

GUINEA

COVERING: Guinea, Sierra Leone



⊕ ICRC delegation ⊕ ICRC sub-delegation

* Sierra Leone is covered by the ICRC delegation in Guinea

The ICRC has worked in Guinea since 1970, opening its delegation in 2001. It seeks to protect violence-affected people, restore links between separated relatives and improve the water supply and sanitation conditions. It visits detainees, monitoring their treatment and living conditions, and supports the authorities' efforts to improve their well-being. It promotes IHL and humanitarian principles among the armed/security forces, authorities and civil society. Since 2009, the delegation has overseen ICRC cooperation and prevention activities in Sierra Leone. The ICRC works with each National Society to help it strengthen its capacities, including in emergency response, and to promote the Movement.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ The prison authorities were advised on their efforts to assume full responsibility for nutrition and health care in prisons. Owing to financial constraints, however, ICRC support in these areas was still necessary.
- ▶ Contact with local officials/communities helped facilitate first-aiders' access to people injured during protests. Security forces learnt about internationally recognized standards for law enforcement at workshops.
- ▶ With ICRC support, the Red Cross Society of Guinea attended to/evacuated casualties and produced radio spots that aimed to help safeguard its volunteers by increasing acceptance of those working against Ebola.
- ▶ Violence-prone and/or Ebola-affected communities had reliable access to clean water after the ICRC worked with the authorities to construct or repair water facilities and train maintenance personnel.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	48
RCMs distributed	79
Phone calls facilitated between family members	212
People located (tracing cases closed positively)	4
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visit	
Detainees visited	4,033
Detainees visited and monitored individually	25
Number of visits carried out	175
Number of places of detention visited	66
Restoring family links	
RCMs collected	127
RCMs distributed	41
Phone calls made to families to inform them of the whereabouts of a detained relative	25

EXPENDITURE IN KCHF

Protection	1,783
Assistance	2,439
Prevention	968
Cooperation with National Societies	964
General	40
Total	6,194

Of which: Overheads **378**

IMPLEMENTATION RATE

Expenditure/yearly budget	84%
---------------------------	-----

PERSONNEL

Mobile staff	11
Resident staff (daily workers not included)	85

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	20,000
		42,000
Health		
Health centres supported ¹	Structures	1

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

The Ebola outbreak that began in Guinea and Sierra Leone in 2014 caused thousands of deaths. Though the international response was initially slow, and was hindered in some communities by hostility towards humanitarian workers, both countries were declared Ebola-free by end-2015. However, they remained vulnerable to new cases.

Guinea continued to deal with political and communal tensions, and socio-economic difficulties, including inadequate water systems and other basic services; these issues were exacerbated by the Ebola outbreak. Demonstrations occurred as presidential elections took place in October, and hundreds of injuries and a few deaths were reported.

With support from the international community, the Guinean authorities continued their efforts to reform the justice and security sectors.

Guinea contributed troops to the UN Multidimensional Integrated Stabilization Mission in Mali.

ICRC ACTION AND RESULTS

In 2015, the ICRC focused on improving detainees' well-being through support to the penitentiary authorities. It also reminded government officials and security forces of their responsibilities towards the population during demonstrations and supported the Red Cross Society of Guinea in providing first aid to the injured and in responding to the Ebola outbreak.

Detainees in Guinea received ICRC visits, during which their treatment and living conditions were monitored in accordance with the organization's standard procedures. Findings and recommendations based on these visits were confidentially shared with the penitentiary authorities. As part of ongoing justice and security sector reforms, working groups tasked with revising legal frameworks and making recommendations to improve penitentiary administration drew on ICRC input in their work; work on some of the recommendations began, although progress was slow.

Penitentiary officials were advised on their efforts to assume full responsibility for nutrition and health care, and for improving living conditions in prisons. Owing to financial constraints, however, further support was still necessary. Together with the authorities, the ICRC monitored detainees' health and nutrition and treated the malnourished with high-protein biscuits and vitamin supplements. Inmates had some access to health care in prisons as the ICRC constructed/repairs infirmaries, supplied dispensaries and provided health workers with technical support. It also covered the cost of treatment for particularly vulnerable people who were referred to hospitals. Detainees mitigated their risk of contracting diseases, including Ebola, through preventive measures, pest-control campaigns, hygiene-promotion sessions and distributions of clothing and toiletries carried out in cooperation with the authorities. No cases of Ebola were reported in Guinean prisons in 2015.

