

West Africa



Fanny Pigeaud/IRIN/2009

2010

Consolidated Appeal



Consolidated Appeals Process (CAP) Aid agencies working together to:



<http://www.humanitarianappeal.net>

SAMPLE OF ORGANIZATIONS PARTICIPATING IN CONSOLIDATED APPEALS

ACF	GTZ	MEDAIR	Terre des Hommes
ACTED	Handicap International	Mercy Corps	UNAIDS
ADRA	HELP	MERLIN	UNDP
AVSI	HelpAge International	MSF	UNDSS
CARE	Humedica	NPA	UNESCO
CARITAS	IMC	NRC	UNFPA
CONCERN	INTERSOS	OCHA	UN-HABITAT
COOPI	IOM	OHCHR	UNHCR
CRS	IRC	OXFAM	UNICEF
CWS	IRIN	Première Urgence	UNMAS
DRC	Islamic Relief Worldwide	Save the Children	UNRWA
FAO	LWF	Solidarités	WFP
GOAL	Malteser	TEARFUND	WHO
			World Vision International

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Please note that appeals are revised regularly. The latest version of this document is available on <http://www.humanitarianappeal.net>.

Full project details can be viewed, downloaded and printed from www.reliefweb.int/fts.



1. EXECUTIVE SUMMARY

Responding to humanitarian emergencies in West Africa is challenging due to the region's diverse crises. Each crisis is complex, severe and affects the population's coping capacities. At least 139 million people live in extreme poverty in West Africa. These people are particularly vulnerable to overall food insecurity, the effects of recurrent and regular natural disasters, and cyclical epidemics compounded by climate change and socio-political instabilities.

Trends such as trans-national criminal activities, ranging from drug trafficking to terrorism, also threaten the region's stability. The result is that hundreds of thousands of households live under constant threat of tipping into acute vulnerability.

Considering the particularities of the West African context, participants in the 2010 regional Consolidated Appeal Process (CAP) workshop, held in Dakar during September 2009, agreed that the priority axes for humanitarian action in West Africa should focus on responding to acute vulnerabilities and strengthening populations' resilience to risks. To achieve these priorities, they identified the following four strategic objectives:

1. Reduce excess mortality and morbidity in crisis situations
2. Reinforce livelihoods of the most vulnerable people severely affected by slow or sudden-onset crises
3. Improve protection of vulnerable people
4. Strengthen national and regional coordination

The regional sector response plans developed for the 2010 CAP encompass the strategic objectives and take into account the scenarios envisioned by the humanitarian community.

The activities proposed in the response plans are based on a new approach adopted by sectoral working groups to identify humanitarian thresholds and indicators. The new approach aims to provide humanitarian actors with a comprehensive overview of the humanitarian situation throughout the West Africa region; allow improved identification of needs; and provide early indication on humanitarian risks and triggers for emergency humanitarian response and activities. It will also serve to triage needs that require an urgent humanitarian approach (which in turn should be eligible for humanitarian funds). This innovative approach will span several CAP cycles and will continuously be improved through methodological adjustments.

The 2010 response plans target delivery of assistance to an estimated 5.9 million food-insecure people and more than 290,000 children suffering from acute malnutrition. More than 1 million people living in flood-, drought- and epidemic-prone areas will directly benefit from health and water sanitation interventions. Protection activities will target an estimated 800,000 people.

The financial requirements of the 2010 CAP for West Africa amount to US\$¹**368 million**. This is a decrease of **9%** compared to the current revised budget of the 2009 CAP.

The portion of the total requirements dedicated to high-priority projects is 71%. The remaining requirements are dedicated to projects rated medium priority.

This year's CAP for West Africa includes **129** United Nations and non-governmental organization (NGO) projects for Benin, Burkina Faso, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Togo, and projects with a regional coverage.

¹ All dollar signs in this document denote United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, fts@reliefweb.int), which will display its requirements and funding on the current appeals page.

WEST AFRICA

Humanitarian indicators for West Africa

Country	Population (millions)- (2008) (1)	Infant mortality rate per 1,000 (under 1 year old) (2007) (2)	Children under 5 mortality rate per 1,000 (2007) (3)	Maternal mortality ratio per 100,000 live births (2007/08) (4)	Life expectancy (years) (2007)(5)	% of under-fives (2000–2007*) suffering from (6):		Population not using an improved water source % (2006) (7)	Number refugees in country (Jan. 2009) (8)	Number refugees abroad (9)	Percentage of population living below income poverty line (\$1.25 /day) (2000-2007) (10)	ECHO GNA score* (2007/08) (11)	GNI per capita (\$) (2007/08) (12)	UNDP HDI score and rank (out of 182) (13)
						Under-weight (moderate & severe)	stunting (moderate & severe)							
Benin	8.7	78	123	840	61	23	38	35%	6,933	1	47.3	3/3	690	0.492:161 th (low)
Burkina Faso	15.2	104	191	700	52.7	37	35	28%	557	10	56.5	2/3	480	0.389:177 th (low)
Cape Verde	0.5	24	32	210	71.1	–	–	20%	30	-	20.6	2/3	3130	0.708:121 nd (medium)
Côte d'Ivoire	20.6	89	127	810	56.8	20	34	19%	24,811	13,168	23.3	3/3	980	0.484:163 th (low)
Gambia	1.7	82	109	690	55.7	20	22	14%	14,836	4	34.3	3/3	390	0.456:168 th (low)
Ghana	23.4	73	115	560	56.5	18	22	20%	18,206	8,113	30	2/3	670	0.526:152 th (medium)
Guinea	9.8	93	150	910	57.3	26	35	30%	21,488	64	70.1	3/3	390	0.432:170 th (low)
Guinea-Bissau	1.6	118	198	1100	47.5	19	41	43%	7,884	6	48.8	3/3	250	0.396:173 th (low)
Liberia	3.8	93	133	1200	57.9	26	39	36%	10,224	66,429	83.7	3/3	170	0.422:169 th (low)
Mali	12.7	117	196	970	48.1	32	34	40%	9,578	3	51.4	3/3	580	0.371:178 th (low)
Mauritania	3.2	75	119	820	64	32	35	40%	27,041	36,956	21.8	3/3	840	0.520:154 th (medium)
Niger	14.7	83	176	1800	50.8	44	50	58%	320	2	65.9	2/3	330	0.340:182 th (low)
Nigeria	151.3	97	189	1100	47.7	29	38	53%	10,124	220	64.4	3/3	1160	0.511:158 th (low)
Senegal	12.2	59	114	980	55.4	17	16	23%	33,193	15,038	33.5	3/3	970	0.464:166 th (low)
Sierra Leone	5.6	155	262	2100	47.3	30	40	47%	7,826	966	53.4	3/3	320	0.335:180 th (low)
Togo	6.5	65	100	510	62.2	26	24	41%	9,377	7,505	38.7	3/3	400	0.499:159 nd (low)

*3/3 = most severe rank

Sources:

(5, 7, 10, 13) United Nations Development Programme (UNDP), *Human Development Report 2009*. The HDI is a summary composite index that measures a country's average achievements in three basic aspects of human development: longevity, knowledge, and a decent standard of living. The ranks run from one to 182, where 182 reflect the lowest level of human development in 2007 (<http://hdr.undp.org/en/>).

(2, 3, 4, 6) United Nations Children's Fund (UNICEF), State of the World's Children 2009: <http://www.unicef.org/sowc>. Under-five mortality per 1,000 in 2007. Underweight (NCHS/WHO) – Moderate and severe: Percentage of children aged 0–59 months who are below minus two standard deviations from median weight for age of the National Center for Health Statistics (NCHS)/WHO reference population. Stunting (NCHS/WHO) – Moderate and severe: Percentage of children aged 0–59 months who are below minus two standard deviations from median height for age of the NCHS/WHO reference Population.

(1, 12) World Bank, Key Development Data and Statistics. Atlas Method, 2007/2008; (<http://www.worldbank.org>).

(8, 9) United Nations High Commissioner for Refugees (UNHCR), Statistics for refugees residing in country and originating from referenced country can be found at (unhcr.org/statistics/4a7303d39.html).

(11) ECHO, European Commission's Humanitarian Aid Office, global needs assessment (GNA) can be found at: (http://ec.europa.eu/echo/policies/strategy_en.htm).

Table I: Summary of requirements (grouped by cluster)

Consolidated Appeal for West Africa 2010
as of 12 November 2009
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organization.

Cluster	Original Requirements (US\$)
COORDINATION / INFORMATION MANAGEMENT AND SUPPORT SERVICES	39,197,099
EMERGENCY PREPAREDNESS	5,348,810
FOOD SECURITY AND NUTRITION	198,631,847
HEALTH	23,134,093
PROTECTION	86,689,424
WATER, SANITATION AND HYGIENE	15,621,203
Grand Total	368,622,476

Table II: Summary of requirements (grouped by priority)

Consolidated Appeal for West Africa 2010
as of 12 November 2009
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organization.

Priority	Original Requirements (US\$)
HIGH	263,335,845
MEDIUM	102,791,391
NOT SPECIFIED	2,495,240
Grand Total	368,622,476

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table III: Summary of requirements (grouped by appealing organisation)

Consolidated Appeal for West Africa 2010

as of 12 November 2009

<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organization.

Appealing Organization	Original Requirements (US\$)
ACF	1,200,000
ADRA	76,800
CRS	97,570
DRC	1,173,000
FAO	35,878,906
HFHI	949,217
IOM	8,770,608
IRC	700,000
MAP International	894,444
MERLIN	2,204,053
NRC	535,000
OCHA	8,808,091
ORCHC	350,000
OXFAM GB	1,000,000
OXFAM Netherlands (NOVIB)	1,800,000
SC	1,259,000
UNFPA	10,479,765
UNHCR	88,686,003
UNICEF	73,390,924
WFP	120,326,390
WHO	10,042,705
Grand Total	368,622,476

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table IV: Summary of requirements (grouped by location)

Consolidated Appeal for West Africa 2010
as of 12 November 2009
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organization.

Location	Original Requirements (US\$)
Benin	1,245,300
Burkina Faso	32,166,853
Côte d'Ivoire	54,504,286
Ghana	663,000
Guinea	20,987,466
Guinea-Bissau	4,697,499
Liberia	6,996,905
Mali	5,620,037
Mali, Mauritania, Senegal	9,725,853
Mano River Union (Côte d'Ivoire, Liberia, Guinea, Sierra Leone)	5,655,442
Mauritania	8,266,153
Niger	70,603,824
Nigeria	14,066,409
Regional	89,754,002
Senegal	17,820,171
Sierra Leone	21,245,020
Togo	4,604,256
Grand Total	368,622,476

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

2. 2009 IN REVIEW

In 2009, the CAP's overarching theme was the soaring food price crisis and its effect on the people of West Africa. During the elaboration of the Common Humanitarian Action Plan (CHAP), it was agreed that the humanitarian priorities should centre on the following priority areas:

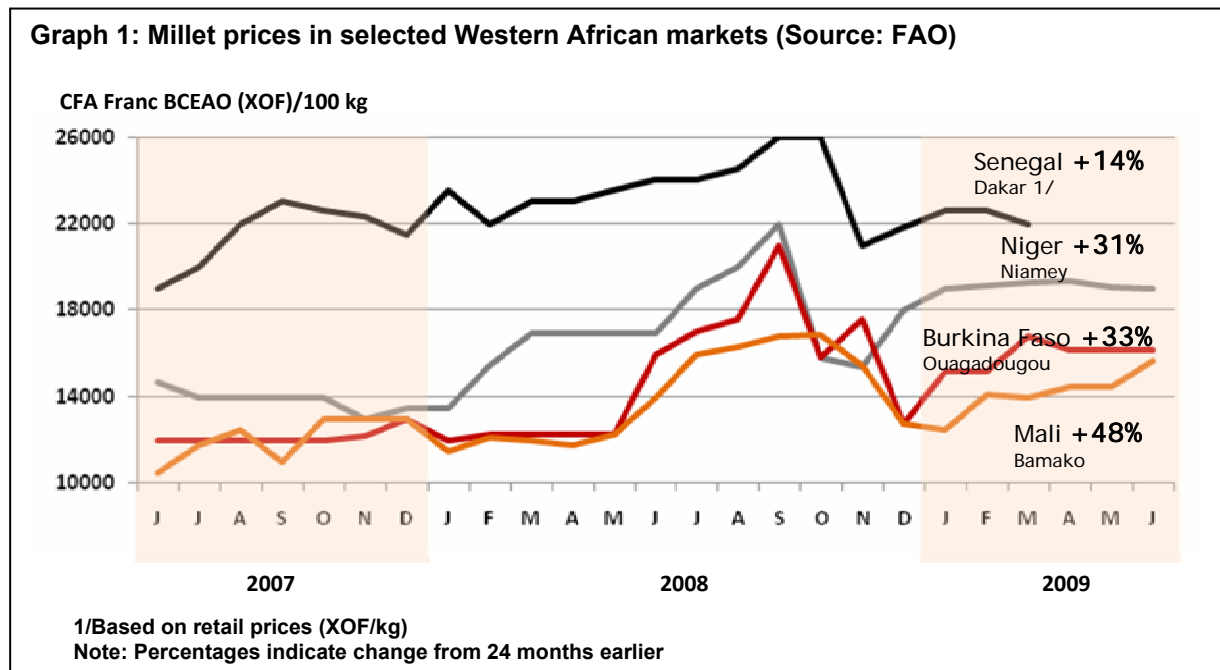
- Food Security and Nutrition
- Health
- Protection and Population Movements
- Water, Sanitation and Hygiene
- Coordination

2.1 Changes in the context and humanitarian achievements in 2009

2.1.1 Food security and nutrition

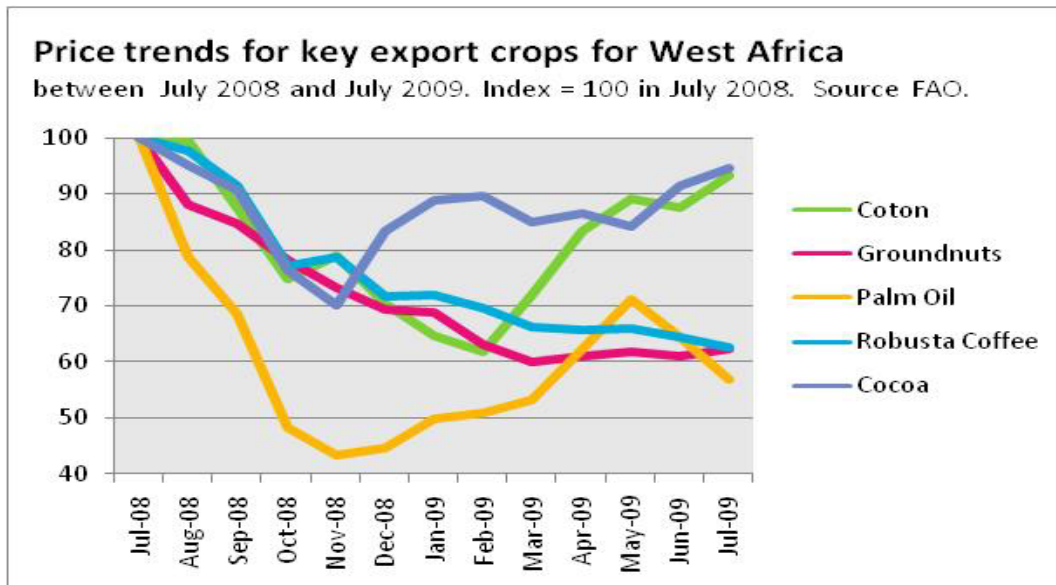
Despite good production, food prices remain high - Paradox of 2009

In West Africa, crops produced in 2008-2009 benefited from generally favourable rainfall patterns. However, the consequences of the global economic and financial crisis have considerably influenced the regional economic context. As nominal millet prices remained 14% to 48% above their level two years previously on major Sahelian markets (Graph 1), agricultural export prices have dropped for key cash crops (Graph 2). Evidence indicates an ongoing decline in remittances throughout the region. Realigned exchange rates have affected international and cross-border trade, further exacerbating a reduction in income and straining livelihood strategies. Specifically, the depreciation of the Nigerian naira relative to the CFA franc has undermined demand for the Sahel's livestock throughout 2009.



In this context, specific vulnerable groups experience increased difficulties accessing food and basic services as expenses reach a burdensome level. The most affected groups are those who are market-dependent and those who have suffered a shock to their incomes, namely remittance receivers, casual rural labourers and those who count on cash and lean-season crops, such as cashew and shea nuts, for their livelihoods. Affected groups' food access has been disrupted: in Niger, pastoralists' terms of trade are 26% below their usual level for that time of year. Assessments conducted in Côte d'Ivoire and Guinea in 2009 indicated that cash-cropping groups are experiencing higher levels of food insecurity.

Graph 2: The economic crisis has affected West African agricultural export prices



Assessments indicate that affected households are responding by increasing the portion of the household budget devoted to food. However, this is done at the expense of health and education, and by switching to lower-quality foods. Household coping mechanisms, already weakened by high food prices in 2008, are now being undermined by a shock to income. These developments have had a direct impact on a nutritional situation already burdened with unacceptably high rates of malnutrition and structurally weakened by years of chronic food insecurity.

The persistence of post-harvest high prices hindered governments, private operations and rural communities from replenishing cereal stocks to optimal levels. Weak stocks may influence prices by increasing demand to reconstitute these stocks in the fourth quarter of this year. Furthermore, the low level of public stocks limits authorities' ability to intervene to mitigate food insecurity.

Rainy Season 2009

The extreme scale of the 2009 rains has created severe floods in urban centres around the region, while contrary conditions have produced rainfall deficits in parts of eastern Sahel. These rainfall deficits have led to harmful growing conditions for crops and poor pasture coverage in pastoral areas of Niger, Burkina Faso and Mali. Poor rains during the 2008 season led to a fodder deficit in Niger. The same phenomenon in 2009 would add to livelihood stress for agro-pastoralists. As a key regional cereal supplier, the impact of the shortfalls in northern Nigeria is a growing concern, as the national production represents 50% to 60% of West African production.

Food security and nutrition achievements:

Food Security
Objective 1. To reinforce coordination and partnerships at regional and country levels to improve responses and advocate for best solutions to challenges faced by vulnerable households.
<ul style="list-style-type: none"> • Monthly Food Security and Nutrition Working Group (FSNWG) coordination and information sharing meetings • Joint analytical note of the food security and nutrition context - Food and Agriculture Organization of the United Nations (FAO), United Nations Children's Fund (UNICEF) and World Food Programme (WFP) • Planning and coordination of assessments throughout the region • Complementary targeting and response options • Piloting of a common framework for monitoring, analysis and prioritisation in West Africa
Objective 2. To improve the quality and timeliness of information available to decision-makers based on timely evidence.
<ul style="list-style-type: none"> • United Nations partners have engaged governments, NGOs and communities in a range of assessments to better understand the complexities of the high food price crisis, the economic crisis, and their impact on

<p>vulnerable households (crop assessments, food security and vulnerability analyses, market and price monitoring and nutritional surveys)</p> <ul style="list-style-type: none"> Improved tools used for analysing the vulnerability of populations – <i>Cadre Harmonisé Bonifié</i> (Vulnerability Analysis Harmonised Framework) and Integrated Food Security Classification approach in Côte d'Ivoire (Map of the 4th cycle, in annex) FAO and WFP have organized joint training events to strengthen regional capacity for market analysis
<p>Objective 3. Better informed and Coordinated Responses to the High Food Price Crisis.</p> <ul style="list-style-type: none"> Renewed Efforts Against Child Hunger (REACH) initiative expanded in West Africa from a pilot phase in Mauritania to a larger regional remit with a secretariat in Dakar Alliance with the Infant and Young Child Nutrition (IYCN) initiative has been formed and meets on a monthly basis Initial steps to roll out REACH in West Africa and formation of recommendations for “Nutrition in Emergencies” response package
<p>Nutrition</p>
<p>Objective 4. Strengthen the evidence base for appropriate, timely and coordinated action.</p> <ul style="list-style-type: none"> To ensure that humanitarian assistance is evidence-based and allocated according to need, adequate regional efforts have focused on strengthening the capacity of national nutrition information systems to collect and analyze relevant data using Standardized Monitoring Assessment of Relief and Transitions (SMART) surveys (Benin, Guinea-Bissau, Liberia, Mauritania and Togo) The major findings from these survey data indicate that: <ul style="list-style-type: none"> Highest prevalence of wasting is found in the most remote regions of countries, in the Sahel or areas with similar conditions Increases in wasting have not been found in urban areas but the data are not conclusive Improvements in data quality obscure analysis of trends Better quality data follow more closely to a bell-shaped curve and produce lower estimates of wasting More regular data are needed to demonstrate the impact of the food, fuel and financial crisis SMART surveys undertaken during the lean season to assess seasonality and an expected increase in global acute malnutrition (GAM²) prevalence (see map on GAM prevalence page 13). Surveys completed in Burkina Faso, Mauritania and Togo and underway in Mali Integration of nutrition indicators into food security assessments to provide more data on malnutrition prevalence in the region and investigate the link between food security and nutrition Data available for Ghana, Liberia, Burkina Faso, Benin, Côte d'Ivoire and Mali Ongoing work to regroup up-to-date malnutrition data at sub-national level for the region for a close monitoring and analysis of the situation
<p>Objective 5. Access to therapeutic foods and supply chain management.</p> <ul style="list-style-type: none"> A regional stockpiling strategy is currently being executed with UNICEF's support to strengthen the response capacity of governments and partners in the management of acute malnutrition. In order to help countries to assess their needs for therapeutic products more quickly and accurately, UNICEF has elaborated a planning and forecasting tool which is now being used by all the countries covered by the West Africa CAP.
<p>Objective 6. Reinforce nutrition coordination mechanisms and partnerships for the protection of children from adverse effects of rising food prices.</p> <ul style="list-style-type: none"> UNICEF has supported all West African countries in scaling up the management of severe acute malnutrition (SAM) (i.e. Mali - increased coverage from 10% to 36%, Burkina Faso from 6% to 40%). All West African countries are using management of SAM as an entry point for preventative nutrition initiatives such as infant and young child feeding and micronutrient interventions that are important for preventing malnutrition and increasing a population's resilience to shocks.

2.1.2 Health

Objectives

- Ensure appropriate outbreak prevention and response; disease and nutritional surveillance; early warning and outbreak response; health information system; and immunisation.
- Promote the most vulnerable people's access to essential preventative and curative health services (reproductive health, child health, essential drugs).
- Support governments' and communities' capacity to cope with the increasing needs of vulnerable people, i.e. people living with HIV/AIDS, people with disabilities, refugees and internally displaced people (IDPs).
- Provide nutritional support to people with special needs.

² Global acute malnutrition rate is a population indicator that counts cases of moderate acute malnutrition plus severe acute malnutrition in a population. (“Acute” in this term is used in the medical sense of recent or current.) Technically, GAM comprises all cases with weight-for-height z-score <-2 and/or with presence of bilateral oedema.

W E S T A F R I C A

Expected Outcome	Achievements	Challenges
1. Contribution to a decentralised, coordinated and effective response to ill health in the region.	<ul style="list-style-type: none"> • Due to lack of funding this outcome was only partially achieved. However, information sharing was ensured by health sector/cluster leads. • Regional Health Working Group meetings were organized monthly in Dakar. • World Health Organization (WHO) recruited a health information technical officer to establish a regional platform for health data. 	Lack of data/evidence on key issues such as maternal and child mortality
2. Leading and supporting health and nutrition assessment.	<ul style="list-style-type: none"> • Regional agencies provided support to countries facing major outbreaks of meningitis (Nigeria, Niger and Burkina the most affected countries) and measles (major outbreak in Burkina). • Regional support was provided to improve coordination and mobilize resources (Central Emergency Response Fund - CERF and Appeals in countries with epidemics). • Joint assessments were conducted by UN agencies/NGOs in flooded areas (Benin, Burkina Faso, Ghana, etc). 	
3. Supporting the establishment of nutrition and disease surveillance; Improve government capacity for outbreak investigation and response.	<ul style="list-style-type: none"> • Routine activities of disease and nutrition surveillance system with support from WHO and Health partners. • Funds to scale up and emphasize on cross-border issues were lacking. Only Niger received through WHO some funds for surveillance of nutritional status and the reinforcement of case management for severe malnutrition. • Some funds were mobilized through CERF and ECHO for response and preventative measures to diseases outbreaks. • Some NGOs and Red Cross mobilised resources through their own mechanisms. 	<p>Ensure continued epidemic and nutrition surveillance and alert for the region</p> <p>Stock prepositioning (lack of resources for preparedness)</p>
4. Supporting access of vulnerable people to essential activities for health security.	<ul style="list-style-type: none"> • Few activities were funded at country level (for example: United Nations Population Fund - UNFPA - project for HIV/AIDS Prevention for Cross-Border Mobile Population in the MANO River Union Countries - Guinea, Liberia, Sierra Leone and Côte d'Ivoire). • Regional partners continue to provide support to countries within their limited resources. • Activities by UNFPA to improve access to and utilisation of essential reproductive health services to highly vulnerable populations in Agadez region. UNFPA procured and distributed reproductive health kits and hygiene kits to flooded areas in Ghana. 	
5. Humanitarian actions are coordinated, efficient and according to international standards.	<ul style="list-style-type: none"> • Health sector leads ensured coordination activities at country levels as well as information exchange at regional level and activities for resource mobilization (ex: in Ghana, joint coordination meetings were held weekly to ensure effective dissemination of information and effective coordination of response to flood affected areas). 	<p>Insufficient capacity at country levels and fewer resources at regional level.</p> <p>Coordination of health activities were also affected by:</p> <ul style="list-style-type: none"> • Inadequate supervision due to inaccessibility to some regions. • Lack of funding (only 30% of required funds received).
New Priorities identified for 2009 and 2010		
<ol style="list-style-type: none"> 1. Improve data collection and analysis to better illustrate health threats 2. Improve surveillance and coordinated response to epidemic-prone diseases 3. Improve access to basic health services to vulnerable groups (mother and child) especially in natural disaster 4. Improve preparedness to reduce burden of epidemic and natural disaster on health systems 		

2.1.3 Water Sanitation and Hygiene (WASH)

High-risk environmental health conditions and poor hygienic practices continue to threaten populations and increase their vulnerability, especially when they are exposed to external shocks such as the food price crisis. The specific WASH situation in this context has not changed since the beginning of the year. The lack of access to safe water, lack of sanitation, poor hygiene and poor vector control continues to increase the risk of epidemic outbreaks in the region.

