



West Africa



2011

Consolidated Appeal



Emergency Humanitarian Action Plan

Côte d'Ivoire

and neighbouring countries (Burkina Faso,
Ghana, Guinea, and Mali)



TABLE OF CONTENTS

1.	EXECUTIVE SUMMARY	1
	<i>Table I: Summary of Requirements (grouped by cluster)</i>	<i>2</i>
	<i>Table II: Summary of Requirements (grouped by appealing organization)</i>	<i>2</i>
2.	CONTEXT AND HUMANITARIAN CONSEQUENCES	3
	2.1 Context and Response to Date	3
	2.2 Humanitarian consequences and needs analysis	5
	2.3 Scenario	6
3.	PREPAREDNESS AND RESPONSE PLANS	8
	3.1 Food Security	8
	3.2 Nutrition	11
	3.3 Health	12
	3.4 Water, Sanitation and Hygiene (WASH)	12
	3.5 Protection and Education	13
	3.6 Multi-sector	15
	3.7 Coordination	16
	3.8 Logistics and Telecommunication	17
	3.9 Emergency Preparedness and Response	19
4.	REGIONAL ROLES AND RESPONSIBILITIES	20
	ANNEX I. LIST OF PROJECTS	21
	ANNEX II. INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES: OPERATIONS UPDATE	25
	ANNEX III. ACRONYMS AND ABBREVIATIONS	31

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

Full project details, continually updated, can be viewed, downloaded and printed from <http://fts.unocha.org>.

Côte d'Ivoire: Electoral Violence and Displacement (as of 13 Jan 2011)



Over 25,000 Ivoirians¹ have fled to neighbouring countries over the past five weeks, amid growing fear and insecurity in the wake of the disputed presidential election.²

