Guinea: Key Figures (as of 09 July 2015)

Population
10.6 million
- Women: 5.4 million
- Men: 5.1 million
- Child U5: 1.9 million

Population growth rate
2.3 per cent

Fertility rate
5.1

HDI Ranking
179/187 (2014)

Poverty headcount ratio at USD$1.25 per day (% of population)
41 per cent

Literacy rate
29 per cent

Total Surface of Guinea
245 857 km² (~size of UK)

Population in Need
7.6 million People living in the areas affected by priority needs.
1.8 million Estimation of people in need of humanitarian assistance.

Overall funding for Guinea

* Funding commitments to Guinea were made both within the Overview of Needs and Requirements (ONR) and outside of the ONR document. (May 2015).

- Health: 274.7 million
- Coord & Supp. services: 22.3 million
- Food: 20.1 million
- Cluster not yet specified: 19.1 million
- Shelter & NFI: 1.1 million

Funding committed
USD$ 337.3 million

Education
15 per cent Decline in enrolment
28 per cent Schools lacking access to latrines

Food Security
1.8 million Food insecure
52,000 Severely food insecure

Nutrition
32,000 SAM admissions, 2014
36,000 Projected SAM admissions, 2015

Protection
6,000 Children orphaned by EVD
600 Women widowed by EVD
97 Women subject to FGM

Non Ebola Health
58 per cent Decline in health consultations
30 per cent Decline in vaccine coverage
20 per cent Decline in assisted births

Sources: GoG, FTS, data.worldbank.org, INS, Report HDR 2014 (PNUD), Clusters

Feedback: ochaguinea@un.org
From a population of 10.6 million, an estimated 1.8 million Guineans are food insecure and in urgent need of humanitarian assistance and essential basic services. This Overview outlines their most immediate and critical needs over a period of six months— and the scale and location of said needs. Myriad drivers have withered the resilience of communities to withstand further shocks and this Overview intends to address needs driven by the Ebola Virus Disease (EVD) epidemic as well as those caused by pre-Ebola drivers— towards ensuring a comprehensive life-saving and life-sustaining response.

By identifying essential needs, the Priority Needs Overview supports Strategic Objective 3 of the Ebola Overview of Needs and Requirement which aims to ensure the delivery of essential services to affected populations.

The Overview for Priority Needs is a living document and will be subject to regular updating and revision as needs evolve and data is made available.

Top 3 Priority Sector Needs:

1. **Health**: The Ebola epidemic has brought the health system to near collapse. All indicators show a serious decline in availability and access to non-Ebola health services, threatening to trigger more deaths from non-Ebola diseases than EVD has caused in the past year.

2. **Food Security/Malnutrition**: There are worrying indications of a significant malnutrition caseload in Guinea of children under five. In the first four months of this year alone, nearly 12,000 children have been admitted to health centres for Severe Acute Malnutrition (SAM), projecting nearly 36,000 cases by the end of the year. Moderate Acute Malnutrition (MAM) cases are projected to reach 60,000 by year’s end. Some 1.8 million Guineans are currently food insecure and 52,000 are severely food insecure and require immediate food assistance. The figures are expected to increase due to the lean season.

3. **Education**: The over two million children that have returned to school following prolonged school closures owed to the EVD epidemic require that adequate measures are in place to prevent infection, notably by significantly increasing WASH interventions.

Priority Needs (cont.)

**Community Engagement**

Endemic distrust in the provision of assistance at the community level has resulted in violent community resistance to the Ebola response and response actors. Confidence-building at the community level, with particular engagement of women and youth, must be prioritized to meet urgent sector needs.
Disaster Preparedness
Guinea is faced with recurrent disasters including flood, drought, as well as political violence. The Ebola epidemic risks becoming endemic and will require consistent capacity to respond to this health and other emergencies.

Early Recovery
Livelihoods have been significantly impacted by the Ebola epidemic and the containment measures put in place to stop its spread. Women were particularly impacted due to traditional roles as caregivers and market traders. Rebuilding the withered resilience of affected communities, notably women, must be prioritized.

Logistics
The rainy season (June-September) will likely compromise road access, increase dependency on air transport, and spur delays. The pre-positioning of goods and additional resources for air transport will be required.

