

# Regional Situation Report

## Humanitarian Crises in West and Central Africa



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### Key Figures



**44 M**

Total people affected



**9,991,819**

Women of reproductive age (WRA)



**1,309,453**

Estimated pregnant women



**3,699,600**

People targeted with SRH services



**3,304,524**

People targeted with GBV programmes

### Highlights

- **6.6M people have been impacted by flooding across the region (OCHA). UNFPA has responded** and is working with partners to deploy midwives and mobile clinics, provide Interagency Reproductive Health (IARH) kits and dignity kits, and establish GBV and SRH services. Cameroon, Chad, Mali, Niger and Nigeria, some of the countries worst affected, applied for and received Emergency Funds from the Humanitarian Response Division. UNFPA is appealing for **USD 7.8 million** (please see the second WCARO [flash update](#)).
- UNFPA continued to coordinate with WHO, Africa CDC, national governments and other key stakeholders on **mpox prevention and response**, with COs engaging in risk communication strategies.
- UNFPA COs in the 8 humanitarian countries and 5 spillover countries reached 120,050 people with lifesaving SRH services, including for safe deliveries and family planning. In total, 599 health facilities were supported with

essential medicines, equipment and staff. Further, 74,680 people benefited from GBV interventions, including GBV case management and medical assistance. 186 Women and Girls' Safe Spaces (WGSS) were supported across 13 countries ensuring women and girls affected by humanitarian crises receive essential care, psychosocial support, information, and referrals to specialized health, mental health and protection services.

- UNFPA WCARO, in collaboration with facilitators from UNFPA Cameroon, Mali and Niger, organized a training on Integrated GBV and SRH in Emergencies and Cash and Voucher Assistance, took place from 16-21 September, in Saly, Senegal, with participants attending from 12 COs.
- On September 24, WCARO organized a webinar on Anticipatory Action/Disaster Preparedness (AA/DP) and Response to strengthen the capacities of COs and reinforce their resiliency and preparedness.
- On September 30, WCARO hosted a SRHiE Community of Practice meeting surrounding IARH kits. HRD provided a presentation for participants to familiarize themselves with the IARH kits, and to raise questions around challenges related to the provision, availability and use of the kits.



Humanitarian team of Nigeria conducting an assessment visit to an IDP camp in a Borno. UNFPA/Nigeria