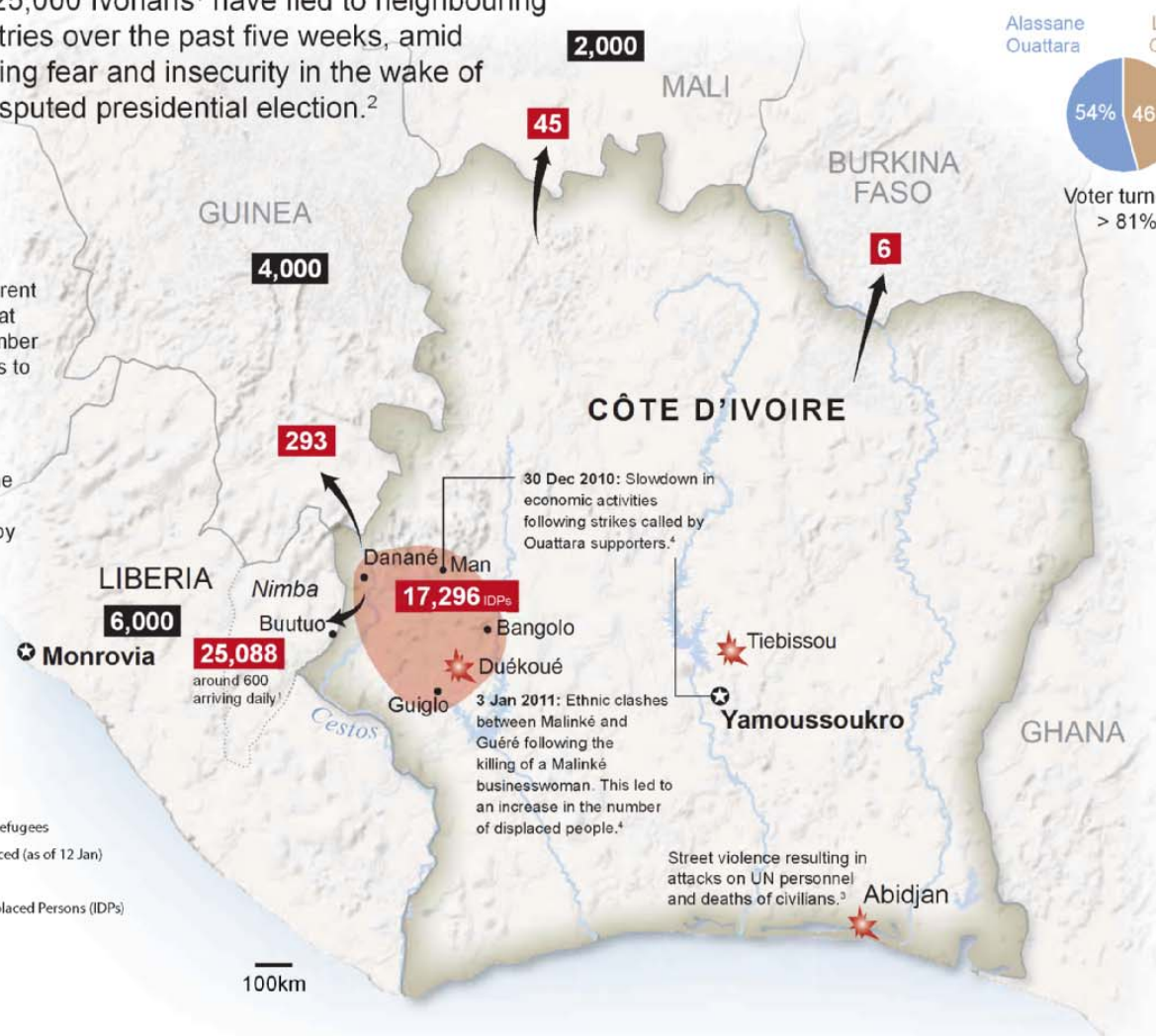
Background

Côte d'Ivoire has been plunged into turmoil following the refusal of incumbent President Laurent Gbagbo to concede defeat after losing the 28 November second round of elections to former Prime Minister Alassane Ouattara.

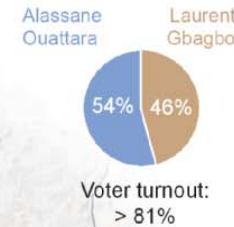
The presidential election was meant to advance the peace process in Côte d'Ivoire, which was split by civil war in 2002 into a Government-controlled south and an opposition-held north.³

210 killed
(as of 6 Jan)

- 000 Number of pre-conflict refugees
- 000 Number of newly displaced (as of 12 Jan)
- Major fighting
- Area with Internally Displaced Persons (IDPs)



Results of the Second Round of Elections⁵



% who voted for Ouattara

- 75.1 - 100 %
- 25.1 - 50 %
- 50.1 - 75 %
- 0 - 25 %

Timeline³

- 31 Oct 2010:** First round of elections
- 28 Nov 2010:** Second round of elections
- 2 Dec 2010:** Results proclaimed by IEC
- 3 Dec 2010:** UN and international community support IEC result

Disclaimer:
The boundaries and names shown on all maps do not imply official endorsement or acceptance by the United Nations.

Creation date: 13 Jan 2010
Glide: OT-2010-000255-CIV
Data sources: UNCS, ONUCI, Europa Technologies

References:
¹UNHCR, *UNHCR building refugee camp for Ivoirians in Liberia*, 11 Jan 2010.
²OCHA, *Côte d'Ivoire: violence a major risk*, 13 Jan 2010.
³UNOCI, *Presidential Elections webpage*.
⁴OCHA, *Côte d'Ivoire - post-electoral crisis: Humanitarian Update #6*, 5 Jan 2010.
⁵CEI, *Second tour de l'élection du président de la République*, 2 Dec 2010.
Feedback: ochaivmu@un.org
<http://ochaonline.un.org>
www.reliefwebint

Humanitarian Indicators for Côte d'Ivoire and neighbouring countries

Country	Population (millions)- (2009) (1)	Infant mortality rate per 1,000 (under 1 year old) (2008) (2)	Children under 5 mortality rate per 1,000 (2008) (3)	Maternal mortality ratio per 100,000 live births (2007/08) (4)	Life expectancy at birth (years) (2010) (5)	% of under-fives (2003–2008*) suffering from: (6)		Population not using an improved water source % (2006) (7)	Number of Ivorian refugees and asylum seekers in country before current crisis (8)	Number of Ivorian refugees and asylum seekers in country after current crisis (9)	Number of refugees abroad (9)	Percentage of population living below income poverty line (\$1.25 /day) (2000-2007) (10)	ECHO GNA score* (2010/11) (11)	GNI per capita (\$) (2009) (12)	UNDP HDI score and rank (out of 169) (13)
						Under-weight (moderate & severe)	stunting (moderate & severe)								
Burkina Faso	15.8	92	169	700	53,7	32	36	28%	121	**	986	56.5	2/3	510	0.305:161st (low)
Côte d'Ivoire	21.1	81	114	810	58,4	20	40	19%	-	-	23,153	23.3	3/3	1,060	0.397:149th (low)
Ghana	23.8	51	76	560	57,1	-	28	20%	295	13	14,890	30	2/3	700	0.467:130th (low)
Guinea	10.1	90	146	910	58,9	26	40	30%	4,172	259**	10,920	70.1	3/3	350	0.340:156th (low)
Mali	13	103	194	970	49,2	32	38	40%	3,248	45**	2,926	51.4	3/3	680	0.309:160th (low)

*3/3 = most severe rank

** asylum seekers

Sources

(5, 7, 10, 13) United Nations Development Programme (UNDP), *Human Development Report 2010*. 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 169, where 169 reflect the lowest level of human development in 2010 (<http://hdr.undp.org/en/>).