Protection
Over 6,000 children have been orphaned by Ebola and there has been a four-fold increase in GBV reports in some Ebola hotspots. Support to such highly vulnerable groups is required which entails more information-gathering on their numbers and location.

WASH
There is a serious lack of minimum WASH standards across the country and across sectors, notably in health and education. A recent WASH evaluation indicated that there is gap of WASH activities in 583 health care facilities, notably at health posts. More WASH actors are needed to evaluate gaps and ensure a response.
GEOGRAPHY AND DEMOGRAPHY OF NEEDS

Data availability is a fundamental challenge to determine an aggregate number of people in need in Guinea across key sectors; the total number of persons in need of food assistance is used as a baseline for this Overview. However, information is available, by sector, of the number of people in need. Overall, needs are located across the country, notably in the areas most impacted by the EVD outbreak, namely, Forest Guinea and Upper Guinea.

There are more than 1.8 million Guineans that are currently food insecure, 52,000 of whom are extremely food insecure and require immediate assistance. These numbers are expected to increase shortly, during the lean season. Areas most affected by severe food insecurity are Labé, Kindia and Nzérékoré (EFSA, May 2015).

There are worrying indications of a significant malnutrition caseload in Guinea of children under five. In the first two months of this year alone, nearly 12,000 children have been treated for Severe Acute Malnutrition (SAM) at health centers and this is following a significant decline in overall consultations at health centers across the country. Moderate Acute Malnutrition (MAM) is duly cause for concern across Guinea, with projections of up to 60,000 admissions by year’s end, notably among children under five and pregnant and lactating mothers. Overall chronic malnutrition affects 31 per cent of the population with rates twice as high in rural areas than urban areas (ACAPS, January 2015).

Inadequate access to health services impacts the country as a whole— notably following the EVD outbreak where resources were largely re-programmed away from day-to-day health services to combat the disease. A Government of Guinea (GoG)/WHO study comparing health service from 2013 to end-2014 showed that the EVD epidemic drastically reduced access to health services for Guineans across the country. Maternal health, specifically, has been significantly impacted by the epidemic. Outbreaks of meningitis and measles have occurred this year and are attributed, in part, to the suspension of vaccination campaigns due to the EVD epidemic. The largest overall declines in health services were witnessed in Conakry, Boffa, Guekedou, Macenta, Nzérékoré, Yomou, and Siguiri.

Unavailability of adequate WASH services similarly affects the country as a whole. There is an absence of a solid waste management system in the country and a lack of national guidance on hygiene practices. A recent WASH Cluster evaluation (May, 2015) noted that priority areas of interventions are the prefectures of Nzérékoré, Guekedou, Macenta, Beyla, Lola and Yomou; the prefectures of Kerouane and Kissidougou which were also particularly impacted by the Ebola as were those prefectures along the border with Sierra Leone, namely, Faranah, Mamou, Kindia and Forecariah.

The EVD outbreak resulted in 2.5 million children unable to go to school for nearly 4 months— with schools re-opening in January 2015. To facilitate a safe return to the classroom, some 28,000 cartons...
of soap are needed in some 4,800 schools hosting one million children. Actors in the Education sector similarly report that latrines are in serious shortage at schools and that thermoflashes (thermometers) require regular repair and/or replacement.

Provision of sufficient protection services has been compromised by the EVD epidemic and precedent conditions across the country. Over 6,000 children have lost one or both parents to the epidemic (UNICEF, June 2015) and are in need of psychosocial support and school reintegration, *inter alia*; reports of family separation and displacement as a result of the epidemic and subsequent containment measures have been made, albeit not quantified (UNICEF, September 2014); some 600 women were widowed by the disease compounding their vulnerability (UNFPA, March 2015). GBV cases are on the rise in EVD hotspots, notably Kankan and Nzérékoré (UNFPA, March 2015).

**Gender Perspective**

Overall EVD infection rates among men and women are near parity - with 53 per cent of women infected. However, there are pockets of disparate infection rates: in Télimélé, women comprise 74 per cent of EVD infections. Such disparities are presumably owed to women’s traditional social roles.

