

# Republic of Guinea

## *Executive Summary 2006*

In 2006, the socio-economic situation in Guinea deteriorated considerably, putting pressure on vulnerable populations living in extreme poverty amid decreasing coping mechanisms, thus increasing 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. Limited access to health, food, water and sanitation facilities had been a trigger for outbreaks and recurrences of life-threatening diseases such as cholera and meningitis, which became more frequent and more lethal. A cholera epidemic, which started in Moyenne Guinea and Guinea Maritime in April 2005, and since 2006 in Guinée Forestière and the capital Conakry, was of great concern to humanitarian actors. Over 3,230 cases and 218 deaths were recorded for 2006 alone. WHO provided considerable support to the Ministry of Health and other implementing partners by mobilizing its contingency plan stocks comprising five (5) cholera kits and technical assistance. However, local resources were not sufficient to cope with such epidemic. The resources from the CERF Grant facility helped deal with the cholera epidemic, which was soon under control, thanks to 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 Guinée, belonging to the so called "meningitis belt". In total 184 cases were recorded including 17 deaths; A meningitis outbreak was again confirmed in March 2006 and affected mostly the same prefecture of Mandiana in Haute Guinée, where 171 cases with 17 deaths were reported in July 2006. The situation was so serious that the UN Country Team decided to mobilize additional funds in order to stop the spread of the disease in Mandiana. A project proposal was submitted by the HC/RC to CERF in May-June 2006. In June-July 2006 the project was approved. While waiting for the funds from CERF and taking into account the worsening epidemic situation, it was decided to pre finance the activities in June- July 2006 with CERF as guarantee. Thus, the meningitis epidemic was under control by the end of August 2006.

Overstretched health facilities had been affected by the continuous arrival of refugees over the last few years. Coupled with this, these public services were no longer being subsidized by the state. Health posts, centres and hospitals were facing a deficit in the supply of essential drugs and other medical supplies. No health care was possible, even for emergency surgical or obstetrical operations, if the patient could not buy the prescribed medicines in pharmacies or private enterprises. Consequently, there was a lack of access to health care services by the local population. Refugee health posts were having increased workloads, as many people from the neighbouring villages accessed their services. Refugee health posts have better equipment and supplies of essential drugs and they offer free medical treatment. As a result, over 30% of patients came from neighbouring villages. Access to water and sanitation was also critical in N'Zérékoré and Kissidougou refugee camps. CERF funds therefore contributed to maintaining adequate conditions of living for refugees.

Reproductive and sexual health services were on the whole under-funded, in particular, family planning, maternal health, basic obstetric care, prevention and management of gender-based violence, prevention and treatment of IST/HIV/AIDS, women's rights as regards procreation, and prevention of harmful practices affecting women's health. In addition, there is an absence of a functional system of maintenance of infrastructure and equipment. In order to improve the living conditions of the populations of Guinée Forestière, 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 Guinée Forestière.

The food and agriculture sectors were also of great concern, particularly in Guinée Forestière. At least 10% of households lived in food insecurity, while 18% were at risk and only 25% of the population was considered food secure. Limited access to seeds, agricultural tools and arable land and also the impact of armed conflict in the sub-region (Sierra Leone, Liberia, and Cote d'Ivoire) on the population of Guinée Forestière have worsened the situation. The stocks and means of production of host households were depleted by their collective efforts to assist refugees, IDPs and returnees from the countries in conflict for several years. Guinée Forestière boasts of large amounts of natural resources, however the agricultural production is insufficient for its population and only 10% of potentially arable land is actually being used. Rising inflation and currency depreciation have had a strong impact on food as Guinea imports 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 provides 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 facilitates access to, and enhances humanitarian coordination amongst countries. The Humanitarian Air Operation was facing financial difficulties and WFP needed additional funding to continue to operate the aircraft in order to transport humanitarian personnel, relief supplies, and medical evacuees.

In 2006, CERF approved USD 1,997,549 to assist the Government of Guinea to redress imbalances in under funded emergencies. A first allocation of US\$1,000,000 was committed to WHO, UNICEF, UNHCR, FAO and WFP through the CERF grant facility for under-funded 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 USD \$997,549 was made also in 2006 to WHO, UNFPA, UNICEF and WFP for four projects in the Health, Water and Sanitation, and Coordination and Support Services sectors.

