

Remaining effective in the humanitarian response in West and Central Africa



BACKGROUND

The humanitarian landscape in West and Central Africa has changed drastically over the past five years, due to a combination of manmade and natural disasters. From the Sahel region to the Central African Republic, millions of people are affected by complex and multifaceted crises every year and are in dire need of assistance. This ever increasing need for humanitarian assistance requires significant increases in financial resources.

The Sahel region is characterized by a rapidly increasing population, a key contributor to the region's instability. With annual population growth rates ranging from 2.5 percent to nearly four percent, the population continues to grow beyond the region's capacity. With total fertility rates ranging from 4.1 to 7.6 children per woman on average, the region's population is projected to rise to 330 million by 2050.



Internally displaced children.
Northeast Nigeria.
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The Lake Chad Basin area that includes Cameroon, Chad, Niger and Nigeria is another area of particular concern, given the rise in fragility and insecurity caused by social, economic, humanitarian and political challenges. The basin supports an ever-increasing population of more than 30 million people. While the population is rapidly on the rise, Lake Chad itself, on which they depend, has been shrinking and today represents less than 10 percent of its surface forty years ago. Thus, the basin's population is threatened by the dramatic shrinkage of the lake's surface area, drought, desertification, climate change and overexploitation of natural resources. These phenomena continue to impoverish the inhabitants and pose a threat to the basin's environment as a whole.

UNFPA in the region responds to these different national and cross-border crises through a combination of country and regional approaches. The organization has helped to improve the lives of women and girls within affected populations including host communities, refugees, returnees, as well as internally displaced persons (IDPs).

In doing this, UNFPA in West and Central Africa has maintained a focus on the organization's modes of operation as outlined in the Global Strategic Plan (advocacy, policy and advise; knowledge management; service delivery and capacity development) while also adhering to its response to humanitarian and crisis situations framework—the five pillars, as articulated below.

THE FIVE PILLARS

OF UNFPA HUMANITARIAN INTERVENTION FRAMEWORK IN THE REGION

- Pillar 1:** Provide life-saving sexual and reproductive health assistance to affected populations through the implementation of the Minimum Initial Service Package (MISP).
- Pillar 2:** Improve gender dimension considerations, especially multisectoral prevention and response to gender-based violence (GBV) during crisis, including leadership and coordination of the GBV sub-cluster.
- Pillar 3:** Support setting up consistent data and knowledge management systems for decision making during preparedness, response and post-crisis.
- Pillar 4:** Improve disaster preparedness through its inclusion in country programmes.
- Pillar 5:** Build the resilience of vulnerable populations by bridging the gap between humanitarian and development interventions.



AMINA

30+ YEARS OLD



Amina, a mother from Borno State, lost her husband and four children the day her community was attacked by the insurgency group, Boko Haram. Recounting her story, she said: "I heard gunshots and started running. The shooting will not stop and went on for hours. There were dead bodies everywhere but I escaped to a nearby village". Amina walked on foot for about 100km to a safe haven, the GGSS Internally Displaced Persons Camp, where she received first aid, psychosocial counselling and support from UNFPA-trained counsellors.. Amina, who was emotionally traumatized, frightened and deeply depressed when she arrived at the camp, is now smiling again. She is a beneficiary of the joint UNFPA programme, funded by USAID. Through this funding, UNFPA has established nine safe spaces in the conflict-affected states of Adamawa and Borno. These camps allow women and girls to feel secure and provide non-formal education on reproductive health. They receive psychosocial counselling (for those who have been traumatized or survived sexual and gender-based violence) and are taught skills for economic empowerment.

Amina is a survivor of insurgency in Nigeria's North East. When her community was attacked, she escaped to a nearby village. Members of her community were killed, including her husband and 4 of her children. Amina is a beneficiary of the UNFPA psychosocial support and counseling. After the trauma she's been through, she is smiling again

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EFFECTIVE DELIVERY OF HUMANITARIAN ASSISTANCE

UNFPA Country Offices (COs) are on the frontline whenever a humanitarian crisis occurs in their country. The organization's focus is that no woman should die while giving life and so aims to ensure that women and girls give birth in safe, hygienic conditions, even in the most challenging situations.