The need to facilitate access for those seeking/providing medical treatment and the need to respect internationally recognized standards for law enforcement were discussed during meetings with the authorities and dissemination sessions for security forces. When necessary, documented reports of alleged incidents were

confidentially discussed with the pertinent parties for their further investigation. Contact with local leaders in violence-prone areas helped raise awareness of and support for the Movement; this facilitated access to casualties for National Society volunteers, who also received ICRC material/logistical support in this regard.

The Guinean Red Cross drew on ICRC support to enhance their emergency response capacities. With a view to boosting acceptance of the Movement, and thus contribute to National Society volunteers' safety, the ICRC helped produce radio spots and distribute household essentials to Ebola-affected people. It also conducted seminars for volunteers on the Safer Access Framework. Both the Guinean Red Cross and the Sierra Leone Red Cross Society strengthened their family-links services and their public communication through ICRC workshops and other support. Regular coordination among Movement components and with other humanitarian actors, particularly regarding the response to the Ebola outbreak, helped maximize impact and prevent duplication of effort. Plans to provide the National Society with supplies for its Ebola-related activities were cancelled because other actors had already provided such assistance.

The ICRC, in cooperation with the authorities, constructed/repairs facilities in violence-prone and/or Ebola-affected areas of Guinea and trained maintenance personnel, enabling people to have reliable access to clean water. A regional hospital in an area that had been severely affected by Ebola also received a generator, which helped it to continue providing services. Members of dispersed families reconnected with or searched for their relatives through the Movement's family-links services.

Through dialogue, the Guinean authorities were urged to incorporate IHL provisions in national legislation. The army's IHL office remained inactive; nevertheless, peacekeepers and other troops learnt more about IHL at ICRC dissemination sessions. Regular contact with civil society, including academics and representatives of Islamic circles, helped widen acceptance for Movement activities in the country.

CIVILIANS

The authorities are reminded of the need to respect and protect the population

Dialogue with the Guinean authorities continued. In particular, they were reminded of their responsibility to respect and protect the population during law enforcement operations in connection with demonstrations and other incidents; in addition, dissemination sessions were held for the armed/security forces (see *Actors of influence*), including personnel deployed during the elections. When necessary, documented reports of alleged abuses were confidentially discussed with the authorities for their further investigation.

Contact with local authorities and with youth leaders and other community members in violence-prone areas (see *Actors of influence*) helped facilitate humanitarian access for Guinean Red Cross teams. This, along with logistical support and the provision of first-aid supplies/equipment, enabled around 150 people injured during demonstrations in Conakry and N'zérékoré to be transferred to hospital by National Society volunteers. In addition, two hospitals in Conakry received supplies for treating up to 50 people.

Vulnerable communities have better access to water

Over 42,000 people in violence-prone and/or Ebola-affected areas had reliable access to clean water after the ICRC, in cooperation

with the local authorities, constructed or repaired boreholes, hand pumps and other facilities; local personnel also received training on maintenance. Plans for Guinean Red Cross/ICRC hygiene-promotion sessions were cancelled, as they had to focus on dealing with the Ebola outbreak.

To contribute to post-Ebola recovery in N'zérékoré, a regional hospital (capacity: 175 beds) was provided with a generator, which helped improve working conditions for staff and treatment for patients.

Over 150 Ebola-affected people met some of their needs using essential items donated by the ICRC and distributed by the Guinean Red Cross, whose volunteers also benefited from increased acceptance of their work.

Dispersed families reconnect

People dispersed by internal violence, migration or natural disasters re-established/maintained contact with their relatives through family-links services provided by the Guinean Red Cross and the ICRC. Print, radio and television campaigns raised public awareness of these services. In Guinea, the last two cases connected with the 2011 post-electoral crisis in Côte d'Ivoire were closed: one minor was reunited with his family, and an alternative solution was found for the other.

The Guinean Red Cross received support for bolstering its family-links services (see *Red Cross and Red Crescent Movement*). Backing for the Sierra Leone Red Cross Society in this regard was no longer provided; cases were followed up on when needed.

PEOPLE DEPRIVED OF THEIR FREEDOM

Inmates in Guinean detention facilities under the authority of the justice ministry or the police/*gendarmérie* received ICRC visits, conducted according to the organization's standard procedures. During these visits, delegates monitored inmates' treatment and living conditions, with security detainees receiving particular attention. Findings and recommendations based on these visits were confidentially shared with the authorities concerned; notably, some detained minors were released following ICRC representations. Dissemination sessions for the police/*gendarmérie* emphasized the appropriate use of force during arrest and detention (see *Actors of influence*).