Total amount of humanitarian funding required (per reporting year):	USD 25,226,621
Total amount of CERF funding received by window (rapid response/under-funded):	Underfunded: USD 1,997,549
Total amount of CERF funding for direct UN/IOM implementation and total amount forwarded to implementing partners Note: This total must equal the total CERF funding allocated	
Total number of beneficiaries targeted and reached with CERF funding (disaggregated by sex/age):	2,000,000
Geographic areas of implementation:	Guinée Forestière, Haute Guinée, West Africa Coastal Region

## **Decision-making**

The decision-making process for CERF allocation evolved throughout the year in 2006. Initially, the UNCT played the central role in allocating resources. Following consultations with humanitarian actors, IASC Country Team and inter-agency sector working groups, which included NGOs, allocations were made for critically under-funded projects in the 2006 CAP. Prioritization was based on a rapid situation analysis and needs assessments in the different sectors. The IASC/COPIA humanitarian Country Team 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 UNCT through inter-agency coordination meetings and the national crisis committee. This 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 Guinée Forestière region was as a result of inter-agency needs assessments and studies conducted by NGOs and UN agencies.

Guinea has very poor road infrastructure. Conducting reliable, timely, and inclusive needs assessments was for that reason a significant challenge. Notwithstanding the challenges, the UNCT worked closely with NGOs and Government Ministries to quantify the needs of vulnerable populations. Although the 2006 CAP identified interventions in response to cholera and meningitis epidemics as well as to household food security and the reduction of severe malnutrition as priorities, no funds were available for the targeted projects. The total CAP was grossly under funded with only 28% 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 under-funded emergencies. No other funding sources were immediately available, either from CAP bilateral donors, internal agency reserves or unearmarked agency funds. The CERF grant was the only immediately available source of financing these projects. CERF resources were therefore allocated proportionally to the financial needs and identified short-falls in the early stages of the response.

### **CERF Funding (2006) - Project Detail (01-03-2006 to 31-12-2006)**

CERF Project	Agency	Sector	Under-funded Emergency Window*	Approved Amount USD	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 in 2006 were implemented primarily through UN agencies and their government counterparts. For UNICEF, the government counterparts were the Ministry of Water Resources and Energy and the Ministry of Health. For WHO it was the Ministry of Health. For WFP and FAO, the primary government counterparts for the food security response were the Ministry of Agriculture and the Ministry of Cooperation. Distributions under the CERF's nutritional assistance component are 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. UNHCR worked with the Ministry of Interior and Security, IFRC and ODIC (local NGO) in addition to their direct implementation to deliver water, sanitation, health, and emergency education services to refugees. In addition to these implementing arrangements, strong partnerships were formed with other NGOs and international organisations such as MSF, ICRC, AAH, and TDH, etc., who provided technical support to the government and received supplies and in-kind contributions from UN agencies.

(b) The inter-agency collaboration was critical for ensuring the timely delivery of life-saving services and supplies. In addition to speeding the delivery, it also ensured that efforts were not duplicated, and that 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 UNHCR programme budget needs in the areas of Health, Water and Sanitation already planned in 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 Refugee Camps of Kounkan, Kola, Terikoro and Kountaya. In order to implement these activities, UNHCR signed sub-agreements with above mentioned partners.

WFP distributed food rations to beneficiaries at the same time as FAP 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 program. In addition, beneficiaries were fully involved in the implementation of the project.

WFP has the mandate for administering air transportation service for all United Nations agencies in humanitarian and other activities that are not directly or specifically for peace keeping. Throughout Coastal West Africa (Guinea, Liberia, Sierra Leone and Côte d'Ivoire), the WFP Humanitarian Air Operation provides service to more than 120 different organizations including NGOs, UN agencies, diplomatic representations and Government Counterparts). The service between countries facilitates access to, and enhances humanitarian coordination amongst countries.