Though the cholera morbidity has been low in 2009, the rains also arrived late. As such, cholera epidemics are expected in the region, especially given the context of the recent flooding (which the WASH cluster must also respond to regardless of cholera outbreak).

Sector Objectives 2009	Achievements	Challenges
<p>1. Support and respond in a timely and coordinated manner to humanitarian emergencies</p>	<p>The global WASH cluster tools (Initial Rapid Assessment Tool, Comprehensive Assessment Tool, Rapid Assessment Tool, Hygiene Promotion Tool, Agency Reporting Tool, Cluster Performance Review Tool, and the Capacity Mapping Tool) have been finalized and are being rolled out in the region. The tools have been translated into French and are currently available to all sector partners. A comprehensive strategy has been designed to train sector partners in the region on the tools. The strategy is currently being executed in a partnership between Oxfam and UNICEF with workshops planned for 8 countries in the region (five cluster countries + three non-cluster).</p> <p>The regional Francophone WASH in emergencies training was held in Ouagadougou in January with participation from 10 countries in the region. The course was developed in partnership with the International Institute for Environment and Water in Ouagadougou (2iE) and Bioforce. A steering committee of sector actors was created to advise the development and execution of the course and consisted of: UNICEF, Oxfam, International Federation of Red Cross and Red Crescent Societies (IFRC), Action Contre la Faim (ACF), CARE, and MSF. Another course is planned for the end of this year.</p> <p>Roll-out of two workshops by the Federation to provide WASH disaster response training have been planned for Cameroun and the Sahel region.</p>	<p>Coordination at regional level when not all partners are present in Dakar</p> <p>How to best use Nutrition surveys for WASH monitoring</p> <p>How to measure risk of cholera epidemic on a country by country basis</p>
<p>2. Improvement of sector information management and advocacy. At regional level, set-up of a regional information knowledge and management network system for the WASH sector to respond efficiently</p>	<p>Regional WASH working group has enlarged its membership with the new presence of Regional WASH advisors in Oxfam and CRS. The group meets monthly and members include the following organizations: CRS, ECHO, International Federation of the Red Cross and Red Crescent (IFRC) as observer, French Red Cross, Office of U.S. Foreign Disaster Assistance (OFDA), OCHA, Oxfam, Plan International, UNICEF, WHO.</p> <p>A cholera preparation and evidence-building project has started that targets the sub-region of Guinea and Guinea-Bissau. The project aims to build evidence on what works and doesn't work in cholera response with real-time evaluations of WASH interventions being conducted over the period of this year's heavy rains when diarrhea diseases are most prevalent. The project also will work to build capacity of Early Warning Systems and to conduct time series analysis of past cholera outbreaks to help determine determinants of cholera epidemics.</p>	
<p>Increase access to WASH for identified vulnerable populations mainly affected by the food price and nutrition crisis.</p>	<p>WASH indicators have been included in the Mauritania and Guinea-Bissau SMART nutrition surveys to help determine the impact of the food price crisis on hygiene habits. The surveys target peri-urban areas where the expected impact of the food price crisis could be the greatest. The two key measured indicators were household water treatment and quantity of water consumed.</p>	

2.1.4 Protection

Patterns of migration in West Africa are strongly rooted in socio-economic, political and cultural factors. The region has large-scale migration within itself, and is also a transit point for migrants from far beyond. It is also characterized by a protracted refugee situation due to past conflicts in the region (with more than 200,000 refugees and asylum-seekers). While countries in West Africa are not adequately equipped to deal with irregular migrants, 2009 has witnessed many initiatives to develop mechanisms to consolidate the protection and assistance of those in an irregular situation. In addition, those who had their refugee status revoked (especially Sierra Leonean nationals) were given an alternative status in their country of asylum and appropriate documentation to secure their protection beyond the refugee status. Finally, those willing to return to their country of origin were repatriated.

The global economic downturn has aggravated children’s situations. 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. Children face a wide range of protection risks, including child labour and sexual exploitation, sexual abuse and domestic violence, discrimination and rejection. This is especially relevant to children accused of witchcraft, suffering from disabilities, and living with HIV/AIDS. In 2009, child-protection initiatives concentrated on aspects of cooperation, emergency preparedness (EP), response capacity and programming, and monitoring and evaluation.

Gender-based violence (GBV) remains a deep concern in the region. Systems to ensure basic protection are insufficient and victims’ access to justice is severely hindered. Although GBV has been mainstreamed into national programmes, programmes do not appear to fully support communities. Special initiatives were developed to address GBV, consisting of measures to improve legal justice for GBV survivors and trafficking victims.

Sector objectives 2009	Achievements	Challenges
<p>1. Preventing abuse and exploitation of vulnerable people and groups at risks.</p>	<ul style="list-style-type: none"> • Capacity-building initiatives included follow-up to the Identification, Documentation, Tracing and Reunification (IDTR) training in seven countries and training in psycho-social support/child-friendly spaces in CAR and Chad. DRC initiated an evaluation of the GBV work. • Establishment of the inter-agency working group on Women, Peace and security, by the United Nations Office for West Africa (UNOWA) and the United Nations Development Fund for Women (UNIFEM) to support, monitor and report on the implementation of the United Nations Security Council Resolutions 1325 and 1820. GBV will be coordinated through this mechanism. • Pre-Selection, in June 2009, of the UNIFEM Trust fund projects aiming to eliminate violence against women. • Specifically in Liberia: • Continuation of the United Nations-Government Joint Program to respond to SGBV initiated in June 2008 and involving UNFPA, UNHCR, UNICEF and UNIFEM, as response to the increased trend of sexual and gender-based violence (SGBV) including Sexual abuse and exploitation (SEA) in the country. • Various training provided to health personnel on the clinical management of rape survivors as well as to governmental authorities, to strengthen national capacity to deal with GBV. • Drafting by UNHCR, along with the Government and other partners, of the Sexual Assault and Abuse Prosecution Handbook for the prosecution of sex crimes. Hand-over to the Ministry of Justice of the published handbook. 	<ul style="list-style-type: none"> • Lack of funding remains a major constrain to protection activities in the region. • Protection monitoring referral systems have been established in some priority locations but their viability is questioned due to the lack of an integrated and systematic implementation at all levels. • In terms of refugee programmes, high turnover within the refugee committees and governmental bodies, weak civil and refugee documentation.
<p>2. Empowering communities socio-economically for</p>	<ul style="list-style-type: none"> • Voluntary repatriation of 14,147 Mauritanian refugees (3,565 families) from Senegal to Mauritania. • 9,299 birth certificates were issued by the authorities to 	<ul style="list-style-type: none"> • Lack of reliable information

Sector objectives 2009	Achievements	Challenges
<p>sustainable solutions.</p>	<p>all children born in Senegal and repatriating.</p> <ul style="list-style-type: none"> • In Mali, 10,483 Mauritanian refugees (2001 families) were registered and 8,029 opted for repatriation. • Voluntary repatriation of 4,651 Togolese refugees in Ghana and Benin. • Voluntary repatriation of 1,554 Liberian refugees (between Jan 08 and July 09). • A total of 1,170 individual refugees were repatriated from WA within or outside WA; including: 241 Sierra Leonean refugees and 563 Liberian refugees; and assistance distributed to receiving communities to help the reintegration of returnees, such as farming tools and seeds. • National passports were distributed to 2,156 refugees (ceased) that opted for LI in the Gambia; 1,718 Sierra Leone in Liberia; 241 in Nigeria and 333 in Guinea. • National passports are in the process of being given to 25 in Senegal, 510 in Mali and 83 in Guinea-Bissau. • Work permits were distributed to 1,636 Sierra Leone refugees (adults only) who opted for LI in Gambia. • 101 houses were built in the different counties of Liberia for Sierra Leonean vulnerable refugees wishing to locally integrate. • Senegalese refugees were assisted for socio-economic integration in Guinea-Bissau (7,492 people) and Gambia (7,546 people). • Work towards the local integration of 1,500 Togolese refugees in Benin, though issuance of residence permits. • 17 applications are being processed for naturalization of Rwandan, Togolese, Sierra Leonean and Congolese refugees in Benin • Protection, assistance and livelihood support were given to 108,640 urban refugees and a/s • In Côte d'Ivoire: authorities were advised and trained in prevention of statelessness and activities were on-going for issuance of nationality documents and birth certificates. 	<ul style="list-style-type: none"> • Priorities of the humanitarian actors are not always the same as the priorities of the governmental partner • Weak implementation and enforcement of existing laws and policies • Conflict and insecurity • Limited government and non-governmental structures, capacities and resources, and weak coordination. • Some social norms and beliefs hamper efforts to confront child rights violations • Child protection data are patchy and often unreliable • Limited understanding of children's participation rights hinders protection of children
<p>3. Strengthening the social and legal prevention and response capacity of institutions and communities in the protection of groups at risk.</p>	<ul style="list-style-type: none"> • Assistance to 145 children for return and reintegration of children victims of trafficking. • Assistance to 18 stranded migrants referred by UNHCR Dakar. • Several Protection/echo/Do No Harm (DNH) trainings for WFP's staffs and Cooperating Partners (Guinea, Mali, Sierra Leone). After each training, a Protection Action Plan was prepared and Protection indicators were integrated into Monitoring and Evaluation (M&E) and Vulnerability Assessment and Monitoring tools. • The focus of the programs on child protection was on preparation of emergencies/contingency planning in Chad, Benin, Gabon and Guinea, and training of staff. • Part of the preparation and response to crisis situation was integrated into the community based programs (separation of family, violence and exploitation etc). • Trainings and workshops on child protection were organised in Chad, CAR, DRC, Côte d'Ivoire, Guinea for members of the cluster and sub cluster child protection. • Contributed to EP and contingency planning. • Translation into French of the child protection in emergencies CD-ROM. 	<ul style="list-style-type: none"> • Lack of capacities: although several capacity-building programmes have taken place in the past, the scaling down of humanitarian operations in West Africa leaves a gap in local capacities to prevent and respond to protection needs of the most vulnerable populations

Sector objectives 2009	Achievements	Challenges
	<ul style="list-style-type: none"> • A global workshop was organised on 1612 monitoring and reporting. 	
<p>4. Enhancing coordination of monitoring and data collection, analysis and dissemination of Information.</p>	<ul style="list-style-type: none"> • Start of the project on protection of borders: collecting, processing and sharing migration data. • The global Interagency Database for children in emergencies is being piloted in Chad. A common list of indicators for child protection in emergencies has been developed. • Organization of a regional conference to lobby the Economic Community of West African Countries (ECOWAS) countries in order to improve the approach to protection problems linked to climate change, in the areas of human rights, emergency and prevention. 	

2.1.5 Coordination

In the course of 2009, regional coordination structures continued to support humanitarian actors and country teams to ensure coherence between the CHAP and humanitarian response. Minimum preparedness activities have also been undertaken to strengthen the response capacity of humanitarian actors, country teams, states and regional organizations.

Despite these efforts, large-scale epidemics and natural disasters, which affected more than 1 million people in the region, showed the limitations of response capacity. They highlighted the need to further strengthen coordination and preparedness activities.

Region trends, such as youth unemployment, transnational criminal activities, demographic growth and weak political governance, continue to affect people's vulnerability and their capacity to cope with an accumulation of unpredictable changes to their livelihoods.

Within this context, continued efforts are needed to ensure adequate levels of programming and funding for humanitarian activities, but also to improve coordination in humanitarian response and strengthen interactions with the developmental community.

Sector objectives for 2009	Achievements	Challenges
<p>1. Support regional and national humanitarian response through effective coordination.</p>	<ul style="list-style-type: none"> • Monthly and weekly meetings of the regional working groups were organized throughout the year (all sectors). • 100% of requests from United Nations country teams (UNCTs) for surge and training were responded to (CERF applications, Flash Appeals, Information Management Unit [IMU] training, surge capacity during floods, etc). • Regular general coordination meetings organized since the beginning of the year. 	<ul style="list-style-type: none"> • Information flow and consultation between regional and national coordination structures requires more resources and effectiveness • Lack and absence of data
<p>2. Continue to strengthen inter-agency coordination, synergy and accountability among UN agencies and humanitarian partners as per Inter-Agency Standing Committee (IASC) agreements for emergency preparedness and response (EPR).</p>	<ul style="list-style-type: none"> • Workshops to strengthen preparedness for floods and disaster risk reduction were organized with participants from national civil defence services and regional organizations. • A United Nations Disaster Assessment and Coordination (UNDAC) course to strengthen states' capacity to respond to emergencies was organized in Mali. 	<ul style="list-style-type: none"> • Lack of funding and budget restrictions continue to hamper coordination activities • Weak follow-up or commitment on emergency-preparedness measures • Socio-political developments.
<p>3. Maintain an overview of the humanitarian response including the needs and gaps per sector.</p>	<ul style="list-style-type: none"> • Regional common humanitarian strategy strengthened by the introduction of indicators and thresholds to improve the programming and monitoring capacity of humanitarian interventions (as per regional IASC decision). • All sector working groups have actively 	<ul style="list-style-type: none"> • Weak governmental structures and capacity for civil defence.

Sector objectives for 2009	Achievements	Challenges
	participated in the preparation of the 2010 CAP and the 2009 MYR.	
4. Improve humanitarian information-sharing and management.	<ul style="list-style-type: none"> • An internet platform has been established in support to National Disaster Management Organizations (NADMOs). • Cartographic services provided to the humanitarian community. 	
5. Support HCTs (HCTs) increase their preparedness level.	<ul style="list-style-type: none"> • Production and regular dissemination of reports, flash appeals, bulletins and other humanitarian information products was ensure. • EP activities were conducted in 14 countries of the region (preparation and update of inter-agency and National Contingency Plans, simulations exercises). 	

2.1.6 Emergency preparedness

The risk of medium- and large-scale emergencies in the West Africa region remains high in 2010, leaving the population vulnerable to many shocks. Conflicts and instabilities in the region are not limited to one country, but have cross-border and sub-regional implications, notably for the Mano River Union countries. A number of West Africa countries also face more natural environment challenges such as floods and epidemics such as cholera, meningitis, polio, measles and army worms in the Sahel, to name just a few. West African countries are witnessing the effects of climate change as rainy season characteristics change and general land degradation is aggravated by deforestation and non-sustainable natural resources management.

Between June and September 2009, some 770,000 people were affected by floods and 193 casualties were reported. Consequences of the disasters on people's lives and livelihoods are enormous and have immediate and long-term effects. As most of the population's livelihoods in West Africa are dependent on agriculture and related activities, damage inflicted upon the agricultural sector by natural disasters has a serious impact on people's capacity to cope with the immediate aftermath of a disaster and – more importantly – with the long-term consequences.

Despite the preparedness measures, floods in August 2009 caused loss of human life, serious infrastructural damages, destruction of public buildings and negative impacts in urban and rural areas. The disastrous results caused by the floods highlight the need for efficient response and crisis-management capacities and EP actions. The complexity, diversity and transnational nature of crises affecting the region calls for further engagement in preparedness and response capacity-building, and stronger engagement by humanitarian actors, Member States, regional organizations and non-humanitarian partners.

In 2009, a wide range of regional actors have been involved in EPR programmes to reinforce the capacity of governments, international organizations, United Nations (UN) agencies and regional institutions (*Comité Permanent Inter Etats de Lutte contre la Sécheresse dans le Sahel – CILSS*) and ECOWAS and promote sub-regional strategies.

The Regional Natural Disaster Platform (chaired by the International Federation of Red Cross and Red Crescent Societies [IFRC] and WFP) and the Regional EP Task Force (OCHA, UNICEF, WFP, IFRC, OXFAM, FAO, UNHCR, World Vision, CRS, and others) provided support to several countries at risk and advocated risk reduction measures.

Objectives & Activities	Achievements	Challenges
Enhancement of Inter-Agency Preparedness		
<u>1 Methods & Tools /Training</u>		
<ul style="list-style-type: none"> IASC EP trainings and simulations 	<ul style="list-style-type: none"> Development of an Inter-agency Emergency Simulation (IAES) package IAES simulations (Côte d'Ivoire and cross border in Togo and Benin) 	<ul style="list-style-type: none"> Closer emergency cycles and recurrent disasters Weaknesses and lack of operability of government instruments and response plans Weaknesses and lack of field's actors Increasing urbanization Insufficiency budget for EP Fragile states and poor governance Inadequate cross-border coordination Weak lessons learnt process Protracted situations and slow improvements
<ul style="list-style-type: none"> <u>Rapid Needs Assessment</u> 	<ul style="list-style-type: none"> Workshop - Rapid Assessment for Humanitarian Assistance (Mauritania) 	
<u>2 Early Warning /Assessments</u>		
<ul style="list-style-type: none"> Participation in information networks Regional Cluster meetings Joint Assessment Missions 	<p>Benin:</p> <ul style="list-style-type: none"> Support to the Resident Coordinator (RC)/UNCT Improvement of coordination mechanisms with national authorities Reinforcement of the UNDAC team on the spot <p>Burkina Faso:</p> <ul style="list-style-type: none"> Support to the RC/UNCT (floods) Reinforcement of the UNDAC team on the spot 	
<u>3 Preparedness Planning</u>		
<ul style="list-style-type: none"> IASC contingency planning, including sub-regional planning 	<ul style="list-style-type: none"> Guinea+6: support to the drafting of an IA Contingency Planning, and building of an emergency hub management tool (online system) Inter-agency emergency training and contingency planning support provided in Benin for IASC and government partners IASC Contingency Planning workshop (Nigeria, Mali, Ghana, among others) 	
Enhancement of Government and Regional Institution Preparedness		
<ul style="list-style-type: none"> Information meetings and workshops to identify potential mitigation strategy 	<ul style="list-style-type: none"> Information management/ Data preparedness workshops – Benin, Togo and Mauritania 	
<ul style="list-style-type: none"> Capacity-building for ECOWAS 	<ul style="list-style-type: none"> Supported three ECOWAS Emergency Response Team Training workshops on GPS, Communication, and civilian protection during crisis. 	
<ul style="list-style-type: none"> EP capacity assessment, trainings and simulations 	<ul style="list-style-type: none"> Capacity assessment in Togo 	
<ul style="list-style-type: none"> National Contingency Planning 	<ul style="list-style-type: none"> Support to the development of Guinea's national plan and four regional plans; Support to the development of the Benin inter-agency contingency plan. 	
<ul style="list-style-type: none"> <u>Early Warning /Assessments</u> 	<ul style="list-style-type: none"> Reinforcement of an early warning system (EWS) in Senegal 	
<ul style="list-style-type: none"> Early detection and monitoring of potential crises via information networks / collaborative internet platforms 		

3. THE 2010 COMMON HUMANITARIAN ACTION PLAN

3.1 General context

West Africa was hard hit in 2009 by health challenges, natural-disaster challenges and election violence. A meningitis epidemic and a measles outbreak occurred in the first half of the year, affecting a combined total of 78,000 people across the region. Burkina Faso, Nigeria and Niger were among the most affected. The second half of the year was marked by flooding brought on by heavy rains, affecting countries from Mauritania to Nigeria.

By the end of September, floods had affected more than 770,000 people, while 193 lost their lives. Senegal, Burkina Faso, Ghana, Sierra Leone and Benin were among the most affected. The flooding served as a reminder of communities' fragility in the region, living in extreme poverty and unable to cope with additional shocks. In the affected countries, the response has come from governments, UN agencies, NGOs and donors through financial contributions, aid in kind or deployment of response personnel. By the end of the rainy season, 2009 will have experienced the most flooding of any year in recent decades.

In Guinea, the severe repression of an opposition rally on 28 September 2009 led to the deaths of more than 150 people. More than 1,500 were wounded. Humanitarian replications are possible in the coming months. In Guinea-Bissau, the President, Joao Bernardo Vieira, and the Head of the Armed Forces, General Batista Tagme Na Waie, were killed in March 2009, leading to early elections. In Niger, an armed opposition continues to exist in the north, hampering humanitarian access.

These emergencies co-exist with more structural challenges, such as food security and malnutrition in the region. Although the high food price crisis has fallen off the media radar, it continues to affect tens of thousands of people.

The 2009 CAP has received \$168 million in funding plus \$81 million in carry-over for a total of \$249 million, 62% of the \$395 million requested.³ In proportion to requirements, this makes the West Africa CAP the fifth-least-funded consolidated appeal in 2009.

2010 will be a continuation of 2009, with millions of people finding it hard to make ends meet and existing on the brink of humanitarian assistance. Although the financial and high food prices crises show some signs of respite, they still linger. While other, more resilient, regions have been able to fend off these lingering effects, West Africa still struggles.

Based on the current context, participants at the regional CAP workshop, held in Dakar during September 2009, decided that the priority axes of the West Africa regional CAP in 2010 should focus on responding to acute vulnerabilities and strengthen population resilience to risks.

3.2 Scenarios

In drafting the 2010 CAP, participants examined four key trends that could further impact the situation in West Africa. Participants attempted to predict their eventual outcome during the year. The four trends were natural disasters; social and economic situations; capacity to adapt to changing environment; and political outlook.

In 2009, up to 50% of the 290 million citizens of the West Africa region live on less than \$1 per day. They are also vulnerable to natural and man-made disasters. Although the overall humanitarian situation has improved with the return of peace and stability, an unacceptable level of human distress

³ All funding figures are as of 12 November 2009.

remains caused by poor governance, food insecurity, forced displacement, floods, epidemics, low-intensity conflicts and social tensions.

According to UNDP, it is unlikely that the Millennium Development Goals (MDGs) will be reached by 2015 in West Africa. To date, the slow progress on poverty reduction is best reflected by the fact that only Cape Verde has succeeded in achieving four goals out of eight. Half of the 16 countries are very likely to achieve at least one goal by 2015. Thirteen countries have the possibility to achieve two to three goals by 2015 if they carry out radical changes in their public policies and investments.

Factoring this overall context into their deliberations, the participants at the regional CAP workshop identified the following most likely scenarios:

Natural disasters:

Localized flooding in numerous countries, locusts, epidemics and localized droughts. Humanitarian consequences would include population movements, destruction to property and key socio-economic infrastructures, flood-induced epidemics, food insecurity and malnutrition.

Socio-economic situation:

In terms of the social and economic situation, the most probable situations include a continuing drop in private remittances from migrants, the lingering effect of the economic and food crisis, and the weakening of already fragile coping capacities that may lead to social unrest. This situation will be further aggravated by the lack of resources devoted to socio-economic recovery activities in flood-affected areas.

Capacity to adapt:

West Africa is arguably a region where the line between humanitarian emergencies or crisis situations and socio-economic development is least clear. The vast majority of poverty-affected people constantly oscillate between emergency and sustainable livelihoods.

Deep social, economic and political changes have taken place over the past few years. The rise of new global trends affecting human security, governance and state stability in West Africa, combined with pervasive poverty, further stretch the response capacity of the humanitarian and development actors to the point where it is difficult to avoid growing numbers of individuals and families falling far below poverty thresholds, to the point of outright humanitarian need. This trend partly explains the quasi-systematic recourse to emergency programmes.

Political outlook:

Humanitarian actors will also have to pay close attention to political developments with elections planned in Côte d'Ivoire, Togo, Guinea and Burkina Faso. Violence is expected in a number of these countries. Emergency preparedness is critical to ensure a swift and effective response in case of violence and mass displacement. Besides political processes, humanitarians will also have to pay a close attention to political decisions that hinder humanitarian access to victims of natural disasters or low-intensity conflicts.

3.3 Strategic objectives for humanitarian action in 2010

The humanitarian actors of West Africa, in their responsibility to undertake all possible steps to alleviate human suffering arising from calamity and conflict, agreed on four strategic objectives. They also acknowledged that each state is responsible for taking care of the victims of natural disasters and other emergencies occurring on their respective territory.

In 2010, the work of humanitarian actors, in collaboration with Government counterparts, will focus on responding to acute vulnerabilities and strengthening the capacity to anticipate and mitigate risks. In line with this overall objective, humanitarian actors identified the four strategic objectives to ensure

that lives are preserved and communities can move away from the brink of calamity with greater prospects for sustainable solutions to preserve their livelihoods.

Strategic objective 1: Reduce excess mortality and morbidity in crisis situations: In crisis situations, the mortality rate of civilians, notably the most vulnerable such as children, is higher than other groups. Considering the potential worsening of the situation, the humanitarian community is determined to work towards saving lives.

Strategic objective 2: Reinforce livelihoods of the most vulnerable people severely affected by slow- or sudden-onset crises: As in all crises, those who suffer the most are usually population groups that are already in a vulnerable situation. They are the least prepared and least able to protect themselves. Vulnerable communities' means of subsistence are multiform and yet fragile to adverse effects. Humanitarian actors will work towards minimizing the impact of crises on such communities.

Strategic objective 3: Improve protection of vulnerable people: While West Africa is no longer in a widespread crisis of protection due to peace-building efforts in Liberia, Sierra Leone and Côte d'Ivoire, millions of people still need to be protected from the indirect consequences of these conflicts. A strong protection response is also required in natural disasters, where social safety nets breakdown and massive displacement creates new protection concerns. In this context, protection efforts will need to continue beyond classic legal and physical issues to encompass the respect for other fundamental rights in times of crises (such as health, education, water and sanitation, and access to food).

Strategic objective 4: Strengthen national and regional coordination: The multiplicity of crises continually stretches the response capacity of governments, UN agencies and NGOs, drawing heavily on limited resources. In such a context, co-ordination of emergency humanitarian assistance to improve humanitarian response is vital. The added value of coordination brings sound cooperation with governments, civil society and other key stakeholders; enforces effective needs assessments; promotes joint strategies and effective division of labour and use of resources; reduces gaps and increases accountability and ability to respond to needs; and establishes action-oriented and vulnerability-focused information systems.