Pre-existing endemic and structural poverty has also had a larger impact on Guinean women, where maternal mortality is among the highest in the world, literacy rates are half of those of men, and where FGM and early marriage are widely practiced. A gender sensitive approach is needed to holistically address priority needs. Towards this end, this Overview of Priority Needs has been reviewed by the Guinean line ministry in charge of women and gender affairs.

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1 Four credible sources (i.e. WFP/FAO [December 2014], UNICEF [September, 2014], and CILSS [April 2015]) have published reports of EVD-induced displacement, however, there is no information available to verify or discount said reports.

UN OCHA/GUINEA| ochaguinea@un.org
Endemic and chronic poverty is the main driver of priority needs in Guinea. Guinea features amongst the ten poorest countries in the world, ranking 179/187 countries on the Human Development Index (UNDP, 2014) with over half of its population living below the poverty line (World Bank, 2012). Women are subject to particular vulnerabilities in Guinea: Female Genital Mutilation (FGM) is almost universally practiced and women have a literacy rate of 26 percent, half of that of Guinean men (UN, 2008). Indeed, Guinea is among the 8 countries in the world with the highest disparities between men and women in non-OECD countries. Chronic poverty and subsequent weaknesses in public services (i.e. Health, WASH, etc.) contributed to the rapid spread of the Ebola Virus Disease (EVD) which originated in the country in March 2014 and spread rapidly to neighbouring Sierra Leone and Liberia.

The EVD epidemic has, in turn, become a driver of priority needs, exacerbating already serious needs that pre-existed the epidemic, and increasing their scale and severity. Although there has been a significant decline in the EVD caseload in the past year, there remains some 37 active cases (WHO, 1 July 2015) concentrated in urban and peri-urban areas where over-crowding, poor sanitation, and complacency towards the disease threaten to spur more surges in the caseload.

Additional drivers include the upcoming presidential elections slated for October 2015, the annual rainy season which affects upwards of 70,000 people every year and obstructs the delivery of assistance, and drought which occurs seasonally and impacts food security.

### Timeline of key events in 2015

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Already among the poorest countries in the world, pre-existing structural vulnerabilities in Guinea were compounded by the EVD epidemic and threaten to be further exacerbated by the impending elections and rainy season. The resilience to absorb additional impacts has been stressed to the limit and serious efforts need to be made to prevent affected populations from sliding into crisis levels across all sectors.

Health

48,000 children will be orphaned by HIV/AIDS this year

With resources diverted to respond to the Ebola outbreak, non-Ebola health issues were seriously neglected and threaten to surpass the cost in human lives of the EVD epidemic in Guinea. Malaria is the principal cause of death for Guineans, accounting for 45 per cent of hospitalizations and 36 per cent of deaths in hospital (GoG, WHO, April 2015). A recent report cites that some 74,000 Guineans that were expected to receive malaria treatment did not receive such treatment in 2014 due to the Ebola epidemic (Lancet Medical Journal, June 2015).

HIV/AIDS has infected 1.7 per cent of Guineans—upwards of 170,000 persons—with highest prevalence rates found in Conakry and Boke (nearly 3 per cent) and Kankan (nearly 2 per cent). Pregnant women experience an elevated infection rate of 2.5 per cent (UNAIDS, June 2015) and women, in general, experience prevalence rates twice as high as men. For pregnant women, there has been an escalating trend with those living with HIV—from 2.7 per cent in 2011 to 3 per cent by 2013. UNAIDS projects that in 2015, some 6,500 pregnant women will be living with HIV and that over 48,000 children will be orphaned by a parent dying from HIV/AIDS. In addition to pregnant women, other vulnerable groups with significantly high prevalence rates include homosexual men (over 56 per cent), tuberculosis patients (over 28 per cent) and sex workers (over 16 per cent). Some 24 per cent of HIV/AIDS sufferers also experience high levels of malnutrition (UNAIDS National Report, June 2015).

There is currently an outbreak of measles infecting over 2,000 people with 10 deaths reported, with cases largely concentrated in Macenta, Nzérékoré, and Gueckedou (WHO, 2 July 2015). Also of concern is a meningitis outbreak, with nearly 200 people infected to date and 16 deaths reported, largely affecting Kankan and Beyla (WHO, 20 June 2015). To note, vaccinations campaigns were cancelled during the peak of the EVD outbreak, and have only recently recommenced this year. Cholera is endemic in Guinea and a 2007 outbreak infected 8,000 persons and killed 300.