(2, 3, 4, 5, 6) United Nations Children's Fund (UNICEF), State of the World's Children 2010: <http://www.unicef.org/sowc>. Under-five mortality per 1,000 in 2008. 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)/World Health Organization (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, 2008/2009: (<http://www.worldbank.org>).

(8) United Nations High Commissioner for Refugees (UNHCR), Statistics for Ivorian refugees and asylum seekers residing from referenced country before the Ivorian political crises can be found at Regional Representation Dakar

(9) *Ibid.*

(10) United Nations High Commissioner for Refugees (UNHCR), Statistics for refugees originating from referenced country can be found at (www.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).

(12) *Ibid.*

1. EXECUTIVE SUMMARY

Since the beginning of the political impasse in Côte d'Ivoire, considerable international attention has been devoted to the crisis and its potential humanitarian implications. Regional humanitarian actors in West Africa, in consultation with the country teams of Côte d'Ivoire and four of its neighbouring countries (Burkina Faso, Ghana, Guinea and Mali – referred to as Côte d'Ivoire+4) requested the elaboration of a Regional Emergency Humanitarian Action Plan (EHAP). It is designed to allow humanitarian actors to reinforce their logistical capacities, level of preparedness, and coordination so as to respond as required to the actual and potential humanitarian needs of up to 2 million people in Côte d'Ivoire, as well as up to 100,000 refugees and other vulnerable groups, including 420,000 returnees and third country nationals. (Due to the particular impacts resulting from the influx of refugees into Liberia – its speed, size, and location – the Humanitarian Country Team there is preparing its own EHAP.)

As of 13 January 2011 more than 25,446 people have fled Côte d'Ivoire since December 2010, mainly to Liberia (25,088 refugees to date), Burkina Faso, Guinea, Ghana and Mali (see table below). In Côte d'Ivoire itself, 17,296 internally displaced people (IDPs) have been reported mainly in and around the western cities of Danané, Duékoué and Man. The exact figure of IDPs living with host families is not yet known. The Inter- Agency Humanitarian Crisis Cell established in Man is coordinating the IDP response and plans to conduct additional needs assessments.

There is significant potential for the current population movements to increase should the security situation worsen, whereupon the humanitarian response in Côte d'Ivoire could face serious challenges. The volatile security situation and anti-UN sentiments could hamper humanitarian access to the affected populations and the subsequent response. Ensuring sufficient staffing and capacity could pose a real challenge considering that a number of organizations (UN agencies and non-governmental organizations / NGOs) have scaled down their activities and relocated staff from Côte d'Ivoire.

Regional EHAP for Côte d'Ivoire+4	
Key parameters	
Key variables	<ul style="list-style-type: none"> - Prolonged but peaceful resolution of Ivorian crisis - Outbreak of civil war in Côte d'Ivoire
Populations of concern	
IDPs within Côte d'Ivoire	<ul style="list-style-type: none"> - Duékoué: 14,500 - Man: 1,698 - Danané: 1,098
Refugees from Côte d'Ivoire	<ul style="list-style-type: none"> - Liberia: 25,088* - Burkina Faso: 6 - Ghana: - - Guinea: 293 - Mali: 45
Total funding requested	Funding requested per beneficiary
\$32,766,935	\$1,858
* See separate EHAP for Liberia	

Since the onset of the crisis, humanitarian actors have deployed considerable efforts to optimizing preparedness in Côte d'Ivoire and its neighbouring countries based on the evolution of the situation. The Regional EHAP has been developed by regional sectoral leads based on the updated contingency plan for Côte d'Ivoire (see Section 2.3, Scenario, for more details). The EHAP comprises response to the current and imminent projected caseload, plus preparedness for the full contingency of up to 2 million people affected. It will be revised continually as the situation evolved, and could require a major increase if the situation worsens.

Due to the cross-cutting nature of activities relating to refugee response, a multi-sectoral component was added to the sectoral response plans. In addition, and considering the objective of this regional EHAP is to enforce logistical capacities, a logistics and telecommunication sector response plan was also added. Regional sector response plans developed for the Regional EHAP otherwise reflect the sector structure and the four strategic objectives of the 2011 Regional CAP for West Africa:

1. Reduce excess mortality and morbidity in crisis situations
2. Reinforce livelihoods of the most vulnerable people severely affected by slow or sudden-onset crisis
3. Ensure humanitarian access and improve protection of vulnerable people
4. Strengthen coordination and preparedness of emergencies at national and regional levels.

The financial requirements for the Regional EHAP amount to US\$¹ 32,766,935 to support humanitarian organisations preparedness and cover the most urgent humanitarian needs during a six-month period. The Regional EHAP includes 51 United Nations and NGO projects for Côte d'Ivoire,

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 West Africa CAP 2011 page.

CÔTE D'IVOIRE

Burkina Faso, Ghana, Guinea, and Mali. (It will be counted as a supplement or revision to the West Africa 2011 Consolidated Appeal.)