## Situation Overview and Needs

- **Burkina Faso:** Close to 6.3M people are in need of humanitarian assistance, including 1.4M WRA and 756,000 adolescent girls. During the month of September, an estimated 69,756 people were displaced due to insecurity caused by Non-State Armed Groups (NSAGs), forcing populations within the country and across national boundaries as they invade villages, killing civilians and perpetuating human rights violations. NSAGs are also responsible for the destruction of critical infrastructure such as bridges, thereby impeding the timely delivery of humanitarian assistance to conflict-affected populations across some of the most-affected parts of the country. In the North, NSAGs continue to impose a blockade on the province of Loroum and certain municipalities in the province of Yatenga. 70 health facilities are closed, mainly in Loroum, impacting over 800,000 people, limiting access to lifesaving SRH and GBV services in this part of the country. In the Eastern Region, 157 out of a total of 221 health facilities (71%) are operating at minimum capacity. In the Central North, 84 health facilities have closed and 42 (50%) are operating at minimum capacity as of 21 September. The lack of operational health facilities affects more than 921,502 people, limiting access to care and SRH services, including GBV services.
- **Cameroon:** As of late September, severe flooding in the Far North Region of Cameroon has impacted over 360,000 people, the majority of which are women and girls, and resulted in at least 30 fatalities. The floods have caused widespread damage to infrastructure, including homes, health centers, schools, and agricultural assets. Response efforts are facing major logistical challenges, including those related to difficulty in accessing affected populations. The Far North Region experienced continued instability including an attack on September 4th that resulted in civilian casualties. The security situation along the Maroua-Kousseri road has deteriorated, with an uptick in incidents of carjacking and kidnapping from 12-15 September. The country is embroiled in a multifaceted humanitarian situation which includes the ongoing Northwest and Southwest conflicts, and 3.4M people, including 816,000 WRA, are in need of assistance, including essential SRH and GBV services.
- **Central African Republic (CAR):** Approximately 2.8M people are in need of humanitarian assistance, representing 46 percent of the population. Those in need include 672,000 WRA, of which 72,983 are currently pregnant and 196,000 are young adolescent girls, aged 10-14. Flooding has caused extensive damage, disrupted access to essential services and displaced populations. There are approximately 455,533 people displaced in the country ([OCHA](#)) and increasing with the influx of Sudanese refugees. There were 14,747 new Sudanese arrivals in September. The Yalinga, Ouadda-Irabanda and Aigbando axes remain unstable with the presence of armed groups and reported protection incidents. As of 22 September 17 new suspected mpox cases were reported, as well as three newly confirmed cases in the Gamboula and Kembé-Satéma health districts. Mpox prevalence has been reported in 7 health districts (WHO). The Minister of Health and Population has also declared a dengue outbreak on 10 September, which has affected three districts (Bimbo, Bangui 1 and Bangui 3) in the Capital city of Bangui.
- **Chad:** Nearly 3.7M people require humanitarian assistance, including 850,250 WRA. Since late July, Chad has been affected by floods. Government data from 01 October states that 1,941,869 people have been affected, with 576 fatalities. Roads are flooded, and several bridges are destroyed, restricting humanitarian access. Livestock and arable land are being lost due to the flooding, further worsening the food insecurity which was classified as Integrated Food Security Phase Classification (IPC) Phase 3-4 prior to the flooding. Affected populations found refuge at schools across the country which may interrupt the school year planned to start in early October. Further floods are expected between October and November when the water level of rivers will be at its maximum. Women and girls risk being deprived of education and are exposed to increased risks of GBV because of the greater burden of domestic chores, such as collecting food, water, and firewood. Chad CO is also responding to the regular influxes of refugees and returnees from Sudan who are fleeing the conflict; it is estimated that Chad hosts 1.2 million refugees of which 1,069,544 are Sudanese (UNHCR); 89 percent are women and children.

**Spotlight on Sudan Refugee Crisis:** More than [2.9 million people](#) have fled the war in Sudan to neighbouring countries (CAR, Chad, Egypt, Libya, Ethiopia, South Sudan). In the WCA region, UNFPA CAR and Chad are responding to the tremendous influx of refugees; 29,070 Sudanese refugees/asylum seekers in CAR and 1,069,544 in Chad. As famine and hunger increase amidst the violence in Sudan, those crossing borders to find

safety will arrive in more and more precarious conditions. Women and girls' face challenges in accessing essential services, including maternal health care and services to support survivors of violence to deal with their trauma. UNFPA's focus is to continue to strengthen the delivery of SRH and GBV services for women and girls. This includes training and deploying midwives and GBV psychosocial support workers to ensure safe childbirth and medical and psychosocial care for survivors of GBV. UNFPA also provides life-saving medical supplies and equipment, dignity kits and safe referrals for GBV survivors.