Across the board, a number of indicators demonstrate a worrying impending health situation. As compared to 2013, health consultations have declined by 58 per cent, hospitalizations are down by 54 per cent, and child vaccinations declined by 30 per cent. For maternal health, cesareans have declined by 16 per cent; assisted child births by up to 20 per cent and pre-natal check-ups are down by up to 25 per cent (WHO, GOG, 2015). These declines are particularly concerning given that assisted births were already low, with only 45 per cent of women having assisted births pre-dating the EVD outbreak, and only 31 per cent in rural areas (UNDP/MDO, 2014). Funding dedicated to non-Ebola health interventions has also significantly declined by over 64 percent. GoG subsidies to certain key health services ceased during the EVD epidemic, further compromising access. Upwards of 50 per cent of Guineans are located more than 5km from the nearest health center. Mental health structures are lacking—with only one psychiatric facility in the country, unable to meet growing mental health needs. A strengthening of the rapid response capacity of the health system is essential to
combat future health-related emergencies. This should include improving infection control protocols, establishing a solid waste management system, and ensuring that health workers are paid in an adequate and timely manner. There must also be concerted efforts to re-build trust at the community level vis-à-vis the health system.

Food Security

52,000 Guineans are severely food insecure

In April/May 2015, the Government of Guinea, WFP, FAO and IFAD interviewed 5,177 households to assess the national food security situation. Preliminary results indicate that nearly two million Guineans are currently food insecure; 52,000 of whom are severely food insecure. Areas with the highest levels of food insecurity (from 18-26 percent) are in Labé, Kindia, Faranah, Boké and Nzérékoré – in this order. Profiling of food insecure households shows that their income relies on petty trade, hunting and manual labor. Due to income decreases, food insecure households have seen a deterioration of their purchasing power. More than 80 per cent of households experiencing food consumption gaps and who have lost their livelihood assets are resorting to extreme livelihood strategies or to illegal activities to meet basic needs. In most cases, households that lost a family member to Ebola are moderately food insecure (EFSA, May 2015).

Malnutrition

13 per cent more Guinean children have been treated for SAM as compared to last year

The Ebola epidemic resulted in declines of up to 45 per cent in malnutrition consultations last year. In spite of such declines, over 32,000 children were admitted to health centers for Severe Acute Malnutrition (SAM) across Guinea in 2014 (Nutrition Cluster, February 2015) and an estimated 34,000 were admitted in 2013. In the first four months of 2015, nearly 12,000 children under five have been admitted to health centers for SAM, projecting nearly 36,000 cases by the end of the year and exceeding SAM admissions by nearly 13 per cent over 2014. MAM caseloads are also cause for concern across the country; some 60,000 cases are projected by the end of the year, with the risk of MAM cases sliding into SAM. In addition to declines in consultations, the EVD outbreak similarly resulted in the suspension of Vitamin A supplements and anti-parasites campaigns from the onset of the outbreak in March 2014 through March 2015; campaigns have since resumed. With decreased access to malnutrition centers, vaccinations, and awareness due to the EVD outbreak, addressing SAM through immediate support is made more pressing. Nutrition partners are joining efforts to launch a SMART survey for 2015 to assess the impact of SAM and MAM in Guinea.

Education

One million Guinean students need 28,000 cartons of soap to return safely to the classroom

The Ebola epidemic’s impact on the Education sector is manifold and threatens to have long-standing effects. The school year was delayed by nearly four months. Once re-opened in January 2015, some 100 schools were closed at one time or another due to community resistance to Ebola response; 10 schools were placed under quarantine, and some 900 students and teachers were listed as EVD contacts to be traced, impacting attendance. Prevention measures put in place during the height of the epidemic resulted in the prevention of infections at schools. However, to ensure access to education for some 2.5 million Guinean children across some 12,000 education facilities and prevent a
generation from falling behind, extraordinary measures were taken following the closure of schools — including prolonged classroom hours and updated calendars. Any further prolonged absences could have a serious impact on pupils’ progress.