Table I: Summary of Requirements (grouped by cluster)

as of 14 January 2011 http://fts.unocha.org	
Compiled by OCHA on the basis of information provided by appealing organizations.	
Cluster	Requirements (\$)
COORDINATION / INFORMATION MANAGEMENT AND SUPPORT SERVICES	3,724,378
EDUCATION	1,087,799
EMERGENCY PREPAREDNESS AND RESPONSE	198,874
FOOD SECURITY	5,687,700
HEALTH	2,592,900
LOGISTICS AND TELECOMMUNICATIONS	1,768,789
MULTI-SECTOR	9,338,013
NUTRITION	3,016,650
PROTECTION	2,281,262
WATER, SANITATION AND HYGIENE	3,070,570
Total	32,766,935

Table II: Summary of Requirements (grouped by appealing organization)

Appealing Organization	Requirements (\$)
Action Contre la Faim	2,261,400
CARE International	400,734
Food & Agriculture Organization of the United Nations	4,800,000
Helen Keller International	1,204,320
International Organization for Migration	1,248,209
International Rescue Committee	806,500
Office for the Coordination of Humanitarian Affairs	393,209
Save the Children	463,025
United Nations Children's Fund	5,696,627
United Nations High Commissioner for Refugees	9,928,665
United Nations Population Fund	1,739,183
World Food Programme	2,128,163
World Health Organization	1,696,900
Total	32,766,935

2. CONTEXT AND HUMANITARIAN CONSEQUENCES

2.1 Context and Response to Date

a. Context

Côte d'Ivoire is currently facing a political crisis that has captured the attention and increased the concerns of the international community as a whole. The country has been suspended by the Economic Community of the States of West African States (ECOWAS) and the African Union. Travel bans and assets freeze have been imposed on President Gbagbo and members of his close entourage. The International Monetary Fund has suspended aid, while the Global Fund to fight AIDS, Tuberculosis and Malaria has also ceased its activities, among other measures.

The impact of the political crisis on the population is of concern to the humanitarian community in Côte d'Ivoire itself and the region as a whole. There has been violence between supporters of the candidates, renewed tensions between the north and the south of the country and, more recently, inter-ethnic violence in the west. Such acts of violence against civilian populations were reported in the immediate aftermath of the announcement of the election results; the Army and the *Forces Nouvelles* (FN) have been implicated.

In light of the actual and potential impacts of this situation, humanitarian actors have reviewed the contingency plan for Côte d'Ivoire and its neighbouring countries. The needs are critical in all sectors, and efforts are underway to coordinate the humanitarian response as needed and develop a preparedness and response plan in order to adequately respond to a possible emergency. Thus far, access to the affected populations is severely limited and the humanitarian space greatly reduced. The prevailing insecurity has made already difficult logistical conditions, notably as a result of the poor state of most roads, more complex. Although most humanitarian actors have evacuated their non-essential staff from Côte d'Ivoire in view of the current security conditions, emergency teams are on stand-by to be deployed should there be a further deterioration of the humanitarian situation.

b. Response to date

Nutrition

Côte d'Ivoire

- A nutrition assessment by the UNICEF discovered rates of 10% acute malnutrition amongst children under five in the refugee population and an additional 20% of children were at high risk of malnutrition.
- Monitoring, training of health workers and the supply of therapeutic foods are being made a priority for immediate implementation

Burkina Faso

- Provision of therapeutic and supplementary feeding for the treatment of 4,436 children with moderate acute malnutrition and 1,540 children with severe acute malnutrition is planned

Health

Côte d'Ivoire

- In response to a request from WHO and in line with the agency's contingency plan for Côte d'Ivoire, the Government of Italy has authorized the dispatch of \$540,000 worth of emergency medical supplies and equipment from the warehouse in Brindisi to the UN Humanitarian Response Depot in Accra, Ghana.
- These supplies are expected to cover the basic health needs of 120,000 people for 3 months (including anti-malarial treatment) and the specific needs of 1,000 patients requiring trauma surgical care in Côte d'Ivoire+5. Additional staff is preparing for deployment.

Protection and Education

Côte d'Ivoire

- UNICEF is monitoring conditions for women and children through partners in Côte d'Ivoire.
- Family-tracing systems have been activated where required, alongside the monitoring of violence and exploitation of children and women.
- Child protection measures are also being put into place for tracing of children who may have become separated from parents and to prevent exploitation.

Emergency Preparedness

Côte d'Ivoire

- All humanitarian actors at national and regional levels have begun the process of strengthening their capacities for preparedness to better respond to any potential humanitarian crisis and ensure the monitoring and report on the overall humanitarian situation in Côte d'Ivoire.
- UNICEF and UNHCR are reinforcing emergency preparedness measures by prepositioning vital stocks in Côte d'Ivoire and the surrounding countries. Stocks of WASH, education, health, and nutrition supplies have been positioned by UNICEF and non-food items (NFIs) by UNHCR ready for deployment to areas or countries most in need or where access may be an issue, notably northern Côte d'Ivoire.