3.4 A new approach to identifying humanitarian needs in West Africa

IASC regional members recognize the important role of the West African CAP, particularly in advocacy and fundraising. But in July 2009, they also underlined the urgent need to strengthen the CAP process, especially in regard to data collection and identifying needs.

To address some of the issues related to the lack of data and evidence in needs analysis, the regional IASC asked the regional sectoral working groups to:

- Conduct a mapping of vulnerabilities based on indicators and humanitarian thresholds
- Use the mapping of vulnerabilities to establish cross-cutting strategic priorities (instead of sectoral priorities)
- Identify minimum packages for humanitarian interventions that should cover all sectors of the humanitarian response

In response to the regional IASC's request, the working groups adapted to the West Africa context methodologies used for CAP processes in other parts of the world with the objective of improving the programming, response and monitoring capacity of humanitarian actors.

From July to September 2009, regional working groups met regularly to determine a series of indicators for which there were sufficient data available. They also met to agree on common humanitarian thresholds that could be used to better assess the vulnerabilities of the population in the

region, and shape the content and scope of an integrated response. Due to time limitations, the group agreed to develop this new methodology as a pilot analysis, to be improved continuously.

Although the regional IASC endorsed this approach, the resulting matrix and maps must be considered as general information subjected to discussion and continuous improvement. The methodology should be considered as work in progress.

At the end of the data collection process, the sectoral working groups identified 15 humanitarian thresholds that should trigger emergency humanitarian interventions across the region.

List of indicators and humanitarian thresholds per sector.

Food security

Thresholds	Indicators
Food access	Real prices for food staples (10% increase compared to the average increase the past five years)
	Terms of trade (10% decline compared to last year)
	Households ratio of food expenditures to living expenditures
	Score of food consumption (% of households with poor dietary diversity)
Food availability	Recorded rainfall

Nutrition

Thresholds	Indicators
GAM 10-14% (implying that severity of malnutrition rate is serious) ¹	Percent of children under age five with acute malnutrition
GAM >= 15% (implying that severity of malnutrition rate is critical) ¹	Percent of children under age five with acute malnutrition

¹ Based on World Health Organization 'The Management of Nutrition in Major Emergencies', 2000.

Health

Thresholds	Indicators		
Case fatality rate (CFR) above WHO standards and/or > 30% previous year	Attack rate of epidemic-prone diseases		
Attack rate above WHO standards and/or > 30% previous year	CFR		
Diphtheria, tetanus, and pertussis (DTP3) coverage < 50%	DTP3 coverage		
Maternal mortality (Average score of MMR, CR and AB = >3)	<i>Maternal mortality rate (MMR)</i>	<i>Caesarean rate (CR)</i>	<i>Assisted birth (AB)</i>
	30% above regional average (5) Between regional average and 30% above regional average (3)	< 1%, score = 5 1% ≤ CR ≤ 5%, score = 3	≤ 50%, score = 5
Under-5-year-old mortality (Average score of < 5 MR and GAM = > 3)	<i><5 years MR</i>	<i>GAM</i>	
	30% above regional average (5) Between regional average and 30% above regional average (3)	≥ 15% = 5 10% ≤ GAM < 15% = 3	

Protection

Thresholds	Indicators
Areas with population displacements (refugees, IDPs, returnees, migrants, refouled).	Population displacements (including those who are turned back) Absence or inadequate basic infrastructures (judicial) Other sectors indicators related to protection of civilians (POC)
Areas with serious child rights violations (family disruption, abductions, child labour, child soldiers, etc).	Prevalence of physical and sexual violence Child exploitation/labor Number of unaccompanied/separated children (orphans, children head of household, street children, etc.) School dropout rates
Areas with high prevalence of physical and sexual violence.	Armed conflict (presence of armed groups, abuses by security forces, etc.)

WASH

Thresholds	Indicators
> 1 verified cholera case	Cholera morbidity rates
> 1,000 verified cases	Number of flood victims
Existence of displacement camps or > 30% of community population composed of displaced	Population displacement
GAM ≥ 15%	Percent of children under the age of five years with acute malnutrition

The indicators will be regularly updated according to changes in context and developments at the global level.

Data collection process

After identifying the indicators and humanitarian thresholds, working groups started collecting the data for the entire region. Per the regional team’s agreement, the data should be collected at the second administrative level (i.e. sub-national level) for each country.

The table overleaf provides the results per administrative area vis-à-vis the thresholds. Two symbols have been used to indicate whether or not the thresholds were exceeded: ‘1’ means exceeded; ‘0’ means below the threshold.

A major limitation of the process is the availability and timeliness of data. For instance, for a sector such as food security, the only internationally recognized thresholds for food accessibility are the energy consumed per day and per people (2,100 kcal/person/day). Data on these indicators are rarely collected.

Therefore, only four proxies have been used. For food availability, preliminary agriculture production data are usually available late in October, too late for this initial edition of the new exercise. Rainfall estimates were used instead. In Côte d’Ivoire, the Integrated Phase Classification (IPC) analytical framework for food security has been applied to classify the severity of the food insecurity per region (see map in Annex I).

For other sectors such as health, nutrition, WASH and protection, recent data are often unavailable. This underlines the need to increase the sources and frequency of information generation in the region. For the protection sector, the data collection process has been delayed mainly due to the multiplicity of indicators needed to analyse protection issues, but also because of difficulties in identifying data sources. Finally, for the health sector, data collection was still ongoing at the end of the CAP process. However, it will continue and should be completed by the CAP Mid-Year Review.

WEST AFRICA

Matrix of thresholds by country

		Food security		Nutrition				Health											
		Availability	Accessibility	6 months ago		6 mths to 1 year ago		Attack Rate (AR)				Case Fatality Rate (CFR)				DTP3 Coverage	Maternal Mortality	< 5 Years Mortality	
Admin level 1	Admin level 2			>= 10 & <15	>= 15	>= 10 & <15	>= 15	AR - Meningitis	AR - Cholera	AR - Measles	AR - Haemorrhagic Fever	CFR - Meningitis	CFR - Cholera	CFR - Measles	CFR - Haemorrhagic Fever				
Benin	Alibori	1	0	nd	nd	0	0	0	0	1	0	0	0	0	0	0	0	1	0
Benin	Atacora	0	0	nd	nd	0	0	1	0	1	0	0	0	0	0	0	0	0	1
Benin	Atlantique	0	0	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Benin	Borgou	0	0	nd	nd	0	0	0	0	1	0	1	0	0	0	0	0	0	0
Benin	Collines	0	0	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Benin	Couffo	0	0	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Benin	Donga	0	0	nd	nd	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Benin	Littoral	0	1	nd	nd	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Benin	Mono	0	0	nd	nd	0	0	0	1	0	0	0	0	0	0	0	0	1	0
Benin	Oueme	0	0	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Benin	Plateau	0	0	nd	nd	0	0	0	0	1	0	0	0	0	0	0	1	0	0
Benin	Zou	0	0	nd	nd	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Burkina Faso	Boucle du Mouhoun	0	1	nd	nd	nd	nd	1	0	1	0	1	0	0	0	0	nd	nd	nd
Burkina Faso	Cascades	0	1	nd	nd	nd	nd	0	0	1	0	1	0	0	0	0	nd	nd	nd
Burkina Faso	Centre Est	1	0	nd	nd	nd	nd	0	0	1	0	1	0	0	0	0	nd	0	0
Burkina Faso	Boulkiemde	0	1	nd	nd	nd	nd	nd	0	nd	0	nd	0	nd	nd	nd	nd	nd	nd
Burkina Faso	Centre Nord	1	1	nd	nd	nd	nd	1	0	1	0	0	0	0	0	0	nd	nd	nd
Burkina Faso	Centre Sud	0	1	nd	nd	nd	nd	0	0	1	0	1	0	0	0	0	nd	0	0
Burkina Faso	Est	1	1	nd	nd	nd	nd	1	0	1	0	1	0	0	0	0	nd	nd	nd
Burkina Faso	Hauts-Bassin	1	1	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	nd	nd	nd
Burkina Faso	Kadiogo	0	1	nd	nd	nd	nd	nd	0	nd	0	nd	0	nd	nd	nd	nd	nd	nd
Burkina Faso	Plateau Central	1	1	nd	nd	nd	nd	1	0	1	0	1	0	0	0	0	nd	nd	nd
Burkina Faso	Nord	1	1	nd	nd	nd	nd	1	0	1	0	1	0	0	0	0	nd	nd	nd
Burkina Faso	Sahel	1	1	nd	nd	nd	nd	0	0	1	0	1	0	0	0	0	nd	nd	nd
Burkina Faso	Sud-Ouest	0	1	nd	nd	nd	nd	0	0	1	0	1	0	0	0	0	nd	nd	nd
Cape Verde	Barlavento	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd
Cape Verde	Sotavento	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd
Côte d'Ivoire	Lagunes	nd	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0
Côte d'Ivoire	Haut Sassandra	nd	nd	0	0	nd	nd	0	0	0	0	0	0	0	0	0	0	1	0
Côte d'Ivoire	Savanes	nd	nd	0	0	nd	nd	0	0	0	0	0	0	0	0	0	1	0	1
Côte d'Ivoire	Vallee Du Bandam	nd	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0
Côte d'Ivoire	Moyen Comoe	nd	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0
Côte d'Ivoire	Montagnes	nd	nd	0	0	nd	nd	0	0	0	0	0	0	0	0	0	0	1	0
Côte d'Ivoire	Lacs	nd	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0
Côte d'Ivoire	Zanzan	nd	nd	0	0	nd	nd	0	0	0	0	1	0	0	0	0	0	1	0
Côte d'Ivoire	Bas Sassandra	nd	nd	0	0	nd	nd	0	0	0	0	0	0	0	0	0	1	1	0
Côte d'Ivoire	Denguele	nd	nd	0	0	nd	nd	0	0	0	0	0	0	0	0	0	1	0	0
Côte d'Ivoire	N'Zi Comoe	nd	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0
Côte d'Ivoire	Marahoue	nd	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	1	0

WEST AFRICA

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nd = insufficient data

Admin level 1	Admin level 2	Food security		Nutrition				Health										
		Availability	Accessibility	6 months ago		6 mths to 1 year ago		Attack Rate (AR)				Case Fatality Rate (CFR)				DTP3 Coverage	Maternal Mortality	< 5 Years Mortality
				≥ 10 & <15	≥ 15	≥ 10 & <15	≥ 15	AR - Meningitis	AR - Cholera	AR - Measles	AR - Haemorrhagic Fever	CFR - Meningitis	CFR - Cholera	CFR - Measles	CFR - Haemorrhagic Fever			
Côte d'Ivoire	Sud Comoe	nd	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	0
Côte d'Ivoire	Worodougou	nd	nd	0	0	nd	nd	0	0	0	0	0	0	0	0	0	0	0
Côte d'Ivoire	Sud Bandama	nd	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	1	0	0
Côte d'Ivoire	Agneby	nd	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	0
Côte d'Ivoire	Fromager	nd	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	1	0
Côte d'Ivoire	Moyen Cavally	nd	nd	0	0	nd	nd	0	0	0	0	0	0	0	0	0	1	0
Côte d'Ivoire	Bafing	nd	nd	0	0	nd	nd	0	0	0	0	0	0	0	0	1	0	0
Ghana	Western	0	0	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	1	0
Ghana	Central	0	1	nd	nd	1	0	0	0	0	0	0	0	0	0	nd	1	1
Ghana	Greater Accra	0	1	nd	nd	0	0	0	1	0	0	0	1	0	0	nd	0	0
Ghana	Volta	0	0	nd	nd	0	0	0	1	0	0	0	1	0	0	nd	0	0
Ghana	Eastern	0	1	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	1	0
Ghana	Ashanti	0	1	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	1	0
Ghana	Brong-Ahafo	0	1	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	0	0
Ghana	Northern	0	1	nd	nd	1	0	0	0	0	0	1	0	0	0	nd	1	1
Ghana	Upper East	0	1	nd	nd	1	0	0	0	0	0	0	0	0	0	nd	1	0
Ghana	Upper West	1	1	nd	nd	1	0	0	0	0	0	nd	0	0	0	nd	1	1
Guinea	Boké	1	0	nd	nd	nd	nd	0	0	0	0	0	0	0	nd	nd	1	0
Guinea	Conakry	1	0	nd	nd	nd	nd	0	0	0	0	0	0	0	nd	nd	0	0
Guinea	Faranah	0	0	nd	nd	nd	nd	0	0	0	0	0	0	0	nd	nd	1	1
Guinea	Kankan	0	0	nd	nd	nd	nd	0	0	0	0	0	0	0	nd	nd	1	1
Guinea	Kindia	0	1	nd	nd	nd	nd	0	0	0	0	0	0	0	nd	nd	1	0
Guinea	Labé	0	1	nd	nd	nd	nd	0	0	0	0	0	0	0	nd	nd	1	1
Guinea	Mamou	0	0	nd	nd	nd	nd	0	0	0	0	0	0	0	nd	nd	1	0
Guinea	N'Zérékoré	1	1	nd	nd	nd	nd	0	0	0	0	0	0	0	nd	nd	1	1
Gambia The	Banjul	0	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	nd	nd	0	0
Gambia The	Kanifing	0	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	nd	nd	0	0
Gambia The	Western	0	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	nd	nd	0	0
Gambia The	Lower River	0	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	nd	nd	1	0
Gambia The	North Bank	0	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	nd	nd	1	0
Gambia The	Central River North	0	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	nd	nd	1	0
Gambia The	Central River South	0	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	nd	nd	1	0
Gambia The	Upper River	0	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	nd	nd	1	0
Guinea-Bissau	Bafata	1	1	nd	nd	0	0	0	0	0	0	0	0	0	nd	nd	nd	nd
Guinea-Bissau	Biombo	0	1	nd	nd	0	0	0	0	0	0	0	0	0	nd	nd	nd	nd
Guinea-Bissau	Bissau	0	1	nd	nd	0	0	0	0	0	0	0	0	0	nd	nd	nd	nd
Guinea-Bissau	Bolama	0	1	nd	nd	0	0	0	0	0	0	0	0	0	nd	nd	nd	nd
Guinea-Bissau	Cacheu	0	1	nd	nd	0	0	0	0	0	0	0	0	0	nd	nd	nd	nd
Guinea-Bissau	Gabu	0	1	nd	nd	0	0	0	0	0	0	0	0	0	nd	nd	nd	nd
Guinea-Bissau	Oio	1	1	nd	nd	0	0	0	0	0	0	0	0	0	nd	nd	nd	nd
Guinea-Bissau	Quinara	0	1	nd	nd	0	0	0	0	0	0	0	0	0	nd	nd	nd	nd

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Guinea-Bissau	Tombali	0	1	nd	nd	0	0	0	0	0	0	0	0	0	nd	nd	nd	nd
Liberia	Bomi	0	1	nd	nd	nd	nd	0	0	0	0	0	0	0	0	nd	1	0
Liberia	Bong	1	nd	nd	nd	nd	nd	0	0	0	1	0	0	0	1	nd	1	0
Liberia	Grand Bassa	0	nd	nd	nd	nd	nd	0	0	0	1	0	0	0	1	nd	1	nd
Liberia	Grand Cape Mount	0	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	nd	1	nd
Liberia	Grand Gedeh	1	1	nd	nd	nd	nd	0	0	0	0	0	0	0	0	nd	1	0
Liberia	River Ghee	0	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	nd	1	nd
Liberia	Grand Kru	1	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	nd	1	0
Liberia	Lofa	0	1	nd	nd	nd	nd	0	0	0	1	0	0	0	1	nd	1	nd
Liberia	Gbarpolu	0	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	nd	1	nd
Liberia	Margibi	0	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	nd	1	0
Liberia	Maryland	1	1	nd	nd	nd	nd	0	0	0	0	0	0	0	0	nd	1	nd
Liberia	Montserrado	0	1	nd	nd	nd	nd	0	1	0	0	0	0	0	0	nd	0	0
Liberia	Nimba	1	nd	nd	nd	nd	nd	0	0	0	1	0	0	0	1	nd	1	nd
Liberia	Rivercess	0	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	nd	1	nd
Liberia	Sinoe	1	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	nd	1	nd
Mali	Gao	1	1	nd	nd	nd	nd	0	0	1	0	0	0	0	0	nd	1	0
Mali	Kayes	0	0	nd	nd	nd	nd	0	0	0	0	0	0	0	0	nd	1	0
Mali	Kidal	0	1	nd	nd	nd	nd	0	0	1	0	0	0	0	0	nd	1	1
Mali	Koulikoro	1	0	nd	nd	nd	nd	1	0	0	0	0	0	0	0	nd	0	1
Mali	Mopti	1	1	nd	nd	nd	nd	0	0	1	0	0	0	0	0	nd	1	1
Mali	Segou	1	0	nd	nd	nd	nd	0	0	1	0	0	0	0	0	nd	1	1
Mali	Sikasso	0	0	nd	nd	nd	nd	0	0	0	0	0	0	0	0	nd	0	1
Mali	Tombouctou	1	1	nd	nd	nd	nd	0	0	1	0	0	0	0	0	nd	1	1
Mauritania	Hodh Charghi	1	1	1	0	nd	nd	0	0	0	0	0	0	0	0	0	nd	nd
Mauritania	Hodh Gharbi	1	1	1	0	nd	nd	0	0	0	0	0	0	0	0	0	nd	nd
Mauritania	Assaba	1	1	1	1	nd	nd	0	0	0	0	0	0	0	0	0	nd	nd
Mauritania	Gorgol	0	1	1	1	nd	nd	0	0	0	0	0	0	0	0	0	nd	nd
Mauritania	Brakna	1	1	1	1	nd	nd	0	0	0	0	0	0	0	0	0	nd	nd
Mauritania	Trarza	1	1	0	0	nd	nd	0	0	0	0	0	0	0	0	1	nd	nd
Mauritania	Adrar	1	1	0	0	nd	nd	0	0	0	0	0	0	0	0	1	nd	nd
Mauritania	Dakhlet Nouadhibou	0	1	0	0	nd	nd	0	0	0	0	0	0	0	0	0	nd	nd
Mauritania	Tagant	0	1	1	1	nd	nd	0	0	0	1	0	0	0	0	0	nd	nd
Mauritania	Guidimagha	0	1	1	1	nd	nd	0	0	0	0	0	0	0	0	0	nd	nd
Mauritania	Tiris Zemmour	0	0	0	0	nd	nd	0	0	0	0	0	0	0	0	1	nd	nd
Mauritania	Inchiri	0	1	0	0	nd	nd	0	0	0	0	0	0	0	0	0	nd	nd
Mauritania	Nouakchott	0	1	0	0	nd	nd	0	0	0	0	0	0	0	0	0	nd	nd
Niger	Agadez	1	1	1	0	nd	nd	1	0	0	0	0	0	0	0	0	1	0
Niger	Diffa	1	1	1	1	nd	nd	1	0	0	0	0	0	0	0	0	1	0
Niger	Dosso	1	1	1	0	nd	nd	1	0	0	0	0	0	0	0	0	1	1
Niger	Maradi	1	1	1	0	nd	nd	1	0	0	0	0	0	0	0	0	1	1

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Niger	Tahoua	1	1	1	0	nd	nd	0	0	1	0	0	1	0	0	0	0	0	0	0	0
Niger	Tillaberi	1	1	1	1	nd	nd	1	0	1	0	0	0	0	0	0	0	0	0	1	1
Niger	Zinder	1	1	0	0	nd	nd	1	0	1	0	0	0	0	0	0	0	0	0	1	0
Niger	Niamey	1	1	1	0	nd	nd	1	0	0	0	0	0	0	0	0	0	0	0	1	1
Nigeria	Abia	0	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0	0	0	nd	nd
Nigeria	Adamawa	0	nd	nd	nd	1	1	1	0	0	0	0	0	0	0	0	0	0	0	nd	nd
Nigeria	Akwa Ibom	0	nd	nd	nd	1	0	0	0	0	0	0	0	0	0	0	0	0	0	nd	nd
Nigeria	Anambra	0	nd	nd	nd	0	0	0	0	0	1	0	0	0	0	1	0	0	0	nd	nd
Nigeria	Bauchi	1	nd	nd	nd	1	1	1	0	0	0	0	0	0	0	0	1	0	1	nd	nd
Nigeria	Bayelsa	0	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0	0	0	nd	nd
Nigeria	Benue	0	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0	0	0	nd	nd
Nigeria	Borno	1	nd	nd	nd	1	0	1	0	0	0	0	1	0	0	0	0	0	0	nd	nd
Nigeria	Cross River	1	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0	0	0	nd	nd
Nigeria	Delta	0	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0	0	0	nd	nd
Nigeria	Ebonyi	0	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0	0	0	nd	nd
Nigeria	Edo	0	nd	nd	nd	0	0	0	0	0	1	0	0	0	0	1	0	0	0	nd	nd
Nigeria	Ekiti	0	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0	0	0	nd	nd
Nigeria	Enugu	0	nd	nd	nd	1	1	0	0	0	0	0	0	0	0	0	0	0	0	nd	nd
Nigeria	Gombe	1	nd	nd	nd	1	1	1	0	0	1	0	0	0	0	1	0	0	0	nd	nd
Nigeria	Imo	0	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0	0	0	nd	nd
Nigeria	Jigawa	0	nd	nd	nd	1	1	1	0	0	0	0	0	0	0	0	0	0	0	nd	nd
Nigeria	Kaduna	1	nd	nd	nd	0	0	1	0	0	0	0	1	0	0	0	0	0	0	nd	nd
Nigeria	Kano	1	nd	nd	nd	1	1	1	1	0	0	1	1	0	0	0	0	0	0	nd	nd
Nigeria	Katsina	0	nd	nd	nd	1	1	1	0	0	0	0	1	0	0	0	0	0	0	nd	nd
Nigeria	Kebbi	0	nd	nd	nd	1	1	1	0	0	0	0	0	0	0	0	0	0	0	nd	nd
Nigeria	Kogi	0	nd	nd	nd	0	0	0	0	0	0	0	1	0	0	0	0	0	0	nd	nd
Nigeria	Kwara	0	nd	nd	nd	1	0	0	0	0	0	0	0	0	0	0	0	0	0	nd	nd
Nigeria	Lagos	0	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0	0	0	nd	nd
Nigeria	Nassarawa	0	nd	nd	nd	0	0	0	0	1	1	1	0	0	0	1	0	0	0	nd	nd
Nigeria	Niger	0	nd	nd	nd	1	1	1	0	0	0	0	0	0	0	0	0	0	0	nd	nd
Nigeria	Ogun	0	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0	0	0	nd	nd
Nigeria	Ondo	0	nd	nd	nd	1	0	0	0	0	1	0	0	0	0	1	0	0	0	nd	nd
Nigeria	Osun	1	nd	nd	nd	1	0	0	0	0	0	0	0	0	0	0	0	0	0	nd	nd
Nigeria	Oyo	0	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0	0	0	nd	nd
Nigeria	Plateau	1	nd	nd	nd	0	0	1	0	0	0	0	0	0	0	0	0	0	0	nd	nd
Nigeria	Rivers	0	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0	0	0	nd	nd
Nigeria	Sokoto	1	nd	nd	nd	1	1	1	0	0	0	0	1	0	0	0	0	0	0	nd	nd
Nigeria	Taraba	1	nd	nd	nd	0	0	1	0	1	1	1	0	0	0	1	0	0	0	nd	nd
Nigeria	Yobe	1	nd	nd	nd	1	1	1	0	0	0	0	0	0	0	0	0	0	0	nd	nd
Nigeria	Zamfara	1	nd	nd	nd	1	0	1	0	0	0	0	0	0	0	0	0	0	0	nd	nd
Nigeria	FCT, Abuja	0	nd	nd	nd	0	0	0	0	0	0	1	0	0	0	1	0	0	0	nd	nd

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1 = above threshold
nd = insufficient data

Admin level 1	Admin level 2	Food security		Nutrition				Health												
		Availability	Accessibility	6 months ago		6 mths to 1 year ago		Attack Rate (AR)				Case Fatality Rate (CFR)				DTP3 Coverage	Maternal Mortality	< 5 Years Mortality		
				≥ 10 & <15	≥ 15	≥ 10 & <15	≥ 15	AR - Meningitis	AR - Cholera	AR - Measles	AR - Haemorrhagic Fever	CFR - Meningitis	CFR - Cholera	CFR - Measles	CFR - Haemorrhagic Fever					
Senegal	Dakar	0	1	nd	nd	nd	nd	0	0	1	0	0	0	0	0	0	0	nd	0	0
Senegal	Diourbel	0	1	nd	nd	nd	nd	0	0	0	1	0	0	0	0	0	0	nd	1	0
Senegal	Fatick	0	1	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	1	0
Senegal	Kaffrine	0	1	nd	nd	nd	nd	0	0	0	1	0	0	0	0	0	0	nd	nd	nd
Senegal	Kaolack	0	1	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	1	0
Senegal	Kedougou	1	nd	nd	nd	nd	nd	0	0	0	1	0	0	0	0	0	0	nd	nd	nd
Senegal	Kolda	1	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	0	0
Senegal	Louga	0	1	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	1	0
Senegal	Matam	0	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	1	0
Senegal	Saint Louis	1	1	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	1	0
Senegal	Sedhiou	0	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	nd	nd
Senegal	Tambacounda	0	1	nd	nd	nd	nd	0	0	0	1	0	0	0	0	0	0	nd	1	0
Senegal	Thies	0	1	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	0	0
Senegal	Ziguinchor	0	1	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	1	0
Sierra Leone	Kailahun	0	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	nd	nd
Sierra Leone	Kenema	1	nd	nd	nd	nd	nd	0	0	0	1	0	0	0	0	1	0	nd	nd	nd
Sierra Leone	Kono	0	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	nd	nd
Sierra Leone	Bombali	1	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	nd	nd
Sierra Leone	Kambia	1	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	nd	nd
Sierra Leone	Koinadugu	0	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	nd	nd
Sierra Leone	Port Loko	0	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	nd	nd
Sierra Leone	Tonkolili	0	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	nd	nd
Sierra Leone	Bo	0	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	nd	nd
Sierra Leone	Bonthe	1	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	nd	nd
Sierra Leone	Pujehun	0	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	nd	nd
Sierra Leone	Moyamba	1	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	nd	nd
Sierra Leone	Western Area	1	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	nd	nd
Togo	Maritime	0	0	0	0	nd	nd	0	1	0	0	0	0	0	0	0	0	nd	0	1
Togo	Plateaux	0	0	0	0	nd	nd	0	0	1	0	0	0	0	0	0	0	nd	0	0
Togo	Centre	1	nd	0	0	nd	nd	0	0	0	0	1	0	0	0	0	0	nd	1	0
Togo	Kara	0	1	0	0	nd	nd	0	0	0	0	0	0	0	0	0	0	nd	1	1
Togo	Savanes	1	1	1	0	nd	nd	0	0	1	0	0	0	0	0	0	0	nd	1	1

4. SECTORAL RESPONSE PLANS

4.1 Food security and nutrition

FOOD SECURITY	
Cluster/sector Lead Agency(s)	FAO & WFP
Implementing Agencies	FAO, WFP, national Government, local partners, regional bodies and organizations
Number of Projects	25
Cluster/sector Objectives	<ol style="list-style-type: none"> 1. To restore and enhance the livelihoods of households most vulnerable and severely affected by climatic and socio economic shocks (SO2 and SO3) 2. To coordinate responses with other sectors (Health, Nutrition, WASH) to maintain the malnutrition rate below emergency thresholds (SO1 + SO2) 3. Quality and dependable data and analysis will be regularly available for decision-making
Beneficiaries	Total: \$5,859,252 Women: \$1,705,843 Children: \$2,750,107
Funds Requested	\$148,514,822
Funds requested per priority level	\$114,306,947 (High) \$34,207,875 (Medium)
Contact Information	Jose Luis Fernandez joseluis.fernandez@fao.org Naouar Labidi naouar.labidi@wfp.org

Affected population	Beneficiaries
16,200,000	5,859,252

Needs analysis for food security

Food security and nutrition indicators in the West Africa region illustrate that large portions of the population do not have satisfactory alimentary diversity and sufficient purchasing power to cover their food needs. They also have restricted livelihood options in overcoming the challenge of food security. For the last several years, global acute malnutrition rates have maintained serious and critical threshold levels in the majority of West Africa's countries.