The following partners were involved in the projects and contracted with the funds provided by CERF:

Sector	Implementing Partners	CERF funds provided to implementing partners US\$	Primary Activities
Health	MSF/CH (NGO)		Immunization campaigns in some areas of Mandiana district
	MSF/ Belgium (NGO)		Management of two cholera treatment centers in Gueckedou district
	IFRC/ CRG (IO)		<ul style="list-style-type: none"> <li>■ Collection, referrals to hospitals and care of the wounded:</li> <li>■ Support to hospitals in the transportation and screening of the injured.</li> </ul>
	ACF (NGO)		Provided support in the water and health sectors in the fight against cholera
	SNAPE (Government counterparts)		Provided support to the water and health sectors in the fight against cholera
	MOH, Mandiana and Gueckedou districts health directions (Government counterparts)		-Organization of personnel deployment and training and cholera management centers: - Provision of vaccines, drugs and other consumables and logistics.
Food / Agriculture	Africare (NGO)		Distribution of food, seeds and tools
	Action Contre la Faim (NGO)		Distribution of food, seeds and tools
Water and Sanitation	SNAPE (Government counterparts)	4, 789	16 water points in Conakry
	SERPAG (private contractors)	46 063	20 water points in Kissidougou
	PSI (NGO)	152, 518	Promotion of water treatment using 'Sur Eau' in residences in 6 prefectures
	SNAPE (Government counterparts)	3, 824	Treatment of water points in Guinée Forestière
	CRG (NGO)	9, 238	Treatment of water points in Conakry
	CPC Kissidougou (Government counterparts)	4, 426	5.000 family latrines family in Kissidougou
Multi-sector	IFRC (IO)	140,000	<ul style="list-style-type: none"> <li>■ Provision of qualified medical staff and essential medicines to ensure the continued running of two health centres in every refugee camp</li> <li>■ Follow-up activities of mother-and-baby health care in order to reduce morbidity rate</li> <li>■ Follow-up vaccination of children below 5 years to achieve at least</li> </ul>

			<ul style="list-style-type: none"> <li>a rate of 70% coverage</li> <li>▪ Support HIV/AIDS activities by availing a test center in each camp</li> </ul>
	ODIC (local NGO)	106,000	<ul style="list-style-type: none"> <li>▪ Maintenance of water distribution centers</li> <li>▪ Construction/ rehabilitation of latrines and shower to ensure that at least 1 latrine/shower available for 6 people</li> <li>▪ Organize timely collection and disposal of domestic waste</li> <li>▪ Sensitize the population on household hygiene and waste disposal system in place</li> </ul>
Coordination and support services			
Government	Ministry of Health		
	Ministry of Water and Energy		
	Ministry of Agriculture		
	Ministry of Interior and Security		

**Results**

Below are the major activities carried out and the results achieved by sector/cluster as part of the overall response to which the CERF contributed.

**Health**

WHO provided specific drugs, medical equipment and other supplies for cholera and meningitis case management and immunization, and monitor the evolution of the situation. Four cholera kits were purchased and many other specific drugs to treat cholera and meningitis: 1,540 cholera cases and 184 meningitis cases were properly managed; Organize immunization campaign against meningitis: 23,492 persons immunized against meningitis; Improved epidemiological surveillance system: a weekly epidemiological bulletin was elaborated and shared regularly; also supervision was undertaken in a regular periodicity; IEC public information campaigns on safe drinking water, basic hygiene and sanitation and on meningitis prevention: more than 450,000 people sensitized on cholera and meningitis prevention; Essential drugs, medical equipment, four trauma kits and other supplies were purchased by WHO. In total more than 500 people received appropriate healthcare; UNFPA contributed to the prevention of unwanted pregnancy and STD/HIV/AIDS among 45,000 refugees, even during repatriation; UNICEF provided support to deal with the Cholera outbreak throughout the year with 3,185 reported cases in the country. It made available drugs, materials and sanitation support, conducted social mobilisation through radio and TV programmes with particular focus on hand washing as well as on interpersonal communication. This was done through the distribution of

2,000 copies of a counselling and information document which has been used as a guide by the health staff and some Red Cross volunteers and MSF-CHWs in the affected area ;

