



West and Central Africa Region

SITUATION UPDATE

The West and Central Africa region continues to be plagued by humanitarian crises. In 2012, the nutrition and food security crisis impacted nine countries in the Sahel region while a coup and conflict in Mali continues to have had a direct impact on that and neighbouring countries. Cote d'Ivoire and Liberia continue to transition from the post-electoral crisis in Cote d'Ivoire in 2011, with renewed outbreaks of violence and displacement in recent months. Tensions remain high with a post-electoral coup in Guinea Bissau, delayed legislative elections in Guinea (Conakry) and elections awaited in Sierra Leone. Insecurity continues to plague northern Nigeria and eastern DRC, with in general, greater instability and emerging threats throughout the region.

The cholera epidemic in the region also demands attention. Over 48,000 cholera cases have been reported in 15 countries through 22 August 2012. These cases represent about 45 per cent of all reported cases during 2011, which may suggest a deteriorating trend. An outbreak is spreading throughout the countries of the Mano River basin (Guinea, Sierra Leone and Liberia) and Congo (DRC, CAR, Congo) rivers. Case fatality rates (CFR) are at unacceptably high levels, ranging from 0.9 per cent to 7.2 per cent nationally. CFRs reach much higher levels at district level in many countries.

WHAT HAS BEEN DONE

Regional Office

UNICEF's West and Central Africa Regional Office (WCARO) has provided technical assistance and coordination support to countries in the region. A large part of these efforts has been for the Mali crisis and the nutrition crisis in the Sahel. These are detailed in the Sahel Humanitarian Action Update (June 2012). WCARO has also built a strong foundation to support cholera preparedness and response. Some highlights of activities undertaken in 2012 include:

- UNICEF has contributed to strengthening regional Inter-Agency Standing Committee (IASC) working groups including those on emergency preparedness and response; contingency planning; Disaster Risk Reduction; and sector/cluster-specific groups. It continues to build effective partnerships with sister agencies (notably WFP, UNHCR and WHO) as well as key donors across the region.
- UNICEF has reinforced regional emergency response and is developing capacity to provide multi-sectoral rapid needs assessments in early stages of crises through an innovative Long Term Agreement with the NGO ALIMA.
- Regional support for emergency nutrition response is focusing on the Sahel and DRC as covered by their respective Humanitarian Action Updates.
- The regional WASH team has developed and rolled out the 'WASH in Nutrition' strategy for the Sahel crisis, targeting both health structures and community levels. A proactive cholera 'shield and sword' strategy and an information, education and communication (IEC) toolkit has been finalized with the Health, Communication for Development (C4D) and Emergency teams, helping to strengthen national and community preparedness through hygiene promotion. Messages in local languages were developed regarding cholera outbreaks to improve perception and understanding of the epidemic.
- The regional Communication for Development (C4D) team is strengthening family and community preparedness and capacity to prevent, as well as to recognize early signs of danger and seek appropriate treatment for cholera.
- The regional health team is supporting pre-positioning of medical kits and vaccines, staff training and epidemiological surveillance systems to ensure adequate response to outbreaks. UNICEF is mapping areas at high risk for cholera, focusing on central and coastal areas (Benin, Cameroon, Chad, Guinea, Guinea-Bissau, the Niger, Nigeria and Togo) and those at risk for measles and meningitis (Burkina Faso, Cameroon, Chad, Mali, the Niger and Nigeria). UNICEF is training medical staff on national protocols on prevention and treatment of cholera.
- The regional education team is providing technical assistance for education in emergencies, with particular focus on the integration of disaster and conflict risk reduction into education sector policies.
- The child protection team has deployed support in West and Central Africa (including, most recently, to Congo and Central African Republic) to prevent and address the separation of children from their families, with special focus on children affected by armed conflict – in particular children associated to armed groups and forces – and reinforce sub-regional information sharing, harmonization of approaches, and coordination.
- The regional HIV/AIDS team is providing technical guidance and distance support to country offices to effectively address HIV in emergencies with particular focus this year on the Sahel nutrition crisis to minimize the impact of malnutrition and HIV on children.

Congo

To address cholera, UNICEF Congo has supported the construction of wells, social mobilization and water treatment activities in six departments. Cholera has been stopped in most departments, although Likouala remains a concern. In March 2012, an ammunition depot exploded resulting in more than 200 deaths, over 2,000 wounded and 17,000 displaced in camps in Brazzaville. Child friendly centres were set up in all camps. UNICEF also continues its support for the refugees in the north.

Ghana

UNICEF has provided adequate quantities of safe water to 1,800 people in refugee camps and host communities and supported the construction of 120 gender- and child-friendly toilets equipped with hand-washing facilities (serving 2,400 people in the camps). UNICEF provided stipends to 26 secondary teachers in the camps, thus benefitting 2,600 students. In response to the cholera outbreak, UNICEF provided access to safe drinking water for 30,000 persons (through disinfecting wells and the distribution of aqua-tabs) and provided life-saving hygiene and sanitation messages to 200,000 people in the affected districts.