These rates, coupled with other food security indicators, are symptomatic of the fundamental vulnerability that is exacerbated by successive shocks without time to recover. Deterioration of households' living conditions and weakening of their livelihoods undermines their ability to adapt to or cope with shocks. This results in acute seasonal periods of food insecurity or successive shocks that lead to chronic food insecurity.

In varying degrees and zones, the population of West Africa faces crises each year, differing in livelihood zones but recurring, creating a downward cycle of vulnerability. In 2008, high food prices deteriorated the purchasing power of market-dependent households, increasing the attention not only to rural households, but also to the urban poor and the impact on their livelihoods.

In 2009, several exacerbating factors increased the numbers of those at risk throughout the region: (i) uneven distribution of rainfall (late or deficit in some areas, while too heavy in others); (ii) consequences of the global crisis (fall in demand and price of cash crops and livestock, reduced levels of remittances, erratic exchange rates); (iii) continuation of above-average prices for grains and essential household goods; (iv) adverse terms of trade.

Various surveys in the region underline the severity of which populations have been affected. Surveys carried out over the last six months show GAM rates in Niger⁴ and Mauritania⁵ more than 10% in half to three-quarters of these countries' zones. In Côte d'Ivoire, a joint survey⁶ in June 2009 found that 12.6% of rural households nationwide were food-insecure (about 1,269,549 people), of whom 232,602 people face severe food insecurity. Moreover, more than half of households (56.5%) are presently in debt, wherein 20.3% of those debts were incurred through the purchase of food. The fourth cycle analysis of IPC in September 2009 has enabled a mapping of the food security and nutrition situation in Côte d'Ivoire (see Annex).

Action is needed to address these alarming figures, which call for immediate humanitarian life-saving action. Simultaneous efforts to prevent a further deterioration of livelihoods and food security must be made to build people's and governments' capacity to manage and overcome future shocks.

Response strategy

To protect, rebuild and strengthen livelihoods of those most vulnerable and affected by climatic and socio-economic shocks, these strategies will be put into operation:

Adequate and timely response to food availability crisis through:

- Targeted distribution of food aid
- Enlargement of safety-net schemes

Adequate and timely response to address loss of purchasing power hampering access to food and basic needs through:

- Distribution of coupons for commodities
- Instigation or scaling-up of cash- or food-for-work programmes
- Expansion of livelihood support programmes such as seeds, tools, agriculture inputs and other income-generating activities
- Creation or support of productivity-enhancing safety nets

To promptly detect distress and areas of vulnerability, up-to-date, quality and reliable data must be regularly available to assist in decision-making and harmonizing efforts:

Partners will work together with regional organizations, national Governments, and local organizations to improve the regularity of data collection and situational and response analysis through monitoring of key indicators:

- Household dietary diversity
- Terms of trade
- Real prices for food staples

Indicators

1. Number of people, disaggregated by sex and age, receiving direct assistance to address food availability or lack of access.
2. Number of people trained through capacity-building efforts, disaggregated by sex and age, and number of trainings held.

Monitoring plan for food security

The Food Security and Nutrition partners will monitor indicators through various mechanisms region wide. Indicators relevant to the local context and corresponding with other countries will be collected and analysed in countries or areas where Early Warning Systems, the "*Cadre Harmonisé Bonifié*" or the IPC are in place and functioning.

⁴ Nutrition Survey May/June 2009 UNICEF and Government of Niger

⁵ SMART survey UNICEF and Government of Mauritania

⁶ Ministry of Agriculture, FAO, WFP Food Security Assessment, 2009

Such indicators include, but are not limited to, the following:

- Crude mortality (deaths per 10,000/day for adults and children under age 5)
- Acute malnutrition (% below -2 z-scores, weight for height)
- Stunting (% below -2 z-scores, height for age)
- Food access/availability (kcal/day/person)
- Dietary diversity (frequency of food group consumption)
- Water access/availability (litres per day per person, human use)
- Coping: coping strategy index
- Disease: presence of epidemics
- Destitution/displacement: scale, concentration
- Civil security: trends
- Livelihoods/assets: trends and degree of depletion.

WEST AFRICA

NUTRITION	
Cluster/sector Lead Agency(s)	Nutrition – UNICEF
Implementing Agencies	National Governments, UNICEF, WFP, Helen Keller International (HKI), Save the Children, Action Contre La Faim (ACF), Médecins Sans Frontières (MSF), Concern, Merlin and several others
Number of Projects	17
Cluster/sector Objectives	<ul style="list-style-type: none"> • Improve nutrition data systems with SMART surveys • Scale up the management of acute malnutrition • Establish programmes to prevent seasonal peaks of acute malnutrition • Support the coordination of national nutrition clusters or working groups
Beneficiaries	288,620 children with SAM
Funds Requested	\$50,117,025
Funds requested per priority level	\$49,667,625 (High) \$449,400 (Medium)
Contact Information	Robert Johnston RoJohnston@unicef.org , Felicité Tchibindat FTchibindat@unicef.org , Roland Kupka RKupka@unicef.org

Table: Country-specific numbers of children suffering from acute malnutrition and benefiting from services

Category	Number of children with acute malnutrition ¹			Beneficiaries of CAP-supported projects (Number of children with SAM) ²		
	Female	Male	Total	Female	Male	Total
Mauritania	37,315	37,314	74,629	17,700	16,200	32,900
Senegal	81,007	81,007	162,014	1,900	1,900	3,800
Gambia	9,337	9,337	18,674			-
Guinea-Bissau	7,775	7,774	15,549	1,050	1,050	2,100
Guinea Conakry	76,663	76,662	153,325			- ³
Sierra Leone	50,150	50,150	100,300			-
Liberia	21,748	21,747	43,495	1,800	1,800	3,600
Côte d'Ivoire	125,856	125,855	251,711	8,560	8,560	17,120
Ghana	19,573	19,572	39,145	1,900	1,900	3,800
Togo	34,755	34,755	69,510	4,000	4,000	8,000
Benin	34,066	34,066	68,132	2,000	2,000	4,000
Nigeria	1,569,422	1,569,422	3,138,844	49,150	49,150	98,300
Mali	174,610	174,610	349,220	5,000	5,000	10,000
Burkina Faso	154,499	154,498	308,997	22,500	22,500	45,000
Niger	146,751	146,750	293,501	30,000	30,000	60,000
Totals	2,543,523	2,543,523	5,087,046	145,560	144,060	288,620

¹ Based on census data and the most recent nationally-representative nutritional survey since 2005. It was assumed that equal proportions of males and females are affected by AM.

² It was assumed that equal proportions of males and females with SAM will benefit from nutritional interventions (except in Mauritania, where sex-specific data was available). It should be noted that most projects have beneficiaries other than children with SAM. The details can be found on the individual project sheets.

³ Children with SAM will be supported through the training of 180 health workers

Needs analysis for nutrition

Acute malnutrition is an important cause of death among children under age 5 in West Africa. Children suffering from moderate acute malnutrition (defined as weight-for-height z-score <-2 but ≥-3 of the reference population) have a four times elevated risk of mortality. Those with SAM (weight-for-height z-score <-3) have a nine times elevated risk in comparison to non-malnourished children.

There are internationally accepted thresholds to define the severity of nutrition emergencies in a given country or region (World Health Organization, 2000). Using this definition, nutritional emergencies are considered to be 'serious' and demanding a response when the prevalence of GAM (defined as children with weight-for-height z-score <-2 and/or presence of bilateral oedema) ranges from 10 to 14%, and 'critical' when this prevalence exceeds 15%, which must provoke an emergency response. Several countries in West Africa face serious nutrition emergencies; seasonal peaks during the hunger season push prevalence estimates over emergency levels in some countries or regions.

To address these nutritional emergencies, there is a need for regular, timely and high-quality data on the nutrition conditions of women and children. Furthermore, prevention and treatment of acute malnutrition among children needs to be strengthened. The sector identified the following priorities:

Nutrition surveys: At the minimum, countries need annual nutrition data describing the nutritional status of children under age 5 and women of reproductive age. Nutrition surveys using SMART methods are best suited to provide estimates on the prevalence of malnutrition among children and women. It is recommended that this annual survey be conducted in the mid-point of the hunger season. The survey can then describe the annual peak of malnutrition and will also yield results that are comparable over time.

Ideally, countries in West Africa should conduct two surveys per year. One should take place in the hunger season (as described above) and the other in the post-harvest season. Using this methodology, the national nutrition leadership can determine if there are seasonal peaks in malnutrition or whether levels remain constant throughout the year. These results can then be used to identify the location and degree of the problem, build consensus on the conditions, and implement responses to improve affected populations' nutritional status and prevent morbidity and mortality.

Management of acute malnutrition: Management of acute malnutrition programmes have been introduced in almost all West African countries. However, many acutely malnourished children remain unidentified or untreated, because of ineffective screening mechanisms and treatment programmes with low coverage. Once programmes are in place, the quality of programme delivery needs to be assured by ensuring quality trainings, providing supervision, ensuring steady supplies, updating protocols and using robust reporting mechanisms.

Prevention of seasonal nutrition peaks: The annual season of hunger and food scarcity provides the opportunity to implement a counter-seasonal strategy. This strategy will be based on a large-scale mobilization effort beginning several months before the hunger season to ensure adequate stocks, trained personnel, monitoring systems for managing acute malnutrition, and communication and coordination for improved treatment and prevention activities.

During the hunger season, caregivers clearly understand that conditions deteriorate, causing children to be more at risk of losing weight and/or dying. Starting from this shared understanding, implementers will create awareness and common knowledge among the general population on how to prevent malnutrition. For those caregivers with malnourished children, the mobilization activities will focus on ensuring early identification and treatment of acute malnutrition, thus improving child and programme outcomes.

Coordination of nutrition clusters or working groups: An effective humanitarian response in nutrition requires good coordination of national clusters or working groups. The cluster leads need to have adequate skills and resources to fulfil their leadership mandate. They are also expected to train their partners on the cluster approach. Within the cluster (or working groups if there is no cluster), stakeholder actions should be harmonised and adequately funded.

Objectives

1) Improve nutrition data systems with nutrition surveys with SMART methods

Nutrition surveys with SMART methods will be conducted throughout the region to provide timelier and higher quality information on the nutrition conditions of women and children. These surveys are rapid, simple and transparent and produce reported results within two weeks of completion of data entry.

Nutrition survey results should not be analysed independently. Results should be entered into national nutrition information systems along with nutrition programme data (such as management of

SAM), nutrition surveillance systems and other information from civil society, NGOs, religious or community groups and the press to triangulate information and develop consensus on the nutrition conditions in the country.

Nutrition survey results and related information will help identify nutrition emergencies and track nutrition conditions over time. The national nutrition leadership will be responsible to review the survey results and data quality and take action if necessary.

2) Scale up and improve the management of acute malnutrition

Programmes that treat acutely malnourished children under five need to be scaled up and improved. Effective programs can produce rapid recovery in severely malnourished children. These recoveries are dramatic and beneficiaries oftentimes become great advocates for these programmes. Currently, the scale and reach of these programmes in West Africa is small. Challenges remain to increase the scale of coverage in the areas with demonstrated needs, to reach malnourished children earlier, and to follow recommended protocols.

Treatment programme protocols for SAM need to be updated regularly. For instance, new developments have been to shift to the exclusive use of the new WHO growth standards and to use of mid-upper-arm circumference for SAM screening.

3) Establish programmes to prevent seasonal peaks of acute malnutrition:

To effectively prevent seasonal peaks of acute malnutrition, counter-seasonal strategies may have to be employed. A main element of this strategy will be behaviour change communication activities. In total, the following interventions will be promoted:

- Optimal infant and young child feeding practices are promoted
- Hand-washing at critical times, good hygiene and use of safe water
- Vitamin A supplementation and deworming
- Optimal treatment of diarrhoea (low osmolarity oral rehydration salts/ORS plus zinc)
- Optimal vaccination coverage
- Best possible diagnosis and treatment of malaria
- Best possible diagnosis and treatment of pneumonia
- Best feeding practice for children with diversified diet and using local products
- Optimal food stock management dedicated to children pregnant and lactating women
- Optimal nutritive local food management

4) Support the coordination of national nutrition clusters or working groups

Ensure that the national nutrition clusters or working groups have adequate resources to fulfil their coordination mandate. Enable the nutrition cluster lead to train partners on the cluster approach and on cluster coordination (if applicable).

Indicators

Process Indicators

- Surveys completed
- Training, stock management and monitoring completed for the improved management of SAM
- Interventions to prevent seasonal peaks designed and launched
- Number of nutrition cluster or working groups held
- Number of cluster training sessions held

Outputs

- Results from surveys delivered to nutrition leadership for immediate review and action
- Monthly reports of management of SAM programmes received and reviewed by national nutrition leadership
- Interventions to prevent seasonal peaks completed
- Number of partners trained on cluster approach

Outcomes

- Timely identification of nutrition emergencies
- Timely appropriate response to nutrition emergencies
- Improved coverage of management of acute malnutrition programmes and improvement in recovery rates among those treated
- Improved knowledge in the community on prevention of malnutrition
- Improved demand and utilisation of preventive services
- Improved rates of exclusive and continued breastfeeding
- Improved cluster coordination

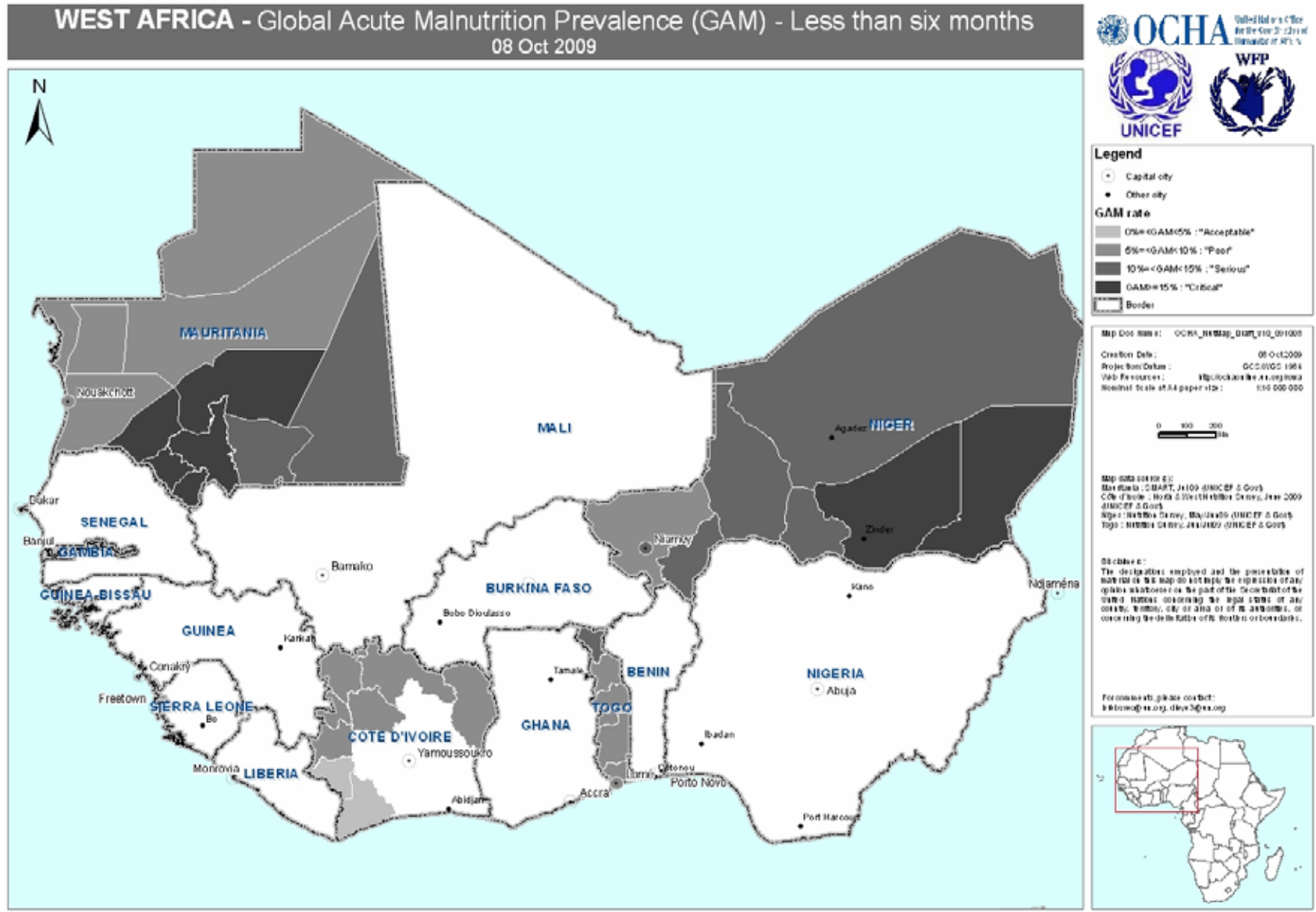
Impact Indicators

- Reduced death rates among children in management of acute malnutrition programmes
- Reduced prevalence of acute malnutrition during the hunger season
- Reduce prevalence of chronic malnutrition in all children throughout the year

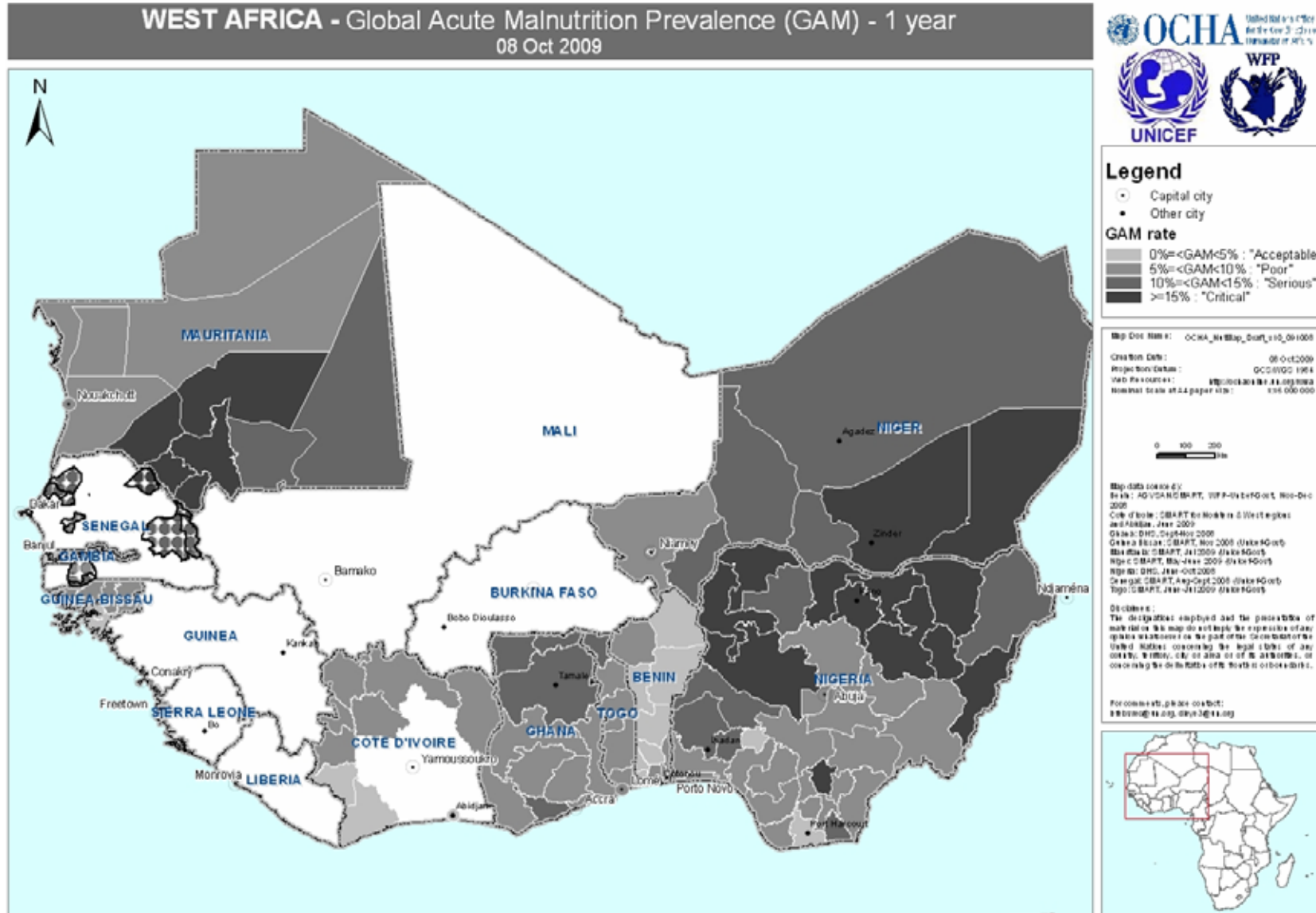
Monitoring plan for nutrition

Coordination will take place in the interagency nutrition working group. The group will meet on a monthly basis or more often if necessary. It will serve as a forum to evaluate regional nutrition-related situations and actions. Specifically, it will track the prevalence estimates of GAM in the region as new SMART survey data become available. Biannually, it will review the coverage and quality of treatment and prevention programs for acute malnutrition. The group will submit quarterly reports to the Regional Directors Team.

GAM prevalence map (less than six months)



GAM prevalence map (one year)



4.2 Health

HEALTH	
Cluster/sector Lead Agency(s)	Health – WHO (World Health Organization)
Implementing Agencies	National Governments, WHO, UNICEF, Joint UN Programme on HIV/AIDS (UNAIDS), UNFPA, UNHCR, OCHA, World Vision International (WVI), HKI, PLAN International and several others
Number of Projects	26
Cluster/sector Objectives	<ul style="list-style-type: none"> • Reduce mortality and morbidity due to epidemic-prone diseases, particularly meningitis, cholera, measles and haemorrhagic fevers • Improve coordinated basic health services mainly to vulnerable groups (especially mother and child) in crisis situation • Strengthen epidemiological surveillance, preparedness capacity and coordinated response to humanitarian emergencies
Beneficiaries	Vulnerable groups affected by a crisis and in epidemic-prone areas (Women, youth, etc)
Funds Requested	\$23,134,093
Funds requested per priority level	\$1,282,648 (High) \$21,073,555 (Medium) \$777,890 (Not Specified)
Contact Information	Dr. Bokar Toure, IST Coordinator, toureb@bf.afro.who.int ; Dr. Michel Yao, Emergency Focal Point, yaom@bf.afro.who.int ; Dr. Peter Mbondji, Information System Expert, mbondjie@bf.afro.who.int

Table: health-related crisis affected population and beneficiaries of health interventions

Category	Population living in affected areas	Estimated direct and indirect beneficiaries
(1) Epidemic-prone diseases (meningitis, cholera, measles, haemorrhagic fevers) vulnerable people	60,500,000	12,000,000
(2) Crisis (natural disasters & conflict) affected populations especially vulnerable groups (women & children)	25,000,000	11,000,000

Needs analysis

Epidemics are recurrent in West Africa region and are claiming every year thousands of lives and excessive morbidity rates. Weak health systems and poor health and socio-economic indicators continue to contribute to high maternal mortality (510 to 2,100 per 100,000 live births) and child mortality (100 to 262 per 1,000 live births) and to relatively high HIV prevalence (0.8 to 3.9%).

Liberia's maternal mortality rate is one of the highest in the world at 994/100,000⁷ compounded by the prolonged civil war that ended in 2003. The main health factors include acute shortage of skilled birth attendants, dilapidated health infrastructures, inadequate emergency obstetrical care, inefficient referral system, and poor nutritional status of pregnant women. According to the 2007 Liberia Demographic and Health Survey (LDHS), 75% of births take place outside health facilities, and unskilled birth attendants perform about 80% of all deliveries. In addition, a very high prevalence of risky sexual behaviour, early sexual initiation and low contraception use are common among vulnerable groups including young women, girls and people with disabilities in Liberia. These factors have devastating effects on women and their families, due to a general lack of access to timely and quality treatment and care, drugs, supplies and information. Similarly, Niger has an MMR of 648/100,000, which means that every two hours a woman dies due to complications during her pregnancy or while giving birth. Therefore maternal health is a vital urgency in many countries of the region.