UNICEF coordinated with WHO and MSF to control a meningococcal meningitis epidemic in the prefecture of Mandiana in the four first months of 2006 (120 cases with 14 deaths with a lethality rate of 12%) through a local immunization campaign which achieved 78% coverage. UNICEF has supported some operational costs of the campaign and the provision of 15,000 oiled Chloramphenicol for patient care with this funding;

UNICEF supported five therapeutic nutritional centres in Guinee Forestiere, where acute malnutrition rate in children 6-59 months was above 10% according to DHS III, (2005). This nutritional support helped to care for 514 kids with severe malnutrition in 2006. Activities included: (1) Supervision of nutritional rehabilitation centres of Beyla, Sinko, Macenta, Kissidougou and N'Zérékoré; (2) Supply to 5 nutritional therapeutics centres with anthropometric materials; (3) Provision of therapeutic milk (F75 and F100) and then whole and skimmed milk and therapeutic vitamin and minerals complex to switch to hospital made therapeutic milk with the added support of WFP.

### **Multi-sector**

- High standard of water distribution was reached (28,6 and 24.9 liters per person per day in Kouankan and Kola camps respectively)
- Potable water and improved sanitation for about 17,000 refugees in 2 camps in Guinée Forestière, consequently reducing the outbreak of diseases caused by lack of hygiene.
- 56 existing modern water distribution points repaired, 7 modern wells and 3 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 is sensitized on household hygiene and waste disposal by health monitors. No cholera case reported in the camps
- 100 latrines constructed and 54 rehabilitated thus providing one latrine/shower per 6 persons.
- Garbage collection and disinfection of rubbish dumps conducted regularly to avoid the proliferation of disease carrying insects.
- Hygiene promotion and waste disposal activities carried out
- CERF funding helped ensure the reduction of malnutrition and mortality rate as well as 74% 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 Kouankan) and 0.1/10,000 in Kissidoudou (Kountaya/Telikoro).
- Infant mortality (children under 5 years) rate: 0.1/10,000 in Nzerekore (Kola and Kouankan) and 0.3/10,000 in Kissidoudou (Kountaya/Telikoro).
- No severe malnourishment was reported in the camps.
- Moderate malnourishment: 0.6% in Kouankan camp, 0.2% in Kola camp and 0.1% in Kissidougou camps.
- Overall vaccination rate in all the camps for children under 5 years : 74%
- Over 95% cases of delivery are assisted by a qualified staff (doctor, nurse or midwife)
- HIV/AIDS test points are operational in each camp

### **Water and Sanitation**

- 20.000 new beneficiaries including 13.000 in Conakry and 7.000 in Kissidougou have access to good quality water from wells equipped with pumps and motor functions ;

- 5.080 water points have been treated to chlorine which 4.155 in Forest Guinea and 925 in Lower Guinea
- People/households are trained in water purification using the product < Sur' Eau>. Preposition of stocks of < Sur' Eau> for home treatment of potable water in 6 cholera endemic prefectures.
- A distribution network of the product <Sur' Eau> is set up in those prefectures to supply the Ministry of Health with 1.000 Kg of HTH for disinfection and treatment water points.
- 15 Health agents are in charge to monitor the quality of water in endemic cholera areas.
- 5.000 new hygienic toilets benefiting more than 30.000 people (women and children) mainly in Kissidougou

### **Food Security (Food and Agriculture)**

- Distribution of seeds (40 MT 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 some 8,000 households in Guinée Forestière.
- 200 MT of rice transported for distribution to beneficiaries. Both host populations and IDPs benefited from this humanitarian assistance.
- 175 MT of rice provided by WFP were distributed by the two cooperating partners to 8,000 families (40,000 people) benefiting at the same from the seeds and agricultural tools provided by FAO. Each family received 21.25 kg of rice.
- The implementation of the project will allow the production of 4000 tons of corn, 16.000 tons of eggplant, 8000 tons of pepper and 4000 tons of okra. These vegetables will improve nutritional quality and balance of the beneficiaries' food with vitamins and oligoéléments.