By the end of April 2015, some 95 per cent of primary school students had returned to the classroom. However, there are isolated reports of parents preventing children from attending school, for example in newly-identified EVD hotspot, Boke. Yearly increases in primary school enrolment are expected at 8 per cent annually. Accounting for expected population growth, projected school enrolment in primary school in 2015 has dropped by some 15 per cent as compared to last year.

To encourage a return to the classroom, measures must be put in place to ensure safety in schools, towards engendering trust and encouraging continued enrolment. Particular attention must be paid to girls’ primary school attendance rates which are lower than that of boys, overall.

In this vein, actors in the Education sector have underlined as urgent WASH services in schools. Only 33 percent of schools have water points, and only 60 per cent have access to latrines, contributing to female drop-out rates from schools. Education actors have duly noted that 28,000 cartons of soaps are needed immediately to ensure minimum hygiene standards. The construction/rehabilitation of water points is a must, in addition to an overall monitoring system to ensure compliance.

Community Engagement

In an unprecedented manner, the Ebola epidemic required response actors to prioritize direct engagement with communities towards stemming the spread of the disease and treating patients. In meeting our commitment to the IASC principles on accountability to affected populations, this shift in approach needs to extend beyond the Ebola response to addressing attendant urgent sector needs and subsequent early recovery demands. A people-centered approach that engages affected persons in the design, implementation and evaluation of projects that affect their daily lives not only meets our obligations, but moreover, delivers effective aid. As such, this overview of priority needs includes community engagement among its priorities towards precluding violent community reticence that was a hallmark of the Ebola response, and to similarly build confidence in public services which was seriously undermined during the Ebola outbreak.

Disaster Preparedness

Up to 70,000 Guineans are affected by floods every year

Guinea continues to be challenged by regular cycles of disasters including localized flooding, severe drought, electoral and communal violence, and endemic infectious diseases—requiring a robust disaster preparedness system. With the rainy season beginning in June, Guinea experiences flooding every year as a result, affecting some 50,000-70,000 Guineans annually (OCHA ROWCA, Guinea Country Profile 2015). Said floods will not only create needs,
but will similar compromise access to those populations affected by non-flood related drivers. Seasonal drought cycles affect food security and require additional and timely agricultural inputs to preclude such an adverse impact. The Presidential Elections, slated for 11 October 2015 may provoke social unrest and exacerbate priority needs. The last presidential elections held in 2010 saw upwards of 20,000 people displaced (OCHA ROWCA, Guinea Country Profile 2015) and violent protests were already reported in Conakry. Electoral violence will also likely compromise access to populations affected by priority needs; such access has already been significantly hampered by endemic public distrust of Ebola response workers.

The Ebola epidemic risks becoming endemic which will require serious scale-up in health emergency preparedness capacity to preclude another widespread regional outbreak with global implications. The country is also regularly hit by other infectious diseases including meningitis, measles, and cholera. A critical role for the humanitarian community is to support national authorities to increase their capacity to overcome these re-occurring crises.

**Early Recovery**

It is essential to address **Early Recovery** needs of vulnerable groups, in particular those affected by the Ebola epidemic. Social Protection nets and temporary employment opportunities are needed as well as concerted efforts to integrate vulnerable populations into financial systems. In light of the upcoming elections, it is necessary to put in place a risk management and conflict prevention mechanism towards ensuring the security of vulnerable groups.

**Logistics**

**Logistics** partners have highlighted that the current rainy season (June-September) will likely compromise road access, increase dependency on air transport, and spur delays. Meeting priority needs and ensuring the Ebola response will likely require the pre-positioning of goods to mitigate the effects of the rainy season on access to affected populations.

**Protection**

**Protection** issues warrant further attention in the Guinean context given pre-existing vulnerabilities of children, women, and the elderly-- and how the EVD epidemic has exacerbated said vulnerabilities. 6,104 children have lost one or both parents to the epidemic, 47 per cent of whom are girls. The highest number of Ebola orphans is found in Gueckedou and Macenta (UNICEF, July 2015). Some 70 per cent of children report having fear/anxiety related to contracting a disease or losing a parent to the illness (UNICEF, September 2014). Reports of family separation and displacement as a result of the epidemic and subsequent containment measures have been made, albeit not quantified (UNICEF, September 2014).

