West and Central Africa

Children and women in West and Central Africa remain vulnerable to multiple threats, including insecurity, conflict, drought, flooding and epidemics. In the Central African Republic and the Lake Chad basin, widespread violence and armed conflict characterized by grave human rights violations have led to mass displacement both internally and across borders. Insecurity prevails in northern Mali, especially in Kidal, Gao and Timbuktu. In addition to the influx of Burundian refugees, the eastern Democratic Republic of the Congo is facing resurgent armed groups that continue to commit grave human rights violations, which may result in increased humanitarian assistance needs. In the Sahel countries, children under 5 years continue to suffer from crisis levels of acute malnutrition, respiratory infection and other childhood illnesses. Outbreaks of cholera continue to affect the Mano River, Lake Chad, Congo River and Niger River basins. Although the risk of Ebola is much reduced, getting to and staying at zero cases will be difficult. Continued response, prevention and preparedness efforts are needed in Guinea, Liberia and Sierra Leone. Flooding is a recurring risk throughout the region and may be exacerbated by the El Niño weather phenomenon. Elections planned for 2016 in the region may create further civil unrest.

Regional humanitarian strategy

The West and Central Africa Regional Office (WCARO) will continue to provide coordination and support to country offices for emergency preparedness and response. Cross-border coordination and response is especially needed for children affected by conflict, separated from their families and/or recruited by armed groups. Integrated approaches to the nutrition crisis require reinforcement through the incorporation of treatment and prevention of severe acute malnutrition (SAM) into a package of interventions for health, water, sanitation and hygiene (WASH), education, promotion of essential family practices and psychosocial support. WCARO will continue to support country offices to respond to cholera, meningitis, measles, Ebola and other epidemics. Regional rapid response mechanisms to support country office humanitarian response include mapping and rapid assessment, surge staff deployments and regional supply hubs that pre-position supplies, enabling timely and cost-effective response. The Regional Office will also support country offices on humanitarian performance monitoring, information management and knowledge sharing across sectors and emergency response evaluations. Building resilience with risk analysis and mitigation plans for protracted humanitarian crisis remains a priority.

Ebola: UNICEF will work with governments and communities to support the Ebola response and achieve and sustain a ‘resilient zero’ Ebola cases. Focus will be on maintaining surveillance, rapid response capacity and support for Ebola survivors. Priority areas include working with communities, raising alerts on potential Ebola cases, tracing missing contacts and enabling safe and dignified burials. Campaigns will maintain vigilance and awareness by supporting community leaders and traditional healers. UNICEF will maintain its rapid response capacity to ensure qualified teams can be deployed immediately in the case of a new Ebola event. In coordination with governments, partners and communities, rapid response teams will conduct active surveillance, social mobilization and early isolation and will provide basic services, including child protection, psychosocial support and WASH. With more than 23,300 children having lost one or both parents or primary caregivers, UNICEF will continue to support efforts to find family members willing to care for children in need. Families will be supported with cash and care packages. UNICEF will also continue to monitor adherence to safety protocols in schools and provide schools with hygiene kits and infection prevention supplies. Infection prevention and control through the provision of hygiene kits, clean water and sanitation to communities and health centres will remain central to the response. UNICEF will support Ebola survivors with specific medical and basic needs and psychosocial support and address stigma and discrimination against survivors.

