

UNICEF Humanitarian Action 2010

WEST AND CENTRAL AFRICA



SITUATION UPDATE

The global economic downturn has aggravated the situation where about half of the population of West and Central Africa live under the poverty line. Open conflict continues in Democratic Republic of the Congo, CAR and Chad. Armed clashes in the Equateur Province of the Democratic Republic of Congo resulted in the influx of an estimated 114,700 refugees into the Republic of the Congo, prompting its inclusion in the mid-year HAR. The number of internally displaced people (IDPs) in CAR increased from 162,280 to an estimated 195,500. While civil wars have ended in Liberia, Sierra Leone and Ivory Coast, insecurity remains. Guinea and Guinea-Bissau are just two of the countries with fragile political situations; the outcome of Guinea's two rounds of presidential elections is pending.

The humanitarian situation in the Sahel this year is predicted to be deteriorating, particularly affecting Chad and Niger. Poor rainfall has caused large deficits in the agriculture and pastoral productions. This situation in the Sahel is further aggravated by escalating food prices and recurrent epidemics such as measles in Chad. Niger is in the grip of a severe food and nutrition crisis, expected to continue at least until the end of the hunger season, in October. In northern Nigeria, the levels of malnutrition appear to be below emergency conditions, but the absolute number of children affected by SAM is expected to remain high. The rainy season has started in the region with flooding affecting Cote d'Ivoire, Ghana, Senegal, Togo, Burkina Faso, Gambia, and Mauritania. Government capacity to respond is weak, justifying the urgency of humanitarian actors to work both at national and sub-national level to support governments and communities to prepare, respond and mitigate these risks.

KEY RESULTS FOR CHILDREN

Burkina Faso, Guinea Bissau, Guinea Conakry, Liberia, Mali, Niger, Senegal, Sierra Leone were supported by WASH humanitarian preparedness and risk reduction programmes including contingency plans and stockpiling. A functional WASH Cluster or task force with officers trained and WASH Cluster tools was implemented. Niger, Mali, Chad are in process of linking the WASH package into the nutrition humanitarian response programmes to protect children against diarrheal malnutrition by appropriate low cost preventative and curative WASH package for vulnerable communities and acute malnourished children and their mothers from the nutritional centre to household level, which ensures safe water supplies to children both in health facilities and in their communities. Through the support of UNICEF as WASH Cluster lead, in Nigeria, Liberia, Guinea Conakry and mostly in Democratic Republic of the Congo, around 820,000

people benefitted from the WASH minimum package of interventions¹ in response to cholera outbreaks and IDP movement.

In **Mali**, under the project to provide reliable and safe drinking water to drought-affected areas and potential water shortages in the city of Kidal and its periphery, boreholes and wells were upgraded, benefiting an estimated 15,000 people. In addition, funds were received to enhance the teaching/learning environment by the promotion of drinking safe water, hygiene and sanitation in ten schools in the region of Koulikoro. School management committees were set in place for improved management of schools and the promotion of safe water, hygiene and sanitation, in collaboration with the Deconcentration and Decentralization of Education Support Unit (CADDE) and JICA.

In response to the **Sahel** crisis, the coverage and intensity of management of severe acute malnutrition (SAM) greatly increased in Niger and Chad. Management of severe acute malnutrition programmes have also increased in scale in three northern states of Nigeria. Emergency rolling stocks of RUTF are now stored in Accra (18,000 cases) and Douala (for 9,000 cases) to quickly respond to the needs in the Sahel. The shift to prevention instead of only treatment of malnutrition has led to blanket feeding with Plumpy'doz of 120,000 children in Niger, 33,000 in Chad and 23,000 in Mauritania. Nutrition surveys with SMART methods² have been launched in Chad, Liberia, Mali, Mauritania, Niger, Nigeria and Sierra Leone. Nutrition in emergency trainings have been conducted for approximately 60 nutritionists and public health care works in both Anglophone and Francophone countries in the region, to improve their capacity in detecting SAM cases, planning and implementation of emergency responses.

In **Togo**, funds received against the Humanitarian Action Report were used to treat around 31,000 under-five malnourished children in the Savanes region. Over 20,000 children with moderate acute malnutrition were cared for in nutritional rehabilitation centres (CRENAM). Service providers (community health workers, paediatricians, health personnel at district and region level) were trained in the prevention and management of acute malnutrition using the new WHO growth standards.