Multi-sector

Burkina Faso, Ghana, Guinea and Mali

- There are a limited number of Ivorian asylum seekers arriving in these countries. However UNHCR, with the relevant governments, has identified potential areas for transit sites and refugee camps. A mechanism for information sharing and border monitoring has been established with all relevant actors along the borders.
- UNHCR and its implementing partners have begun activities including border monitoring, registration, planning of camp sites to include sanitation, water, hygiene, healthcare and nutrition services in order to meet the emerging humanitarian needs of the affected population in all sectors.
- In Guinea, UNHCR, with the support IOM has transferred 88 of the 223 refugees presently hosted in Bossou the Kouankan II refugee camp and assistance is being provided to some 44 unaccompanied or separated children arriving in N'Zerekore (as of 5 January 2011).

Staffing and capacity

A number of organizations (UN agencies and NGOs) have been obliged to relocate staff from Côte d'Ivoire. Ensuring sufficient staff presence and assets could therefore pose a real challenge should the situation worsen significantly. Humanitarian actors, based on the evolution of the situation in Côte d'Ivoire have adjusted their presences accordingly.

- The Office of the Coordinator for Humanitarian Affairs (OCHA) at the request of the Humanitarian Coordinator (HC) in Côte d'Ivoire immediately deployed two staff to support ongoing preparedness, coordination and response efforts in early December 2010.
- UNHCR is reinforcing its presence in the Man and Danané regions of western Côte d'Ivoire and has deployed senior staff to Mali, Burkina, Côte d'Ivoire and to the Regional Office in Dakar to assist in the coordination of planning and response for refugees and coordinate with other agencies. UNHCR deployed a medical coordinator, a site planner, a supply officer, a WASH expert, protection staff, several emergency staff, administration and programme officers to various locations to meet with the refugees and assess their protection needs. Currently, emergency teams are on standby for urgent deployment to the country should a humanitarian crisis occur.
- WHO is redeploying two international staff to the region to strengthen coordination and health emergency management.
- While maintaining a presence in Abidjan, UNICEF has increased support to the Côte d'Ivoire country office in the coordination, security, WASH, and nutrition sectors. It also reinforced its zonal offices in Bouake and Man.
- The World Food Programme (WFP) deployed two information and communication technology staff and one logistician and has identified and put on stand-by a certain number of experts for Côte-d'Ivoire.
- IOM has reinforced its staff in Côte d'Ivoire with assistance from HQ and the Regional Office in Dakar, and is currently deploying a national registration team in Duékoué able to take stock of IDP population already settled in the Catholic Mission and in another neighbouring site. An IOM international expert in camp management is being deployed as well in Duékoué to structure the hosting sites of the displaced people. IOM is planning to continue deploying staff in Western Côte d'Ivoire to support on-going registration operations and camp organization and management. IOM will also reactivate its sub-office in Guiglo where international and national staff will be deployed in the coming days.
- UNDP will commit human resource support for mainstreaming Early Recovery as part of a response, rather than engaging in the preparedness activities outlined in this EHAP. As the situation evolves in Côte d'Ivoire and the role of national partners – important for early recovery - becomes clearer, the environment for early recovery within the humanitarian sphere will be more appropriate. UNDP has recourse for project funding to support early recovery within a humanitarian response, and is committed to participating in any revised EHAP to strengthen the

sustainability of the response and reduce any potential gaps between the emergency response and recovery.

The International Committee of the Red Cross (ICRC) is working with the National Red Cross Society of Côte d'Ivoire. The ICRC has distributed NFIs to IDPs and provided WASH services. The International Federation of Red Cross and Red Crescent Societies (IFRC) launched a preliminary emergency appeal for US\$1.4 million to strengthen the National Red Cross Societies of Burkina Faso, Guinea, Ghana and Mali so that they can assist 45,000 people for six months. Emergency relief items, hygiene kits and shelter materials will be pre-positioned to meet the needs of IDPs. The IFRC also released \$209,000 from its Disaster Relief Emergency Fund to kick start its emergency response.

2.2 Humanitarian consequences and needs analysis

The preparedness and response strategy currently being put in place is based upon the Côte d'Ivoire contingency plan, which was updated on 31 December 2010. That plan foresaw that in Côte d'Ivoire up to 2 million people could be affected of which 1.5 million would be women and children. The overall figure includes:

- 450,000 people who may be displaced internally and who would require humanitarian assistance, including 50,000 to be settled in camps
- 100,000 Ivorian nationals who would flee Côte d'Ivoire and who would require assistance in the four neighbouring countries
- 420,000 returnees and third country nationals (TCNs) currently living in Côte d'Ivoire who could be forced to return to their countries of origin and who would require assistance, notably in transit camps
- The table below provides a more detailed breakdown of part of the potentially affected population.