In 2015, UNFPA delivered humanitarian assistance to more than two million people across the region. In Nigeria, for instance, the 275 women and girls rescued from Boko Haram and their families received timely psychosocial support. UNFPA also provided community-based sensitization on HIV and sexually transmitted infections to the victims.

In the Lake Chad Basin region (Cameroon, Chad, Nigeria and Niger) in 2015, UNFPA ensured at least 30,000 safe deliveries through skilled birth attendants, supplied 222,000 condoms and 51,000 dignity kits to women and girls, as well as 2,579 reproductive health kits to 326 health



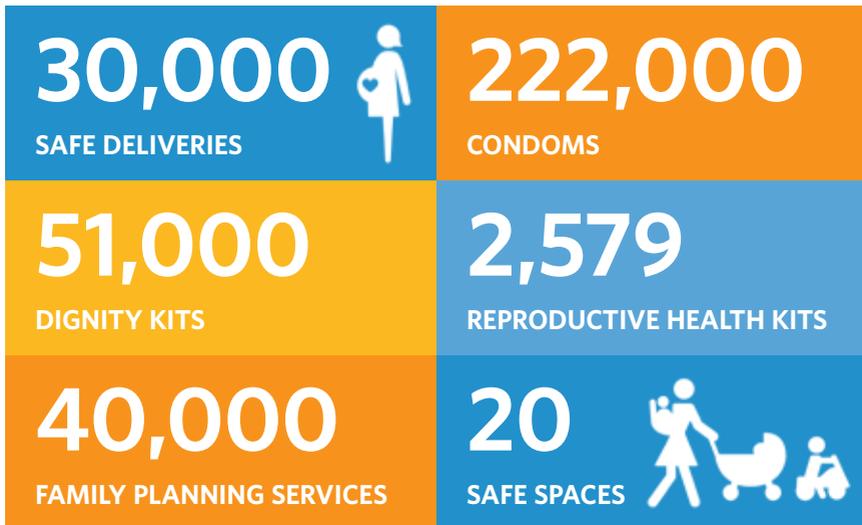
Mariam firmly believes that her life and that of her unborn third baby will be saved. She is standing up to socio-cultural barriers seeking to prevent her from benefiting from monitoring and eventual assisted childbirth provided by qualified health personnel in a reproductive healthcare facility. Her firsthand experience of UNFPA's lifesaving interventions has also converted her into a community activist, helping to improve the health of women and girls in her nomadic community around the Dareslam refugee camp in the Lake Chad region of Chad.
© UNFPA Chad / Olivier Girard

facilities. More than 40,000 women were provided with family planning services. In addition, 20 safe spaces were established for women and girls empowerment services.

In the Central African Republic (CAR), between January and October 2015, medical and/or psychosocial care was given to more than 60,000 GBV survivors, including nearly 30,000 cases of sexual violence including rape, gang rape and sexual slavery.

Improving the health status and well-being of the affected population in humanitarian crises, especially women, adolescent and young girls, also enables them to be better placed to fend for themselves and their families. This is essential to their recovery not only in the short term but also ensures that they can go on to play an active role in the economic development of their communities in the long term.

LAKE CHAD BASIN REGION 2015



ADVOCACY FOR THE ADVANCEMENT OF UNFPA'S HUMANITARIAN AGENDA

Advocacy and policy dialogue have been integral to UNFPA's response to crises. For example, the organization's recent launch of the 2015 State of the World Population in Sido, Chad, strategically brought together the highest authorities of Chad and CAR. This clearly signalled the high level political commitment of both countries to addressing regional humanitarian issues.

UNFPA's advocacy efforts demonstrate the importance of maintaining dialogue with policy makers, enabling them to adapt community response strategies to include vulnerable populations such as refugees, IDPs and returnees. They also show how this can be done with the simultaneous development of long-term solutions, such as strengthening health systems and empowering young people and women, socially, politically and economically.

In addition, the leadership role played by UNFPA as the GBV Sub-Cluster lead in CAR and Mali highlighted UNFPA's lead role and engagement at the political level. Regionally, UNFPA has continued its active engagement in the development and roll-out of the Integrated Strategy and Humanitarian Response Plan for the Sahel, as well as the Regional Refugee Response Plan for Nigeria.