Another common but largely neglected condition in the field of reproductive health is the condition of obstetric fistula, which includes both vesico-vaginal fistula (VVF) and recto-vaginal fistula (RVF). Obstetric fistula is a result from prolonged obstructed labour, which leads to varying types of morbidity. Females suffering from the condition are continuously stigmatized in their communities and among

⁷ LDHS, 2007.

family members including spouses, as access to care and treatment remains grossly inadequate. As such, scaling up preventive programs, increasing access to care and treatment and supporting rehabilitation of fistula survivors is required.

In 2009, Burkina Faso faced a major measles outbreak with 53,482 cases and 339 deaths (CFR=0, 6.3%). So far in 2009, 2,265 cholera cases and 21 related deaths have been reported in the region. However, the rainy season is not yet over and most of the cases are usually reported at the end of the season (over 12,000 cases and 200 deaths in Guinea-Bissau in 2008). With the major floods witnessed in many West African countries in 2009, an important increase of cholera cases is expected.

On week 35 of 2009, six countries in the meningitis belt reported 74,034 cases (48% type Nm A) with 3,627 deaths and an average case fatality rate of 4.9% (ranging from 4.12 to 17.67%). Nigeria alone reported as of week 26: 55,747 cases and 2,448 deaths.

A new threat has also emerged with the new flu virus A/H1N1, forcing WHO to raise the pandemic influenza alert phases to 6. As of October 19, 2009, Cape Verde, Côte d'Ivoire and Ghana have reported more than 78 cases⁸ and there is still fear the virus may become deadlier with the next wave of the pandemic

In general, health systems throughout West Africa tend to have limited financial and human resources, weak planning, and inadequate implementation and monitoring compounded by weak managerial and poor resource mobilisation capacities. Weak health systems tend to shrink around the national capital and big cities leaving large areas of the country with little or no resources. This shrinking markedly affects rural and border areas. The situation is further aggravated by natural disasters and conflicts to which some countries in the region are prone. It is especially challenging for women and girls to access reproductive health services, especially emergency obstetric care. For instance, in September 2009, 139,790 people were affected by floods in the northern parts of Ghana among whom 499 pregnant women. Access to health facilities was impossible in some areas and pregnant women swam across flooded waters to reach antenatal care. Furthermore, malaria cases have been on the increase in flooded areas. In the northern part of Ghana, in the Builsa district alone, 15,140 malaria cases with 15 deaths has occurred since the onset of the floods.

The prevailing weak surveillance systems and absence of EP planning in some countries have made any cross-border response initiatives unlikely for the time being. Coordination of an effective health response and EP activities to address acute crisis remain a challenge in countries and at the regional level. Initiative for a regional information platform and consensus on guidelines and response strategy are ongoing and need to be strengthened.

Priorities for 2010 are:

- Create more reliable evidence to better anticipate health threats
- Improve surveillance and coordinated response to epidemic-prone disease
- Improve access to basic health services to vulnerable groups (especially mother and child) particularly in crisis situation, especially reproductive health
- Improve preparedness to reduce burden of epidemic and natural disaster on health systems
- Implement Health Cluster approach at regional and country levels

Indicators	Humanitarian Threshold	Health Interventions
1. Attack rate of epidemic-prone diseases	Depending of the context and the country's response capacity and history of the disease in the targeted region: If CFR or Attack rate in a region is above WHO epidemic standards	Strengthening diseases surveillance Build response capacity Implement effective response to diseases outbreaks
2. CFR		

⁸ Pandemic (H1N1) 2009 in the African Region: Update 54, Available at <http://www.afro.who.int/ddc/influenzaa/index.html> visited 26 October 2009

Indicators	Humanitarian Threshold			Health Interventions
3. DTP3 coverage	DTP3 Coverage < 50% (High vulnerability of the population to diseases and weak health system and service to respond to crisis)			Strengthening diseases surveillance Preventive measure/ immunization
4. Maternal Mortality	The following relating factors would define the threshold of this indicator:			A comprehensive basic health care package for vulnerable population during crisis (Natural disasters, conflict including during recovery period)
	Maternal Mortality Rate (MMR)	Caesarean Rate (CR)	Assisted birth (AB)	
	above National MMR	CR ≤ 5%	≤ 50%	
5. Under 5 years mortality	The following relating factors would define the threshold of this indicator:			
	<5 years MR		GAM	
	Above National Rate		GAM ≥ 10%	

Objectives

To reduce avoidable mortality, morbidity and suffering related to communicable disease and lack of basic health services, regional and country health partners would be involved in the following humanitarian activities.

1. To provide appropriate outbreak prevention and response

Activities

- Support to case management of epidemic-prone disease (EPD)
- Positioning of consumables, essential drugs and vaccines
- Training of health agents in crisis situation management and planning
- Harmonization and sharing of guidelines.

2. To strengthen disease and nutritional surveillance for early warning (Health Information System)

Activities

- Put in place a reliable network for collection and sharing of data (Ensure timely and quality data on selected indicators and related elements of the health system)
- Improve the surveillance system of EPD (especially case notification)

3. To improve access of the most vulnerable people to essential preventive and curative health services (reproductive health, child health, and essential drugs and vaccines) during crisis situation.

Activities

- Behaviour change communication (BCC) and collecting and sharing of health related best practices towards people threatened /affected by crisis situation
- Support preventive and riposte campaigns to prevent epidemics or during outbreaks
- Improve Immunization coverage in DTP3 and access to basic health services
- Strengthening reproductive health services especially, emergency Obstetrical care
- Training of health care providers on RH in emergencies
- Strengthening the health referral system
- Prevention, treatment and care in cases of sexual violence in crisis situation;
- Implementation of activities for prevention of HIV transmission among population affected by crisis
- Integration of maternal and child health care activities and medical aspects of the management of severe malnutrition

4. To strengthen regional Health Cluster coordination with appropriate data collection for joint priority identification and response planning in countries to ensure a more coherent and effective response by mobilizing groups of agencies, organizations and NGOs to respond in a strategic manner in the health sector

Activities

- Strengthen capacities of health professionals in coordination of rapid response in crisis situation
- Support regional coordination of health stakeholders

Indicators

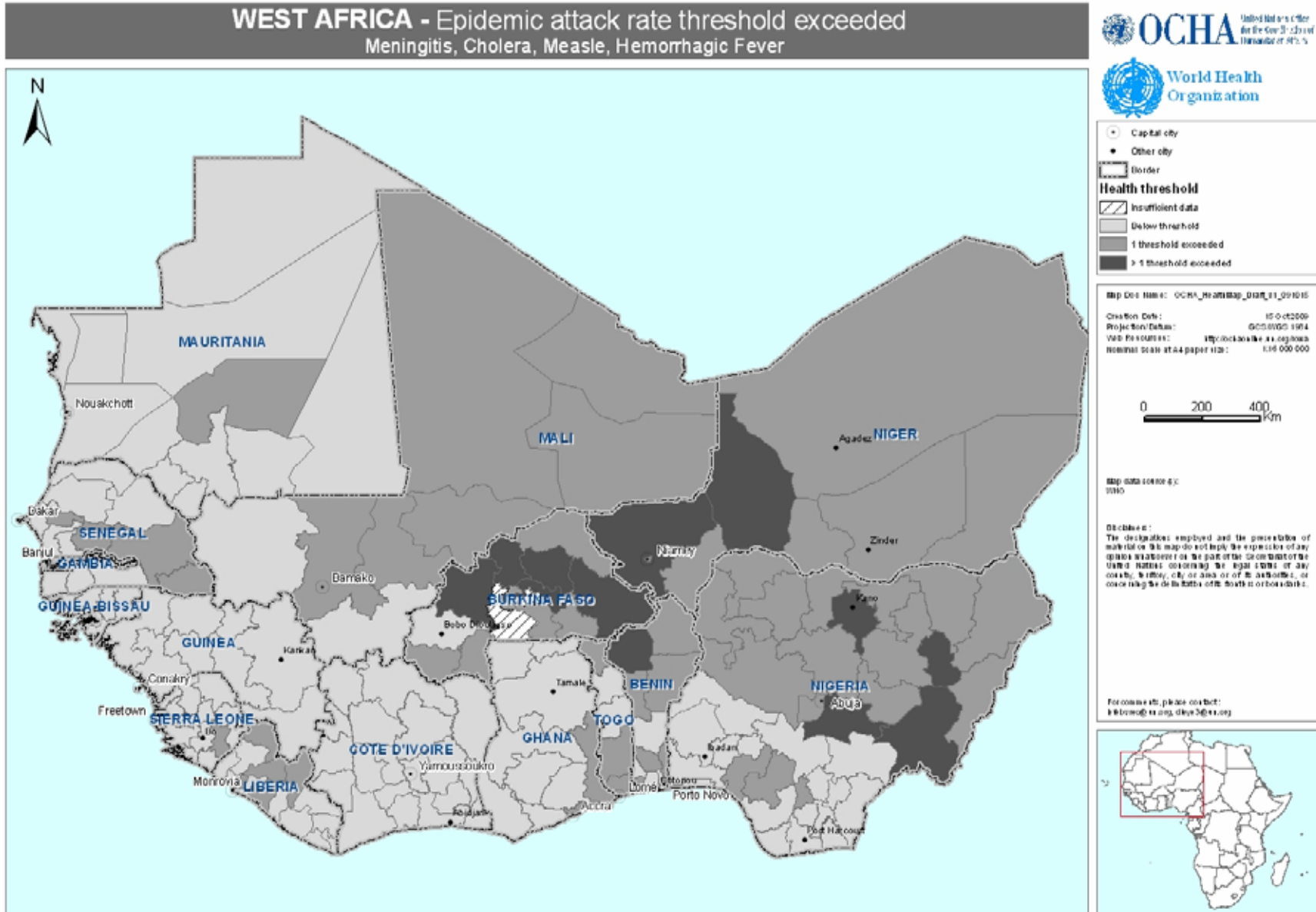
- Number of outbreaks controlled
- Number of children and mothers immunised
- Regional health 3W (who is doing what, where) matrix regularly updated
- Health Cluster meetings running regularly at least once/week in all capital cities
- Number of disease outbreak alerts issued and verified
- Number of vulnerable people accessing supported basic health services
- Number of services supported
- Number of missions undertaken by partners

Monitoring plan

Monitoring will address the health situation and corresponding humanitarian response. Disease and nutritional surveillance systems of individual countries in the region will provide the necessary alerts to health crises, especially epidemics. Programme monitoring will be carried out at agency and country levels through the networks of national and international staff that most partners have inside West Africa. In addition, joint donor-NGO-UN missions, field visits by various actors and close interagency coordination at the regional and country level will help monitoring. Coordinated regional health information management will feed into the multi-sectoral humanitarian intelligence and updates coordinated by OCHA in Dakar.

Overall coordination would be done through monthly and eventual emergency meetings of the regional Health Working Group.

Epidemic Attack Rate. Map of exceeded threshold for meningitis, cholera, measles and haemorrhagic fever



4.3 Water Sanitation and Hygiene (WASH)

Water Sanitation and Hygiene (WASH)	
Cluster/sector Lead Agency(s)	UNICEF (United Nations Children's Emergency Fund)
Implementing Agencies	Adventist Development and Relief Agency (ADRA), ACF, BIOFORCE, CARE, CARITAS, <i>Centre Régional pour l'Eau Potable et l'Assainissement à faible coût</i> (CREPA), Evangelical Children Rehabilitation Programme (ECREP), ERS (Emergency Rehabilitation Services), OXFAM, Catholic Relief Services (CRS), Habitat for Humanity International (HFH), RC, MAP (Medical Assistance Programs), SCODES, SOLIDARITES, UNICEF, WHO, WV, Zoa Refugee Care (ZOA), 2iE
Number of Projects	17
Cluster/sector Objectives	<ul style="list-style-type: none"> • Timely and coordinated WASH response to humanitarian emergencies • WASH humanitarian coordination, preparedness and risk reduction • Systematic integration of key WASH activities into nutrition humanitarian response programmes
Beneficiaries	2,150,000
Funds Requested	\$15,621,203
Funds requested per priority level	\$15,621,203 (High)
Contact Information	François Bellet (fbellet@unicef.org)

The WASH strategy in the region is closely coordinated with other sectors, mainly health, protection and nutrition. The table below presents an estimation of affected population and target beneficiaries related to the WASH sector's four key indicators: cholera morbidity; number of flood victims; levels of population displacement; and levels of GAM.

Category	Affected population			Beneficiaries		
	Female	Male	Total	Female	Male	Total
(1) Cholera-vulnerable people	375,000	375,000	750,000	300,000	300,000	600,000
(2) Flood victims	250,000	250,000	500,000	175,000	175,000	350,000
(3) Displaced or host victims	450,000	450,000	900,000	187,500	187,500	375,000
(4) Malnutrition-affected people	2,500,000	2,500,000	5,000,000	412,500	412,500	825,000
Totals	3,575,000	3,575,000	7,150,000	1,075,000	1,075,000	2,150,000

Needs analysis

The potential for sudden-onset emergencies remains high in the region, particularly related to natural hazards such as flooding, sustained rainfall, drought and biological hazards. Additionally there is the risk of population movements due to political instability as elections are planned in several countries in the region. These emergencies will require a coordinated WASH response.

To better map the needs of the region, the WASH sector has determined its actions based on four key indicators. Each of these indicators has an associated threshold or trigger. If an indicator is above this threshold, the region is considered a high risk region where WASH interventions should be prioritised. For each emergency indicator, the table below lists the associated recommended minimum package of WASH interventions.

WASH emergency indicator	Threshold	WASH response (minimum package), access to :
(1) Cholera morbidity	> 1 verified case	<ul style="list-style-type: none"> • Clean water [>15 l/p/d*, 40 l/p/d in Cholera Treatment Centre]; • Adequate sanitation [>1 gender latrine/50 p, >1 latrine/20 bed in CTC]; • Hygiene kit [450g soap/p/m, jerry cans, etc.]; • Messages on principle routes of cholera transmission and prevention;
(2) Flood victims	> 1,000 verified cases	<ul style="list-style-type: none"> • Clean water [>15 l/p/d*]; • Hygiene kit [450g soap/p/m, jerry cans, etc.]; • Messages on principle routes of disease transmission and prevention;
(3) Population displacement	Existence of displacement camps or $> 30\%$ of	<ul style="list-style-type: none"> • Clean water [>15l/p/d*]; • Adequate sanitation [>1 gender latrine/50 p]; • Hygiene kit [450g soap/p/m; 1 intimate kit/woman in camp; jerry

WASH emergency indicator	Threshold	WASH response (minimum package), access to :
	community population composed of displaced	<i>cans, etc.];</i> <ul style="list-style-type: none"> • <i>Messages on key hygienic behaviours;</i>
(4) GAM	> 15%	<ul style="list-style-type: none"> • <i>Clean water [$>15l/p/d^*$] through household water treatment if required];</i> • <i>Hygiene kit [450g soap/p/m, jerry cans, etc.];</i> • <i>Education on key hygienic behaviours;</i>

(*) NB: SPHERE standards according to local context: $>5l/p/d$ clean water within first emergency days

Based on these indicators, high risk regions for humanitarian WASH interventions have been mapped in the table below.

Objectives

As the WASH cluster lead, UNICEF supports the humanitarian reform in the region to improve cluster coordination. The WASH cluster response to emergencies is structured around three pillars/objectives.

1) Timely and coordinated WASH response to humanitarian emergencies.

Activities

- On-going improvement of the WASH response capacity among humanitarian organisations to increase speed, quality and effectiveness for rapid onset and recurrent emergencies.

2) WASH humanitarian coordination, preparedness and risk reduction.

Activities

- Strengthening existing WASH clusters / task forces in targeted countries
- Supporting the development of contingency plans with key WASH activities included
- Training of WASH Country Officers
- Implementation of WASH cluster tools

3) Systematic integration of key WASH activities into nutrition humanitarian response programmes.

Activities

- Developing a joint WASH/nutrition response in countries with high prevalence of acute malnutrition

Indicators

- Number of people receiving the WASH minimum package of interventions in response to humanitarian emergencies (cholera < 48 hours; flood victims < 72 hours; displaced or host victims < 1 week).
- Number of targeted countries with WASH humanitarian preparedness and risk reduction programmes (number of contingency plans including mapping and stockpiling; existing functional WASH cluster or task force; WASH country officers trained, WASH cluster tools implemented).
- Number of targeted countries with joint WASH / nutrition humanitarian response programmes (number of WASH and nutrition humanitarian interventions, number of people receiving the minimum nutrition package).

Monitoring and evaluation

Coordination will take place through the regional WASH sector group, which brings together UN agencies, NGOs and donors. The group is a forum for assessing WASH related situations, planning, monitoring and evaluating WASH actions as well as sharing information and lessons learnt.

The WASH response to humanitarian emergencies will be monitored through:

- WASH-specific sitreps in emergency situations
- Mid-year and annual monitoring and evaluation

WASH humanitarian coordination, preparedness and risk reduction will be monitored through:

- Quarterly reports with updates on regional mapping (nutrition, health, IDPs)
- Emergency response evaluations
- Regional training reports

The systematic integration of key WASH activities into nutrition humanitarian response programmes will be monitored through:

- Joint evaluations of humanitarian response with the nutrition sector

Table of proposed coverage per site

SITE / AREA	ORGANIZATIONS
Mauritania	ACF, French Red Cross (FRC), UNICEF
Senegal	OXFAM, Senegalese Red Cross Society , UNICEF, WHO, Ministry of Health and Prevention
Gambia	OXFAM, UNICEF,
Guinea-Bissau	ADRA, CRS, OXFAM, Office of the Resident and Humanitarian Coordinator (ORCHC), UNICEF Ministry of Health, Ministry of Natural Resources, Municipality of Bissau, OBC Battodem Gollem, ADPP, EAPP, MDM (<i>Médecins du Monde</i>) -Portugal, Plan, WHO, CREPA
Guinea Conakry	APH, CREPA, Guinea 44, UNICEF, University
Sierra Leone	OXFAM, UNICEF
Côte d'Ivoire	CARE, CARITAS, DAPH (Département des Actions de Promotion Humaine)-Man, HFH, MAP, NCHRIST, Population Services International (PSI), SOUYEGNON, UNICEF
Togo	UNICEF, WHO, Ministries of Water supply, Health and Civil protection
Benin	UNICEF, local NGOs, Ministry of Health
Mali	ACF, OXFAM, UNICEF
Niger	ACF, OXFAM, MSF, UNICEF, WHO, Ministry of Public Health, Ministry of Hydraulics
Liberia	ERS, ECREP OXFAM, SCODES UNICEF, WHO, ZOA, Ministry of Health and Social Welfare
Burkina Faso	UNICEF, NGOs and private sector. Ministries of Agriculture, Hydraulics and Fishery Resources, Primary Education, Health, Social Action and National Solidarity

4.4 Protection

Protection	
Cluster/sector Lead Agency(s)	UNHCR
Implementing Agencies	<ul style="list-style-type: none"> • UNICEF • International Organisation for Migration (IOM) • UNFPA • WFP • FAO • International Labor Organization (ILO) • OCHA • OHCHR • United Nations Office on Drugs and Crime (UNODC) • SAVE THE CHILDREN • WORLD VISION • Danish Refugee Council (DRC)
Number of Projects	23
Cluster/sector Objectives	<ul style="list-style-type: none"> • Prevent and respond to problems of protection and promote durable solutions for displaced people (<i>Refugees, IDPs, returnees, migrants and stateless people</i>) • Prevent and respond to abuse, exploitation, neglect and violence against children and youth in situation of crisis • Prevent and respond to gender-based violence in situation of crisis
Beneficiaries	<ul style="list-style-type: none"> • Refugees, IDPs, returnees, migrants and stateless people • Children and youth • Women
Funds Requested	\$86,689,424
Funds requested per priority level	\$80,048,939 (High) \$4,923,135 (Medium) \$1,717,350 (Not Specified)
Contact Information	<ul style="list-style-type: none"> • Myriam Houtart (houtart@unhcr.org) • Stephanie Hecquet-Lepoutre (lepoutre@unhcr.org)

Table: Beneficiaries of protection activities

Category	Affected population			Beneficiaries		
	Female	Male	Total	Female	Male	Total
Refugees and Asylum Seekers	88,918	93,481	182,399	88,918	93,481	182,399
IDPs (ICO)	354,426	329,530	683,956			
Victims of natural disasters	310,136 (50%)	310,137 (50%)	620,273	NA	NA	42,000 (BKF) (incl. 4,362 children)
Returnees	16,272	12,929	29,201	16,272	12,929	29,201
Migrants (irregular economic migrants, stranded migrants and victims of trafficking)	25,000 (5%)	475,000 (25%)	500,000 estimates	NA	NA	NA
Stateless (not reliable)	3,661 (estimates 50%)	3,661 (estimates 50%)	7,322	3,661	3,661	7,322
Children and youth (refugees)	102,286	77,546	179,832	102,286	77,546	179,832
Women (adult refugees)	68,180	NA	68,180	68,180	NA	68,180
Host communities						280,000 UNODC
Totals	968,879	1,302,284	2,271,163	279,317	187,617	788,934

Proposed response strategy

In 2010, the emphasis will be put on strengthening the protection of vulnerable groups, particularly children, displaced persons (refugees, IDPs, returnees and migrants), persons affected by a crisis (political or natural disaster) and those with humanitarian needs and victims of gender-based violence. Efforts will also be orientated towards the prevention and response to SGBV. In order to better identify the vulnerable populations concerned, the Protection working group has decided to update its data through registration and verification operations as well as by consolidating inter-agency data collection in the region. Training and capacity building will be a key component of the protection

strategy, targeting central and local authorities on questions of human rights and service providers to ensure that current responses reflect current IASC standards on child protection, GBV, psychosocial care and other protection concerns. Agencies working on displacement will continue to work together in order to strengthen access to durable solutions and improve partnerships with other regional agencies such as ECOWAS in order to better disseminate and use existing legal frameworks that can facilitate durable solutions. Protection responses to vulnerable groups will also directly tackle identified needs, such as legal assistance, identity documentation, family tracing and reunification, demobilization and reintegration of children, access to livelihoods, and basic services (primary education, medical and psycho-social care and support). Efforts to respond to SGBV will include the strengthening of mechanisms and systems that provide comprehensive care and support (medical, psycho-social, livelihood, legal) to victims of violence in both armed conflict situations, as well as natural disasters.

Needs analysis

The current global economic crisis has worsened the phenomenon of displacement in the region. West African is an area that serves as a source, destination and transit for migrants. It is also a region of protracted refugee situations and internally displaced persons due to past conflicts and continued instability in several countries and is host to more than 200,000 refugees and asylum seekers as well as over 680,000 IDPs. However, there is a lack of knowledge of the ECOWAS protocols on free movement in the region and an accompanying lack of expert partners in the protection of refugees, IDPs, migrants and other persons of concern within the multitude of NGOs working in the domain of illegal migration and its associated problems. The lack of reliable data on migration and population movements in the region has prevented an accurate mapping of vulnerable migrant populations and the development of a regional referral network of service providers in West Africa.

Half of the population of West Africa lives below the poverty line and the global economic downturn has particularly aggravated the situation of children and women. While civil wars have ended in Liberia, Sierra Leone and Ivory Coast, insecurity remains and localized conflicts persist in Mali, Niger and Nigeria. Guinea and Guinea-Bissau are just two of the countries with fragile political situations and election violence. Children in emergencies and post conflict situations are facing a wide range of protection risks including ongoing risk of abduction, alarming rates of gender-based and physical violence. Emergency related risks aggravate existing protection concerns, including trafficking, forced child labour, sexual exploitation, abuse and domestic violence, discrimination and social rejection. All of these issues can pose enormous psychological and physical problems for children in realising their fundamental rights to a balanced and stable upbringing in a secure and caring environment. IDP, Refugee and returnee children are particularly at risk in the socio-cultural context of this region where in addition to the dangers outlined above, parallel issues of children accused of witchcraft, children with disabilities, and children affected by HIV and AIDS all compound the risk of ill treatment and abuse.

This region is highly affected by systematic gender-based violence, particularly against women and children. Evidence shows that levels of GBV remain high in post-conflict Liberia, Sierra Leone and Ivory Coast. For the majority of GBV survivors, their medical, psychological, social and economic recovery as well as their well-being continues to be a cause for deep concern. Systems to ensure basic protection are insufficient and access to justice for survivors of GBV is often severely hindered. In some instances, particularly in urban and return areas, GBV has been mainstreamed into national programmes. Special initiatives were developed to address GBV, especially measures to improve access to services including to legal representation for GBV survivors and victims of trafficking. However, these programmes still lack the capacities necessary to fully support GBV survivors and to cultivate the host communities in the understanding prevention and response to this form of violence. There is also a need to ensure that services are child-sensitive, as a large number of victims are under the age of 18.

Protection Monitoring plan (Objectives – activities – indicators and monitoring)

The regional Protection working group, under the leadership of UNHCR, will ensure the monitoring of Protection activities.

