

**ANNUAL REPORT OF
THE RESIDENT/HUMANITARIAN COORDINATOR
ON THE USE OF CERF GRANTS**

Country	Guinea
Resident/Humanitarian Coordinator	Anthony Ohemeng-Boamah
Reporting Period	1 January 2009 – 31 December 2009

I. Summary of Funding and Beneficiaries

Funding (\$US)	Total amount required for the humanitarian response:		\$23,161,089	
	Total amount received for the humanitarian response:		\$15,154,485	
	Breakdown of total country funding received by source:	CERF		\$3,454,846
		CHF/HRF COUNTRY LEVEL FUNDS		0
		OTHER (Bilateral/Multilateral)		\$11,699,639
	Total amount of CERF funding received from the Rapid Response window:		\$2,283,261	
	Total amount of CERF funding received from the Underfunded window:		\$1,171,585	
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:		\$3,422,382
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):		\$26,357
		c. Funds for Government implementation:		\$6,107
e. TOTAL:			\$3,454,846	
Beneficiaries	Total number of individuals affected by the crisis:		N/A individuals	
	Total number of individuals reached with CERF funding:		64,727 total individuals	
			19,669 children under age 5	
			28,915 females	
Geographical areas of implementation:	Guinea, all 8 administrative regions			

II. Analysis (To be completed by the Office of the Resident/Humanitarian Coordinator. Please keep this portion of the report to three pages.)

Overview of the humanitarian context in 2009

Despite the absence of a disaster or open conflict, Guinea remained highly volatile throughout 2009 due to a potent mixture of sharp economic decline, widespread and chronic poverty, limited access to basic services such as health, water and sanitation, and persistent political instability. The humanitarian situation in Guinea was marked by a deepening poverty and chronic vulnerability driven by a confluence of socio-political, economic and environmental factors creating a slow on-set crisis with basic indicators reaching emergency thresholds in many areas of the country.

After an early display of good will of the military regime and some achievements in controlling public expenditure and addressing drug trafficking, sustainable change in governance has not come forth. Excessive government control, a lack of control of the security forces, and poor social service delivery has triggered widespread discontent as the military junta proves unable to address key socio-economic concerns and drive the long awaited political transition. After months of delayed elections, the military junta decided to postpone the 2009 presidential and legislative elections to January and March 2010 respectively.

On Monday 28 September, police opened fire on tens of thousands of people gathered at the national stadium in Conakry, in order to protest against the junta and President Dadis's decision to stand for re-election despite his earlier commitments. More than hundred people were killed or wounded. Women were sexually assaulted. The international commission of inquiry, set under the auspices of the United Nations to investigate the responsibilities in the event, indicates in its report, released on 16 December, that the killings were premeditated and that military tried to cover up the massacre by removing bodies from hospitals for secret mass burials. The report, which was compiled under the jurisdiction of the International Criminal Court, declared that it was a crime against humanity.

Food insecurity is a deep concern; chronic malnutrition increased by 50 percent in the past five years. An estimate of 2,300,000 people in rural regions are moderately or severely food insecure. Low-intensity natural hazards (including flooding, insect infestations and wild fires) further deplete the beleaguered coping mechanisms of rural communities. Most refugees from the past conflicts in neighbouring Liberia and Sierra Leone have returned home, but a few thousands are yet to be locally integrated and more than 3,000 Ivoirians are still fully dependant on humanitarian aid. Access to basic social services is limited for the bulk of the population. Infrastructures are usually in a dilapidated state, health personnel is poorly educated, and essential drugs face chronic shortages.

Guinea is a country with a development profile. Therefore, funding shortfalls affect organizations involved in the most vital life-saving activities. Emergency funding and relief items stocks proved insufficient for the consecutive shocks such as the floods that affected 50,000 persons in August and September 2009 and the crackdown on protestors on 28 September 2009.