Population group	Côte-d'Ivoire	Burkina Faso	Ghana	Guinea	Mali	Total
Refugees	-	35,000	25,000	20,000	20,000	100,000
Returnees + TCN	-	200,000	20,000	50,000	150,000	420,000
IDPs	450,000	-	-	-	-	450,000
Totals	450,000	235,000	45,000	70,000	170,000	970,000

Source: Côte d'Ivoire revised contingency plan, 31 December 2010

The current political crisis threatens the lives and livelihoods of thousands of people. In Côte d'Ivoire, the western cities of Duékoué (14,500 IDPs), Man (1,698) and Danané (1,098) are already hosting more than 17,296 IDPs. Figures on IDPs living with host families are not yet known. Whilst the bulk of the refugees have fled to Liberia, Burkina Faso, Guinea, Ghana and Mali have received several hundred (some 360 to date). There is significant potential for population movements to increase in size and speed should the security situation worsen.

Even without mass population movements, the effects of the crisis are starting to be felt across a range of sectors. For example, in areas untouched by violence rising food prices due to the breakdown of transportation routes and poor supply of goods to local markets have increased the vulnerability of the local population. This could make it, for example, more difficult for communities to host IDPs and could have a long term impact on the nutritional status of vulnerable children. Another concern for humanitarian actors is the lack of functioning supply chains for essential drugs to the north of Côte d'Ivoire.

Protection and human rights concerns that were already a challenge before the crisis have been exacerbated due to the tensions between the two side's supporters and between communities. There are reports of human rights violations including abductions, arbitrary detentions, extrajudicial executions and sexual and gender-based violence (GBV). Nationals that have either been subjected to such violence and those in fear of the aggravating security conditions in the country have sought refuge in neighbouring countries. Although internal population movements and those to neighbouring countries are thus far on a limited scale, there is a potential for an increase in such movements should the situation worsen.

According to the updated contingency plan for Côte d'Ivoire, a severe deterioration of the crisis would affect 2 million people and require humanitarian support for them. This figure includes 450,000 who may become IDPs, and 100,000 who may become refugees and move to the five neighbouring countries. An additional 420,000 nationals from neighbouring countries currently living in Côte d'Ivoire would also be expected to return to their countries of origin and will require assistance in transit camps.

Among them, at least an additional 22,000 TCNs would be further displaced to other neighbouring countries in the region.

2.3 Scenario

The Regional EHAP is based on a scenario of worsened security and large-scale humanitarian need, developed in the contingency plan for Côte d'Ivoire which was updated on 31 December 2010. The scenario details how a potential deterioration of the political crisis in Côte d'Ivoire would cause a humanitarian crisis with significant regional implications.

This EHAP or supplemental appeal requests resources for preparedness for the contingency plan's scenario (plus response to current and imminent projected caseload), not full response to what is still only a scenario.

Contingency planning scenario

Post-election violence characterized by armed confrontations mainly in Abidjan and other locations causing massive internal displacement (IDPs) and population movements to neighbouring countries (refugees).

Triggers

- Demonstrations by youths linked to political parties.
- Calls for insurrection.
- Attacks on political party leaders.
- Destruction of property.
- Freezing of funds for payment of officials.

Early warning indicators

- Political events leading to violence and population movements.
- Hardening of the political discourse of some leaders.
- Troop movements / refusals to disarm / movements of armed groups.
- Existence of extremist factions within the FN or SDS.
- Radicalization of the press and media.
- Increase in checkpoints.
- Increasing restrictions caused by curfew.
- Shortages of basic foodstuffs leading to price increases.
- Attacks on UN officials.

Humanitarian consequences

- 10% of the population is affected by the crisis.
- All regions affected, in particular the regions of: Lagunes (including Abidjan); Hautassandra; Moyen Cavally (including Duékoué and Guiglo); Fromager; Basassandra; Marahoué; Montagnes; Lacs (including Yamoussoukro) .
- Rise in instances of sexual and gender-based violence against women and children.
- Increase in vulnerability of particular affected groups, especially IDPs, women, children, the elderly, and people living with HIV/AIDS.
- Pillaging and destruction of infrastructure.
- Targeting of civilians according to varying criteria: political, regional or ethnic affiliation, citizenship or nationality.

Constraints on humanitarian action

- Level of insecurity inhibits or restricts humanitarian interventions.
- Involvement of armed forces in hostilities.
- Difficulties in identifying and accessing IDPs.
- Low levels of funding of humanitarian assistance and inadequate resources.
- Remoteness of some areas.
- Attacks against property and United Nations personnel.
- Closure of borders (air and land).
- Restrictions on telecommunications (telephone, internet, radio etc).
- Inadequate logistics capacity.
- Growing impoverishment of affected populations.
- Increasing needs for food and WASH in camps and some households (hosts families in particular).