Objectives	Process - activities	Indicators	Impact - monitoring
<p>Prevent and respond to problems of protection and promote durable solutions for Displaced People (<i>Refugees, IDPs, returnees, migrants, victims of natural disasters and stateless people</i>).</p>	<ol style="list-style-type: none"> 1. <u>Data collection</u> <ul style="list-style-type: none"> • Collect and analyze data and undertake the profiling of vulnerable populations. 2. <u>Protection and assistance</u> <ul style="list-style-type: none"> • Assist 3,000 stranded migrants to voluntarily return to their countries and reintegrate them in their communities of origin. • Provide legal assistance to asylum seekers, refugees and stateless people (target: 15% of legal assistance provided to the total population and 84,440 People in need of birth certificate in Western part of Côte d'Ivoire). • Deliver multi-sectoral assistance to vulnerable groups (for UNHCR and IOM programs). 3. <u>Durable solutions preventing further</u> <ul style="list-style-type: none"> • Promote durable solutions for displaced populations in the region (repatriation/ reintegration, local integration or resettlement) considering legal, physical, social and economic aspects. • Develop Peace-building and coexistence programs in returnee and refugee hosting areas (target: five training sessions planned). • Undertake joint program on "conflict prevention and social cohesion" in Mauritania. Target: nine mediation/alternative disputes resolution centres in provinces to be set up inhabited by vulnerable communities and returnees (with high number of conflict over access to land and resources). 4. <u>Capacity-building and partnership</u> <ul style="list-style-type: none"> • Build capacities of security, justice and social services to follow and manage population movements (target: at least 20 training programmes implemented and 10% of people trained). • Strengthen the partnership with and build the capacity of ECOWAS in the search for durable solutions for displaced people in the context of the Free movement Protocols (Target: three joint training of ECOWAS and three joint border monitoring missions with ECOWAS commission). 	<ul style="list-style-type: none"> • Data collected for migrants and IDPs by age, sex and vulnerability • Number of stranded migrants returned to their countries and reintegrated • Number of people who received legal assistance • 100% of documentation issued to people in need • Number of people repatriated • Number of beneficiaries of local integration programs • Number of individuals resettled • Number of micro-credits provided • Number of mediation/alternative disputes resolution centres established • Number of training provided • Number of people trained. • Number of joint training sessions with ECOWAS provided • Number of joint border monitoring missions with ECOWAS 	<ul style="list-style-type: none"> • Individual agencies and organisations will monitor project-specific indicators and make ongoing evaluations and assessments of project objectives. • Collective monitoring of protection activities will be undertaken during the mid-year review and monthly through the Protection working group. • Agencies and NGOs members of the working group will share their updates on the different activities. • The head of the protection working group can request individual members for updates on the implementation of the projects during the year.
<p>Prevent and respond to abuse, exploitation, negligence and violence against children and youth in situation of crisis.</p>	<ol style="list-style-type: none"> 1. <u>Data collection</u> <ul style="list-style-type: none"> • Collect and analyze data : interagency child database in crisis situation 2. <u>Assistance and Promotion durable solutions</u> <ul style="list-style-type: none"> • Assistance and reintegration of children (documentation, family tracing, reunification, demobilization and reintegration) (target: 500 children 	<ul style="list-style-type: none"> • Data collected • Number of monthly reports on child protection caseload and humanitarian intervention • Number of children demobilized • Number of children reunified and 	<ul style="list-style-type: none"> • Quarterly review for information or action.

Objectives	Process - activities	Indicators	Impact - monitoring
	<p>assisted, reintegrated...)</p> <ul style="list-style-type: none"> • Promotion of livelihood for at risk households and groups • Promotion of access to Primary education for vulnerable children in situation of crisis or with humanitarian needs (capacity-building, material equipment and human resources) <p>3. <u>Capacity-building</u></p> <ul style="list-style-type: none"> • Strengthen capacities in terms of juvenile justice in humanitarian situation (target: at least six training programmes organized and 10% of people trained) • Train government, service providers and local communities on prevention and response to protection problems of children in line with IASC guidelines and new international standards (target: at least 16 training programmes organized and 10% of people trained) 	<p>reintegrated</p> <ul style="list-style-type: none"> • Percentage of child-headed household assisted • net enrolment ratio in primary education (by gender) • Number of primary institutions assisted • Number of school supplies provided and number of furniture provided • Number of teachers provided • Number of training provided and number of people trained • Number of training provided and number of people trained. 	
<p>Prevent and respond to gender-based violence in situation of crisis</p>	<p>1. <u>Data collection</u></p> <ul style="list-style-type: none"> • Strengthen the collection and analysis of data on GBV in crisis situation (including in post conflict and natural disasters).. <p>2. <u>Assistance and Promotion durable solutions</u></p> <ul style="list-style-type: none"> • Ensure access to legal system (target: 100% of GBV survivors have access to legal assistance • Strengthen the systems of reference and coordination (target: at least twelve systems to be established) • Assist the victims (medical, psycho-social, security) (target: 100% of GBV survivors have access to mutli-sectoral assistance • Support livelihoods of at risk households and groups <p>3. <u>Capacity-building</u></p> <ul style="list-style-type: none"> • Strengthen capacities in the legal sector (target at least ten training programmes implemented and 10% of people trained) • Train government, service providers and local communities and on prevention and response to SGBV in line with IASC guidelines and new international standards (target at least thirty training programmes implemented and 10% of people trained) • Train humanitarians, military, and security forces to prevent GBV (and sexual exploitation) (target: at least 500 armed forces personnel trained in child protection in at least five West African countries) • Train 10 female jurists as trainers, and 300 female paralegals from beneficiary communities in Mauritania to improve access to justice for women and prevention of violence at the community/family level 	<ul style="list-style-type: none"> • Data collected • Percentage of cases that received legal assistance • Number of GBV coordination system established • Percentage of GBV survivors reporting to health facilities that received PEP within 72 hours • Percentage of victims assisted • Number of training provided and percentage of people trained • Percentage of female headed household receiving livelihoods support • Percentage of people trained 	

Table of proposed coverage per site

SITE / AREA	ORGANIZATIONS
Benin	UNHCR, <i>Commission Nationale d'Assistance aux Réfugiés</i> (CNAR), UNICEF, IOM Governmental focal point
Burkina Faso	Christian Relief and Development Organisation (CREDO), <i>Commission Nationale pour les Réfugiés</i> (CONAREF), UNICEF IOM Focal Point
Cap Vert	(UNDP) IOM Focal Point
Côte d'Ivoire	UNHCR, <i>Service d'Aide et Assistance aux Réfugiés et Apatrides</i> (SAARA), <i>Association de Soutien à l'Auto-Promotion Sanitaire et Urbaine</i> (ASAPSU), UNICEF, IOM
Gambia	UNHCR, Gambia Food and Nutrition Association (GAFNA), Gambia Red Cross Society (GRCS), Gambia Immigration Department (GID), UNICEF, IOM
Ghana	UNHCR, Ghana Refugee Board (GRB), UNICEF, IOM
Guinea	UNHCR, <i>Commission Nationale pour l'Intégration et le Suivi des Réfugiés</i> (CNISR), UNICEF, IOM
Guinea-Bissau	ADRA, <i>Comissão Nacional para Refugiados e Deslocados Internos</i> (CNRD), UNICEF, UNFPA, Plan, UNHCR,
Liberia	UNHCR, Liberia Refugee Repatriation and Resettlement Commission (LRRRC), UNICEF, IOM
Mali	UNHCR, <i>Association des Anciens Volontaires des Nations-Unies</i> (AAVNU), <i>Commission Nationale Chargées des Réfugiés</i> (CNCR), UNICEF, IOM
Mauritania	UNHCR, UNDP, <i>Agence Nationale d'Appui et d'Insertion des Réfugiés</i> (ANAIR), UNICEF, IOM, UNFPA, InterSOS, <i>Association pour la Lutte contre la Pauvreté et le sous Développement</i> (ALPD), <i>Groupe de Recherche et d'Echanges Technologiques</i> (GRET), <i>Association Mauritanienne des Droits de l'Homme</i> (AMDH)
Niger	Caritas Développement Niger (CADEV), <i>Commission Nationale d'Éligibilité au Statut des Réfugiés</i> CNE, UNICEF, IOM
Nigeria	UNHCR, ECOWAS, National Commission for Refugees (NCFR), UNICEF, IOM
Senegal	UNHCR, <i>Office Africain pour le Développement et la Coopération</i> (OFADEC), ILO, <i>Conseil National de l'Enseignement Supérieur et de la Recherche</i> (CNESR), UNICEF, IOM Regional Office
Sierra Leone	UNHCR, National Commission for Social Action (NaCSA), UNICEF, IOM
Togo	UNHCR, CNAR, UNICEF

4.5 Coordination

Coordination	
Cluster/sector Lead Agency(s)	OCHA (Office for the Coordination of Humanitarian Affairs)
Implementing Agencies	All partners
Number of Projects	11
Cluster/sector Objectives	<ul style="list-style-type: none"> • Support humanitarian coordination by reinforcing the Resident Coordination System and servicing the regional IASC • Strengthen regional capacity for humanitarian advocacy by reinforcing common information management systems • Reinforce regional and national capacities to respond to emergencies • Provide common services in support of humanitarian interventions • Reinforce sectoral and inter sectoral coordination
Beneficiaries	16 UN and HCTs, governments, Donors, regional humanitarian partners and institutions
Funds Requested	\$39,197,099
Funds requested per priority level	\$2,408,483 (High) \$36,788,616 (Medium)
Contact Information	Noel Tsekouras (tsekouras@un.org)

During the CAP workshop held in Dakar on 8-9 September 2009, participants identified 4 main objectives for the sector:

- Support humanitarian coordination by reinforcing the resident coordination system in the region and servicing the regional IASC
- Strengthen regional capacity for humanitarian advocacy by streamlining common information management systems
- Reinforce regional and national capacities to respond to emergencies
- Provide common services in support of humanitarian intervention
- Reinforce sectoral and inter sectoral coordination to help address acute poverty issues

With regard to effective country-based humanitarian coordination, the overarching agreement reached during the CAP workshop underlined the need to further reinforce the capacity of the Resident Coordination system throughout the region. The provision of suitable humanitarian expertise attached to the Office of the RC was seen as the prerequisite to ensure that core humanitarian responsibility of the RC are met in countries where OCHA is not present.

Needs Analysis

In 2009, the context in West Africa has been characterized by a series of crises whose complexity and severity has taken a deep toll on the survival and coping capacity of millions of households across the region. These compounded crises continued to be very challenging for the populations and the response systems of the humanitarian community.

During the first semester of the year, large-scale epidemics such as meningitis spread throughout the region affecting more than 75,000 people and killing 4,000. Cholera, hemorrhagic fevers and measles outbreaks had also an important human impact. Similarly natural disasters such as floods, landslides, have been particularly devastating with over 770,000 affected people and more than 193 casualties reported between the months of June and September.

The lack of capacities of governments to prepare and respond to these emergencies underlined the important role of humanitarian actors in supporting the efforts of governments' toward a better management of preparedness, emergency response and disaster management.

Malnutrition and food insecurity remains a daunting challenge for the region, and despite efforts by Members States, regional organizations, developmental and relief actors, the situation has not improved. Surveys continue to indicate acute malnutrition rates of more than 15%. Overall pessimistic food production previsions, mainly due to irregular and insufficient rainfalls, combined with the global financial crises may further affect millions of people. These humanitarian challenges however must be addressed region-wide because of their "domino" and cross-border effect and their correlating implication to emergency responses and resources mobilization in West Africa.

Furthermore, the facts depicted above are also fuelled by protracted social unrest, fragile political systems, poor governance and mega-trends such as youth unemployment, the effects of climate change, the financial crises, rapid demographic and urban growth, transnational criminal activities including terrorisms and narco-trafficking.

In this context, the strategic approach for the coordination sector will be to:

- Foster regional and national coordination structures; with a particular focus on reinforcing the cluster approach
- Uphold the accountability, ability and capacity of humanitarian actors, governments and regional organisations to prepare and respond to natural disasters and other emergencies
- Continue the advocacy with development actors for joint diagnoses and greater cooperation in curtailing the downward vulnerability and rising risks generate by the compounded emergencies affecting this region

All partners present in the regional CAP workshop in September 2009, fully endorsed this approach and agreed that the common priority for this sector should be the promotion of a coordinated response to tackle acute vulnerabilities and strengthen resilience to risks.

Response plan

Objectives	Key Activities	Indicators
<p>1. Support humanitarian coordination by reinforcing the Resident Coordination System in the region.</p>	<ul style="list-style-type: none"> • The resident coordination system and OCHA will continue to advocate with donors and UN HQs for the recruitment and deployment of National Humanitarian coordination Officer (NHAO) attached to the Office of the RC in countries with no OCHA presence • Promote the establishment of HCTs where deem appropriate • Technical support to RC and HCTs for the establishment/strengthening of coordination mechanisms provided, especially in countries with no OCHA presence • Special training for RCs on the humanitarian agenda • Humanitarian Induction course provided to NHAO if recruited or to Coordination Officers (COs) of the RCs 	<ul style="list-style-type: none"> • Percentage of support missions deployed in response to a request from RC and/or HCTs • Number of National Humanitarian coordination officers attached to the RC' office in the region • Number of HCTs established • Number of NHAO and Coordination Officers trained on core humanitarian principles and response tools
<p>2. Enhanced regional capacity for advocacy and decision-making by spearheading common information management systems.</p>	<ul style="list-style-type: none"> • Information management systems and products are developed and/or reinforced to widen knowledge on humanitarian issues affecting the region • Development of Dashboards Indicators for Decision-making and monitoring of crisis situations • Donors and key non-humanitarian stakeholders are regularly updated on humanitarian issues affecting the region • A regional observatory on compounded vulnerability is established in full collaboration with development actors 	<ul style="list-style-type: none"> • Monitoring and early warning systems integrate all information available across the region; function on a continuous basis; and are used by key stakeholders • Information produced by early warning systems are synthesized into decision-making and monitoring dashboards • OCHA website regularly updated with key humanitarian information • Users survey conducted on the OCHA web pages (Sectoral working groups) and the use of dashboard and country profiles by OCHA' constituency • Regional Observatory is established • Regular briefings are provided to key stakeholders and decisions makers (Sector leads, Heads of civil defence agencies, political actors etc).

Objectives	Key Activities	Indicators
3. Reinforce regional and national capacities to respond to emergencies.	<ul style="list-style-type: none"> • Advocate with RCs/HCs for the implementation of minimum preparedness activities in the countries (ex: national and inter agency contingency plans, simulations etc). • Conduct simulation exercise to test the validity and level of preparedness of HCTs • Pursue specific preparedness activities to natural disasters with national disaster management agencies and concerned partners • Reinforce national capacity in search and rescue (SAR) and promote regional cooperation in SAR • Strengthen regional response capacity to country-based crisis through the establishment of regional stockpiles; the expansion of expertise in disaster coordination and response; and the promotion of civil defence services • Engagement with regional networks on disaster preparedness and response 	<ul style="list-style-type: none"> • Number of simulation exercises requested by RCs/HCs in the region and number contingency plans updated • Number of countries using a common rapid needs assessment form • Number of regional IASC meetings organised in support to regional/country responses to emergencies • Number of regional preparedness actions conducted with disaster management agencies • Development of a roadmap for capacity-building in SAR at national and regional level. Start-up of regional stockpiles • Number of personnel trained and active in the UNDAC system • Number of joint missions conducted with ECOWAS Emergency Teams • Agreement reached for the establishment of a regional school for Civil Defence and Disaster Management • Mapping of capacity and gaps of regional organizations in disaster management
4. Support humanitarian action through provision of common services	<ul style="list-style-type: none"> • Reinforce the UNHAS in collaboration with WFP • Examine the feasibility and establish a regional inter-agency rapid response unit • Expand Regional Office for West Africa (ROWA) OCHA' ability to serve mapping and data needs of humanitarian actors. 	<ul style="list-style-type: none"> • Expanded UNHAS services across the region. • Number of emergencies responded in time through the provision of common services. • Number of mapping products developed and used on a regular basis or in response to emergency situations.
5. Reinforce sectoral and inter sectoral coordination.	<ul style="list-style-type: none"> • Regional humanitarian strategy strengthened by the introduction of indicators and thresholds to improve the programming and monitoring capacity of humanitarian interventions • Programmatic and operational coordination among all humanitarian actors is ensured notably through increased participations to joint humanitarian assessment and operations 	<ul style="list-style-type: none"> • Number of regional sectoral working groups contributing to the CAP process. • Humanitarian thresholds approach introduced, tested and fully functional • Number of joint analysis produced with development actors on vulnerabilities in the region • Sectoral working groups are fully functional and meet regularly • Number of monthly meetings of the sectoral (6) working groups organized to agree on common actions

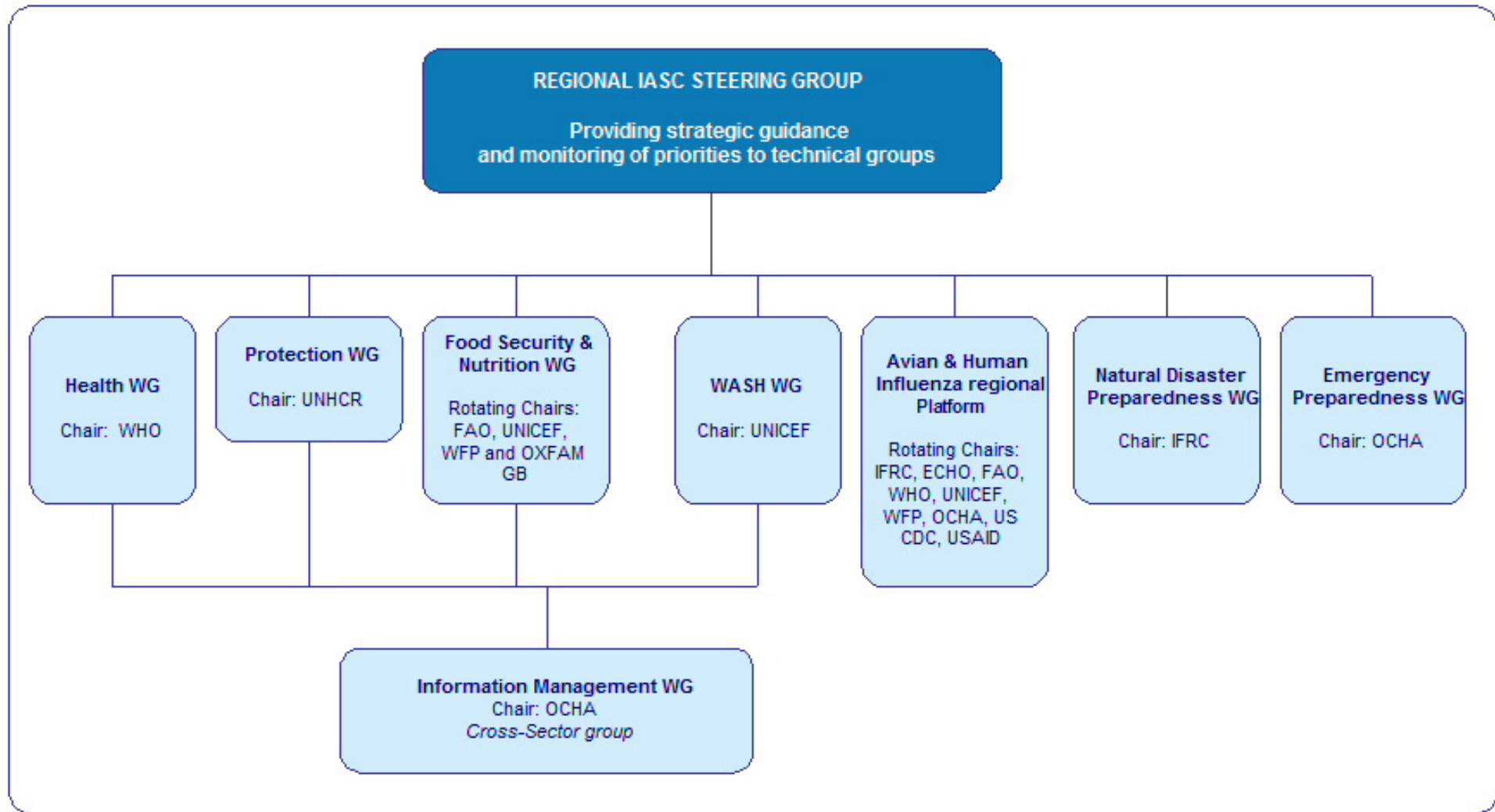
Monitoring plan

Coordination is taking place throughout the regional IASC structure and the regional sectoral working groups. Regional coordination structures include UN agencies, NGOs, international Red Cross and Red Crescent Movement and donors. On the specific matter of disaster preparedness and response, regional coordination includes governmental agencies in charge of disaster management.

The monitoring of coordination activities will be assessed against the provided indicators and the overall improvement of humanitarian response to ongoing and slow onset emergencies.

Organizations participating to the regional coordination structures will fully use services made available to them and will provide regular updates on their respective activities and their relevance with the established objectives for the coordination sector.

REGIONAL COORDINATION STRUCTURES



4.6 Emergency Preparedness

Emergency Preparedness	
Cluster/sector Lead Agency(s)	WFP/OCHA/UNICEF
Implementing Agencies	UNICEF, WFP, OCHA, FAO, IFRC, UNHCR, OXFAM
Number of Projects	10
Cluster/sector Objectives	<ul style="list-style-type: none"> • Streamline information management and exchange in order to facilitate decision-making and prioritization • Conduct risk analysis and mapping • Enhance preparedness systems (Early Warning systems, IASC contingency planning process) and conduct inter-agency trainings/simulations • Strengthen EP concepts and practices at regional and national level • Strengthen regional partnerships and coordination mechanisms; • Identify in-country EP and crisis management capacity gaps and provide advisory services
Beneficiaries	UN agencies, governments, INGOs, regional and sub-regional Institutions
Funds Requested	\$5,348,810
Funds requested per priority level	\$5,348,810 (Medium)
Contact Information	Manuela Gonzalez (gonzalez8@un.org)

Needs Analysis

Most countries in West Africa are considered to be fragile states. Until recent many of them have been affected by civil wars that have further weakened their capacity to respond to crises – including natural disasters that are recurrent in the region. Management capacity of such events is generally inadequate at national and local level among governmental and non governmental institutions.

The process of emergency management involves four phases: mitigation, preparedness, response and recovery but very often humanitarian actors are only focusing on the two last steps to the detriment of the two first ones which are, in fact, crucial to lessen the impact of a crisis. Especially in the West African context where increasing frequency and intensity of natural disasters are exacerbating existing vulnerabilities, it becomes essential to focus on prevention and preparedness to ensure that the impact of such events on people’s lives and livelihoods is mitigated.

Regional representations of organisations involved in EP are in this aspect well-positioned to support countries to enhance their EP thanks to their access to expertise, capacity of analyzing cross border risks and events and to ensure that common strategic approaches are adopted. Regional and sub-regional vulnerabilities are interdependent and proposed responses have to be coordinated and harmonized for better impact and efficiency.

Taking into account physical, social, protection, legal and economic needs requires a cross sectoral and holistic approaches to prevention and responses. This also remains a challenge.

Priorities and gaps:

- Information management
- early warning tools (partly as application of risk analysis)
- Collaborative websites, decentralized team work
- Regular collection of lessons learnt and best practices to “capitalize” on these for improved preparedness
- Consistent and better use of EWS and integrating EP concepts into existing EWS
- Capacity-building at Government level
- Support to the setting up of EPR/disaster risk reduction Units and building up of spatial data infrastructures
- Promotion of multi-layered risk analysis as planning/decision-making/early warning tool
- IASC preparedness planning, with emphasis on sub-regional preparedness
- IASC EP training & simulations
- Risk analysis and Vulnerability mapping to allow better prediction, planning and preparedness

Monitoring Plan

Objectives	activities	Indicators	Means of verification
<p>1. Streamline information management and exchange in order to facilitate decision-making, prioritization and planning</p>	<ul style="list-style-type: none"> • Create a regional multi-agency platform for information sharing • Establish regular post-crisis evaluation & collection of lessons learnt & best practices for further improvement of preparedness levels in conjunction with local governments • Develop a tool for online information sharing 	<ul style="list-style-type: none"> • Number of multi-agency platform meeting reports disseminated • Number of post-crisis assessment report disseminated and % of key recommendations endorsed and applied by HCTs • On-line site functioning and number of hits 	<ul style="list-style-type: none"> • EP Task Force monthly meetings • Quarterly progress reports submitted to the Regional IASC and the Regional Directors' Team (RDT) • Mid-Year Retreat • Technical Working Groups reviewing specific aspects or conducting specific studies • Final Annual report
<p>2. Systematize Risk Analysis and Mapping</p>	<ul style="list-style-type: none"> • Conduct a Risk Analysis in 6 to 8 selected countries and prepare Guidelines for further dissemination and utilization • Set up Socio-Political Early Warning system and pilot it in 1 or 2 countries 	<ul style="list-style-type: none"> • Number of risks analysis and mapping reports disseminated and percentage of analysis used in planning process • Guidelines disseminated to all countries and analysis conducted by HCT • Socio-political EW system reference documents approved • Number of pilot tests completed 	<ul style="list-style-type: none"> • Quarterly progress reports submitted to the Regional IASC and the RDT • Mid-year Retreat • Early Warning matrix • Final Annual report
<p>3. Enhance EP mechanisms</p>	<ul style="list-style-type: none"> • Conduct EPR national capacity assessment in most at risk countries and provide advisory services • Provide technical supports and trainings to organizations/ Agencies/institutions involved with early warning and emergency management • Support Inter-Agency and National Contingency Planning processes. 	<ul style="list-style-type: none"> • Number of EPR capacity assessment conducted and % of key recommendations endorsed and applied by HCT • Number of training conducted and % of satisfactory rating from participants • Number of Contingency Planning process supported and related documents shared 	<ul style="list-style-type: none"> • Quarterly progress reports submitted to the Regional IASC and the RDT • Mid-year Retreat • Back to Office reports • Final Annual report
<p>4. Strengthen EP concepts and practices at regional and country level</p>	<ul style="list-style-type: none"> • Support the implementation of regional, sub-regional, national and local's processes in EP and planning • Set up a roster of specialists for the deployment of regional team for rapid needs assessment and support for the coordination of humanitarian crisis • Advocate for the organization of simulation exercises and test the 	<ul style="list-style-type: none"> • Number of EP working sessions and related documents shared. Percentage of key recommendations endorsed and applied by RDT and HCT • Roster set up, number of experts listed and number of support mission conducted by listed people • Number of simulation exercises organized and % of satisfactory rating from participants 	<ul style="list-style-type: none"> • Quarterly progress reports submitted to the Regional IASC and the RDT • Mid-year Retreat • Evaluation report of IA Simulation exercise • Final Annual report

Objectives	activities	Indicators	Means of verification
	effectiveness of prepared Contingency Plans with functional simulations <ul style="list-style-type: none"> • Support EPR Training of the Trainers • Organize workshop for strengthening civil-military cooperation 	<ul style="list-style-type: none"> • Number of EPR ToT organized and number of participants • Workshop organized and percentage of satisfactory rating from participants 	
5. Strengthen regional partnerships and coordination mechanisms	<ul style="list-style-type: none"> • Reinforce regional EPR regional Task Force and prepare an operational Action Plan in line with the RDT priorities • Conduct joint needs driven missions in the field to assist humanitarian actors • Scale up support to ECOWAS Humanitarian and Social Affairs Department and ensure links with other Regional institutions • Enhance sub regional Contingency Planning processes • Ensure information sharing and coordination with other regional Task Forces/Organizations /Institutions worldwide 	<ul style="list-style-type: none"> • Action Plan prepared and endorsed by RDT. percentage of action successfully conducted • Number of Joint mission conducted and related document disseminated • Number of meetings organized with ECOWAS and relevant regional institutions and number of technical support provided • Number of sub-regional CP process assisted and % of key recommendations endorsed and applied and HCT • Exchange /information sharing system set-up with other regional TF/Institutions worldwide 	<ul style="list-style-type: none"> • EP Task Force monthly meetings • Quarterly progress reports submitted to the Regional IASC and the RDT • Mid-year Retreat • Final Annual report

5. PROJECT REVIEW AND CRITERIA FOR SELECTION AND PRIORITIZATION OF PROJECTS

During the 2010 CAP workshop, it was agreed that all projects should be in line with the following strategic priorities:

1. Reduce excess mortality and morbidity in crisis situations
2. Reinforce livelihoods of the most vulnerable people severely affected by slow or sudden-onset crises
3. Improve protection of vulnerable people
4. Strengthen national and regional coordination

Project selection and prioritization criteria

Furthermore, projects must adhere to sector objectives identified in the various sector response plans (see section 3). Based on this prerequisite, the selection and prioritization criteria for CAP projects are the following:

- Is the project responding to the sector objectives?
- Are the project's needs evidence-based?
- Is the project addressing one or more exceeded thresholds?
- Does the project address life-saving needs of affected people within a short time span?
- Is the project's impact measurable in the timeframe of the appeal?
- Has/will the project benefit from other funding sources (non-CAP)?
- Has the project been elaborated in coordination with partners within a specific sector?
- Does the appealing organization have the technical expertise and mandate in the country to implement the project, or can scale up its operational capacity rapidly as required?

