an additional mechanism to the existing sectoral working groups and ensured coherence between funding from the CERF and other donor mechanisms. The decision to intervene in the Guinea Forestière (Forest Region) was because of inter-agency needs assessments and studies conducted by NGOs and UN agencies.

Table 2 - CERF funding - Project Detail (01-03-2006 to 31-12-2006)

CERF Project	Agency	Sector	Underfunded Emergency Window*	Approved Amount \$	Disbursement Date
06-CEF-152	UNICEF	Water and sanitation	UFE	50,000	09.11.2006
06-WHO-161	WHO	Health	UFE	153,010	02.10.2006
06-WFP-164	WFP	Coordination and support services	UFE	250,000	20.09.2006
06-CEF-163	UNICEF	Water and sanitation	UFE	485,000	14.09.2006
06-WFP-151	WFP	Food	UFE	130,000	14.09.2006
06-FPA-162	UNFPA	Health	UFE	111,989	14.09.2006
06-FAO-090	FAO	Agriculture	UFE	320,000	07.09.2006
06-WHO-091	WHO	Health	UFE	95,230	24.08.2006
06-HCR-143	UNHCR	Multi-sector	UFE	263,220	08.08.2006
06-CEF-142	UNICEF	Health	UFE	139,100	03.08.2006
Total				\$1,997,549	

Implementation

CERF projects were implemented primarily through UN agencies and their Government counterparts. For the UN Children's Fund (UNICEF), the Government counterparts were the Ministry of Water Resources and Energy and the Ministry of Health. The World Health Organization (WHO) was in partnership with the Ministry of Health. WFP and the Food Agriculture Organization (FAO) were working together with the main Government counterparts for the food security response, including the Ministry of Agriculture and the Ministry of

¹ In French: Comité permanent inter agence (COPIA)

Cooperation. Distributions under the CERF's nutritional assistance component were carried out in coordination with the Public Health Ministry and the NGO, Action against Hunger (AAH)/Spain. Many UN and NGO partners were involved in the emergency logistics operations. The UN High Commissioner for Refugees (UNHCR) worked with the Ministry of Interior and Security, International Federation of Red Cross and Red Crescent Societies (IFRC) and the local NGO, Organisation Développement Intégré Communautaire (ODIC) (in addition to delivering water, sanitation, health, and emergency education services to refugees. Strong partnerships were also formed with other NGOs and international organizations such as Médecins Sans Frontières (MSF), ICRC, AAH, and Terre des Hommes (TDH), etc., who provided technical support to the Government and received supplies and in-kind contributions from UN agencies.

The inter-agency collaboration was critical in ensuring the timely delivery of life-saving services and supplies. It ensured quick delivery of goods and services, avoided duplication, and activities of aid organizations were distributed in a way that maximized the coverage and response to those in need. The criteria as well as the selection process of the beneficiaries and the targeted areas were carried out with the direct involvement of each partner.

CERF funds helped to partially absorb the UNHCR programme budget needs in the areas of health, water and sanitation already planned at the beginning of 2006. The funding was of important support as UNHCR was still looking for funds to cover costs related to these sectors. CERF grant was allocated to the budget of implementing partners operating in the sectors of health, water, and sanitation in the refugee camps of Kounkan, Kola, Terikoro and Kountaya. To implement these activities, the UNHCR signed sub-agreements with above-mentioned partners.

WFP distributed food rations to beneficiaries at the same time as FAO provided seeds and tools. The participation of the different partners in the provision of food support to households contributed to an efficient implementation of the seed protection programme. The beneficiaries were fully involved in the implementation of the project. By providing air transportation services to humanitarian agencies, diplomatic representations, Government counterparts and NGOs, humanitarian access and coordination were facilitated amongst the countries.

Table 3 – Implementing partners and projects

Sector	Implementing Partners	CERF funds to implementing partners \$	Primary Activities
Health	MSF/CH (NGO)		<ul style="list-style-type: none"> Immunization campaigns in some areas of Mandiana district
	MSF/ Belgium (NGO)		<ul style="list-style-type: none"> Management of two cholera treatment centers in Gueckedou district
	IFRC/ CRG (IO)		<ul style="list-style-type: none"> Collection, referrals to hospitals and care of the wounded Support to hospitals in the transportation and screening of the injured.