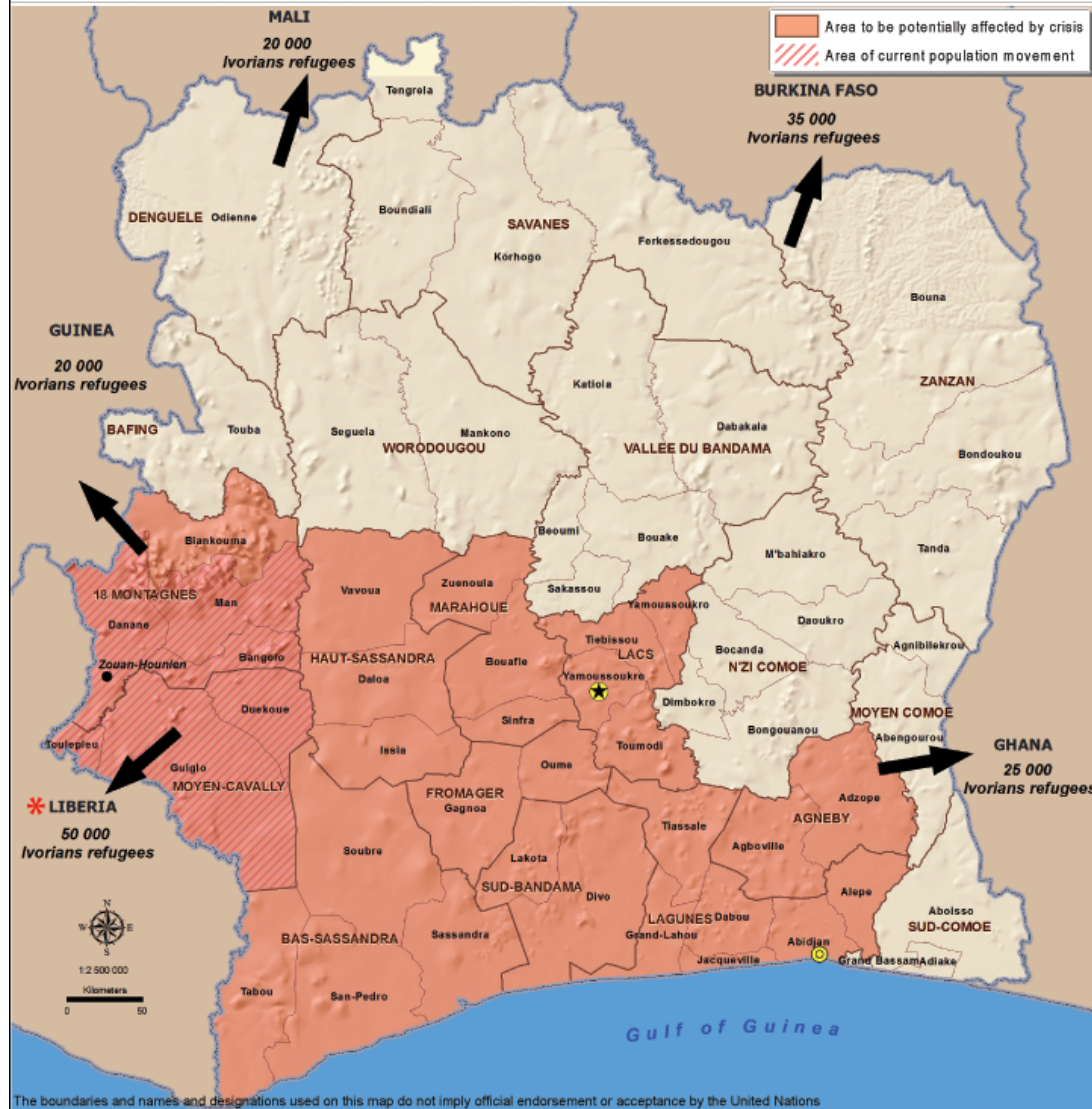
CÔTE D'IVOIRE



Office for the Coordination of Humanitarian Affairs - Côte d'Ivoire

Côte d'Ivoire - Inter-agency response plan (at 31 december 2010)

Creation Date : 12 january 2011



The boundaries and names and designations used on this map do not imply official endorsement or acceptance by the United Nations

Geographic Data Sources : SLAB Project, DCW, CGIAR-CSI

Thematic Data Sources : Humanitarian Country Team (HCT) - Côte d'Ivoire

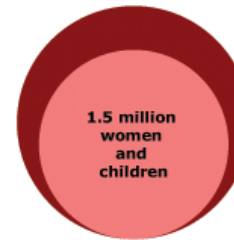
Produced by : Information Management Unit - OCHA Côte d'Ivoire

2 million people, the equivalent of **10%** of the total population, could be affected

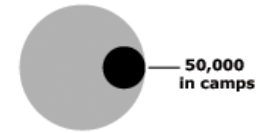
Scenario :

Post-electoral violence characterized by armed clashes in Abidjan and other cities in the hinterland leading to population movement (refugees and IDPs).