The WFP and the United Nations Humanitarian Air Service (UNHAS) in Guinea, were particularly affected by the funding shortfall. UNHAS was established to facilitate the movement of humanitarian personnel and the transport of urgent relief items in *Haute Guinee* and *Guinee Forestiere*. UNHAS remained a key pillar of the humanitarian community, in a region that is often cut off from the rest of the country during the rainy season. It also provides a unique and critical service to the humanitarian community by enabling it to respond timely in case of security and medical evacuations. The unstable political and security situation in the country required a continuation of UNHAS work to provide safe and rapid response.

CERF allocation to Guinea

In 2009, a total of 9 projects were funded by the CERF. Five projects were funded through the underfunded window and four were supported through a rapid response window. Funding has

covered the humanitarian needs resulting from the brutal crackdown on protestors on 28 September (2 projects – WHO and UNICEF); has allowed the UNHAS air operations to be maintained (2 projects – WFP) and has provided critical funding for urgent underfunded humanitarian projects from the CAP West Africa (5 projects – WFP, UNHCR, FAO, WHO and UNICEF).

However, **most of the** disbursement from CERF allocations was made between September and November and therefore seven out of **the nine projects approved in 2009 are still in their implementation phase**. The full report covering the remaining 7 projects, will be available later. Only two CERF disbursements for the UNHAS flights through WFP were received in January and April 2009, and were fully implemented.

CERF 2009 Guinea: funds allocated by window and agency					
		RR		UFE	Total
PAM	Humanitarian Air Service in West Africa Coastal Countries	1,000,000	Humanitarian Air Service in West Africa Coastal Countries	300,000	1,750,000
		450,000			
FAO			Emergency agricultural assistance to vulnerable population affected by food crisis	300,000	300,000
UNICEF	Health and Water Hygiene and Sanitation related assistance to the victims of violence in and around Conakry	416,056	Prise en charge de la malnutrition aigue sévère avec aliments thérapeutiques	199,023	615,079
OMS	Urgent complementary support to health facilities for adequate case management for the victims of the crackdown on demonstrators	417,205	Improving the capacities of hospitals in Guinea Forestière to reduce excess hospital mortality due to acute severe malnutrition	200,090	617,295
UNHCR			Health Care for Ivorian refugee	172,472	172,472
TOTAL		\$2,283,261		\$1,171,585	\$3,454,846

The CERF support for the underfunded window was initially announced in a message from the RC/HC to the UNCT in early July 2009, while other IASC members were kept informed through weekly humanitarian bulletin (1 to 12 July and 20 to 26 July). OCHA subsequently provided a detailed presentation on the CERF to the UNCT in a meeting held on 9 July. It was decided that the existing 7 clusters would assist in identifying priority life-saving and underfunded projects. Cluster leaders and UNCT agreed that due to a number of acute needs and limited available funding, the activities should focus on the following key sectors: agriculture and nutrition, Health, refugees and humanitarian air transport. Requesting agencies were given one week to develop project proposals.

Following violent crackdown on protestors on the 28th of September, the IASC meeting was convened in Conakry, on 30 September. During the meeting, the United Nations agencies,

NGOs, the Red Cross Movement and donors discussed the situation and identified humanitarian needs. The health cluster also met on Monday, 5 October, to review the ongoing activities and highlight gaps in supply of medical equipment and drugs. The second IASC meeting was held on 6 October. During this meeting, it was agreed that UNICEF and WHO would submit projects to address the urgent needs of the victims.

Impact and added value of CERF funding

As it was mentioned earlier, funding situation in Guinea remained challenging in 2009 because of competing priorities among donors, the global financial crisis and the lack of an acute humanitarian situation in the country, with the exception of the 28 September events.^{1,1} The funding for the CAP Guinea eventually reached 55 percent. However, the bulk of money was carried over from last year for a single project. CERF funding was therefore critical to make ends meet and ensure the most vital humanitarian projects would be implemented as soon as possible. By removing the carryover from 2008, one can estimate that CERF funding provided approximately 30% of the humanitarian funding received in 2009.