Food / Agriculture	ACF (NGO)		<ul style="list-style-type: none"> ▪ Provided support in the water and health sectors in the fight against cholera
	SNAPE (Government counterparts)		<ul style="list-style-type: none"> ▪ Provided support to the water and health sectors in the fight against cholera
	MOH, Mandiana and Gueckedou districts health directions (Government counterparts)		<ul style="list-style-type: none"> ▪ Organization of personnel deployment and training and cholera management centers ▪ Provision of vaccines, drugs and other consumables and logistics
	Africare (NGO)		<ul style="list-style-type: none"> ▪ Distribution of food, seeds and tools
	Action Contre la Faim (NGO)		<ul style="list-style-type: none"> ▪ Distribution of food, seeds and tools
	SNAPE (Government counterparts)	4, 789	<ul style="list-style-type: none"> ▪ 16 water points in Conakry
	SERPAG (private contractors)	46 063	<ul style="list-style-type: none"> ▪ 20 water points in Kissidougou
Water and Sanitation	PSI (NGO)	152, 518	<ul style="list-style-type: none"> ▪ Promotion of water treatment using 'Sur Eau' in residences in six prefectures
	SNAPE (Government counterparts)	3, 824	<ul style="list-style-type: none"> ▪ Treatment of water points in Forest Region
	CRG (NGO)	9, 238	<ul style="list-style-type: none"> ▪ Treatment of water points in Conakry
	CPC Kissidougou (Government counterparts)	4, 426	<ul style="list-style-type: none"> ▪ 5.000 family latrines in Kissidougou
	CGC (government counterparts)	272,141	<ul style="list-style-type: none"> ▪ Water points in Conakry
	Multi-sector	IFRC (IO)	140,000

Coordination and support services	ODIC (local NGO)	106,000	<ul style="list-style-type: none"> ▪ Maintenance of water distribution centers ▪ Construction/ rehabilitation of latrines and shower to ensure that at least 1 latrine/shower available for 6 people ▪ Organize timely collection and disposal of domestic waste ▪ Sensitize the population on household hygiene and waste disposal system in place
	Ministry of Health		
	Ministry of Water and Energy		
	Ministry of Agriculture		
	Ministry of Interior and Security		

Results

Health

A cholera epidemic, which started in Moyenne Guinea and Guinea Maritime in April 2005 and in 2006 in Forest Region and Conakry, was of huge concern to humanitarian actors. Over 3,230 cases and 218 deaths were recorded in 2006 alone. WHO provided considerable support to the Ministry of Health and other implementing partners by mobilizing its contingency plan stocks of five cholera kits as well as technical assistance. Local resources were not sufficient to cope with such an epidemic. Refugee health posts have better equipment and supplies of essential drugs and offered free medical treatment. As a result, over 30 percent of patients came from neighboring villages, increasing the workload of the staff. Access to water and sanitation was also critical in N'Zérékoré and Kissidougou refugee camps and CERF funds made it possible to maintaining adequate conditions of living for refugees.

The resources from the CERF grant facility supported activities to bring the cholera epidemic, under control quickly with the intervention of WHO, UNICEF, NGOs, and Government counterparts. Without the CERF allocation, the situation would have been catastrophic.

In April 2005, a meningitis epidemic outbreak occurred in Mandiana prefecture (234,929 habitants) in Haute Guinee, the so-called "meningitis belt" where 184 cases were recorded, including 17 deaths. In March 2006, another meningitis outbreak was confirmed in the same prefecture of Mandiana in Haute Guinea and 171 cases and 17 deaths were reported by July 2006. Because of the serious situation, the UN Country Team decided to mobilize additional funds to stop the spread of the disease in Mandiana. A project proposal was submitted by the Humanitarian/Resident Coordinator to CERF in May/June 2006 and a month later (June/July 2006) the project was approved. While waiting for the CERF funds and taking into account the worsening epidemic situation, it was decided to pre-finance the activities in using the CERF as guarantee, and by the end of August 2006, the meningitis epidemic was under control.

