West and Central Africa

Life in West and Central Africa is marked by chronic poverty, recurring food insecurity and poor diets that have left a generation of children undernourished. Cyclical drought, severe pressure on limited natural resources and outdated farming practices cripple food production in the Sahel region; in 2010, nearly 10 million people faced a serious food crisis, while 859,000 children under 5 years old needed treatment for severe acute malnutrition. Natural and human-made hazards multiply these needs and have taken a toll on infrastructure and access to basic services, hastening the spread of epidemics: during 2010, cholera, meningitis, measles and polio epidemics occurred in at least 20 countries in the region. The death rate among infants and children under age 5 in West and Central Africa is the highest in the world, and more than a dozen countries in the region rank at the bottom levels of the Human Development Index.

Flooding, which is prominent in 20 countries in the region, further devastates lives, destroying homes, schools and property, and compromising sanitary conditions that hasten the spread of cholera and other epidemics. Political instability affects a significant number of countries in the region, particularly during elections, and can turn violent, creating a ripple of consequences that include displacement, abuse and exploitation. The highest-risk groups include the most vulnerable among the population: children. In addition, many of the region’s countries have seen a significant decrease in donor support, impacting both development and emergency capacity on the ground.

The UNICEF West and Central Africa Regional Office (WCARO) is requesting US$18,044,000 to provide technical support, coordination, planning and other assistance to further the organization’s humanitarian response in the region. This includes US$9,751,000 to support countries not separately profiled in Humanitarian Action for Children (Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Mali, Mauritania, Nigeria, Sierra Leone and Togo). In 2011, UNICEF will continue to work with governments, other UN agencies and NGOs to respond to the dire food crisis. UNICEF will continue to strengthen its capacities to respond quickly with supplies that will curtail the spread of disease. Although the region reported 32 per cent fewer cases of meningitis in 2010 than in 2009, the disease remains a serious problem, with 25,756 meningitis cases and 2,715 deaths reported as of October 2010. With the annual occurrence of floods in the region, efforts to educate high-risk populations about the sanitary practices that can minimize the spread of cholera and other diseases are as crucial as supporting the ability of health systems to treat these diseases.

Cyclical flooding affects both rural and urban communities. UNICEF will transfer a pilot project for the prevention and response to cholera in the region surrounding Lake Chad, and integrate WASH activities into the nutrition response in the Sahel region. Communicating the reality of gender-based violence will be a priority at country and regional levels, along with the implementation of community-based monitoring systems to track grave violations of children’s rights.

UNICEF will also offer training and technical support to strengthen education preparedness and response capacity of government and non-governmental partners and other UN agencies. These efforts will ensure continuous and quality education for children during times of crisis.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

It is no surprise that more than a dozen countries in the West and Central Africa region sit at the bottom ranks of the Human Development Index. Poor nutrition is compounded by natural and human-made disasters, leaving millions of women and children at risk for death or deteriorated health. The rate of death for infants and children under age 5 in the region is the highest in the world, as a result of staggering undernutrition and widespread diseases such as meningitis, measles and cholera. Levels of global acute malnutrition exceeded 10 per cent throughout West and Central African Sahel countries in 2010. In the Niger, the
epicentre of the nutrition crisis, the national survey of June 2010 registered a national prevalence of 17 per cent global acute malnutrition. In Mauritania, the prevalence of global acute malnutrition reached 12.4 per cent nationally and nearly 20 per cent in the more populous border regions of Gorgol and Guidimaka.

Although the region has a generally low HIV prevalence, it is home to 5.7 million people living with HIV and 50 per cent of the global number of HIV-positive women with unmet need for services for the prevention of mother-to-child transmission of HIV.

Cyclical disasters lead to the displacement and economic devastation of an already vulnerable population. In 2010, floods affected 1.7 million people across the region. Nigeria, the hardest hit, had more than 300,000 people affected. The destruction of homes, crops and livestock caused by these floods further contributed to the chronic poverty of the region. These disasters and political instability across the region increased the numbers of internally displaced people to more than 519,000.

**KEY ACHIEVEMENTS IN 2010**

UNICEF estimated that US$40,025,300 was needed to fund its humanitarian work in the West and Central Africa region in 2010. As of October 2010, a total of US$4,911,757 had been received, representing 12 per cent of the goal. Nonetheless, UNICEF’s work was crucial in preventing the needless deaths caused by malnutrition and disease in the region. More than 64,000 children under age 3 received ready-to-use food (Plumpy’doz) for three months during the peak of the hunger season in Chad, Mauritania and the Niger. Regional hubs were established in Accra, Ghana, and Douala, Cameroon, to ensure the rapid delivery of

### UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011

<table>
<thead>
<tr>
<th>By sector</th>
<th>US$</th>
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<tr>
<td>Emergency preparedness and response planning</td>
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<td>Education</td>
<td>2,689,000</td>
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<tr>
<td>HIV and AIDS</td>
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<tr>
<td>Total</td>
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ready-to-use-therapeutic food in periods of crisis. Nutrition surveys were conducted in Chad, Liberia, Mali, Mauritania, the Niger, Nigeria and Sierra Leone using Standardized Monitoring and Assessment of Relief and Transitions (SMART) methods to estimate the prevalence of acute malnutrition and numbers of children affected.