Different assessments noted a high rate of malnutrition in Guinée Forestière. The survey conducted in March-April 2008 by the Ministry of Health with WHO, UNICEF and ACF support, revealed 15 percent of acute malnutrition and 35 percent of chronic malnutrition rates. The second survey conducted in May-June 2009, in the same area, by the ministry of health with support from UNICEF and ACF, confirmed the persistence of acute malnutrition at 10 percent among children under age 5. The 2008 report from Beyla, Lola and Nzérékoré hospitals revealed that severe malnutrition was one of the main causes of hospitalization (15 percent) among children under age 5. The lethality rate was 30 percent. The projects proposed by UNICEF and WHO, for CERF funding through the underfunded window, focussed on the hospitals in Beyla, Lola and Nzérékoré in Guinée forestière, in order to improve their capacities in providing quality medical care cases of severe malnutrition. The objective of project is to reduce excess lethality due to severe malnutrition among children under age 5 from 30 percent to 10 percent by June 2010. The project ongoing until June 2010 and some activities remain to be completed, such as the distribution of a second stock of drugs. Children, suffering from acute malnutrition with medical complications, require special care, which necessitates specific knowledge and skills of the health personnel. The CERF funding agreement took into account this particular aspect in order to reduce mortality linked to malnutrition. The training has been conducted in tandem with equipment and drug support for health facilities. The positive impact of this project is expected to continue for at least one year after project completion.

The protests, which occurred on 28 September 2009, in Conakry, were harshly repressed by security forces, resulting in 1,434 wounded, more than hundred deaths and about 100 victims of sexual violence among the demonstrators. An immediate response came from the Ministry of Health, which was supported by drug and medical material donations from WHO, UNICEF, ICRC and MSF. However, these stocks soon proved insufficient to address the situation. medical stocks need to be replenished, in order to anticipate the arrival of newly injured and to continue treatment of those hospitalised. Projects submitted by WHO and UNICEF, under the rapid response window of the CERF, address the need for preparatory measure for another round of disturbances. The projects were designed to assist the 2 Conakry hospitals with 6 main health centres and the national blood transfusion centre (CNTS). The rapid allocation of CERF funding enabled UNICEF, WHO and partners to prefund sector activities. Health facilities in Conakry were supplied with essential drugs. The health facilities conducted active tracing of victims in the city and monitoring of these patients. This has led to better care with a low mortality rate of hospitalized victims: 2 deaths out of 129 hospitalized (1.5 percent of mortality)

The management of this crisis has been a success for the health sector and lessons learned from this management are:

- A. Guinea is experiencing regular social, political and economic crises leading to riots, strikes and protests. Contingency stock are essential for immediate reaction and CERF funding enabled the replacement of the stock that is used to respond to an acute crisis
- B. Better management of the crisis also entails the involvement of all partners in monitoring and coordination activities. Such coordination was accomplished by the crisis committee

of the health sector at Conakry under the leadership of WHO, which was the lead agency for the health cluster.

CERF funding proved essential to maintain the WFP operated UNHAS flights linking Conakry to the remote regions of *Guinee Forestiere* and *Haute Guinee*. Through three grants (1 UFE and 2 RR) In 2009, CERF allocated \$ 1,750,000 to WFP, which allowed the agency to transport 5,858 passengers, 85 metric tons of humanitarian items cargo. The air operation also carried out four medical evacuations of humanitarian personnel. The United Nations has estimated that over 1.8 million persons benefitted directly or indirectly from the humanitarian and early recovery projects, facilitated by the WFP air operations. CERF played a key role by bridging the financial gaps left by other donors. Thanks to the CERF funding, and support from the other donors, WFP/UNHAS was able to continue the operations without interruptions through 2009.