Table 4 – Activities by sector

SECTOR	AGENCY	ACTIVITIES
Health	WHO	<ul style="list-style-type: none"> ▪ WHO provided specific drugs, medical equipment, and other supplies for cholera and meningitis case management and immunization campaigns and monitored the situation. Four cholera kits and other specific drugs to treat cholera and meningitis were purchased. More than 1,540 cholera cases and 184 meningitis cases were properly managed. ▪ In an immunization campaign against meningitis, 23,492 persons were immunized against meningitis. ▪ A weekly epidemiological bulletin was developed, improved, and shared regularly with humanitarian partners. Regular supervision was undertaken. ▪ Through information, education and communication (IEC) public information campaigns on safe drinking water, basic hygiene, sanitation and meningitis prevention more than 450,000 people were sensitized on cholera and meningitis prevention.
	UNFPA	<ul style="list-style-type: none"> ▪ Essential drugs, medical equipment, four trauma kits, and other supplies were purchased by WHO and more than 500 people received appropriate healthcare. ▪ UNFPA, in collaboration with the Guinean Government initiated its health project aimed at reducing maternal mortality and addressing sexual violence in the refugee affected zones of Forest Region. ▪ UNFPA contributed to the prevention of unwanted pregnancy and STD/HIV/AIDS among 45,000 refugees, also during repatriation.
	UNICEF	<ul style="list-style-type: none"> ▪ UNICEF supported activities to stop the cholera outbreak throughout 2006. Some 3,185 cases were reported in the country. Drugs, materials, and sanitation support were made available and social mobilization was conducted on the radio and television with the focus on hand washing and interpersonal communication. Some 2,000 copies were distributed, which was used as a guide by the health staff and some Red Cross volunteers and MSF-community health workers in the affected area. ▪ UNICEF coordinated with WHO and MSF to control a meningococcal meningitis epidemic in the prefecture of Mandiana in the first four months of 2006 (120 cases with 14 deaths with a mortality rate of 12 percent) through a local immunization campaign and achieved a 78 percent coverage. UNICEF supported some operational costs of the campaign and the provision of 15,000-oiled <i>Chloramphenicol</i> for patient care. ▪ UNICEF supported five therapeutic nutritional centers in Forest Region, where acute malnutrition rate in children between six and 59 months was above 10 percent according to DHS III, (2005). The nutritional support helped to care for 514 kids with severe malnutrition in 2006. Activities included: <ul style="list-style-type: none"> ○ Supervision of nutritional rehabilitation centers of Beyla, Sinko, Macenta, Kissidougou and N'Zérékoré; ○ Supply five nutritional therapeutics centers with anthropometric materials; ○ Provision of therapeutic milk (F75 and F100), whole and skimmed milk
Multi-sector		<ul style="list-style-type: none"> ▪ Water distribution was increased (28,6 and 24.9 liters per person per day in Kouankan and Kola camps respectively) ▪ Potable water and improved sanitation were ensured for about 17,000 refugees in two camps in Forest Region reducing the outbreak of diseases caused by lack of hygiene. ▪ More than 55 existing modern water distribution points were repaired, seven modern wells and three boreholes constructed, resulting in an acceptable standard of water distribution (28.6 and 24.9 liters per person per day in Kouankan and Kola camps respectively). ▪ The population in the camps was sensitized on household hygiene and waste disposal by health monitors. No