Guinea

As of 26 August, there have been 4,957 confirmed cholera cases in Guinea with 104 deaths (case fatality rate is 2.1%). UNICEF has responded to 4,500 cases through the cluster mechanism – 2,500 more than the 2,000 cases planned for in the inter-agency contingency plan endorsed by the Government of Guinea. As of the end of August, UNICEF has secured supplies for an additional three weeks in WASH, Health and C4D cholera response. In terms of preparedness, UNICEF also supported the production and distribution of chlorine, and sensitization on cholera in high-risk areas covering 3,000 households.

With partners, UNICEF has purchased vaccines to cover the immunization of children under-five as well as essential equipment for strengthening the cold chain. In addition, community-led total sanitation and household water treatment and safe storage initiatives have been supported to cover 80,000 people, plus WASH in schools has been promoted to support 25,000 students. Although the date for the legislative elections planned for this year has not yet been fixed, UNICEF and partners have developed a response plan for potential instability and secured NFIs for 5,000 people.

Guinea Bissau

UNICEF has completed cholera prevention activities, in particular hygiene promotion activities with Red Cross and NADEL NGO and five community based organizations. UNICEF is working with WHO and the Ministry of Health to procure and preposition supplies. As of 30 August the number of diarrheal cases has been growing in the country and there are a number of suspected cases of cholera in Bissau and Biombo Regions.

Sierra Leone

As of 25 August, Sierra Leone has registered 13,302 new cases of cholera and 229 deaths (1.7% case fatality rate) in ten districts. On 17 August the President declared the cholera outbreak a national humanitarian emergency and established a presidential taskforce with participation of the UN – WHO leading the command centre and health response, UNICEF leading the WASH and social mobilization response together with contribution management (to include financial and human resources). Freetown is well covered and additional partners are being deployed to strengthen response in other regions for both cholera treatment and WASH response. UNICEF has four weeks of supplies secured and more supplies have been ordered through CERF funding.

WHAT REMAINS TO BE DONE IN 2012

Regional Office

The most recent Humanitarian Action Update issued in June 2012 for the regional Sahel response covered a significant portion of the original regional office needs expressed in the HAC. At the mid-year, therefore, the outstanding needs for WCARO are primarily to support cholera prevention and response activities in the region. The most pressing needs are to replenish and increase regional response supplies in both Accra (regional supply hub for West Africa) and Douala (regional response hub for central Africa). Integration and strengthening of WASH and C4D community preparedness and hygiene promotion work is also a key area requiring funds for the remainder of 2012.

Technical staff from the regional office will be deployed to form an integrated task team to help country offices finalize the scale-up and integrated response plans with a light version of humanitarian performance monitoring (HPM) as required. The main sectors for the response to cholera are WASH, Health, C4D and Education. Indeed, mobilization of communities to adopt adequate health practices and health seeking behaviours is a critical component to ensure an efficient response to cholera outbreaks. The regional C4D team will support country offices to strengthen family and community capacity to prevent, recognize first symptoms and seek appropriate treatment for cholera. This includes support for surge C4D capacity as well as reinforcing response plans to ensure that communities are mobilized and that communication material is available. The regional office will also focus on longer term support including the use of social media to better increase community and family resilience to the threat of cholera.

The regional Education team will support country offices to increase resilience through education by integrating hygiene in life skills and strengthening access and use of WASH facilities in schools. Country offices will be also adequately equipped to promote early stimulation in cholera prevention and response activities organized by existing school management committees. The regional office team will support the country offices in ensuring that community pre-school facilities will be targeted for adequate sensitization activities and early detection of cholera cases.

Congo

For the cholera response it is estimated that another \$640,000 will be needed. Despite no current cases, it is expected that with the onset of the rainy season in October, the epidemic may return. As for the displaced persons in camps, \$800,000 would be needed to

continue nutrition surveillance and education activities, as well as the child-friendly centres. No additional funds are needed for the refugees in Likouala.

Ghana

With a caseload of 7,667 refugees from Cote d'Ivoire still hosted in the western region of Ghana, UNICEF must continue to support the displaced and host communities, particularly in the WASH, Education and Child Protection sectors. The cholera epidemic which started in 2011 continues to affect much of the country. UNICEF and partners seek additional support to continue with the disinfection of shallow, unprotected wells, distribution of water purification tablets (including user education), re-printing, distribution and pre-positioning of information and materials, awareness and preventive education, community awareness and sensitization campaigns and refresher training for health and hygiene activities.

Guinea

The second half of 2012 will include an intensification of efforts in the containment and management of cholera in Guinea. Based on the current trend of the cholera epidemic, the WASH and Health Clusters estimate the 2012 caseload could reach 9,800 (most probable estimate). There is a shortage of medical supplies to respond to an epidemic of this size, with critical gaps remaining for the treatment of 4,800 cases. WASH and C4D activities will be scaled up, particularly in Conakry. The polio vaccination and behaviour change campaigns will be concluded, ensuring the target populations of reached. Delays in the legislative elections are causing tensions and require careful monitoring and preparations in flash point locations nationwide.