III. Results:

Sector/ Cluster	CERF project number and title (Please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Logistics and Transport	09-WFP-002 09-WFP-012 09-WFP-047 Provision of Humanitarian Air Services	\$1,000,000 \$450,000 \$300,000	\$6,452,019	5,858 passengers from 250 humanitarian organisations in 2009	Planned passengers in 2009 – 7000. 100% response to medical and security evacuations. Regular flights to be conducted based on weekly schedule	UNHAS targeted to transport 7,000 passengers in 2009, which was not possible after the fleet reduction by one aircraft during the year. According to available statistics 5,860 passengers were transported. UNHAS timely addressed all requests for medical evacuation: 4 evacuations were performed in 2009. The regular flights were conducted based on weekly schedule, as planned.	Thanks to the CERF funding, WFP/UNHAS was able to continue the operations without interruptions through 2009	Regular User group committee meetings - for identification of the users travel requirements and receiving feedback on quality of the services. Flight Management system for passenger and cargo booking and reporting.	Humanitarian Community in 3 countries: Guinea, Liberia and Sierra Leone benefited from WFP/UNHAS services. Gender equity reflects users'.

<p style="text-align: center;">Food Security and Nutrition</p>	<p>09-FAO-024 "Emergency agricultural assistance to vulnerable population affected by food crisis and strengthening of FAO's Emergency coordination and food Security Analysis Capacity</p>	<p>\$300,000</p>	<p>\$592,900</p>	<p>5,000 households and 15 farmers' groups victims of floods</p>	<p>(i) Satisfaire 70% des besoins alimentaires de 5 000 ménages (environ 35,000 personnes) après la 1^{ère} récolte de leurs productions (Indicateurs : disponibilité d'aliments par ménage, réduction du déficit nutritionnel) (ii) Augmenter la production de 50% suite à des pratiques agricoles améliorées et l'utilisation d'intrants de qualité (Indicateurs : quantité de légumes produits ; pourcentage d'agriculteurs utilisant des techniques améliorées) (iii) Augmenter le revenu des femmes par la vente de 40 % de la production maraîchère (Indicateurs : disponibilité de liquidité monétaire ; réduction des dettes)</p>	<p>5,500 households have received 577.5 kg of vegetables seeds, 16,800 kg of potatoes seeds, 8,400 kg of fertilizers, 125 pieces of sprayers and 11,000 pieces of agricultural tools More than 893 ha of vegetables have been exploited and more than 8 ha of potatoes have been restored With the connection of two water points and erection of 95 cubic meter water tanks improved quantity of water supplied to refugees from 6 litres/ day/person to 12 litres/day/person for 66,000 Sudanese refugees</p>	<p>The allocation of CERF funds allowed floods' victims to rapidly reconstitute their means of access to food</p>	<p>Individual and groups discussion, resource persons interviews and direct observation are tools used for monitoring the project activities This monitoring is done by FAO personnel and its partners (Croix Rouge Guinéene, and national ONGs) The monitoring is held 2 to 3 weeks after distribution and monthly 2 months after planting Weekly meetings permit to share information pertaining progress of activities. Each partner provides progress report at each step of implementation</p>	<p>59.56% of women for individual households 50% of women in farmers' groups In total, 39,071 persons benefitted from this project</p>
---	---	------------------	------------------	--	---	--	---	---	--