- **Mali:** Over 7.1M people in the country, of which over 1.5M are WRA, are affected by the protracted security crisis and climate change, and require humanitarian assistance. Flooding has affected 259,795 people, of which 70 percent are women and children, causing 76 deaths and destroying 37,092 houses. The floods have led to significant damage in a humanitarian context already weakened by years of conflict and forced displacement. In September, two significant attacks took place in Bamako, targeting the gendarmerie academy and the airport, resulting in the cancellation of flights, including UNHAS flights. The situation is further marked by ongoing conflict between NSAGs and the military, which have seen the increasing use of improvised explosive devices (IED) placed along major routes to maximize civilian casualties. These, combined with sophisticated attacks have triggered further population movements towards the main cities of the North and Center regions. In September, the Rapid Response Mechanism reported 8 population movement alerts related to conflict, accounting for 1,498 households, in addition to the flood-affected households.
- **Niger:** In Niger, 4.6M people need humanitarian assistance, amongst which 966,000 are WRA. Floods have severely affected several regions of Niger, particularly impacting vulnerable communities and women and girls, who are currently lacking access to essential SRH services and facing heightened protection risks. As of September 23, floods affected 158,399 households representing 1,176,528 people. In total 339 people have lost their lives. The Tahoua region is currently experiencing a Cholera outbreak with at least 160 cases and six reported deaths registered between 6 and 12 September. Effective containment and response efforts are hindered by shortages of medical supplies and difficulties in transporting patients. To better respond to the flooding situation, UNFPA submitted an emergency fund request for \$470,000, which was granted by HRD.
- **Nigeria:** 7.9M people in the country require humanitarian assistance, of which 1.8M are WRA. Severe flooding has affected more than 500,000 people in the Borno, Adamawa and Yobe (BAY) States and more than 1.15M people across 31 states in Nigeria. Two weeks after the Alau Dam collapse in Borno State, floodwaters have receded in some areas, leading to a decrease in people displaced by the flood from 400,000 to 150,000. However, the needs for humanitarian assistance remain acute. Floods in Nigeria, particularly in the BAY states, have worsened food insecurity, affecting 5M people who prior to the floods were facing critical food insecurity. Overcrowding and unsanitary conditions in temporary relocation sites pose health and protection risks. On 22 September, the Adamawa State declared a cholera outbreak with increasing cases in Yobe and Maiduguri States. The risk of further flooding remains high with forecasts of torrential rains and the gradual release of excess water from the Lagdo Dam to the Benue River. Additionally, 4 deaths and 6 casualties were recorded in Bokkos local government area, as a result of a communal clash, resulting in further displacements. These displacements increase the vulnerability of women and girls to GBV and present significant access challenges to SRH services, especially for pregnant women.
- **Republic of Congo:** 336,560 people require humanitarian relief, of which, 80,774 are WRA. Access to humanitarian assistance has been heavily limited by floods. Living-conditions are expected to be subjected to further challenges linked to the rainy season from October. Between September 9 -15, six suspected Mpox cases were reported. Since January, Congo has reported 177 suspected cases in total, and 21 confirmed cases ([WHO](#)).

#### Spillover Countries

- **Benin:** Insecurity is rising in northern Benin due to non-state armed groups attacks against security forces and the continuing rise of terrorism. On September 26, Benin foiled an attempted coup and arrested three suspects reportedly implicated in a plot to overthrow the democratic government headed by President Talon. The official number of refugees and IDPs has not increased since August. The displaced populations, of whom a majority are

women and girls, are especially vulnerable to GBV and lack access to basic services, including SRH.

- **Côte d'Ivoire:** Between 9-12 September, the Kong district in the north-east of the country was impacted by flooding which destroyed nearly 80 houses. The flooding has impacted road conditions and hindered access and delivery to humanitarian assistance in a number of villages. As of September 27th, there have been 304 suspected mpox cases reported across 26 health districts. Of those, 67 have been confirmed, with one death. The ongoing insecurity in the Bounkani region, at the border with Burkina Faso, continued to cause delays in the delivery of SRH services.
- **Ghana:** Over 8,000 asylum seekers have crossed the border into the Upper East Region and over 7,000 in the Upper West Region in northern Ghana following the deterioration of the situation in Burkina Faso. In total, 16,008 people are displaced due to conflict and flooding. Most of the asylum seekers live in host communities and reception centers in Tarikom, Zini reception center and safe havens in the Volta region. The centres provide GBV and child protection services, health, nutrition, in-kind and cash assistance to the displaced population.
- **Togo:** The security situation remains precarious with incidents linked to criminal activity and NSAG. An armed group killed three civilians and burned down concessions in the village Tangbati. Two community leaders were later killed by an IED explosion while attending the funeral of the victims. The lack of security is triggering further internal population movements increasing the vulnerabilities of women and girls who have limited protection, rights and services.
- **Mauritania:** In September, UNFPA was allocated CERF funding (840,000 USD) to respond to the urgent needs of Malian refugees. Refugees - a majority of which are women and children - continued to enter the Hodh Chargui region due to insecurity and the humanitarian crisis in Mali. The refugee camp Mbera, in Hodh Chargui, is overpopulated, causing refugees to seek shelter in surrounding villages, heightening vulnerabilities to food insecurity and GBV. Due to the high pressure, thousands of refugees are not registered, which further exacerbates girls and women's vulnerability to GBV and impacts access to essential health services, including SRH.