Guinea Bissau

UNICEF will scale up the hygiene education activities beyond Bissau, targeting potential areas for cholera outbreaks, namely Biombo, Cacheu, Gabu, Quinara and Tombali regions. The WASH partners met on 30 August and agreed to cover all potential cholera outbreak areas and are preparing proposals for rapid interventions for the coming two months. The interventions will include production and distribution of additional information, education and communication materials, community mobilization, demonstration of water treatment and conservation practices, distribution of water purification tablets including user education, sanitation and hygiene activities at community level and training of C4D teams. If suspected cholera cases are confirmed, UNICEF together with other partners will support in the establishment and management of CTCs and supply of critical medicines.

Sierra Leone

UNICEF will continue to scale up cholera response through procurement and distribution of health and wash supplies, production and distribution of additional IEC materials, community mobilization, WASH activities at water points, sanitation and Hygiene activities at community level and training of social mobilisation teams. Preparedness for the presidential elections in November remains a priority.

UNICEF Funding Requirements from 31 August 2012 – 31 December 2012

In February 2012, a Humanitarian Action Update (HAU) on the Sahel was issued and an update was published in June, including the requirements for WCARO to support Cameroon, Mauritania and Nigeria for both cholera and the Nutrition Crisis. This amount (\$5,259,005) appears in the HAU but has not been included in this regional chapter.

West and Central Africa Region

Country	Original 2012 HAC requirements	Revised HAC requirements	Funds received	Funding gap
Congo	2,226,000	5,814,600	4,374,600	1,440,000
Ghana	813,000	560,000	201,160	358,840
Guinea	241,000	4,001,500	1,778,600	2,222,900
Guinea Bissau	0	740,000	240,000	500,000
Sierra Leone	0	5,412,200	1,649,000	3,763,200
WCARO	6,840,000	2,590,000*	90,000**	2,500,000
Total	10,120,000	19,118,300	8,333,360**	10,784,940

Figures reflect funds received as of 31 August 2012. Pledges are not included. All income figures are provisional.

* This excludes additional Regional Office requirements of \$5,259,005 including for nutrition as part of the June 2012 Sahel HAU, bringing the total regional requirement to \$24,377,305.

** Does not include an additional \$4,761,722 in received funds pending allocation to programmes.

Congo

Sector	Original 2012 HAC requirements	Revised HAC requirements	Funds received	Funding gap
Nutrition	0	853,700	453,700	400,000
Health	1,400,000	1,234,400	1,234,400	0
Water, Sanitation & Hygiene	826,000	1,944,600	1,304,600	640,000
Child Protection	0	1,046,200	646,200	400,000
Education	0	735,700	735,700	0
Total	2,226,000	5,814,600	4,374,600	1,440,000

Figures reflect funds received as of 31 August 2012. Pledges are not included. All income figures are provisional.

Ghana

Sector	Original 2012 HAC requirements	Revised HAC requirements	Funds received	Funding gap
Nutrition, Health, Water, Sanitation & Hygiene	535,000	500,000	188,000	312,000
Child Protection	107,000	20,000	0	20,000
Education	150,000	20,000	0	20,000
Cluster/Sector coordination	21,000	20,000	13,160	6,840
Total	813,000	560,000	201,160	358,840

Figures reflect funds received as of 31 August 2012. Pledges are not included. All income figures are provisional.

Guinea

Sector	Original 2012 HAC requirements	Revised HAC requirements	Funds received	Funding gap
Health	54,000	1,290,000	740,000	550,000
Water, Sanitation & Hygiene/C4D	96,000	2,168,600	1,038,600	1,130,000
Child Protection	91,000	150,000	0	150,000
Education	0	392,900	0	392,900
Total	241,000	4,001,500	1,778,600	2,222,900

Figures reflect funds received as of 31 August 2012. Pledges are not included. All income figures are provisional.

Guinea Bissau

Sector	Original 2012 HAC requirements	Revised HAC requirements	Funds received	Funding gap
Health	n/a	200,000	0	200,000
Water, Sanitation & Hygiene/C4D	n/a	540,000	240,000	300,000
Total	n/a	740,000	240,000	500,000

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Sierra Leone

Sector	Original 2012 HAC requirements	Revised HAC requirements	Funds received	Funding gap
Health	n/a	708,500	166,500	542,000
Water, Sanitation & Hygiene/C4D	n/a	4,619,700	1,482,500	3,137,200
Cluster/Sector coordination	n/a	84,000	0	84,000
Total	n/a	5,412,200	1,649,000	3,763,200

Figures reflect funds received as of 31 August 2012. Pledges are not included. All income figures are provisional.

West and Central African Regional Office

Sector	Original 2012 HAC requirements	Revised HAC requirements	Funds received	Funding gap
Health	1,500,000	700,000	0	700,000
Water, Sanitation & Hygiene	2,140,000	1,090,000	90,000	1,000,000
C4D	0	300,000	0	300,000
Child Protection	400,000	250,000	0	250,000
Education	800,000	250,000	0	250,000
Cluster/Sector coordination	2,000,000	0	0	0
Total	6,840,000	2,590,000*	90,000**	2,500,000

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