Dialogue with the authorities, UN and other stakeholders involved in reforming the justice and security sectors continued (see *Actors of influence*). A penitentiary commission composed of the justice ministry, NGOs and the ICRC was tasked with evaluating Guinea's prison system; it published a report in April. At the authorities' request, the ICRC joined a committee to monitor implementation of the report's recommendations, which incorporated ICRC feedback. Work on implementing some of these recommendations – such as the appointment of a medical coordinator and measures to improve training for penitentiary staff, expedite judicial processes and address overcrowding – began, though progress was slow.

Detainees restored/maintained contact with or sought relatives through family-links services, including phone calls for newly arrived inmates. Foreigners contacted their consular representatives via the ICRC.

Malnourished detainees benefit from therapeutic feeding

Inmates continued to have their health and nutritional status monitored by the authorities and the ICRC; in some places of

detention, ICRC-trained penitentiary staff took charge of weighing, treating and following up on malnourished detainees.

To help ensure that inmates regularly had meals, the ICRC provided the authorities with support for food supply management, including advice on budgeting, and the facilitation of meetings between them and the catering companies that they had contracted. However, financial difficulties hindered their ability to assume full responsibility for nutrition in prisons: the replacement of supplementary food provided by the ICRC with additional half-rations provided by the catering companies was postponed. In all, nearly 1,900 people suffering from malnutrition – including 108 severely malnourished people, 32 people with TB and 10 people with HIV/AIDS – augmented their diet with high-protein biscuits provided by the ICRC.

Following an increased incidence of vitamin-deficiency illnesses, the ICRC reinforced the authorities' efforts to check on people's health and actively identify cases. Nearly 800 inmates were treated with vitamins provided by the ICRC.

Inmates have some access to health care

The penitentiary authorities were supported in planning their 2016 budget and in advocating for more resources for nutrition and health care, but funds for hospitalization fees and hygiene items were not allocated. Furthermore, dialogue with the health ministry regarding their involvement in detainee health care was hindered by the Ebola outbreak. Nevertheless, inmates had some access to medical care through ICRC support for prison health services. Two infirmaries were repaired, and a new one was constructed; several dispensaries regularly received drugs and other supplies. Health staff were also advised on managing diseases and administering medication, which helped them conduct thousands of consultations.

Cooperation agreements between four prisons and their respective referral hospitals – facilitated by the ICRC in 2014 – helped improve coordination among them, but the absence of a budget for referrals remained an issue. Over 480 people requiring specialized medical attention were referred to hospitals, including 15 people injured in a prison riot and 22 destitute detainees with life-threatening illnesses, who had their hospital fees covered by the ICRC.

Detainees mitigate their risk of contracting diseases, including Ebola

The authorities drew on ICRC technical and material support for initiatives to mitigate the spread of diseases. Pest-control initiatives, hygiene-promotion campaigns and distributions of clothing, mats and toiletries, helped reduce disease risks for thousands of inmates. The authorities were also advised on Ebola prevention measures by the ICRC, and prison health workers were provided with financial incentives and infrared thermometers to help ensure the continued implementation of these measures. In addition, disinfection campaigns were carried out in partnership with the National Society. No cases of Ebola were reported in Guinean prisons in 2015.

Budgetary constraints hampered the authorities' ability to allocate resources towards upgrading prison infrastructure. Nevertheless, around 2,400 people in six prisons had better living conditions through projects carried out by the ICRC. These included emergency interventions that restored access to drinking water for nearly 2,000 people in four prisons, and the construction of a separate area for female detainees in one prison.

ACTORS OF INFLUENCE

Security personnel learn about internationally recognized standards applicable to their work

Through dissemination sessions, over 2,300 members of the Guinean police/*gendarmerie* enhanced their understanding of: the protection due to people seeking/providing medical treatment; internationally recognized standards for law enforcement, including those related to the proper use of force in arrest and detention; and the Movement and its work. The Guinean army's IHL office remained inactive, but nevertheless, hundreds of troops, including peacekeepers, learnt about IHL and other applicable norms during ICRC workshops. Some of these events included a module on Ebola, which helped clarify misconceptions about the disease and the humanitarian response to the outbreak.