## UNFPA Response

**Burkina Faso Country Office:** UNFPA reached 20,648 people with SRH services (80% female; 20% male), and 15,408 people with GBV prevention, mitigation and response activities. UNFPA also supported 99 health facilities and 13 Women and Girls Safe Spaces (WGSS). In September, UNFPA provided psychosocial support, sensitization activities and family planning services in the East region. In the Central North, UNFPA delivered educational talks, reaching 4,153 people, distributed 94 dignity kits and trained 25 community support actors to provide GBV prevention and mitigation services, health education and referrals to health facilities for maternal and newborn health. Following the NSAG attack in Barsalogo on August 24, UNFPA continued to provide psychosocial support to the survivors. UNFPA's response, with implementing partners, in the North region reached 10,199 people through SRH and GBV awareness campaigns, 3,991 IDPs with general consultations, 4,332 people with family planning services, 2,128 people with obstetric care and raised awareness on GBV and SRH, reaching IDPs and host populations, including women and girls.

**Cameroon Country Office:** UNFPA provided SRH services to 3,557 individuals (59% female; 41% male) and 1,899 women and girls received GBV prevention, mitigation, and response activities (94% female; 6% male). UNFPA and partners facilitated 1,559 safe deliveries, including 207 cesarean sections, aided by 35 deployed midwives. In September, UNFPA Cameroon supported 21 health facilities and 17 WGSS. 314 women and girls engaged in psychosocial support activities across multiple locations in the Far North, including Fotokol, Mada, Vélé, Guéré, Moulvoudaye, Guidiguiguis, Koza, and Moskota. In the Far North region, 3,844 persons including 989 internally-displaced persons (25.7%) and 748 refugees (19.4%) received GBV information on prevention and mitigation strategies through 86 sessions, supported by the Bureau of Humanitarian Assistance of the U.S. Agency for International Development (BHA-USAID).

**Central African Republic Country Office:** UNFPA reached 3,985 people (85% female; 15% male) with SRH services and 16,380 people (76% female; 24% male) with GBV prevention, mitigation, and response activities. UNFPA supported 11 health facilities and 11 WGSS to provide SRH and GBV information and services. UNFPA and partners distributed 452 dignity kits and 18 IARH kits were provided to health service delivery points to meet the needs of 3,985 people. With

UNFPA support, 598 safe deliveries were assisted by qualified personnel and 32 life-saving cesarean sections were performed.

**Chad Country Office:** UNFPA reached 32,986 people with SRH services (95% female; 5% male), and 7,794 people (98% female; 2% male), with GBV prevention, mitigation and response activities. To meet the needs of displaced and vulnerable populations, UNFPA supports 73 health facilities posts and 12 WGSS. UNFPA and partners distributed 2,500 dignity kits to women and girls in Lake (500), South (500) and East (1000) Provinces, and the capital city, Ndjamena (500). UNFPA has distributed 24 IARH kits and deployed 148 humanitarian midwives to health service delivery points in the Eastern, Southern and Lake Provinces to meet the needs of 32,986 people (95% women). The efforts resulted in 8,828 assisted deliveries, management and referral of 1,968 obstetric complications and STIs and HIV prevention efforts. UNFPA also sensitized 3,088 adolescents and youth, in Lake, South, East Provinces and the capital city N'Djamena, on SRH services and 6,690 people on available GBV services in the Eastern region.