All projects were rated against the selection criteria. Each criterion was given one point with the exception of the criterion related to thresholds which was given a score of four points as it is responding to the most severe situations.

Coordination and EP projects were all scored as medium priority as they are not addressing direct needs of affected populations. Projects scoring higher than six points were considered high priority and projects scoring less than six points were considered as medium priority.

The project review process

For the 2010 CAP all *technical projects* have been reviewed by the regional sectoral working groups to ensure that they are in line with the 2010 CAP strategy, that they are feasible and their impact measurable. *Non-technical projects*, covering coordination and EP activities, were reviewed by the inter agency Regional Review Board (comprising UN agencies, NGOs and Donors) based on the selection criteria described above.

Projects final approval

All reviewed projects have been submitted to the Resident Coordinators and Humanitarian Coordinators in their respective countries for final approval. Regional projects and projects emanating from NGOs in countries where there is no Humanitarian Coordinator have been approved by the Regional Review Board.

Strengthening the process in 2010

Despite efforts to improve the project identification and review process for the 2010 CAP, some actors expressed concerns about the unbalanced representation between UN and non-UN entities in the process and recommended a more equitable representation.

Overall, strengthening the review process implies enhanced participation from countries to the CAP process, notably through improved in-country coordination structures in order ensure better identification of priority needs and selection of projects.

The reinforcement of in-country and regional coordination structures will be crucial to strengthen inclusiveness and active participation by all stakeholders to the next CAP cycle.

6. CONCLUSION

During preparation for the 2010 CAP, the humanitarian community recognized the need to adopt new strategies and methods for humanitarian programming in West Africa. This was needed to achieve increased and maximized humanitarian funding through improved and targeted response plans.

The response plans presented in the 2010 CAP build on better identification of needs and understanding of the underlining causes of acute vulnerabilities. The newly-adopted threshold approach, which will evolve with each CAP cycle, should help improve the quality, relevance and timeliness of humanitarian assistance in a context characterized by a continuum of crises that shift populations from extreme poverty to acute vulnerability.

It is also recognized that to reinforce humanitarian action in the region, increased interactions between regional and national coordination structures will be crucial to ensure more cohesion and inclusiveness and optimal use of humanitarian resources. In the same vein, common advocacy activities are necessary to highlight the region's crises and assist decision-making processes by key stakeholders, including relief actors, donors, governments and regional organizations.

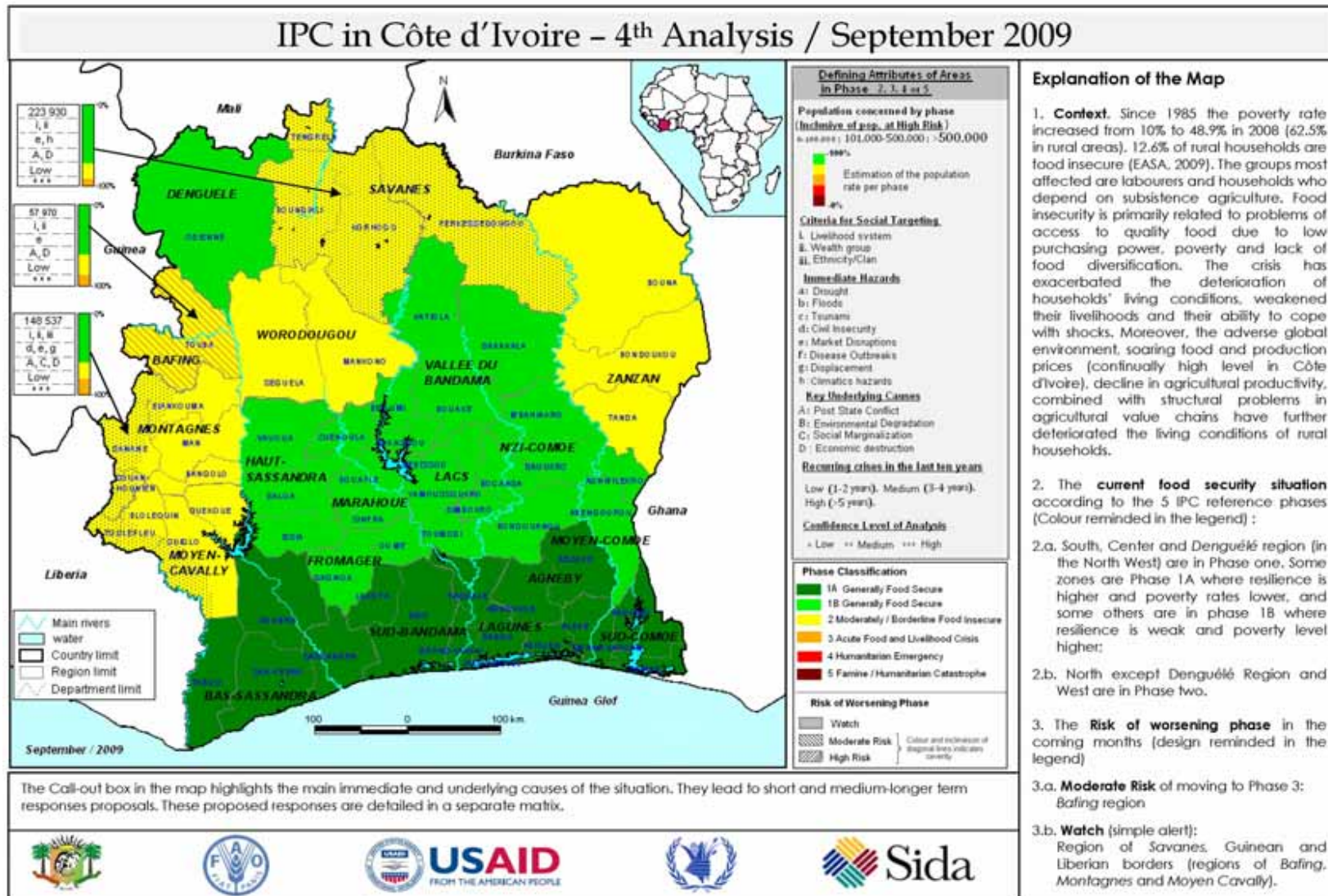
However, responding adequately to humanitarian needs requires that the humanitarian community and national and regional organizations reinforce preparedness and risk reduction programmes in the region. As the elaboration of the 2010 CAP was concluding, the situation in Guinea deteriorated. Security forces violently disbanded an opposition rally, leaving more than 150 people dead and 1,500 injured.

While regional and national contingency plans had clearly identified the potential of pre- and post-electoral violence in Guinea, the situation further highlighted the need for more resources to improve our joint preparedness measures and strengthen regional and national capacities to rapidly respond to sudden crises. The events in Conakry further exposed West Africa's fragility and the multitude of threats that can rapidly impact the population's capacities to cope with risks.

The scenarios developed in the CAP predict that political and socio-economic instability will continue to affect this part of the continent. It is therefore critical for the humanitarian community to be prepared to respond to new and compounded threats to the population.

The 2010 CAP elaboration process shows the humanitarian community's ability to rapidly adapt to a continuously changing environment, incorporate new tools and devise new strategies for West Africa.

ANNEX I. MAP – INTEGRATED FOOD SECURITY PHASE CLASSIFICATION (IPC) FOR COTE D’IVOIRE



ANNEX II. LIST OF PROJECTS

Table V. Appeal projects grouped by cluster (with hyperlinks to open full project details)

Project code	Project title	Appealing agency	Requirements (\$)	Priority
(click on code to open full project sheet)				
COORDINATION / INFORMATION MANAGEMENT AND SUPPORT SERVICES				
WA-10/CSS/26354/298	Protection at the Borders: Collecting, Processing and Sharing Migration Data as a Tool for Migrant Protection	IOM	2,050,000	MEDIUM
WA-10/CSS/27292/561	Regional Air Operation in Support of the Humanitarian Community in Guinea, Liberia and Sierra Leone. (200068)	WFP	4,799,442	MEDIUM
WA-10/CSS/27622/120	Regional coordination of UNHCR activities in West Africa	UNHCR	17,388,292	MEDIUM
WA-10/CSS/27646/119	Humanitarian Coordination and Advocacy in West Africa	OCHA	4,478,133	MEDIUM
WA-10/CSS/27678/120	Strengthen Partnership with the Economic Community of West African States (ECOWAS)	UNHCR	300,000	MEDIUM
WA-10/CSS/27741/561	Provision of Safe, Efficient and Sufficient Air Transport Services to the Humanitarian Community in Niger and within the Sub-Region	WFP	4,267,032	MEDIUM
WA-10/CSS/28672/124	Child Protection in Emergencies (CPIE) coordination in West Africa: enhancing preparedness and response capacity in line with the IASC cluster approach	UNICEF	647,350	MEDIUM
WA-10/CSS/28886/122	Coordinated Health Actions and Health Information Management across West Africa	WHO	936,892	MEDIUM
WA-10/CSS/29235/119	Information and analysis support for humanitarian decision-making - IRIN	OCHA	1,492,415	MEDIUM
WA-10/CSS/29242/119	Humanitarian Coordination and Advocacy in Guinea	OCHA	429,060	MEDIUM
WA-10/CSS/30729/119	Humanitarian Coordination and Advocacy in Niger	OCHA	2,408,483	HIGH
Sub total for COORDINATION / INFORMATION MANAGEMENT AND SUPPORT SERVICES			39,197,099	
EMERGENCY PREPAREDNESS				
WA-10/CSS/26359/298	Camp Coordination and Camp Management in West Africa: enhancing preparedness and response capacity in line with the cluster approach	IOM	1,175,000	MEDIUM
WA-10/CSS/26389/124	Strengthening preparedness and capacities to respond to issues related to the protection of women and children in emergency settings in Niger	UNICEF	548,910	MEDIUM
WA-10/CSS/27186/124	Regional emergency rapid response project	UNICEF	481,500	MEDIUM
WA-10/CSS/27188/124	Roll-out of Education in Emergencies capacity building initiative in West Africa	UNICEF	321,000	MEDIUM
WA-10/CSS/27328/123	Regional Emergency Preparedness and Response Capacity Development and Support to Humanitarian Actors in West Africa	FAO	154,000	MEDIUM
WA-10/CSS/27328/124	Regional Emergency Preparedness and Response Capacity Development and Support to Humanitarian Actors in West Africa	UNICEF	107,000	MEDIUM
WA-10/CSS/27328/561	Regional Emergency Preparedness and Response Capacity Development and Support to Humanitarian Actors in West Africa	WFP	740,000	MEDIUM
WA-10/CSS/27359/7321	GUINEA-BISSAU National Civil Protection - Emergency Preparedness and Risk Reduction – Support for national emergency planning and response capacity.	ORCHC	350,000	MEDIUM
WA-10/CSS/27650/120	Regional Stockpile and Emergency Preparedness in West Africa	UNHCR	290,000	MEDIUM
WA-10/CSS/28317/124	Strengthening emergency preparedness and response at the national level in the education sector in Mauritania	UNICEF	502,900	MEDIUM
WA-10/CSS/28880/124	Regional emergency stock piling project	UNICEF	267,500	MEDIUM
WA-10/P-HR-RL/28191/124	Prevention and assistance for children and women victims of violence in Guinea-Bissau during emergencies	UNICEF	411,000	MEDIUM
Sub total for EMERGENCY PREPAREDNESS			5,348,810	

W E S T A F R I C A

FOOD SECURITY AND NUTRITION				
WA-10/A/26512/5834	School Gardening to improve food security and education in western Ivory Coast	NRC	535,000	MEDIUM
WA-10/A/26673/123	COTE D'IVOIRE - Support for vulnerable rural households affected by the conflict through the establishment of income-generating activities, provision of agricultural inputs and support to the coordination of emergency agricultural operations	FAO	2,108,221	HIGH
WA-10/A/26698/123	LIBERIA - Emergency assistance for smallholder rice farmers vulnerable to the global food crises	FAO	2,172,500	HIGH
WA-10/A/26700/123	COTE D'IVOIRE-Support to nutrition and livelihoods of vulnerable households and communities	FAO	396,998	MEDIUM
WA-10/A/26712/123	BURKINA FASO - Emergency assistance to affected vulnerable farmers at risk of malnutrition and victims of high food prices and climatic hazards	FAO	6,967,000	HIGH
WA-10/A/26749/123	NIGER - Emergency assistance to the rehabilitation of sustainable livelihoods of vulnerable pastoralist households	FAO	5,780,000	HIGH
WA-10/A/26753/123	NIGER - Support to vulnerable households affected by natural disaster	FAO	7,200,000	HIGH
WA-10/A/26758/123	GUINEA - Emergency assistance to victims of the floods and improved harmonization of emergency interventions conducted in the agriculture and food security sectors	FAO	980,000	HIGH
WA-10/A/26967/123	MAURITANIA - Emergency assistance to the population (farmers and livestock owners) affected by drought and floods	FAO	981,087	MEDIUM
WA-10/A/27059/123	TOGO - Emergency assistance to the rehabilitation of sustainable livelihoods of rural populations affected by increased prices of staple food and agricultural inputs	FAO	1,601,600	HIGH
WA-10/A/27136/5362	Contribution to the resilience of pastoralist and agro-pastoralist populations in vulnerable areas affected by fodder deficit in Niger	OXFAM Netherlands (NOVIB)	1,800,000	HIGH
WA-10/A/27862/123	REGIONAL - Strengthening regional-level food security information analysis and coordination capacity and improving agricultural based emergency responses	FAO	3,355,000	HIGH
WA-10/A/28052/123	SENEGAL - Emergency assistance to vulnerable households in risk of food insecurity and/or malnutrition affected by climatic shocks and economic crisis	FAO	2,117,500	HIGH
WA-10/A/28084/123	REGIONAL - Life saving emergency assistance to control diseases occurring at animal-human interface in 15 West African countries	FAO	2,000,000	MEDIUM
WA-10/F/26992/561	Food Assistance to Vulnerable Populations and Refugees-Affected Areas (200048)	WFP	15,861,008	HIGH
WA-10/F/27102/561	Assistance to populations affected by and recovering from the Côte d'Ivoire protracted crisis: Support to malnourished populations and food-insecure populations, including displaced and recently returned households	WFP	10,310,635	HIGH
WA-10/F/27113/561	Support to Vulnerable Populations in Northern Togo (200047)	WFP	1,451,156	HIGH
WA-10/F/27736/561	Improving the Nutritional Status and Reinforcing Livelihoods of Vulnerable Populations in Niger (106110 + 200051)	WFP	24,130,952	MEDIUM
WA-10/F/28178/561	Post-conflict rehabilitation in the Casamance Naturelle and targeted food assistance to vulnerable populations affected by poor harvests and high food prices (106120)	WFP	11,982,221	HIGH
WA-10/F/28398/561	Reversing growing undernutrition in Burkina Faso	WFP	13,211,417	HIGH
WA-10/F/28410/561	High Food Prices in Burkina Faso (EMOP 107730)	WFP	6,163,838	MEDIUM
WA-10/F/28878/561	Relief, Rehabilitation and Transition in Guinea-Bissau	WFP	971,691	HIGH
WA-10/F/28885/561	Food Assistance to Refugee and Returnee-Affected areas of Sierra Leone	WFP	21,245,020	HIGH
WA-10/F/29244/561	Support to Mauritanian returnees from Senegal (sub-activity of the MAU/PRRO 10605.0)	WFP	1,691,941	HIGH
WA-10/F/29682/561	Fighting/controlling malnutrition in food-insecure areas in Mali (PRRO 106100)	WFP	3,500,037	HIGH

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WA-10/H/26756/5195	Extending nutrition intervention and initiating nutrition programme in Worodougou and Bafing regions, Cote d'Ivoire	MERLIN	2,204,053	HIGH
WA-10/H/26772/5186	Management of Acute Malnutrition in Ivory Coast	ACF	1,200,000	HIGH
WA-10/H/27056/6079	Integration of treatment of severe malnutrition for children under 5 into the minimum package of activities in health facilities, Niger.	SC	1,259,000	HIGH
WA-10/H/27189/124	Reducing morbidity and mortality among children in Côte d'Ivoire by managing acute malnutrition, enhancing nutrition surveillance systems and coordination	UNICEF	2,407,500	HIGH
WA-10/H/27190/124	Emergency nutrition response for child survival in Burkina Faso	UNICEF	4,660,438	HIGH
WA-10/H/27191/124	Strengthen and institutionalise nutrition data systems, coordination, and scale up the management of severe acute malnutrition in Ghana	UNICEF	663,000	HIGH
WA-10/H/27192/124	Building capacity of partners to update and strengthen the nutrition information system throughout the country so as to provide adequate information for decision-making and properly plan for a emergency nutrition response in Guinea	UNICEF	535,000	HIGH
WA-10/H/27193/124	Strategic response to the nutrition crisis in Mali	UNICEF	1,120,000	HIGH
WA-10/H/27194/124	Regional emergency nutrition preparedness and response for child survival in West Africa	UNICEF	2,889,000	HIGH
WA-10/H/27196/124	Scaling up the management of severe acute malnutrition among children in Liberia	UNICEF	387,875	HIGH
WA-10/H/27197/124	Emergency nutrition for child survival in Niger: scaling up and improving the quality of management of acute malnutrition among children under-five	UNICEF	14,723,200	HIGH
WA-10/H/27198/124	Tackling child malnutrition and deaths through expansion of community-based management of severe acute malnutrition using the community-based therapeutic care approach in Nigeria	UNICEF	14,066,409	HIGH
WA-10/H/27199/124	Scale up the prevention and management of severe acute malnutrition and strengthen coordination and nutrition information systems in Senegal	UNICEF	647,100	HIGH
WA-10/H/27200/124	Scaling up the management of acute malnutrition and attenuating seasonal peaks of acute malnutrition in five regions of Mauritania	UNICEF	1,150,250	HIGH
WA-10/H/27201/124	Management and prevention of severe acute malnutrition for child survival in the three most affected regions in Togo (Savanes, Kara and Maritimes)	UNICEF	909,500	HIGH
WA-10/H/27202/124	Emergency nutrition for child survival in Benin	UNICEF	845,300	HIGH
WA-10/H/28192/124	Emergency nutrition for child survival in Guinea-Bissau	UNICEF	449,400	MEDIUM
Sub total for FOOD SECURITY AND NUTRITION			198,631,847	
HEALTH				
WA-10/H/26929/1171	Support to the prevention and treatment of Obstetric Fistula in the North West and Center Regions and Abidjan	UNFPA	1,080,700	MEDIUM
WA-10/H/26971/1171	Strengthening reproductive health services in border areas between Côte d'Ivoire and Guinea, Mali, Burkina Faso and Liberia	UNFPA	1,281,900	MEDIUM
WA-10/H/27050/1171	HIV/AIDS Prevention for Cross Border Mobile Population in the MANO River Union Countries (Guinea, Liberia, Sierra Leone and Côte d'Ivoire)	UNFPA	856,000	MEDIUM
WA-10/H/27057/1171	Disaster Preparedness and Mitigation in Reproductive Health in floods prone areas of West Africa	UNFPA	481,500	MEDIUM
WA-10/H/27082/1171	Emergency reproductive health support for post-floodings repatriated and vulnerable populations in five Mauritanian provinces (Assaba, Brakna, Gorgol, Guidimagha, Trarza).	UNFPA	599,200	MEDIUM
WA-10/H/27152/122	Preparedness and response to potentially epidemical diseases in Mauritania	WHO	554,000	MEDIUM
WA-10/H/27184/124	Support West African countries in providing responses to a meningitis epidemic	UNICEF	2,033,000	MEDIUM
WA-10/H/27185/124	Support capacity prevention, response coordination and control of the cholera and meningitis epidemics in Niger	UNICEF	2,171,000	MEDIUM

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WA-10/H/27450/122	Support countrywide response and preparedness activities to control cholera outbreak	WHO	623,528	HIGH
WA-10/H/27496/124	Expanding emergency obstetric and neonatal services in Liberia	UNICEF	500,000	MEDIUM
WA-10/H/27664/1171	Strengthening Emergency Obstetric Care in Guinea-Bissau	UNFPA	567,100	MEDIUM
WA-10/H/28174/123	GUINEA-BISSAU - Pandemic influenza preparedness and control for human health	FAO	65,000	MEDIUM
WA-10/H/28174/124	GUINEA-BISSAU - Pandemic influenza preparedness and control for human health	UNICEF	130,000	MEDIUM
WA-10/H/28174/7321	GUINEA-BISSAU - Pandemic influenza preparedness and control for human health	ORCHC	-	MEDIUM
WA-10/H/28320/122	Emergency rapid respond to prone epidemic disease control in Niger	WHO	2,971,925	MEDIUM
WA-10/H/28321/122	Emergency nutrition intervention for saving life of severe malnourished children in Niger	WHO	659,120	HIGH
WA-10/H/28322/122	Emergency health assistance to improve basic health services to vulnerable populations in Agadez region, Niger	WHO	588,500	MEDIUM
WA-10/H/28323/122	Improved coordination of health emergency activities in Niger	WHO	600,270	MEDIUM
WA-10/H/28561/122	Support to the response to health-related issues linked to disasters in Senegal	WHO	500,000	MEDIUM
WA-10/H/28851/124	Morbidity and mortality reduction among vulnerable populations in Guinea	UNICEF	1,551,500	MEDIUM
WA-10/H/28876/122	Control of outbreaks through effective disease surveillance in 11 health districts in Côte d'Ivoire	WHO	671,960	MEDIUM
WA-10/H/28881/122	Strengthening severe acute malnutrition management at hospital level for life saving	WHO	258,750	MEDIUM
WA-10/H/28884/122	Strengthening early warning system and response to disease outbreaks in West Africa	WHO	1,000,450	MEDIUM
WA-10/H/29178/122	Delivery of Minimum Health Care package to vulnerable groups in post conflict	WHO	677,310	MEDIUM
WA-10/H/29241/1171	Strengthening access and availability of reproductive health services in underserved areas in post-conflict Liberia	UNFPA	777,890	NOT SPECIFIED
WA-10/H/29243/1171	Strengthening access to sexual and reproductive health information, services and empowering war-affected youths, particularly adolescent girls in post-conflict Liberia	UNFPA	631,300	MEDIUM
WA-10/H/29245/1171	Reduction of Obstetric Fistula in the context of maternal and newborn health in post-war Liberia	UNFPA	668,750	MEDIUM
WA-10/H/29573/1171	Increasing accessibility and quality of sexual reproductive health services amongst Persons With Disabilities in Liberia	UNFPA	633,440	MEDIUM
Sub total for HEALTH			23,134,093	
PROTECTION				
WA-10/E/27164/124	Education support to school aged children in Casamance/Senegal with a special focus on improving access to education for the displaced population	UNICEF	1,230,500	MEDIUM
WA-10/E/28187/124	Support to maintain children in school during emergencies in Niger	UNICEF	695,500	MEDIUM
WA-10/MA/28190/124	Mine risk education (MRE) in Guinea-Bissau: a forgotten emergency	UNICEF	246,000	MEDIUM
WA-10/P-HR-RL/26227/120	Strengthening the self-reliance of urban refugees and asylum seekers in West Africa	UNHCR	11,693,240	HIGH
WA-10/P-HR-RL/26347/298	Emergency return and reintegration assistance for children victims of trafficking in or from West Africa	IOM	1,180,000	HIGH
WA-10/P-HR-RL/26357/298	Humanitarian Assistance to Stranded Migrants from or within West Africa	IOM	4,365,608	HIGH
WA-10/P-HR-RL/26386/124	Capacity strengthening to protect children in emergencies and in transition periods with a particular focus on protecting children from gender-based violence, displacement and separation, and exploitation by armed groups	UNICEF	535,000	HIGH
WA-10/P-HR-RL/26790/5181	Safe and dignified IDP return and durable reintegration in West & Southwest Côte d'Ivoire	DRC	1,173,000	HIGH
WA-10/P-HR-RL/26912/124	Prevention and protection of girls and women against gender-based violence in Cote d'Ivoire	UNICEF	677,350	HIGH