<p>Health</p>	<p>09-WHO-059 Urgent complementary support to health facilities for adequate case management in benefit of insurrectionary movement repression victims in Conakry (Guinea)</p>	<p>\$417,205</p>	<p>\$790,500</p>	<p>1500 beneficiaries: 1,097 wounded, 26 rapes cases About 400 new cases expected</p>	<p>Hospital of Donka and Ignace Deen and 6 health centers in Conakry provided with trauma kits, drugs, tests/reagents and others supplies</p> <p>The national blood transfusion center provided with security blood transfusion supplies</p> <p>The health personnel trained or briefed on correct injuries and rapes case management</p>	<p>Donka and Ignace Deen hospitals were supplied with trauma kits A and B and essential drugs.</p> <p>Five communal health centres in Conakry were supplied with stock of essential drugs</p> <p>National blood transfusion Center (CNTS) was supplied with laboratory reagents and 4500 blood bags</p> <p>X-ray service of Donka hospital was supplied with film</p> <p>Support to the Guinean Red Cross for transport and references of wounded and dead people (57 bodies of victims were transported to hospital morgue of Ignace Deen and Donka)</p> <p>Support to NGO Wafrica for identification and management of victims of sexual violence in Conakry (62 victims were identified outside of Ignace Deen and Donka hospitals)</p> <p>Training on the management of war wounded from 5 communal medical centers</p> <ul style="list-style-type: none"> - 14 physicians on the medical care of wounded - 12 nurses on the nursing war wounded - 10 'Garçons de sale' on stretchers (transport of wounded on stretchers) 		<p>A crisis committee has been organized under the health cluster. Partners meet every two weeks to address the situation of war wounded and victims of sexual violence</p> <p>These cases were followed by the crisis committee in order to insure of good care for victims</p> <p>Total: 1416 beneficiaries : (129 injured including 2 hospital deaths; 1153 wounded outpatient treated</p> <p>77 Victims of sexual violence followed by medical staff and different organizations</p> <p>57 bodies of victims have been collected and transferred in morgues</p>	<p>Health care has been provided regardless of gender, although special attention was paid to victims of sexual violence</p>
----------------------	--	------------------	------------------	---	---	---	--	---	--

<p>Health and nutrition</p>	<p>09-WHO-043 Improving the capacities of Beyla, Lola and Nzérékoré hospitals in Guinée forestière to reduce excess hospital mortality due to acute severe malnutrition among under five children</p>	<p>\$200,090</p>	<p>\$497,871</p>	<p>6000 beneficiaries: 3,500 children under age 5 with severe malnutrition without complication 2500 children under age 5 with severe malnutrition with complication</p>	<p>Acute severe malnutrition lethality rate in the 3 hospitals reduced Capacity building on acute severe malnutrition medical case management reinforced Essential and specific medical drugs including other consumables provided</p>	<p>The ability of staff to manage malnourished children has been strengthened through two trainings The first training was conducted in Nzerekore, which brought together 24 participants from hospitals Nzerekore and Lola, and the second training was conducted at Lola with 10 participants. The 3 hospitals of Nzerekore, Lola and Beyla received stocks of equipment, materials, essential drugs and consumables for the management of severe malnutrition (see list in annexe) The Red Cross provided transportation of drugs and equipment to different hospitals from Conakry</p>		<p>Supervision is carried out regularly and indicators of care for cases of malnutrition are monitored through monthly reports of activities. From the rate of mortality from malnutrition is generally decreasing (mortality rate of malnourished children decreased from 15% in 2009 to 9% for January and February 2010 in Nzerekore hospital) The overall mortality rate of malnourished children in 3 hospitals will be evaluated at the end of the project</p>	<p>No distinction of gender in the project</p>
<p>Health</p>	<p>09-HCR-028 Health Care for Ivorian Refugees</p>	<p>\$172,472</p>	<p>\$609,895</p>	<p>3,298 refugees of which 355 children under 5 and 1,747 women</p>	<p>The project will be accomplished in accordance with World Health Organization standards, in terms of global mortality rate less than 1/10,000; mortality rate for children under age 5 of less than 0.5/10,000 and all refugees with mental problems are treated</p>	<p>Only a part of the medicines and medical supplies placed on international procurement channel arrived only in February and on Monday 22nd March 2010 and was immediately delivered to destination – Nzerekore. The reminder is expected soon.</p>	<p>The medicines and supplies have just arrived and have not been used yet</p>	<p>The medicines and supplies have just arrived and have not been used yet</p>	<p>The medicines and supplies have just arrived and have not yet been used</p>