**Mali Country Office:** UNFPA reached 6,170 people ( 72% female, 28% male) with SRH services, and 4,034 people ( 79% female, 21% male) with GBV prevention, mitigation and response activities. UNFPA supported 86 health facilities and 4 WGSS to provide information and services related to SRH and GBV. 15 mobile clinics were deployed and reached 7,016 people (65% female, 35% male). Another 927 people were reached through One Stop Centers (97% female, 3% male). UNFPA distributed 213 menstrual management kits to flood-affected pregnant women and supported health facilities with 6 IARH kits, which will benefit 12,726 individuals. Awareness sessions were held focusing on the consequences of child marriage, danger signs during pregnancy and after childbirth, the importance of tetanus vaccination for pregnant women, the prevention of mother-to-child transmission of HIV, and the prevention of early pregnancies, reaching 1,239 people.

**Niger Country Office:** UNFPA reached 13,426 people with SRH services (98% female; 2% male), and 1,343 people (99% female; 1% male) with GBV prevention, mitigation, and response activities. UNFPA also supported 107 health facilities and 45 WGSS to provide information and SRH and GBV services. UNFPA provided humanitarian assistance to the affected regions of Tahoua, Diffa, Maradi, and Zinder. This aid included the distribution of 3,500 kg of rice in 25 kg bags to pregnant women in the hardest-hit areas, 700 liters of cooking oil to 1,340 vulnerable women, and 500 liters of fuel to the Ministry of Health to support cholera monitoring and prevention efforts. Additionally, 1,574 IARH kits were distributed, benefiting 35,000 women, along with 65 cartons of kits for managing sexual violence, reaching 2,470 women in health centers. A total of 2,000 dignity kits were distributed and 124 women and girls were reached with cash and voucher assistance for GBV and SRH. UNFPA participated in a multisectoral assessment mission in Maradi, revealing significant gaps, such as the lack of childbirth infrastructure and potable water.

**Nigeria Country Office:** UNFPA reached 19,773 people (81% female, 19% male) with SRH services, and 11,275 people (77% female, 23% male) with GBV prevention, mitigation, and response activities. Provided services include antenatal and postnatal care, assisted births by skilled personnel, the treatment of HIV and sexually transmitted infections (STIs), and family planning. UNFPA also supported 79 health facilities and 47 WGSS to provide information and services related to SRH and GBV. UNFPA provided 44 IARH kits to service delivery points to meet the needs of 7,268 people. 2,765 dignity kits were distributed to vulnerable women and girls in conflict and flood-affected areas. UNFPA organized awareness campaigns on GBV across the BAY states, reaching 34,765 people. In the BAY States, training for 2,693 individuals was conducted to build the capacity of GBV service providers and action groups. UNFPA streamlined GBV response in the states by supporting the creation and implementation of standardized procedures and referral pathways for all partners.

**Republic of Congo Country Office:** UNFPA reached 5,939 people with SRH services (79% female; 21% male), and 13,352 people (63% female; 37% male), with GBV prevention, mitigation, and response activities. UNFPA also supported 18 health facilities and 29 WGSS. 80 dignity and hygiene kits were distributed to women and girls in vulnerable situations and UNFPA has deployed 15 humanitarian midwives who assisted 477 deliveries. Additionally, awareness campaigns for HIV and STI prevention were organized, during which condoms were distributed, mainly to women and youth groups. UNFPA is integrating Mpox awareness-raising activities in SRH and GBV interventions, especially in flood-affected areas, to prevent infection of pregnant women and infants.

#### **Spillover Countries:**

**Benin Country Office:** In September, UNFPA, in collaboration with the Benin Red Cross, distributed dignity and childbirth kits to displaced populations and implemented strategies to provide integrated SRH services and GBV response to displaced populations.

**Côte d'Ivoire Country Office:** UNFPA reached 7,093 people (93% female, 7% male) with SRH services and 3,080 people with GBV prevention, mitigation and response activities (84% female, 16% male). Nine mobile teams were deployed in the flood-affected regions of Kong, and Tehini, reaching 1,224 people with SRH and GBV services, including 796 women and 428 men. UNFPA supported 33 health facilities and three WGSS with medical equipment to ensure safe and quality SRH and GBV services, which facilitated 864 assisted deliveries, 1,412 antenatal consultations, family planning provision and management and referral of obstetric complications. 3,080 people (84% female, 16% male) were reached with awareness-raising activities on SRH and GBV, including female genital mutilation (FGM). UNFPA deployed one midwife in the Tchologo region to support three health districts (Ouangolo, Kong, and Ferké) to provide SRH services through mobile health clinics by implementing partners.