Men and women have been similarly affected by Ebola infection, with women comprising 53 per cent of overall infections. However, in some pockets of the epidemic, women have been disproportionately impacted by the epidemic, notably in Gueckedou, comprising 62 per cent of EVD caseload, and in Télimélé, comprising 74 per cent of caseload, (UNFPA, January 2015). Some 600 women were widowed by the disease, furthering their vulnerability (UNFPA, March 2015). Furthermore, increases in the number of GBV cases were reported in the EVD hotspots – with four times more cases reported in Nzérékoré and 1.4 times more GBV cases reported in Kankan where reports of rape, specifically, have doubled from 2013 to 2014. The recently established GBV cluster is looking into a possible correlation between the EVD epidemic and rises in GBV cases. Some 97 per cent of all women in Guinea have been subject to FGM (DHS, 2012), and teen pregnancies are on the rise following the epidemic. Psychosocial, legal, and reintegration support for victims of GBV is needed, in addition to programs to support child victims of such violence. Very few protection actors operate in country, with the majority requiring additional resources and capacity building. There is no protection cluster dedicated to addressing Protection issues.
Water Sanitation and Hygiene (WASH)

Access to WASH services is low: 25 per cent of the public resorts to open defecation and only 65 per cent of Guineans in rural areas have access to a water source, albeit of questionable quality. A May 2015 assessment of WASH services in 66 out of 486 health centers revealed that 42 per cent of such centers require the construction/rehabilitation of a water point, and 100 per cent of health centers required WASH training, hand-washing stations, and solid waste bins. Nationally, there is no systematic solid waste management system. Lack of facilities, in general, poses particular risks to women and girls by discouraging births in health centers. Prefectures along the border of Sierra Leone (viz. Faranah, Mamou, and Kindia) are largely uncovered by WASH interventions with the exception of Forecariah, which is fully covered; the belt of Conakry is relatively well-covered with the exception of Boffa. There is an urgent call to WASH actors to support the evaluation of available WASH services at Health Posts and for an overall increase in WASH actors operating in country.

Ebola Survivors

Among those notably impacted by the Ebola epidemic and subsequently in need of urgent assistance and protection are the survivors of the EVD infection and their families. To date, some 1,240 Guineans who survived the disease will require urgent health and psychological interventions to combat on-going medical complications and the trauma of their experience, coupled with social stigmatization towards the disease.

Recent WHO reports indicate that medical complications can include severe: (1) muscular pain (e.g. inflammatory arthritis and severe back pain), (2) vision problems (e.g. loss of vision and ocular pain), (3) neurological disorders (e.g. paresthesia and dysesthesia), and (4) cognitive issues (e.g. loss of temporary memory and decreased attention spans).

A recent WHO evaluation on mental health indicates that EVD survivors face considerable psychological issues, including anxiety, and that at least 80 survivors were admitted to the sole psychiatric facility in Guinea in 2014.

Furthermore, survivors and their families experience significant financial burdens affecting their access to food and basic goods—and in some cases were subject to family separation. Over 6,000 children were orphaned, and at least 600 women were widowed. Accounting for the specific needs of these particularly vulnerable groups will need to be prioritized when addressing priority needs.
OPERATIONAL ENVIRONMENT

National & local capacity and response

National actors have been leading the Ebola response to date and, as such, have acquired the capacity to lead attendant needs stemming from the epidemic, inter alia. National actors are presently co-leading all the Clusters/Sectors in country and have recently assumed the co-chair role of the inter-sector working group managed by OCHA. It is anticipated that national actors will continue to exercise leadership over priority needs response and the Early Recovery phase to follow.