Results in 2015

As of 31 October 2015, UNICEF had received 56 per cent (US$27.8 million) of the US$50 million appeal, in addition to US$9.9 million carried forward from 2014. In 2015, WCARO reinforced regional rapid response mechanisms designed to support country offices to launch emergency preparedness and response and supported coordination, WASH, nutrition, health, child protection, education and Communication for Development for the Ebola response, Boko Haram-affected countries, and the crisis in the Central African Republic. Regional supply hubs continued to play an important role in the provision of support to emergency responses. The Regional Office also facilitated information management, data collection and evidence generation, as well as humanitarian results reporting across all programme sectors. In the area of child protection, WCARO provided technical support to countries affected by conflict/displacement, nutrition crises and Ebola. Cross-border coordination was reinforced to promote a harmonized approach to programme interventions, including for separated and unaccompanied children, conflict-affected children and children affected by Ebola. For nutrition, more than US$18 million was mobilized for ready-to-use therapeutic food and essential nutrition and health supplies in nine Sahel countries. Support was also provided for the Central African Republic and the Ebola response. In the area of WASH, WCARO supported cholera prevention and response and provided training to country offices and partners for WASH in emergencies and WASH in nutrition. The Regional Office also provided technical guidance and support for radio education programming in Ebola-affected countries, training on disaster risk reduction and peacebuilding in education and psychosocial support in schools in various countries across West and Central Africa.
Ebola results for 2015:
As of 31 October 2015, UNICEF had received nearly US$420.2 million out of the US$507,439,889 appeal for Ebola in West and Central Africa. More than 8,000 metric tons of supplies were delivered in the largest single supply operation in UNICEF’s history, to date. A total of 64 community care centres (CCCs) were established in Guinea, Liberia and Sierra Leone. UNICEF and partners reached more than 3.6 million households with interpersonal communication and skills training on Ebola prevention across the three affected countries. Daily Ebola prevention and awareness messages were broadcast in local languages on 142 radio stations. Some 3.2 million households in Ebola-affected areas received WASH kits from UNICEF. Water and sanitation services, as well as waste management, were provided in 133 Ebola treatment centres and CCCs. Nearly 1,600 health centres were provided with hand-washing stations and WASH support. More than 9,000 Ebola patients received nutrition support and over 2,700 infants (aged 0 to 6 months) who could not be breastfed received ready-to-use infant formula. More than 12,000 community health workers in 2,188 health centres received training on Ebola prevention and case management and related supplies. Nearly 12,900 children who lost one or both parents or their primary caregiver received a minimum package of support and more than 191,200 children received psychosocial support. UNICEF equipped 15,000 schools with a minimum hygiene package, which includes infrared thermometers, soap and hand-washing stations; 36,400 teachers were trained on Ebola prevention; and more than 1.9 million children benefitted from learning kits. While schools were closed, UNICEF supported distance learning programmes through community radio that reached an estimated 1 million children. Even after schools reopened, distance learning programmes remained an important tool for boosting educational standards and reaching out-of-school children. More than 2.1 million children were vaccinated against measles. Over 37,100 children suffering from SAM were admitted for treatment. UNICEF also worked to maintain HIV and AIDS services during the Ebola epidemic, providing 1,807 exposed newborns and 5,639 HIV-positive pregnant women with antiretroviral therapy to prevent mother-to-child transmission of HIV. UNICEF supported Ebola preparedness and prevention activities in 18 countries in West and Central Africa, including Benin, Burkina Faso, Cameroon, the Central African Republic, Chad, the Congo, Côte d’Ivoire, the Democratic Republic of the Congo, Equatorial Guinea, the Gambia, Ghana, Guinea Bissau, Mali, Mauritania, the Niger, Nigeria, Senegal and Togo. Working closely with traditional healers, religious leaders, teachers and health workers, UNICEF country offices scaled up social mobilization activities to raise Ebola awareness. Public awareness campaigns took place in markets, border posts and bus terminals. Mass communication activities through radios and television segments were carried out and communication materials (flyers and banners) were widely distributed. UNICEF was active in providing training to health workers and distributing protective equipment to health centres to improve infection prevention and control measures.

Funding requirements
For 2016, UNICEF is requesting US$20,026,000 to address humanitarian crises throughout West and Central Africa through technical support and coordination. This will enable WCARO to continue to respond to the ongoing Ebola response, with the aim of reaching and maintaining zero cases in affected countries, as well as to the Sahel nutrition crisis and the conflicts in the Central African Republic, the Democratic Republic of the Congo, Mali and Boko Haram-affected areas. WCARO gratefully acknowledges donors’ support in 2015 and welcomes their continued commitment to meeting the humanitarian needs of women and children across the region. In addition, regional funding may be used to respond to situations elsewhere in the region that are not included in a separate chapter of Humanitarian Action for Children 2016 and may not benefit from inter-agency flash appeals to respond to small- or medium-size emergencies.

<table>
<thead>
<tr>
<th>Sector</th>
<th>2016 requirements (US$)</th>
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<tbody>
<tr>
<td>Nutrition</td>
<td>655,000</td>
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<tr>
<td>Health and HIV and AIDS</td>
<td>439,000</td>
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<tr>
<td>Water, sanitation and hygiene</td>
<td>500,000</td>
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<tr>
<td>Child protection</td>
<td>426,000</td>
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<tr>
<td>Education</td>
<td>600,000</td>
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<tr>
<td>Emergency preparedness and</td>
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<tr>
<td>response*</td>
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<tr>
<td>Communication for Development</td>
<td>406,000</td>
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<tr>
<td>Ebola**</td>
<td>15,000,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20,026,000</td>
</tr>
</tbody>
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** Includes the needs of Guinea (US$5 million), Liberia (US$5 million) and Sierra Leone (US$5 million)

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1 This includes funding for countries in the WCARO 2015 HAC (including Burkina Faso, Mauritania and Senegal).
2 The type of technical support is multifaceted across all programme sectors and generally includes the elements of: response preparedness and planning support, including humanitarian performance monitoring; resource mobilization (funds, human resources, supplies); guidance and support for emergency operational procedures; humanitarian advocacy and communication and cross border coordination.
3 Countries affected by conflict/displacement where support has been provided include: Cameroon, Chad, Mali, the Niger and Nigeria. Countries affected by nutrition crises where support was provided include: Burkina Faso, Cameroon, Chad, the Gambia, Mali, Mauritania, the Niger, Nigeria and Senegal.
4 The Ebola appeal for West and Central Africa not only included the requirements for the Ebola-affected countries of Guinea, Liberia and Sierra Leone, but also Ebola preparedness for 20 countries at risk in the region. In addition, the Ebola chapter in the Humanitarian Action for Children appeal included additional requirements for the regional office and headquarters. Source: Public Partnerships Division Ebola Funding Update, 17 November 2015.

Who to contact for further information:

Manuel Fontaine  
Regional Director, Western and Central Africa  
Tel: +223 38695858  
Email: mfontaine@unicef.org

Yasmin Haque  
Deputy Director, Office of Emergency Programmes  
EMOPS  
Tel: +1 212 326 7150  
Email: yhaque@unicef.org

Olav Kjorven  
Director, Public Partnership Division (PPD)  
Tel: +1 212 326 7160  
Email: okjorven@unicef.org