Health, Water and Sanitation	09-CEF-056 Health, Water and Sanitation related assistance to the victims of violence in Conakry and other hot spots surrounding Conakry	\$416,056	\$615,000	<p>Bénéficiaires directs: 1 500 (1 097 blessés, 26 victimes de VS, 400 nouveaux cas de blessés attendus)</p> <p>Bénéficiaires indirectes : 2 500 patients des structures de santé, personnel médical et infirmier.</p>	<p>150 personnes (dont 1097 blessés, 26 victimes de viols et 400 nouveaux cas de blessés) recevront l'assistance médicale dans un environnement sain.</p> <p>Reconstitution des stocks (kits médicaux, eau, hygiène et assainissement) au niveau de Conakry .</p> <p>Les 2 hôpitaux Nationaux (Donka et Ignace Deen) disposent d'infrastructures d'eau, d'hygiène et d'assainissement fonctionnelles.</p>	<p>Au total environ 1.500 personnes ont bénéficié d'une prise en charge médicale dans les hôpitaux et centres de santé de Conakry :</p> <p>1.306 blessés traités en ambulatoire.</p> <p>130 blessés hospitalisés (avec 67 ? décès)</p> <p>77 victimes de violences sexuelles, avec une prise en charge médicale et psycho-sociale</p> <p>Environ 1 500 personnes affectées par les événements du 28 septembre et 2 500 autres personnes (patients, personnel, médical, infirmiers) ont eu accès à l'eau potable, aux latrines, et à des conditions d'hygiène appropriées, avec :104 latrines réhabilitées, 7 fosses septiques et 32 regards vidangés et curés, adduction d'eau Fourniture de matériels d'assainissement pour structures de santé</p> <p>Fourniture de produit de désinfection.</p> <p>Reconstitution du stock d'urgence WASH : 10 cuves en plastique de 3m3 de diamètre, 2 pompes de forage complet, 2 Suppresseur monophasé avec accès de pose, 250 Basic family water kits, 16 tarpaulin, polyeth, roll, 4X50m.</p> <p>Reconstitution du stock MEDICAL: 100 Emergency Health kits, 250 Supplementary 3 Renewable kits and 200 Basic health kits.</p>	<p>A travers la reconstitution du stock d'urgence MEDICAL au moins 200.000 personnes pourront recevoir une assistance médicale appropriée en cas d'urgences</p> <p>A travers la reconstitution du stock WASH au moins 20 000 personnes disposeront de moyens de traitement de l'eau, systèmes hygiéniques d'évacuation des excréta, accès à l'eau potable en quantité suffisante.</p> <p>Grace aux séances de sensibilisation planifiées et conduites par le DNCAV (Direction Nationale Assainissement et Cadre de Vie), en étroite collaboration avec les Directions des différentes structures de santé impliquées, 4000 ménages ont une meilleure connaissance des pratiques d'hygiène.</p>	<p>Pour le MEDICAL : réunions hebdomadaires du comité de crise, qui ont permis un suivi régulier de la prise en charge des maladies hospitalisées et ambulatoires; Visites de supervision effectuées par le Ministère de la Santé.</p> <p>Pour le WASH : La DNACV a assuré le suivi-évaluation et planifié aussi des campagnes de sensibilisations à l'hygiène L'UNICEF a participé, aux côtés de la DNACV, aux supervisions de façon régulière : deux missions de supervision pendant la mise en œuvre et une à la fin des travaux</p> <p>Un staff national avec a été spécifiquement recruté pour le suivi et le monitoring du projet.</p>	Il n'y a pas des données désagrégées pour ce projet. 1500 bénéficiaires et 2500 bénéficiaires indirectes ont reçu une assistance médicale appropriée et dans un environnement sain, sans aucune discrimination de genre.
------------------------------	---	-----------	-----------	--	---	--	--	--	--