In the **health** sector, vaccines were prepositioned in the at-risk meningitis countries of Burkina Faso, Chad, Niger and Nigeria, which allowed for immediate vaccination and safe containment in the most affected districts. This year, Chad faced both a meningitis and measles epidemic at the same time and requested CERF to respond. As a part of this effort, 499,903 people were vaccinated against Meningococcal meningitis, with around 100 per cent coverage rates in Bébédjia, Abéché and Biltine. In Niger, a total of 513,000 people were vaccinated in five districts with an average coverage of 93 per cent; data on coverage not yet available for other countries. In Burkina Faso, a total of 678,386 people were vaccinated, ensuring full coverage.

Child protection

- NGOs in Guinea and CAR benefitted from psychosocial training and capacity building, and GBV mechanisms were developed in Guinea.
- The training of armed forces (as per UNSC Resolutions 1612 and 1882) on children's rights was supported in Togo, including training of police during pre-elections.
- EPR plans and CPIE training were carried out in Ghana enhancing their Child Protection coordination mechanisms.
- UNICEF supported the Government of Chad to host a regional conference on "Ending Recruitment and Use of Children by Armed Forces and Groups Contributing to Peace, Justice and Development", which strengthened commitments by the governments of Chad, CAR, the DRC and Sudan to ending the recruitment of children and signing the two Optional protocols.
- Building networks of Child Protection Clusters and Sub-Clusters and linking them to the MRM 1612 has been instrumental in strengthening child protection in Chad, CAR and the DRC.
- Mapping and analysis of child protection systems were supported in Sierra Leone and Cote d'Ivoire, and are planned to include Niger, Ghana and Senegal.
- The new version of the inter-agency database for separated children, children associated with armed groups, and other vulnerable children is being implemented in Chad, CAR, the DRC, Cote d'Ivoire and Liberia.

Education

- Over 375 Ministry of Education officials (MoE), NGO counterparts and UNICEF staff benefitted from training programmes in Sierra Leone, Togo, Benin, Ghana, Mauritania, Gambia and Senegal. Chad and Cote d'Ivoire received ongoing in-country and remote technical support in their efforts to develop and include education in emergencies strategies in their sector plans and budgets. This was done in collaboration with UNESCO/IIEP.

¹ Agreed upon minimum standards of WASH interventions by Regional WASH Working Group.

² Standardized Monitoring and Assessment of Relief and Transitions. Surveys are underway with final results expected between August and September.

- The Congo team (MoE, UNICEF) took part in an Education Cluster Coordinator training and launch of INEE tools in Dakar in July 2010, followed by an in-country technical support mission. In addition, Liberia participated in Anglophone Education Cluster Coordinator training in Nairobi (July 2010).

Emergency

UNICEF emergency preparedness trainings and emergency simulation exercises to support the updating of preparedness and response plans were conducted by UNICEF Emergency Specialists in Nigeria (approximately 150 staff) and Cote d'Ivoire (approximately 40 staff). Technical support missions to Nigeria, Guinea and Sierra Leone were undertaken to review and support the country offices with their emergency preparedness (partially achieved with funds from OFDA/USAID). In addition, sub regional contingency stocks are now in place in Accra (UNHRD) with a value of US\$200,000 to support countries with small scale emergency responses (partially funded through DfID). The gender in emergencies initiative continued in Cote d'Ivoire, CAR and DRC.³ In addition to revised gender-sensitive assessment tools, EPRP and Terms of Reference for thematic sector groups in Cote d'Ivoire, the pilot focused on two programming areas to promote gender mainstreaming: Immunisation against preventable diseases through vaccination in Abobo East health district through and Temporary transit structures for vulnerably children as consequence of the post-conflict, needing emergency short-term shelter with entry points.

KEY CHALLENGES

Beyond the WASH humanitarian coordination, preparedness, and risk reduction for a timely and coordinated WASH response to humanitarian emergencies, the integration of key WASH activities into nutrition response programmes in critical areas across the Sahel requires more of a concerted effort amongst nutrition and WASH actors.

INTER-AGENCY COLLABORATION

UNICEF leads the Regional IASC WASH and co-chairs the Food Security and Nutrition Working Group. The WASH regional group maintains monthly meetings for the humanitarian preparedness and response of which, UNICEF actively participates in the Health, Protection, Emergency Preparedness and Response thematic groups. UNICEF is currently advocating for the creation of an Education thematic group.