Communication efforts help increase acceptance of Guinean Red Cross volunteers

Hostility against humanitarian workers (see *Context*) underscored the need to raise acceptance of Movement activities and facilitate humanitarian access during emergencies. Radio spots were produced in consultation with Movement partners, with a view to increasing public acceptance of Guinean Red Cross volunteers, and in turn, help them carry out disease-prevention measures safely. The Guinean and Sierra Leonean National Societies published information materials on the Movement's emblems and working methods; in Guinea, these materials, alongside meetings with local authorities and youth leaders and other community members, helped facilitate access to victims of violence (see *Civilians*). Some members of violence-prone communities where the ICRC had previously constructed/repaired water infrastructure learnt more about the Movement during first-aid sessions. During World Red Cross and Red Crescent Day celebrations, Guinean Red Cross volunteers conducted workshops on first aid, the Fundamental Principles and disease prevention.

Among Islamic circles in Guinea, the Movement's work was better known and accepted thanks to sustained dialogue with their representatives. Contact with academics promoted IHL instruction in Guinean universities. At a workshop on humanitarian reporting, two journalists increased their understanding of the ICRC and its work.

The authorities draw on ICRC advice regarding justice and security sector reforms

Dialogue with the Guinean authorities focused on the importance of incorporating IHL provisions in national legislation, and of ratifying international treaties. Representatives from Guinea and Sierra Leone, sponsored by the ICRC, attended a regional seminar on IHL implementation (see *Nigeria*).

A working group supported by the European Union – and tasked with the revision of the code of criminal procedure, the penal code and the code of military justice as part of ongoing justice and security sector reforms – drew on ICRC technical expertise, notably with regard to the incorporation of IHL provisions in these texts. In parallel, a penitentiary commission worked on evaluating the Guinean prison system (see *People deprived of their freedom*).

RED CROSS AND RED CRESCENT MOVEMENT

Guinean Red Cross teams respond to emergencies, including the Ebola outbreak

The Guinean Red Cross strengthened its operational capacities with financial, logistical, material and technical support from the ICRC, such as first-aid training and simulation exercises for

its volunteers, who responded to several incidents (see *Civilians*). At other courses, emergency responders learnt about the issue of sexual violence and how to help victims deal with its consequences by, *inter alia*, referring them to other providers for appropriate care. National Society personnel also had better working conditions after two offices were constructed and another one was renovated. Plans to provide the organization with supplies for its Ebola-related activities were cancelled because other actors had already provided such support.

To help them carry out their activities securely, volunteers were trained in the Safer Access Framework; a workshop was also conducted for those working in violence-prone areas, enabling them to share their experiences in implementing projects using an approach that integrated first aid, family-links services and communication. Furthermore, support for radio spots (see *Actors of influence*) and relief distributions for Ebola victims (see *Civilians*) helped increase acceptance of those working against Ebola.

The National Society drew on ICRC advice to develop its strategic plan and volunteering policy.

The Guinean and Sierra Leonean National Societies strengthen their family-links services

Both National Societies developed their family-links and communication capacities at workshops and produced promotional materials with ICRC support. Guinean volunteers also participated in dissemination sessions for the armed/security forces (see *Actors of influence*).

With support from the ICRC, representatives from both National Societies attended a regional workshop (see *Dakar*) on the Fundamental Principles and in a statutory meeting in Geneva, Switzerland.

Regular coordination among Movement partners and with other humanitarian agencies – particularly, in connection with the Ebola response – helped maximize the impact of activities and prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected		48			
RCMs distributed		79			
Phone calls facilitated between family members		212			
Reunifications, transfers and repatriations					
People reunited with their families		1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		19	6	4	1
People located (tracing cases closed positively)		4			
Tracing cases still being handled at the end of the reporting period (people)		10	4	3	
UAMs/SC*, including demobilized child soldiers			Girls		Demobilized children
UAMs/SC reunited with their families by the ICRC/National Society		1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1	1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		4,033	187	274	
			Women	Girls	Boys
Detainees visited and monitored individually		25	1		1
Detainees newly registered		5			1
Number of visits carried out		175			
Number of places of detention visited		66			
Restoring family links					
RCMs collected		127			
RCMs distributed		41			
Phone calls made to families to inform them of the whereabouts of a detained relative		25			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items ¹	Beneficiaries			
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	42,000	50%	30%
Health				
Health centres supported ¹	Structures			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	5,066		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	2,570		
Health				
Number of visits carried out by health staff		75		
Number of places of detention visited by health staff		29		
Number of health facilities supported in places of detention visited by health staff		28		

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.