BUILDING INNOVATIVE PARTNERSHIPS

TO STRENGTHEN EMERGENCY PREPAREDNESS AND HUMANITARIAN RESPONSE

Partnerships are integral to UNFPA's approach to crises. The organization has built partnerships with a range of actors in the region to position its humanitarian agenda and mobilize resources. A good example is the current partnership with regional academic institutions, such as the Ecole Nationale Supérieure de Statistique et d'Économie Appliquées (ENSEA) in Abidjan, specializing in statistics, population studies and demography to integrate data collection in emergencies into their training curricula.

The partnership with regional partners (other UN agencies and international non-government organizations) has initiated policy dialogue on the inclusion of maternal and newborn health in humanitarian settings, as reflected in the last European Civil Protection and Humanitarian Aid Operations appeal. These partnerships will include, at a later stage, the demographic dividend concept as a key strategy for linking humanitarian and development work.

Engagement with the private sector has also been critical in humanitarian responses, such as the 2014 Ebola outbreak where it was an important financial and technical partner in the UNFPA-led contact tracing effort.

UNFPA psychosocial counselor
speaking with a survivor of insurgency,
GGSS IDP Camp, Borno State
© UNFPA/Simi Vijay



RESILIENCE BUILDING: THE WAY TO GO

UNFPA has used the demographic dividend as the framework to position itself in the United Nations Integrated Strategy for the Sahel. In addition to the Sahel Women Empowerment and Demographic Dividend initiative, an analysis of the spectrum of UNFPA interventions clearly shows the organization's on-going contribution to resilience building.

Examples of recent activities contributing to resilience building include providing reproductive health kits to health facilities; the support of income-generating activities targeting women and girls; vocational training targeting young people, and a multi-sectoral programme for survivors of GBV. UNFPA also engaged young people in the four Lake Chad Basin (LCB) countries and CAR in social cohesion and peace building efforts in order to create a more conducive environment for development.

While the primary aim of these interventions is to save lives, they also contribute to sustaining and maintaining the lives of people affected by crisis and simultaneously make them less vulnerable and better equipped to withstand other possible shocks.

CAPACITY DEVELOPMENT TO SUSTAINED RESPONSE AND PREPAREDNESS

The Regional Office (RO) also worked closely with COs and partners to strengthen capacity on the minimum initial service package (MISP); gender-based violence programming and coordination; gender-based violence management information system; data collection in emergency; resilience; communication and resource mobilization, and minimum preparedness actions.

Some specific areas of capacity strengthening included: mentoring and coaching to 60 country humanitarian focal points; capacity building of 315 partners and staff on GBV; to 793 partner staff in the LCB countries on MISP; 12 COs on improving minimum preparedness actions, and six CO staff on humanitarian communication, resource mobilization and building partnerships.

UNFPA clean delivery
kits displayed at the
clinic in GGSS IDP
camp, Borno State
© UNFPA/Simi Vijay