<p style="text-align: center;">Nutrition</p>	<p>09-CEF-047 Prise en charge de la malnutrition aigue sévère avec aliments thérapeutiques (Resomal, F75, F100, Plumpy nut, Acid Folique, Amoxicilline toise, balance, bandes de MUAC en Haute Guinée).</p>	<p>\$199,023</p>	<p>\$3,242,100</p>	<p>5 000 enfants de 6 à 59 mois.</p>	<p>Approvisionnement en intrants alimentaires, médicaments essentiels, matériel et équipement.</p> <p>Performance des centres nutritionnels : selon les standards Sphères CNA. (5.000 enfants malnutris de ≤5 admis dans les structures nutritionnelles, dont ≥ 75 ans récupères, avec un taux de décès≤15%, durée moyenne de séjour <4 semaines).</p> <p>Renforcement des capacités techniques des agents de sante/étudiants et agents de sante communautaire (allaitement maternel, alimentation du jeune enfant, prise en charge de la malnutrition et PCIME, outils de gestion et système de rapportage.</p>	<p>Tous les CNA ont été régulièrement approvisionnés en aliments thérapeutiques (plumpy'nut), médicaments, en outils de gestion et les CNT en lait thérapeutiques F75 et F100.</p> <p>Dans les Centres de Nutrition Ambulatoires (CNA), 2193 enfants ont été admis dont 1950 récupérés, soit un taux de récupération de 89 %</p> <p>Dans les Centres de Nutrition Thérapeutiques, 221 enfants atteints de malnutrition aigue sévère avec complications admis, dont 160 ont été récupérés soit 72 %.</p> <p>La promotion de l'allaitement maternel et l'éducation sur l'alimentation du jeune enfant ont été renforcé à travers les causeries éducatives et des démonstrations culinaires, lors des CPN, CPS, vaccinations.</p> <p>La promotion de l'allaitement maternel a été renforcée à travers les stations de radio publiques et privées ainsi que la télévision lors de la campagne nationale intégrée de vaccination contre la rougeole, la distribution de la vitamine A, du mebendazole et de la moustiquaire aux enfants de 0-59 mois</p>	<p>Tous les CNA et CNT ont bénéficié d'aliments thérapeutiques et autres médicaments en quantité adéquate pour la prise en charge de la malnutrition de plus de 2000 enfants ≤ 5 ans sévèrement malnutris.</p> <p>Des kits anthropométriques ont pu être commandé kits pour les CNA et les CNT cibles par le projet.</p> <p>Le financement CERF a permis à l'UNICEF d'assurer la prise en charge des cas compliqués de malnutrition sévère (plusieurs pathologies associées) en collaboration avec l'OMS qui s'est occupé de la prise en charge médicale des mêmes enfants.</p>	<p>Les Comites Préfectoraux et Régionaux de Santé ont permis d'assurer un suivi rapproché de la mise en œuvre de ce projet.</p>	<p>Il n'ya a pas des données désagrégée pour ce projet. Plus de 2000 enfants ≤5 ans en critère de malnutrition aigue ont été pris en charge, sans aucune discrimination de genre..</p>
---	---	------------------	--------------------	--------------------------------------	---	---	---	---	--

Annex 1: NGOs and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded (US\$)	Date Funds Forwarded
CROIX ROUGE GUINEENNE	health	09-WHO-059	\$8,837	November 2009
WAFRICA	health	09-WHO-059	\$10,910	December 2009
CROIX ROUGE GUINEENNE	health	09-WHO-043	\$6,610	November 2009

Annex 2: Acronyms and Abbreviations

WAFRICA: Women in Africa
CNTS: Centre national de transfusion
ATPE: Aliments thérapeutiques prêts à l'emploi.
CNA : Centres de nutrition ambulatoires.
CNT : Centres de nutrition thérapeutiques ;
MUAC : Mid-Upper Arm Circumference.