### **Coordination and Support Services**

With three weekly rotations, the service plays a key role in ensuring the transport of humanitarian personnel and cargo, and the carrying out of medical evacuations.

WFP charters 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 a total of 10,237 passengers and 244 MT of cargo, and responded to 21 cases of medical evacuation. Within Guinea, a total of 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 lethality rate and protecting 78% (136,737 people) of Mandiana against meningitis. This was due to immunization campaigns which stopped the outbreak and prevented people from dying within one month (between week 13 and week 16). 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 with regard to available resources. The recorded increased enrolment rate in school positively impacted on the future wellbeing of children. The provision of class room supplies, desks, and teacher training also contributed to keeping the drop out rate below 10%. The availability of essential drugs and referral services undoubtedly reduced mortality and morbidity through out the year. The CERF contribution enabled the



funding of a project aimed at improving the food security and nutritional status of the beneficiaries. WFP is supporting some rural development activities in the same districts but did not have sufficient resources for providing this type of assistance to the beneficiaries. CERF funding was essential in ensuring the continuation of the humanitarian air service throughout 2006. The continued lack of security- cleared commercial flights, and the reduction in DPKO flights prompted the extension of the humanitarian air operation into 2007. Lack of air transport would seriously affect the implementation and monitoring of humanitarian activities in the region, as the poor road infrastructure and continued insecurity limit the use of road transportation to some locations. The air service played a key role in linking Conakry with the Forest Region. The provincial town of N'Zérékoré was isolated for several months as roads became impassable as a result of heavy rains and decaying road infrastructure. Therefore, the air service become the only means of airlifting humanitarian personnel and cargo to a region with an important UN agency and NGO presence.

Project monitoring is carried out at the 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. This close partnership in assessing and monitoring activities and progress has 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- 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 allows for a detailed assessment of the use of the air service. User input via regular UGC meetings enhanced quality and delivery of the service much to the satisfaction of the user community in general. 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 is shared with partners, strengths and weaknesses are 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. National radio and TV gave the CERF allocation to Guinea a very good coverage. Throughout 2006, under this funding, mass media messages were broadcast to draw the attention of the population to Cholera prevention, using local and national radio, TV and newspapers

## **CERF IN ACTION**

### **Humanitarian Air Service - Success Story**

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

But WFP Humanitarian Air Service came to the rescue, and the three year old was flown to Conakry in a mere one hour and 15 minutes. WFP staff were proud and happy to learn several days later that she made it to the hospital, where she received vital medical treatment and therapeutic feeding, in the nick of 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 United Nations System in Guinea, the food security situation is of concern in Guinea's Forest region. At least 10% of households live in food insecurity, while 18% are at risk and only 25% of the population is considered to be food secure. This region counts with a great potential of natural resources, however the agricultural production is insufficient for its population and only 10% of potentially arable land is actually being used. This project aimed at providing food security support in favour 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 targeted 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. Furthermore, through this project the beneficiaries benefited from the material distributed to carry out agricultural activities. The food rations distributed jointly with the seeds motivated the beneficiaries to plant and to extend their gardening activities.

On the next page are photos of trauma kits, drugs and other consumables donated at national and regional levels (Conakry and N'Zérékoré).



Le Ministre de la Santé (à gauche) reçoit un échantillon de Kits de traumatologie



Le Représentant de l'OMS en Guinée (en Bleu) présente au Ministre de la Santé publique des lots de matériel médical et de Kits de traumatologie



Le personnel de santé et autres partenaires participant à la cérémonie de remise



La Coordonnatrice humanitaire (HC) en Guinée Convoyant le Don sur fonds CERF à N'Zérékoré



Présentation du Don à l'équipe du SNU et aux autorités de N'Zérékoré





Le coordonnateur EHA OMS GF remettant le Don au Directeur régional de la Santé de N'Zérékoré



Le Directeur régional de la Santé de N'Zérékoré remerciant le SNU



Le Directeur de l'Hopital de N'Zérékoré recevant le DON



Le Directeur de l'Hopital de N'Zérékoré transmettant le DON au Pharmacien-Chef et exprimant sa gratitude au SNU.