		<p>cholera case were reported in the camps</p> <ul style="list-style-type: none"> ▪ One-hundred latrines were constructed and 54 repaired providing one latrine/shower per six persons. ▪ Garbage collection and disinfection of rubbish dumps were carried out regularly to avoid an increase of disease carrying insects. ▪ Hygiene promotion and waste disposal activities were carried out. ▪ CERF funding helped ensure the reduction of malnutrition and mortality rate as well as 74 percent vaccination coverage for children less than 5 years of age in all refugee camps. ▪ Mortality rate kept low: 0.02/10,000 in Nzerekore (Kola and Kounkan) and 0.1/10,000 in Kissidoudou (Kountaya/Telikoro). ▪ Infant mortality (children under 5 years) rate were reported as 0.1/10,000 in Nzerekore (Kola and Kounkan) and 0.3/10,000 in Kissidoudou (Kountaya/Telikoro). No severe malnourishment was reported in the camps. Moderate malnourishment was reported as 0.6 percent in Kouankan camp, 0.2 percent in Kola camp, and 0.1 percent in Kissidougou camps. ▪ An overall vaccination rate of 74 percent was recorded in all the camps for children under 5 years. ▪ Over 95 percent cases of delivery were assisted by qualified staff (doctor, nurse of middle wife). ▪ HIV/AIDS test points were available in each camp.
<p>Water and Sanitation</p>		<ul style="list-style-type: none"> ▪ It was made possible for 20,000 new beneficiaries including 13,000 in Conakry and 7,000 in Kissidougou to have access to good quality water from wells equipped with pumps and motor functions. ▪ More than 5,080 water points were treated with chlorine in Forest Guinea (4,155) and in Lower Guinea (925). ▪ People were trained in water purification using the product "Sur' Eau". Preposition of stocks of "Sur' Eau" for home treatment of potable water in six cholera endemic prefectures. ▪ A distribution network of the product "Sur' Eau" was set up in the prefectures to supply the Ministry of Health with 1.000 Kg of HTH for disinfection and treatment water points. ▪ Fifteen health agents were put in charge to monitor the quality of water in endemic cholera areas. ▪ Some 5,000 new hygienic toilets for more than 30.000 people (women and children) mainly in Kissidougou
<p>Food Security (Food and Agriculture)</p>		<ul style="list-style-type: none"> ▪ Distribution of seeds (40 metric ton of corn, 400 kg of eggplant, 400 kg of pepper and 800 kg of okra) and agricultural tools (8,000 hoes, 8,000 machetes and watering-cans) to assist 8,000 households in Forest Region. ▪ 200 metric ton of rice transported for distribution to host populations and IDPs. ▪ 175 metric ton of rice provided by WFP were distributed by the two cooperating partners to 8,000 families (40,000 people) also benefiting from the seeds and agricultural tools provided by FAO. Each family received 21,25 kg of rice. ▪ The implementation of the project allows the production of 4,000 tons of corn, 16,000 tons of eggplant, 8,000 tons of pepper and 4,000 tons of okra. These vegetables will improve nutritional quality and balance of the beneficiaries' food with vitamins and oligoéléments
<p>Coordination and Support Services</p>		<ul style="list-style-type: none"> ▪ With three weekly rotations, the service played a key role in ensuring the transport of humanitarian personnel and cargo, and medical evacuations. ▪ WFP chartered two passenger aircrafts – a 19 seat Beech craft 1900 and a 10-seat Cessna Caravan aircraft to link the Guinean capital with provincial towns and with Freetown, Monrovia, and Abidjan. ▪ At the regional level, the Humanitarian Air Service transported 10,237 passengers and 244 metric tons of cargo, and responded to 21 cases of medical evacuation. Within Guinea, 2611 passengers were transported in the course of 2006.

CERF funding enabled the continuation of poorly funded, essential core elements of the overall response. It allowed the Government and partners to better care for the 3,230 cholera cases and 171 meningitis cases though reducing the mortality rate and protecting 78 percent (136,737 people) of Mandiana against meningitis. Immunization campaigns stopped the outbreak and prevented people from dying within one month (between week 13 and week 16). The availability of essential drugs and referral services undoubtedly reduced mortality and morbidity through out the year.



CERF contributions to the refugee caseload in Guinea were significant. The expansion of water and health facilities at refugee camps reduced the potential friction between the refugees and the local population about available resources. The provision of classroom supplies, desks, and teacher training also contributed to keeping the drop out rate below ten percent and the recorded

increased enrolment rate in school positively influenced the future wellbeing of children. The CERF contribution enabled the funding of a project to improve the food security and nutritional status of the beneficiaries. WFP supported some rural development activities in the same districts but did not have sufficient resources to provide this type of assistance to the beneficiaries.

CERF funding was also essential in ensuring the continuation of the humanitarian air services throughout 2006. The continued lack of security-cleared commercial flights, and the decrease in the Department of Peacekeeping Operations (DPKO) flights prompted the extension of the humanitarian air operation into 2007. Lack of air transport would have seriously affected the implementation and monitoring of humanitarian activities in the region, as the poor road infrastructure and continued insecurity limited the use of road transportation to some locations. The humanitarian air service played a key role in linking Conakry with the Forest Region and became the only means of airlifting humanitarian personnel and cargo to a region with an important UN agency and NGO presence. The provincial town of N'Zérékoré for example, was isolated for several months because the roads became impassable after the heavy rains and deteriorating road infrastructure.

Project monitoring was carried out at national and regional level, with UN agencies, NGOs, and government line ministries. Recipient agencies worked closely with their sub-offices, government counterparts, and regional government offices to engage in frequent monitoring missions. They also utilized participatory assessment methodologies to include beneficiaries and ensure their views were heard regarding the performance of the projects. NGOs engaged closely with the UN, including on joint assessment missions to the hardest hit areas. The close partnership in assessing and monitoring activities and progress increased accountability and ensured timely inputs to shape the course of planned activities.