Combating preventable disease continued to be a priority throughout the year. The Consolidated Appeals Process raised more than US$1 million to increase vaccine stocks during outbreaks of meningitis in Burkina Faso and Chad, resulting in the vaccinations of more than 1 million people. WCARO also distributed 500,000 WASH packages to mitigate health risks caused by crises such as cholera outbreaks.

WCARO also worked to strengthen the accessibility of education in times of crises. More than 375 government and non-governmental partners and country offices in Benin, the Gambia, Ghana, Mauritania, Senegal, Sierra Leone and Togo received training regarding how best to minimize school disruptions during a crisis. Consultation and workshops were given to police forces in Chad and Togo and to government partners in Côte d’Ivoire, Ghana, Senegal and Sierra Leone on how best to protect children separated from families during displacement. In addition, emergency preparedness trainings were conducted in Côte d’Ivoire, the Niger, Nigeria and Senegal.

HUMANITARIAN ACTION: BUILDING RESILIENCE

The West and Central Africa region suffers from recurrent cholera epidemics exacerbated by political and economic instability and severely degraded sanitation environments. In 2010, WCARO continued its focus on monitoring zones where risk is highest and curtailing the spread of cholera with pre-positioned supplies and increased campaigns promoting the best hygiene practices and methods of home water treatment.

A pilot programme in Guinea and Guinea-Bissau yielded gains that bear replication. Tools for mobilizing supplies and education campaigns were updated to promote hand washing with soap at critical times, the treatment of water and the disposal of excrement. Additionally, a workshop was organized with key radio stations to refine key messages and agree on a strategy for better communication.

These efforts proved successful. After the pilot programme’s implementation, the nearly 10,000 cholera cases seen annually in Guinea and Guinea-Bissau fell dramatically, to about 100 cases per year. Expanding this successful system that focuses on early warning and education and swift WASH response in high-risk zones is a priority.

PLANNED HUMANITARIAN ACTION FOR 2011

WCARO will continue to provide technical, coordination and planning support to help country offices assist millions of vulnerable people throughout the region. The regional office will also distribute funds to several country teams to cope with ongoing smaller-scale emergencies that nevertheless require a coordinated response and adequate resources. UNICEF will work to improve the dire nutrition crisis in the West and Central Africa region with therapeutic feeding to infants and children under age 5. The focus will be on such countries as Chad and the Niger, where levels of undernutrition are highest and more than 400,000 are affected. Other crucial areas include educating high-risk populations regarding the best sanitary practices to curtail the spread of disease. In addition, capacity of UNICEF and partners will be expanded to prepare and respond to such emergencies as flooding and displacement by strengthening disaster plans and pre-positioning supplies for swift response at the onset of a crisis. In anticipation of a potential humanitarian crisis related to an influx of refugees into neighbouring countries as a result of the referendum in the Sudan, country offices in the Central African Republic, Chad and the Democratic Republic of the Congo are updating their multi-hazard preparedness plans based on planning figures from the United Nations High Commissioner for Refugees. Should the situation deteriorate, UNICEF will require additional funding to adequately respond.

EMERGENCY PREPAREDNESS AND RESPONSE PLANNING (US$3,225,000)

To swiftly respond to vulnerable populations at the onset of crises, WCARO will increase emergency preparedness and response in the region through the following actions:

- UNICEF will map areas at high risk for cholera to prepare vaccine stocks, develop epidemic awareness campaigns that teach risk reduction practices and establish child protection networks prior to flood season.
- WCARO will implement disaster risk reduction programmes within schools to prepare children for potential emergencies.
- An emergency regional fund will be established and used to increase surge capacity and maintain regional supply hubs in Douala, Cameroon, and the UN Humanitarian Response Depot in Accra, Ghana.

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NUTRITION (US$2,950,000)

WCARO will work with governments and NGOs to coordinate response to nutrition emergencies, with a goal of swift response and readiness prior to the onset of crises. The following actions are expected to reach 435,000 people across the region:

- WCARO will expand its management of acute malnutrition programmes in most countries of the region in order to be ready to provide blanket feeding of children during crisis situations.
- WCARO will monitor nutrition conditions by undertaking at least one nutrition survey with SMART methods per year at the peak of the hunger season.
- Projects that target treatment of severe acute malnutrition and nutrition surveillance will be launched in Cameroon, Congo, the Democratic Republic of the Congo, Ghana, Mauritania, Sierra Leone and Togo. Data will be collected using RapidSMS technology.