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WA-10/P-HR-RL/26922/1171	Ensuring protection of vulnerable women and girls by engaging uniformed services to educate them and host communities on STI/HIV/AIDS PREVENTION, gender equality and Gender-based Violence	UNFPA	445,950	MEDIUM
WA-10/P-HR-RL/26960/1171	Support for reinsertion of Internal displaced Persons especially returning women and young girls in their regions of origin in the North West Center of Cote D'Ivoire	UNFPA	1,184,010	MEDIUM
WA-10/P-HR-RL/27081/120	Creation of a suitable environment for prevention and reduction of the risk of statelessness in West Africa	UNHCR	3,111,973	HIGH
WA-10/P-HR-RL/27112/5179	Secure a peaceful reintegration of returnees in Western Côte d'Ivoire	IRC	700,000	HIGH
WA-10/P-HR-RL/27132/120	Protection and Assistance to Internally displaced persons in Côte d'Ivoire, Ivorian refugees (namely in Guinea, Liberia and Mali), Returnees and support to the return process.	UNHCR	16,902,208	HIGH
WA-10/P-HR-RL/27163/124	Protection of children and women against the danger of land mines in Casamance, Senegal with a special focus on providing Mine Risk Education (MRE) awareness to the displaced population.	UNICEF	347,750	HIGH
WA-10/P-HR-RL/27166/120	Local Integration of Liberians and other refugees in Côte d'Ivoire	UNHCR	7,297,438	HIGH
WA-10/P-HR-RL/27172/124	Prevent and response to violence, exploitation, discrimination and abuse against vulnerable children in situation of crisis in Mauritania	UNICEF	1,016,500	NOT SPECIFIED
WA-10/P-HR-RL/27173/124	Strengthen capacity of NGOs and community based associations in the prevention and the fight against the abduction of young girls in Guinea	UNICEF	362,520	HIGH
WA-10/P-HR-RL/27291/120	Durable solutions for Mauritanian refugees: Return and reintegration in Mauritania and local integration in Senegal and Mali	UNHCR	9,725,853	HIGH
WA-10/P-HR-RL/27306/120	Regional resettlement activities in West Africa	UNHCR	223,000	HIGH
WA-10/P-HR-RL/27668/1171	Prevention and reduction of gender-based violence (GBV) and support to victims of GBV in five regions of Mauritania affected by floods, food insecurity, and the repatriation of refugees	UNFPA	571,175	MEDIUM
WA-10/P-HR-RL/27668/124	Prevention and reduction of gender-based violence (GBV) and support to victims of GBV in five regions of Mauritania affected by floods, food insecurity, and the repatriation of refugees	UNICEF	550,000	MEDIUM
WA-10/P-HR-RL/27677/120	Local Integration of Rural Refugees and Reintegration of Returnees in West Africa	UNHCR	21,753,999	HIGH
WA-10/P-HR-RL/29600/1171	Addressing the medical and psychosocial dimensions of sexual gender-based	UNFPA	700,850	NOT SPECIFIED
Sub total for PROTECTION			86,689,424	
WATER, SANITATION AND HYGIENE				
WA-10/WS/27174/124	Prevention and preparedness against water borne diseases in Senegal and assistance to populations most at risk	UNICEF	995,100	HIGH
WA-10/WS/27177/124	WASH prevention, mitigation and response to cholera, water-borne diseases, natural disasters and to acute malnutrition emergency situations in Mauritania	UNICEF	649,100	HIGH
WA-10/WS/27178/124	Regional emergency WASH preparedness and response	UNICEF	1,762,500	HIGH
WA-10/WS/27180/124	Reducing malnutrition due to water related diseases among children in the northern and western zones of Cote d'Ivoire (Worodougou, Bafing, Denguélé, Savanes, Zanzan and Montagnes)	UNICEF	2,688,292	HIGH
WA-10/WS/27181/124	Development of a holistic and operational WASH emergency response mechanism for communities affected by cholera, floods and malnutrition in Mali	UNICEF	1,000,000	HIGH
WA-10/WS/27453/7250	Improving hygiene and sanitation facilities in 30 rural communities of Western areas of Côte d'Ivoire	HFHI	949,217	HIGH
WA-10/WS/27485/124	Floods management, humanitarian crisis assistance and risk reduction action plan for cholera in Benin	UNICEF	400,000	HIGH
WA-10/WS/27638/124	Prevention, preparedness and response plan to cholera and other diarrhoeal diseases for affected population in Liberia	UNICEF	524,300	HIGH
WA-10/WS/27651/124	WASH preparedness and response for communities affected by cholera, flooding and social crisis in Guinea	UNICEF	1,268,378	HIGH

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WA-10/WS/27655/8260	Improved access to water, hygiene and sanitation in the Department of Bouna, Cote d'Ivoire	MAP International	894,444	HIGH
WA-10/WS/27895/124	Improve cholera prevention and response in Guinea-Bissau	UNICEF	709,410	HIGH
WA-10/WS/27908/124	Development of a WASH response for communities affected by floods, diarrhoeal and cholera outbreaks, and launching of WASH activities into the nutrition response for populations affected by acute malnutrition in Niger	UNICEF	799,932	HIGH
WA-10/WS/28069/124	Improve the response capacity of the WASH cluster, develop a cholera emergency preparedness plan and stockpile emergency supplies in Togo's at-risk zones	UNICEF	642,000	HIGH
WA-10/WS/28184/6579	GUINEA-BISSAU: Sanitation and hygiene to prevent cholera and other diarrhoeal diseases	ADRA	76,800	HIGH
WA-10/WS/28188/5146	Improve cholera emergency preparedness for vulnerable populations affected by the price crisis in Guinea-Bissau	CRS	97,570	HIGH
WA-10/WS/28318/5120	Development of a holistic and operational WASH emergency response by providing timely, appropriate and proportionate humanitarian assistance to the most vulnerable peri-urban or/and rural communities affected by cholera, floods and/or displacements in West Africa Region, with a special focus on five countries (Senegal, Mali, Niger, Sierra Leone and Liberia)	OXFAM GB	1,000,000	HIGH
WA-10/WS/29150/124	A WASH response to mitigate the effect of unpredicted floods on vulnerable populations (including children) in Ouagadougou and 14 provinces in Burkina Faso	UNICEF	1,164,160	HIGH
Sub total for WATER, SANITATION AND HYGIENE			15,621,203	
Grand Total			368,622,476	

Table VI: Summary of requirements (grouped by IASC standard sector)

Consolidated Appeal for West Africa 2010

as of 12 November 2009

<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organization.

Sector Name	Original Requirements (US\$)
AGRICULTURE	37,994,906
COORDINATION AND SUPPORT SERVICES	44,134,909
EDUCATION	1,926,000
FOOD	110,519,916
HEALTH	73,251,118
MINE ACTION	246,000
PROTECTION/HUMAN RIGHTS/RULE OF LAW	84,928,424
WATER AND SANITATION	15,621,203
Grand Total	368,622,476

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

ANNEX III. DONOR RESPONSE TO THE 2009 APPEAL

Table I: Summary of requirements, commitments/contributions and pledges (grouped by themes)

Consolidated Appeal for West Africa 2009
as of 12 November 2009
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organizations

Themes	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Value in US\$	A	B	C	C/B	B-C	D
COORDINATION / INFORMATION MANAGEMENT AND SUPPORT SERVICES	49,338,969	33,387,762	12,688,258	38%	20,699,504	-
FOOD SECURITY AND NUTRITION	220,596,203	274,161,517	210,785,893	77%	63,375,624	1,206,792
HEALTH	15,663,789	21,195,477	7,207,863	34%	13,987,614	-
PROTECTION	62,191,033	62,191,033	15,667,174	25%	46,523,859	-
SECTOR NOT YET SPECIFIED	-	-	754,520	0%	(754,520)	-
WATER, SANITATION AND HYGIENE	13,250,480	13,436,327	2,241,875	17%	11,194,452	-
Grand Total	361,040,474	404,372,116	249,345,583	62%	155,026,533	1,206,792

Table II: Summary of requirements, commitments/contributions and pledges (grouped by priority)

Consolidated Appeal for West Africa 2009
as of 12 November 2009
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organizations

Priority	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Value in US\$	A	B	C	C/B	B-C	D
HIGH	314,673,086	308,355,766	194,375,817	63%	113,979,949	1,206,792
MEDIUM	36,569,782	41,899,077	23,804,195	57%	18,094,882	-
Not specified	9,797,606	54,117,273	31,165,571	58%	22,951,702	-
GRAND TOTAL	361,040,474	404,372,116	249,345,583	62%	155,026,533	1,206,792

NOTE: "Funding" means Contributions + Commitments + Carry-over

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

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Table III: Summary of requirements, commitments/contributions and pledges (grouped by appealing organization)

Consolidated Appeal for West Africa 2009

as of 12 November 2009

<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organizations

Appealing Organization	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Values in US\$	A	B	C	C/B	B-C	D
ACF	857,000	857,000	-	0%	857,000	-
CARE International	150,000	150,000	-	0%	150,000	-
CREPA	310,000	620,000	-	0%	620,000	-
CRS	-	97,570	-	0%	97,570	-
DRC	3,854,000	3,854,000	-	0%	3,854,000	-
DWHH	-	3,410,802	-	0%	3,410,802	-
ERF (OCHA)	21,400,000	5,000,000	-	0%	5,000,000	-
FAO	37,790,794	50,201,238	31,620,619	63%	18,580,619	-
IOM	8,590,608	8,590,608	-	0%	8,590,608	-
MDM	42,000	-	-	0%	-	-
MdM - P	-	42,000	-	0%	42,000	-
NGOs	603,500	403,500	-	0%	403,500	-
NGOs; Red Cross	1,331,750	1,021,750	-	0%	1,021,750	-
OCHA	3,497,635	3,838,926	2,720,488	71%	1,118,438	-
Plan	481,500	481,500	-	0%	481,500	-
PSI	363,800	363,800	-	0%	363,800	-
Red Cross	149,000	149,000	-	0%	149,000	-
UN Agencies, NGOs and Red Cross	117,700	117,700	-	0%	117,700	-
UNFPA	4,087,870	4,708,491	315,762	7%	4,392,729	-
UNHCR	57,602,439	57,602,439	18,030,634	31%	39,571,805	-
UNICEF	47,359,926	51,219,317	33,017,540	64%	18,201,777	-
Various	-	-	-	0%	-	-
WFP	158,518,933	196,992,103	159,668,031	81%	37,324,072	1,206,792
WHO	13,932,019	14,650,372	3,972,509	27%	10,677,863	-
GRAND TOTAL	361,040,474	404,372,116	249,345,583	62%	155,026,533	1,206,792

NOTE: "Funding" means Contributions + Commitments + Carry-over

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table IV: Total funding per donor (to projects listed in the Appeal)

Consolidated Appeal for West Africa 2009
as of 12 November 2009
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organizations

Donor Values in US\$	Funding	% of Grand Total	Uncommitted Pledges
Carry-over (donors not specified)	80,922,479	32.5 %	-
European Commission	40,949,213	16.4 %	-
European Commission (ECHO)	28,149,363	11.3 %	-
United States	23,276,432	9.3 %	1,206,792
Central Emergency Response Fund (CERF)	20,663,468	8.3 %	-
Allocations of unearmarked funds by UN agencies	17,393,140	7.0 %	-
Sweden	9,829,553	3.9 %	-
Japan	8,206,612	3.3 %	-
Belgium	2,697,791	1.1 %	-
Spain	2,577,083	1.0 %	-
Canada	2,527,239	1.0 %	-
Switzerland	2,219,095	0.9 %	-
Finland	1,961,118	0.8 %	-
Germany	1,674,889	0.7 %	-
Private (individuals & organisations)	1,667,425	0.7 %	-
Ireland	1,278,772	0.5 %	-
Burkina Faso	1,275,907	0.5 %	-
United Kingdom	1,168,595	0.5 %	-
Austria	414,879	0.2 %	-
Luxembourg	144,653	0.1 %	-
Greece	127,877	0.1 %	-
France	120,000	0.0 %	-
Korea, Republic of	100,000	0.0 %	-
Grand Total	249,345,583	100.0 %	1,206,792

NOTE: "Funding" means Contributions + Commitments + Carry-over

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

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Table V: List of commitments/contributions and pledges to projects not listed in the Appeal

Other humanitarian funding to West Africa 2009
as of 12 November 2009
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	Appealing Organization	Description	Funding	Uncommitted Pledges
Values in US\$				
Canada	ICRC	Humanitarian assistance (M-013050)	402,576	-
European Commission Humanitarian Aid Office	UN Agencies, NGOs and Red Cross	Preparedness and Response to Epidemics in West African countries [BENIN; BURKINA FASO; CAPE VERDE; CHAD; COTE D'IVOIRE; GAMBIA; GHANA; GUINEA; GUINEA-BISSAU; LIBERIA; MALI; MAURITANIA; NIGER; NIGERIA; SENEGAL; SIERRA LEONE; TOGO](ECHO/-WF/BUD/2009/02000-unallocated balance of orig pledge of Euro 2 mn)	-	2,390,999
Japan	UNICEF	Assistance to food crisis in Africa - Benin (SC090199)	1,000,000	-
Japan	UNICEF	Assistance to food crisis in Africa - Burkina Faso (SC090200)	1,000,000	-
Japan	UNICEF	Assistance to food crisis in Africa - Liberia (SC090201)	2,000,000	-
Japan	UNICEF	Assistance to food crisis in Africa - Mauritania (SC090202)	1,000,000	-
Japan	UNICEF	Assistance to food crisis in Africa - Niger (SC090203)	2,000,000	-
Japan	UNICEF	Emergency Nutrition for Child Survival in Guinea-Bissau (SM090072)	1,000,000	-
Sweden	UNICEF	Support to UNICEF Humanitarian action report 2009, specifically for quality improvement initiative, for providing water & improving sanitation in schools; and for social protection at household and community levels and support to children exposed to abuse, violence and sexual exploitation (SM090261)	672,050	-
Switzerland	WFP	Secondment for emergency preparedness Officer West Africa	188,646	-
United Kingdom	ICRC	To support ICRC's provision of protection and assistance to vulnerable people in conflict affected areas across WA	2,417,811	-
United Kingdom	UNICEF	To support UNICEFs goal to improve survival and reduce suffering among children younger than 5 years across West Africa (200403)	1,393,118	-
United States of America	ACF-France	West Africa/Preparedness - Nutrition (DFD-G-00-09-00223-00)	858,481	-
United States of America	ARC	West Africa/Preparedness - Protection (DFD-G-00-09-00211-00)	147,015	-
United States of America	CCF	West Africa/Preparedness - Protection (DFD-G-00-09-00240-00)	102,214	-
United States of America	Concern Universal	West Africa/Preparedness - Water, Sanitation and Hygiene (DFD-G-00-09-00245-00)	213,883	-
United States of America	HKI	West Africa/Food Price Crisis - Regional Nutrition (DFD-G-00-09-00209-00)	1,864,049	-
United States of America	HKI	West Africa/Preparedness - Humanitarian Coordination and Information Management (DFD-G-00-09-00291-00)	427,340	-
United States of America	IRC	West Africa/Preparedness - Protection (DFD-G-00-09-00252-00)	250,000	-
United States of America	UNDP	West Africa/Preparedness - Humanitarian Coordination and Information Management (DFD-G-00-09-00178-00)	276,873	-
Grand Total			17,214,056	2,390,999

NOTE: "Funding" means Contributions + Commitments + Carry-over

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table VI: Total humanitarian assistance per donor (Appeal plus other*)

Consolidated Appeal for West Africa 2009

as of 12 November 2009

<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organizations

Donor <small>Values in US\$</small>	Funding	% of Grand Total	Uncommitted Pledges
Carry-over (donors not specified)	80,922,479	30.4 %	-
European Commission	40,949,213	15.4 %	-
European Commission (ECHO)	28,149,363	10.6 %	2,390,999
United States	27,416,287	10.3 %	1,206,792
Central Emergency Response Fund (CERF)	20,663,468	7.8 %	-
Allocations of unearmarked funds by UN agencies	17,393,140	6.5 %	-
Japan	16,206,612	6.1 %	-
Sweden	10,501,603	3.9 %	-
United Kingdom	4,979,524	1.9 %	-
Canada	2,929,815	1.1 %	-
Belgium	2,697,791	1.0 %	-
Spain	2,577,083	1.0 %	-
Switzerland	2,407,741	0.9 %	-
Finland	1,961,118	0.7 %	-
Germany	1,674,889	0.6 %	-
Private (individuals & organisations)	1,667,425	0.6 %	-
Ireland	1,278,772	0.5 %	-
Burkina Faso	1,275,907	0.5 %	-
Austria	414,879	0.2 %	-
Luxembourg	144,653	0.1 %	-
Greece	127,877	0.0 %	-
France	120,000	0.0 %	-
Korea, Republic of	100,000	0.0 %	-
Grand Total	266,559,639	100 %	3,597,791

NOTE: "Funding" means Contributions + Commitments + Carry-over

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

* Includes contributions to the Consolidated Appeal and additional contributions outside of the Consolidated Appeal Process (bilateral, Red Cross, etc.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table VII: Summary of requirements, commitments/contributions and pledges (grouped by sector)

Consolidated Appeal for West Africa 2009

as of 12 November 2009

<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organizations

Sector	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Value in US\$	A	B	C	C/B	B-C	D
AGRICULTURE	32,300,800	40,741,949	29,040,158	71%	11,701,791	-
COORDINATION AND SUPPORT SERVICES	33,087,463	32,137,162	15,003,744	47%	17,133,418	-
ECONOMIC RECOVERY AND INFRASTRUCTURE	1,854,000	1,854,000	-	0%	1,854,000	-
FOOD	147,610,413	185,976,081	154,335,732	83%	31,640,349	1,206,792
HEALTH	49,346,285	63,035,564	32,302,380	51%	30,733,184	-
MULTI-SECTOR	49,628,975	49,628,975	15,558,665	31%	34,070,310	-
PROTECTION/HUMAN RIGHTS/RULE OF LAW	12,562,058	12,562,058	108,509	1%	12,453,549	-
SECTOR NOT YET SPECIFIED	21,400,000	5,000,000	754,520	15%	4,245,480	-
WATER AND SANITATION	13,250,480	13,436,327	2,241,875	17%	11,194,452	-
GRAND TOTAL	361,040,474	404,372,116	249,345,583	62%	155,026,533	1,206,792

NOTE: "Funding" means Contributions + Commitments + Carry-over

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

ANNEX IV. ACRONYMS AND ABBREVIATIONS

2IE	International Institute for Environment and Water in Ouagadougou
AAVNU	<i>Association des Anciens Volontaires des Nations-Unies</i>
AB	assisted birth
ACF	<i>Action Contre la Faim (Action Against Hunger)</i>
ADPP	<i>Ajuda de Desenvolvimento de Povo para Povo</i>
ADRA	Adventist Development and Relief Agency
AIDS	acquired immunodeficiency syndrome
ALPD	<i>Association pour la Lutte contre la Pauvreté et le sous Développement</i>
AMDH	<i>Association Mauritanienne des Droits de l'Homme</i>
ANAIK	<i>Agence Nationale d'Appui et d'Insertion des Réfugiés</i>
AR	attack rate
ASAPSU	<i>Association de Soutien à l'Auto-Promotion Sanitaire et Urbaine</i>
BCC	behaviour change communication
CADEV	Caritas Développement Niger
CAP	Consolidated Appeal Process
CARE	Cooperative for Assistance and Relief Everywhere
CERF	Central Emergency Response Fund
CFR	case fatality rate
CHAP	common humanitarian action plan
CILSS	<i>Comité Permanent Inter Etats de Lutte contre la Sécheresse dans le Sahel</i>
CNAR	<i>Commission Nationale d'Assistance aux Réfugiés</i>
CNCR	<i>Commission Nationale Chargées des Réfugiés</i>
CNE	<i>Commission Nationale d'Éligibilité au Statut des Réfugiés (National Eligibility Commission)</i>
CNESR	<i>Conseil National de l'Enseignement Supérieur et de la Recherche</i>
CNISR	<i>Commission Nationale pour l'Intégration et le Suivi des Réfugiés</i>
CNRD	<i>Comissão Nacional para Refugiados e Deslocados Internos</i>
CO	coordination officer
CONAREF	<i>Commission Nationale pour les Réfugiés</i>
CR	Caesarean rate
CREDO	Christian Relief and Development Organisation
CREPA	<i>Centre Régional pour l'Eau Potable et l'Assainissement à faible coût</i>
CRS	Catholic Relief Services
DAPH	Département des Actions de Promotion Humaine
DNH	Do No Harm
DRC	Danish Refugee Council
DTP	diphtheria, tetanus, and pertussis
ECHO	European Commission Humanitarian Aid Office
ECOWAS	Economic Community of West African Countries
ECREP	Evangelical Children Rehabilitation Programme
EP	emergency preparedness
EPD	epidemic-prone disease
EPR	emergency preparedness and response
ERS	Emergency Rehabilitation Services
EWS	early warning system
FAO	Food and Agriculture Organization of the United Nations
FSNWG	Food Security and Nutrition Working Group
GAFNA	Gambia Food and Nutrition Association
GAM	global acute malnutrition
GBV	gender-based violence
GID	Gambia Immigration Department
GNA	(ECHO) Global Needs Assessment
GRB	Ghana Refugee Board
GRCS	Gambia Red Cross Society
GRET	<i>Groupe de Recherche et d'Echanges Technologiques</i>
HCT	Humanitarian Country Team
HFH	Habitat for Humanity International
HIV	human immunodeficiency virus
HKI	Helen Keller International
IAES	inter-agency emergency simulation

W E S T A F R I C A

IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IDP	internally displaced person
IDTR	identification, documentation, tracing and reunification
IFRC	International Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organization
IMU	information management unit
INGO	international non-governmental organisation
IOM	International Organisation for Migration
IPC	Integrated Food Security and Humanitarian Phase Classification (FAO)
IYCN	infant and young child nutrition
LDHS	Liberia Demographic and Health Survey
LRRRC	Liberia Refugee Repatriation and Resettlement Commission
M&E	monitoring and evaluation
MAP	Medical Assistance Programs
MDG	Millennium Development Goals
MDM	<i>Médecins du Monde</i> (Doctors of the World)
MMR	maternal mortality rate
MR	mortality rate
MSF	<i>Médecins Sans Frontières</i> (Doctors Without Borders)
MYR	Mid-Year Review
NaCSA	National Commission for Social Action
NADMO	National Disaster Management Organisation
NCFR	National Commission for Refugees
NGO	non-governmental organisation
NHAO	National Humanitarian Affairs Officer
OCHA	Office for the Coordination of Humanitarian Affairs
OFADDEC	<i>Office Africain pour le Développement et la Coopération</i>
OFDA	Office of (U.S.) Foreign Disaster Assistance
ORCHC	Office of the Resident and Humanitarian Coordinator
PSI	Population Services international
RC	Resident Coordinator
RDT	Regional Directors' Team
REACH	Renewed Efforts Against Child Hunger
ROWA	(OCHA) Regional Office for West Africa
RVF	recto-vaginal fistula
SAARA	<i>Service d'Aide et Assistance aux Réfugiés et Apatrides</i>
SAM	severe acute malnutrition
SAR	search and rescue
SEA	sexual exploitation and abuse
SGBV	sexual and gender-based violence
SMART	Standardized Monitoring Assessment of Relief and Transitions
SO	strategic objective
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAC	United Nations Disaster Assessment and Coordination
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNODC	United Nations Office on Drugs and Crime
UNOWA	United Nations Office for West Africa
VVF	vesico-vaginal fistula
WA	West Africa
WASH	water, sanitation and hygiene
WFP	World Food Programme
WG	Working Group
WHO	World Health Organisation
WVI	World Vision International
ZOA	Zoa Refugee Care

Consolidated Appeal Process (CAP)

The CAP is a tool for aid organizations to jointly plan, coordinate, implement and monitor their response to disasters and emergencies, and to appeal for funds together instead of competitively.

It is the forum for developing a strategic approach to humanitarian action, focusing on close cooperation between host governments, donors, non-governmental organizations (NGOs), the International Red Cross and Red Crescent Movement, International Organization for Migration (IOM) and, United Nations agencies. As such, it presents a snapshot of the situation and response plans, and is an inclusive and coordinated programme cycle of:

- strategic planning leading to a Common Humanitarian Action Plan (CHAP);
- resource mobilization leading to a Consolidated Appeal or a Flash Appeal;
- coordinated programme implementation;
- joint monitoring and evaluation;
- revision, if necessary;
- reporting on results.

The CHAP is the core of the CAP – a strategic plan for humanitarian response in a given country or region, including the following elements:

- A common analysis of the context in which humanitarian action takes place;
- An assessment of needs;
- Best, worst, and most likely scenarios;
- A clear statement of longer-term objectives and goals;
- Prioritised response plans, including a detailed mapping of projects to cover all needs;
- A framework for monitoring the strategy and revising it if necessary.

The CHAP is the core of a Consolidated Appeal or, when crises break out or natural disasters strike, a Flash Appeal. Under the leadership of the Humanitarian Coordinator, and in consultation with host Governments and donors, the CHAP is developed at the field level by the HCT. This team includes IASC members and standing invitees (UN agencies, the International Organization for Migration, the International Red Cross and Red Crescent Movement, and NGOs that belong to ICVA, Interaction, or SCHR), but non-IASC members, such as national NGOs, can also be included.

The Humanitarian Coordinator is responsible for the annual preparation of the consolidated appeal document. The document is launched globally near the end of each year to enhance advocacy and resource mobilization. An update, known as the Mid-Year Review, is presented to donors the following July.

Donors generally fund appealing agencies directly in response to project proposals listed in appeals. The **Financial Tracking Service (FTS)**, managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is a database of appeal funding needs and worldwide donor contributions, and can be found on www.reliefweb.int/fts.

In sum, the CAP is how aid agencies join forces to provide people in need the best available protection and assistance, on time.

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