FUNDING REQUIREMENTS

The West Africa CAP mid-year review process has been completed⁴; as of mid July UNICEF has received 23 per cent of funds requested. Against the HAR request of US\$40 million, 10 per cent has been received as of mid-year. Continued low funding levels of funding will not allow for securing a minimum of vaccines for at risk countries (Burkina Faso, Chad, Niger and Mali). Planned activities for the second half of 2010 such as the training of military personnel on child rights and child protection will not take place and CPIE trainings and rolling out of tools in French will be delayed.

Funds received against the HAR 2010 (US\$)				
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap
Health and Nutrition	12,968,300	12,968,300	2,648,320	10,319,680
Water, Sanitation and Hygiene	9,286,000	9,286,000	1,222,740	7,963,260
Education	4,350,000	4,350,000	0	4,350,000
Child Protection	3,699,000	3,699,000	0	3,549,000
HIV/AIDs	1,100,000	1,100,000	0	1,100,000
Emergency Preparedness and Response	8,622,000	8,622,000	0	8,622,000
Total*	40,025,300	40,025,300	3,871,060	36,154,240

*The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

Health and Nutrition

³ See country chapters for CAR and DRC gender in emergencies activities.

⁴ Countries included in the West Africa CAP included: Benin, Burkina Faso, Cote d'Ivoire, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Senegal, Sierra Leone, Niger, Nigeria, and Togo.

- Fund mobilisation efforts will be continued, to cover the cost of procurement and prepositioning vaccines for the meningitis season in 2011, as well as to support the introduction of the new conjugated vaccine against méningocoque A.
- Communication activities will be supported during the meningitis outbreaks in the region.
- Much stronger efforts are needed to focus on prevention of malnutrition over treatment of severe acute malnutrition.
- A greater awareness, planning and implementation capacity is needed for nutrition emergencies in most all countries of the region
- A minimum standard for reporting on management of severe acute malnutrition needs to be documented and implemented throughout the West and Central African Region.

Water, Sanitation and Hygiene

- Low cost preventative and curative WASH packages will be promoted for vulnerable communities and acute malnourished children and their mothers across the Sahel.
- Around 4,268,000 people will be targeted to receive the WASH minimum package of interventions in response to humanitarian emergencies (cholera, floods, displaced or host victims, malnutrition).
- Emergency WASH sensitisation kits and cholera preparedness and response practical guidance tools will be finalised and disseminated throughout the region.

Emergency

- Flood preparedness and response in severe flood affected countries will be strengthened, along with monitoring of the state of preparedness for countries with planned elections for this year, and management of regional emergency stock.

Education

- Education in emergencies training and resource packages will be disseminated to partners and donors within the West and Central Africa region, including the support of in-country tri-cluster trainings.
- Together with Save the Children, the joint six month support package for the cluster coordination system in DRC will be continued, including a joint mission.
- Support will continue to be provided to country level roll-out of education in emergencies frontline responders training; continued long term support for MoE officials and policy planners in Chad and Ivory Coast for the inclusion of education in emergencies into national education strategies and budgets.

Child Protection

- MRM 1612/1882 master training (regional) and country capacity building (piloting in Chad) of UN staff and strategic partners on MRM focusing on Chad, CAR, the DRC and Cote d'Ivoire as well as the implementation of 1612 MRM action points and subsequent follow up at country and cross border level.
- Inter agency GBV project (UNFPA, UNHCR and UNICEF) to strengthen coordination and advocacy on GBV focusing on francophone countries in Africa, including CAR, Chad and Cote d'Ivoire
- Support regional and country level CPIE trainings. Roll out of CPIE training tools to francophone countries. Support French translation of the ARC resource pack.
- Support mapping exercises of child protection systems in Niger, Ghana and Senegal. Ensure integration of CPIE issues, including EPR in all mappings.
- Implement training of armed forces in child protection in five countries in West and Central Africa.
- Review and provide technical support to countries in crisis on cluster coordination, IDTR, DDR, GBV, psychosocial support, and mine risk education in emergency and post emergency situations
- Provide technical support to all countries in emergencies at the earliest stage of crisis. All emergency responses in the region to include child protection response based on the CCCs.