DATA AND KNOWLEDGE MANAGEMENT SYSTEMS TO GUIDE ADVOCACY, POLICY, PROGRAMMING, COMMUNICATION AND RESOURCES MOBILIZATION

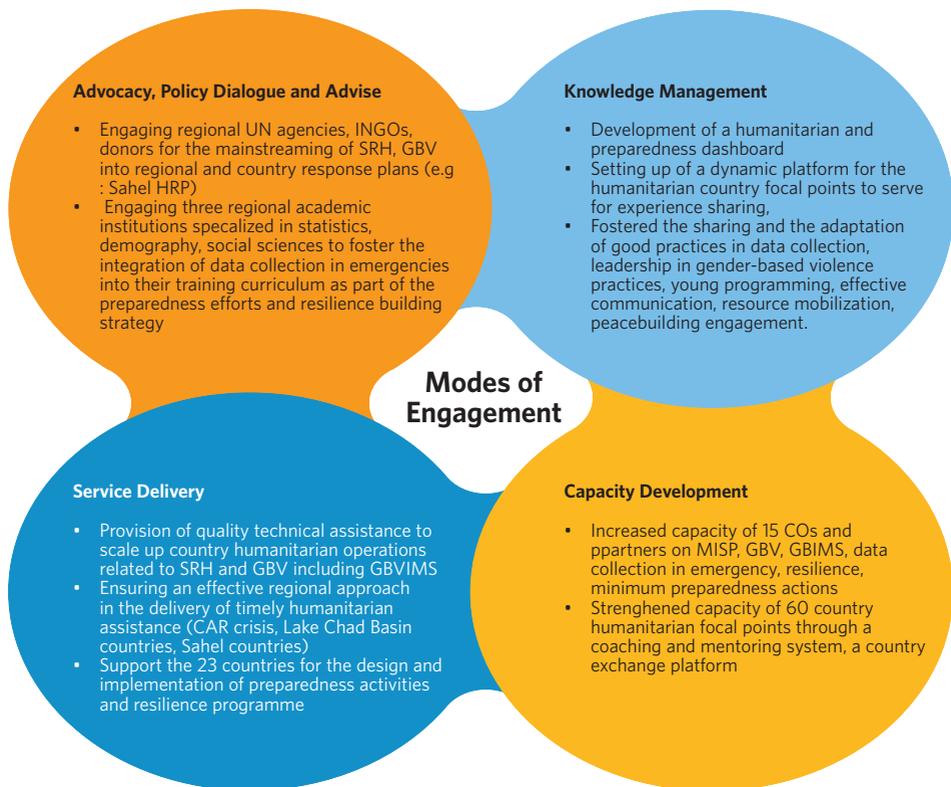
At both country and regional levels, UNFPA continued to enhance efforts on data collection to better inform programming in humanitarian settings. Key to this was UNFPA's contribution of population and household data from censuses and various surveys to the Office for the Coordination of Humanitarian Affairs and other humanitarian actors, to guide their planning, decision making and advocacy.

Further, a survey conducted in eastern Cameroon on the CAR refugees and host communities contributed to enhancing the social cohesion programme within both communities. In Côte d'Ivoire, data collected on the IDPs and on GBV allowed the CO to advocate for more government leadership in a GBV response and the integration of these approaches into social services, including the police force.

In CAR, the findings from the registration of IDPs in sites within Bangui, including pregnant women, women of reproductive age, adolescents and young people (10-24 years), guided the quantification of UNFPA response and the resource mobilization during the humanitarian appeals.

As a result of this, UNFPA's expertise in data collection was recognized for other UN-led data collection exercises. The RO compiled those existing experiences, shared or adapted the methodologies with other COs.

In addition, the RO, in collaboration with a number of COs (Niger and Nigeria), developed good practice humanitarian programming approaches – with Niger on youth programming; with Nigeria on communication during emergencies; with Côte d’Ivoire on resource mobilization for the peacebuilding fund, and with Cameroon on working effectively with implementing partners.



WAY FORWARD

Moving forward, the organization intends to step up the delivery of services in the region and ensure an overall shift to a more holistic approach. This will involve increasing the effectiveness of humanitarian assistance delivery, as well as strengthening UNFPA's leadership in this field.

The new UNSCR 2250 on Youth, Peace and Security provides room for increasing the organization's engagement in peace building, recovery and reconstruction by harnessing the demographic dividend across the region. With the growing number of young people and their potential vulnerability to migration, violent extremism and radicalization, UNFPA can contribute to reversing the trends through influencing policy and programme interventions.

Children in GGSS IDP camp
© UNFPA/Simi Vijay



In addition, bridging the gap between humanitarian and development interventions will remain vital in ensuring the resilience of individuals and communities.

Fostering innovation by partnering with the private sector will also be key. Overall, UNFPA will work on improving and marketing the organization's humanitarian brand.

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Coverphotos A weeks old baby was born in GGSS IDP camp with its Mom, Borno State.
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Putting smiles on faces of survivors of insurgency in Nigeria. © UNFPA/
Simi Vijay



Delivering a world where
every pregnancy is wanted
every childbirth is safe and
every young person's
potential is fulfilled

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