HEALTH (US$1,300,000)

In 2010, the new long-term meningitis conjugate A vaccine was introduced in Burkina Faso, Mali and the Niger; large-scale outbreaks are still occurring, however, in Chad and Nigeria. While approximately 19 million people between the ages of 1–29 have been vaccinated in the countries where the meningitis conjugate A vaccine was introduced, 15 million people in these three countries still need to be reached, as do people in Cameroon, Chad and Nigeria. UNICEF will continue to improve this vaccination programme and secure stock of vaccines and drugs to ensure treatment to an estimated 400,000 people.

- WCARO will provide technical support to countries in the midst of meningitis, cholera and measles outbreaks to help country offices with outbreak control activities and investigations of high-risk areas.

WATER, SANITATION AND HYGIENE (WASH) (US$5,725,000)

UNICEF will continue to concentrate on cholera risk reduction by expanding its newly decentralized prevention efforts in Guinea to neighbouring countries and to the region surrounding Lake Chad. WCARO will work to supporting provision of adequate water and sanitation conditions at the onset of disasters.

- WCARO will reinforce national and local preparedness by promoting hygiene, including adequate hand washing and water treatment strategies in high-risk areas across the region. Chlorine will be distributed through local bleach solutions for water treatment. A total of 300,000 people will be reached across the region with these efforts.

CHILD PROTECTION (US$1,355,000)

Women and children will be protected against violence, neglect and exploitation through improved access to humanitarian assistance and basic protection services. To accomplish this goal, WCARO will work with country offices to reinforce knowledge, preparedness and response.

- In Mauritania, the regional team will work with partners at the national level to empower them to rapidly assess emergency risks and respond quickly by focusing on children at risk for displacement. This is expected to reach 20,000 children.
- In Liberia, funding received through *Humanitarian Action for Children* will strengthen social protection interventions at the household and community levels by providing safety nets and cash transfers to 2,000 vulnerable households. Five thousand children in institutional care will benefit from family tracing and reunification activities and victims of violence and abuse will be supported.
- The regional office will coordinate efforts to improve preparedness and response to gender-based-violence and advocate for national awareness and prevention in Gabon.

EDUCATION (US$2,689,000)

UNICEF, in collaboration with government and non-governmental partners, will continue to address critical gaps in the provision of access to inclusive and protective quality education and psychosocial support during emergencies.

- In collaboration with the ministry of education, UNICEF Mauritania will organize activities for enhanced education in emergency preparedness and response capacity and strengthen national and sub-national coordination and disaster risk reduction, reaching out to 20,000 children and 100 education staff.
- Educational supplies, ranging from School-in-a-Box kits, recreation kits and tarpaulins, will be provided for up to 10,000 children in Liberia who require emergency education support.
- WCARO will reinforce education in emergencies preparedness and response capacity in the region through targeted field-level support, trainings, advocacy and strengthened coordination mechanisms. It will also support the most flood-prone countries in the development of integrated disaster risk reduction strategies.
WEST AND CENTRAL AFRICA

HIV AND AIDS (US$800,000)

To ensure that countries of the region are prepared to implement a swift and effective HIV response in humanitarian crises, the regional team will collaborate with partners and governments to support countries through the following actions:

- To ensure regional and country preparedness, UNICEF will focus on rolling out the new IASC guidelines for HIV in emergencies in the countries of the region, with priority given to ‘chronic emergency’ countries (e.g., the Democratic Republic of the Congo, Chad, etc.) and those at risk of humanitarian crisis (e.g., Cameroon, Congo, the Niger, etc.).

- To decrease the HIV vulnerability that is heightened by emergencies, country offices will stock health centres with HIV post-exposure prophylaxis (PEP) and HIV test kits and provide adequate supplies and medicines to care for people living with HIV among the displaced population.

- To reduce flood-related morbidity and mortality of children under age 5, including reduced mother-to-child transmission of HIV among 105,000 flood-affected people – including 3,164 pregnant women and 15,000 children under age 5 – WCARO will provide support to countries in establishing HIV prevention and prevention of mother-to-child transmission of HIV interventions. The office will also support the management of HIV exposure through sexual violence.

- In Cameroon, Guinea, Guinea-Bissau, and Mali, the regional office will use Humanitarian Action for Children funding to do the following: stock health centres with HIV post-exposure prophylaxis (PEP) kits and train health providers in the management of PEP; and continue HIV prevention, care and treatment services to affected people (displaced and host), especially women and children in need of antiretrovirals for the prevention of mother-to-child transmission of HIV. The aim is to reach up to 4,000 pregnant women and their infants, 500 children and adolescents living with HIV, as well as 15,000 young people.

4. Six-month Emergency Humanitarian Action Plans (EHAP) for Liberia and for Côte d’Ivoire and neighbouring countries (Burkina Faso, Ghana, Guinea, and Mali) were launched on 14 January 2011 in response to the humanitarian consequences of the political crisis in Côte d’Ivoire. The UNICEF requirements of US$5,715,593 and US$5,696,627, through the respective EHAPs, are in addition to the Humanitarian Action for Children requirements for these countries. Humanitarian needs are likely to be reviewed as inter-agency assessments are carried out and as the volatile situation changes.