International capacity and response

There are 40 international actors present in Guinea across all 33 prefectures. The majority of these actors are humanitarian/emergency actors and well-versed in priority needs planning and response. To date, there are 6 active Clusters/Sectors, 2 sub-clusters/sectors, and 1 technical working group in country— co-led by international agencies and the government— covering Cash Transfer, Child protection, Early Recovery, Education, Food Security/Nutrition, GBV, Health, Logistics, and WASH. UNMEER and the Office of the Resident Coordinator co-lead the Ebola Response Team (ERT)— an HCT-like structure comprised of cluster lead agencies, Plan International, MSF, CDC, and the Red Cross Movement. OCHA re-opened its presence in Guinea in March 2015 and is supporting both the Ebola Response and response to humanitarian and early recovery needs. The international community works with the GoG to ensure that international assistance is delivered in an effective and tailored manner, prioritising most vulnerable and needy persons.

Humanitarian access

There have been several violent attacks against aid workers in Guinea over the past year. Endemic distrust of the EVD epidemic and its responders have driven such attacks. Large-scale sensitization efforts are being made to better engage communities to preclude such resistance and ensure access. To note, there have been some unverified reports that community resistance to Ebola response has translated to other sectors, with households refusing non-Ebola related vaccinations and food distributions, inter alia, from aid workers. Access is expected to be impeded by the upcoming rainy season and the attendant violence linked to the October Presidential elections.

Security constraints

Security constraints are predominantly confined to attacks by community members on aid workers. There have been recent reports of robberies against aid workers at compounds and in vehicles. Additional security concerns are tied to the upcoming elections and cross-border criminality.

Information gaps

There is a lack of updated data and analysis available across the sectors, notably on caseloads, most affected areas, and disaggregated data by gender and age. Although, this information gap is in-part attributed to movement restrictions due to the EVD epidemic, such efforts need to be significantly scaled-up in order to support planning and response, notably for Health and Protection. Under-reporting and inaccurate reporting are duly contributing to a lack of credible analysis on the EVD response.

WASH actors have called for increased harmonization of WASH data collected at health structures and called for an updating of the national WASH database. The Education sector requires GPS coordinates of schools across Guinea and a mapping of water points in order to facilitate targeted assessments and interventions of WASH needs in education. Nutrition sector actors are rolling-out a SMART survey to gauge SAM and MAM caseloads; preliminary results will be available at end-July.

Four credible sources (i.e. WFP, FAO, UNICEF, and CILSS) have published reports of EVD-induced displacement, however, there is no information available to verify or discount said reports.
## ANNEX 1: PRIORITY NEEDS: KEY FACTS & FIGURES

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| Food   | o 1.8 million Guineans are food insecure  
|        | o 50,000 Guineans are severely food insecure |
| Health | o 45 per cent decline in malnutrition consultations in 2014  
|        | o 32,000 children admitted to health centers for Severe Acute Malnutrition (SAM) in 2014  
|        | o 12,000 children under five have been admitted to health centers for SAM in 2015 (Jan-April), projecting nearly 36,000 cases by the end of the year  
|        | o 13 per cent increase in SAM Admissions for 2015 as compared to 2014  
|        | o 60,000 MAM cases projected by the end of 2015 |
| HIV    | o 74,000 Guineans did not receive needed malaria treatment in 2014  
|        | o Some 170,000 Guineans have HIV/AIDS, with women twice as affected as men  
|        | o 6,500 pregnant women projected to have HIV/AIDS in 2015  
|        | o 48,000 children will be orphaned by a parent dying from HIV/AIDS in 2015  
|        | o Meningitis: 196 people infected 16 deaths  
|        | o Measles: 2,067 people infected 10 deaths  
|        | o 58 per cent decline in health consultations  
|        | o 54 decline in hospitalizations  
|        | o 30 per cent decline in child vaccinations  
|        | o 16 per cent decline in cesareans  
|        | o 20 per cent decline in assisted child births  
|        | o 25 per cent decline in pre-natal check-ups  
|        | o 50 per cent of Guineans live 5km from nearest healthcare facility  
<p>|        | o There is only one psychiatric facility in Guinea |</p>
<table>
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<tr>
<th><strong>Water Access</strong></th>
<th><strong>Health Center Needs</strong></th>
<th><strong>Education</strong></th>
<th><strong>GBV</strong></th>
<th><strong>Female Genital Mutilation</strong></th>
<th><strong>Psychiatric Care</strong></th>
<th><strong>Disasters</strong></th>
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