**Ghana Country Office:** UNFPA reached 200 people with SRH services and 8 people with GBV prevention, mitigation and response activities. UNFPA supported 5 WGSS. UNFPA completed capacity building for 95 midwives, managers of district/regional facilities and key stakeholders to provide adequate MISP services in SRH, GBV, HIV/STI and family planning during crises in the Upper East, Upper West and Volta regions. The CO developed a Humanitarian Expert Emergency Roster for 81 service providers, including midwives, nurses and health administrators, and is working with MOH/GHS and stakeholders to develop modalities for their deployment and activation during emergencies or crisis.






**Mauritania Country Office:** UNFPA reached 1,035 people with SRH services (70% female, 30% male), and 107 people (100 % female) with GBV prevention, mitigation and response activities. UNFPA also supported four health facilities and contributed to the referral of 17 births and four pregnancies with complications, distribution of condoms to 320 people and sensitization on the risks of giving birth at home, reaching 98 people.

**Togo Country Office:** UNFPA reached 5,472 people with SRH services. UNFPA supported nine medical facilities in the Savannas to provide SRH services and six WGSS.



UNFPA-deployed humanitarian midwives in the Milez site provide health services to women displaced by flooding. UNFPA/Chad

## Results Snapshots

 Country	 People reached with SRH services	 People reached with GBV protection and response services	 Health facilities supported	 Safe spaces supported
Burkina Faso	20,468	15,408	99	13
Cameroon	3,557	1,899	21	11
Central African Republic	3,985	16,380	11	11
Chad	32,986	7,794	73	12
Mali	6,170	4,034	86	4
Niger	13,426	1,343	107	45
Nigeria	19,773	11,275	79	47
Republic of Congo	5,939	13,352	18	29
Total	106,304	71,485	494	172

## Coordination Mechanisms



### Gender-Based Violence:

- UNFPA leads/co-leads a total of 36 National GBV sub-working groups/GBV sub-clusters in Burkina Faso, Cameroon, CAR, Chad, Mali, Niger, and Nigeria.



### Sexual and Reproductive Health:

- UNFPA leads 15 National SRH Working Groups/Sub-Working Groups in Burkina Faso, Cameroon, CAR, Chad, Mali, Niger, and Nigeria.

## Regional Funding Status

In 2024, eight Country Offices with high humanitarian needs in West and Central Africa require a total of **\$106,062,734** to respond to humanitarian crises linked to forcibly displaced populations. Despite contributions from donors, humanitarian operations in West and Central Africa remain severely underfunded. As of September 2024, only **\$41,297,076** had been received, representing 39% of the total required funds reported in the 2024 Humanitarian Action Overview. This funding shortfall considerably limits the availability, quality and access to life-saving SRH and GBV response services.



### Humanitarian Action Overview 2024 Funding Needs versus Funding Received as of September 2024

WCARO	Funding required	Funding received	% Funded
Burkina Faso	\$7,000,000	\$3,116,198	45%
Cameroon	\$11,070,664	\$3,924,689	35%
Central African Republic	\$19,251,816	\$7,500,000	39%
Chad	\$21,122,570	\$6,669,306	32%
Mali	\$15,000,000	\$8,400,000	56%
Niger	\$9,250,000	\$4,191,883	45%
Nigeria	\$20,928,452	\$6,675,000	32%
Republic of Congo	\$2,439,232	\$820,000	32%
<b>Total</b>	<b>\$106,062,734</b>	<b>\$41,297,076</b>	<b>39%</b>

*\*The required funding needs for Chad and Nigeria have been adjusted from those reported in the HAO as they are based on the final HRP figures and in Chad the HRP+RRRP for Sudan figures.*