WHO, taking into account the worsening epidemic situation, decided to research other ways of pre-financing its activities in June and July 2006 using the CERF grant facility as guarantee while awaiting its disbursement.

In each food distribution site, a team comprised of AFRICARE field monitors, local Government representatives, a WFP field monitor and a representative of the community coordinated the

distribution of the resources to the beneficiaries. Each member of the committee verified the criteria used for the selection of the beneficiaries.

The collection of passenger, cargo, and air movement statistics allowed for a detailed assessment of the use of the air service. User input via regular User Generated Content (UGC) meetings enhanced quality and delivery of the service to the user community's satisfaction. In 2006, efforts were made in approaching service users, in particular foreign governments for financial support to the regional operation.

For epidemiological surveillance, monitoring activities took place at district level by submission of weekly surveillance reports to central level. At central level weekly meetings of the crisis committee at the Ministry of Health where the epidemiological situation was shared with partners, strengths and weaknesses were identified and analyzed to draw corrective measures

International and local media attention was stimulated by CERF funding, following situation reports and press releases published in several newspapers and websites. The CERF funding was widely covered in newspapers, on local and national radio, and television throughout 2006.

Lessons Learned

Joint programmes

- Joint programmes were a good approach, but lack of coordination among agencies resulted in unnecessary delays in the disbursement of the grant. Difficulties were encountered regarding the completion of project sheets/application forms. The CERF would be better managed with individual agency projects (funds disbursed separately) rather than inter-agency projects, as each agency has its own management plan and process.
- Agencies and their headquarters should present a unified position. The considerable delay in the authorization of the funding for the first two projects already approved in principle by the CERF Secretariat was due to administrative and logistic problems that needed to be sorted out between the concerned agencies and their headquarters. The delay in the allocation of CERF funding caused a delay in the implementation of the activities of the approved projects and had implications for accurate reporting.

Administrative procedures

- Lack of clarity in administrative procedures led to confusion and held up the process. Calculating the programme support cost rate led to budgets not completed on time at field level.
- The delay in the disbursement of the CERF funding caused a delay in the implementation of the activities of the approved projects. The mechanism for receiving funding needed to be accelerated in order to allow a timely implementation of the activities. Some requesting agencies did not have available funds to finance up front the costs of their activities. The financial procedures of the concerned agencies should be more dynamic for this type of situations in order to speed these processes.
- The humanitarian air service project is a strong example of cross boarder/cross country operations where scarce resources are harnessed together much to benefit the need of people transcending political boundaries.

CERF in Action

Humanitarian Air Service - Success Story

In late August, a little girl in a remote refugee camp in southern Guinea was close to dying. Her tiny body was wasting away from Kwashiorkor, severe protein energy malnutrition, and her only hope of survival was to get medical treatment in Conakry. By road, the journey would take at least two days. She would never have survived a trip.

WFP Humanitarian Air Service came to the rescue, and the three-year old was flown to Conakry in one hour and 15 minutes. WFP staff was proud and happy to learn several days later that she made it to the hospital, where she received vital medical treatment and therapeutic feeding, just in time.

Soon the little girl was on the road to recovery, and was last spotted among groups of excited children running up to meet a visitor arriving at the camp.

Food Security - Emergency Intervention

- According to a recent study conducted by the UN system in Guinea, the food security situation was of concern in Guinea's Forest region. At least 10 percent of households live in food insecurity, while 18 percent were at risk and only 25 percent of the population is considered food secure. This region counts with a great potential of natural resources, however the agricultural production was insufficient for its population and only 10 percent of potentially arable land is actually being used. This project provided food security support in favor of host households and internally displaced people (IDPs) in order to fight malnutrition in the Forest Region.

The project reached 8,000 households in the Forest Region with the distribution of seeds, agricultural tools, and food rations. The beneficiaries included both host population and IDPs in the prefectures of N'Zérékoré, Lola and Beyla, and their selection was conducted by the implementing partners in close coordination with FAO, WFP and the local authorities.

- The importance of this project can be measured by the poor food security situation the targeted population is facing. It was possible for the beneficiaries to carry out agricultural activities. The food rations distributed jointly with the seeds motivated the beneficiaries to plant and garden.