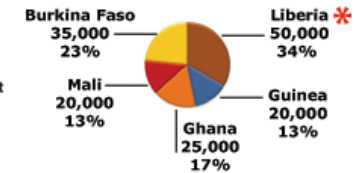
2 million affected people



450,000 IDPs



150,000 Ivoirians refugees



* Liberia will launch its own EHAP. The figures contained in this document do not include Liberia.

Sector response :

Food (WFP) :

50,000 people: Need food aid for 3 months in camps, 50,000 IDPs: Need 2 month ration in host communities.

Nutrition (UNICEF) :

1,620 children (6-59 months) targeted; 243 for therapeutic nutrition unit, 1,377 for outpatient therapeutic nutrition unit (for 6 months).

WASH (UNICEF) :

182,000 people - Need assistance for 3 months; 50,000 IDPs in camps, 132 IDPs in host families.

Emergency shelter - NFI (UNHCR) : 50,000 IDPs.

Camps (IOM) : 50,000 on site.

Health (WHO / UNAIDS) : 2 million affected of which 450,000 IDPs. 14,500 people living with HIV/AIDS.

Protection (UNHCR) : 400,000 IDPs, 26,000 children (52% girls, 48% boys), 12,500 displaced women.

Education (UNICEF/ Save the Children) : 108,000 displaced children.

Early recovery (UNDP) : 10,000 households.

Agriculture (FAO) :

43,000 households at risk: Need assistance in seeds.

3. PREPAREDNESS AND RESPONSE PLANS

Sector plans for preparedness and response in the Regional EHAP are aligned to the sector structure of the 2011 Regional CAP for West Africa, with some additions as a result of the particular nature of this situation. It was necessary to add a multi-sectoral component due to the cross cutting nature of some activities, particularly those relating to the refugee dimension. In addition, and considering that one of the objectives of the Regional EHAP is to reinforce logistical capacities in order to better prepare the humanitarian response, a logistics and telecommunication response plan was added.

While the regional EHAP for Cote d'Ivoire+4 proposes a series of preparedness activities for the response to a potential 2 million individuals, it also includes emergency response interventions for an estimated 25,000 IDPs as it is likely that the current caseload of 17,296) will continue to increase until the next revision of this appeal.

The objective of the Regional EHAP is therefore to allow humanitarian partners to strengthen their capacity to respond in a timely and effective manner to a humanitarian crisis in Côte d'Ivoire should it occur, as well as to provide emergency humanitarian assistance to populations already in displacement.

3.1 Food Security

Lead agencies	FAO and WFP
Implementing partners	Concerned governments, national and regional institutions, international and local NGOs, FAO, WFP, UNHCR
Number of projects	4
Sector Objectives	<ul style="list-style-type: none"> To save lives, provide and protect livelihoods of host communities, IDPs, TCNs, returnees and refugees through food aid, support to agricultural production and income generation. To reinforce preparedness, coordination and food security information sharing capacities within stakeholders in the affected countries.
Beneficiaries	Returnees, IDPs and host population including women and children
Funds Requested	\$5,687,700
Contact information	José Luis Fernandez: joseluis.fernandez@fao.org (FAO) Naouar Labidi: naouar.labidi@wfp.org (WFP)

Strategy

The food assistance strategy is flexible and will be reviewed on an ongoing basis. Initially, emergency food assistance will be provided to displaced people and host populations in order to save lives and prevent a degradation of household food security and nutrition status and the adoption of negative coping strategies. A series of multi-sectoral and specific needs assessments will support the development of a strong concerted and coordinated response strategy. At a later stage, should the situation stabilize, food assistance would be provided to displaced groups with a view to promoting self-reliance if conditions allow, such as land availability, income-generating opportunities and government policies vis-à-vis refugees and displaced populations. Preparedness actions are taking place (such as using ready-to-use food and non-food stocks) in order to support an effective response.

In view of the changing situation, the food security cluster will undertake joint needs assessments that will support the response. Assessments will take place in Côte d'Ivoire and in the four neighbouring countries to identify caseloads and assess the extent of food and food-related needs. A regional assessment of the crisis' impacts on regional markets and trade will take place in collaboration with CILSS² and FEWS NET³ in February 2011. That study will determine the extent to which markets in the central basin have been affected by the crisis, provide an early indication of the role that local and regional purchases will play, and help determine which transfer modality (in-kind, cash or vouchers) would be best suited to the response.

Regarding livelihood protection activities in the areas of displacement, food security and agriculture needs along with access to land and related social cohesion issues, will be assessed in villages and camps to determine the opportunities to increase incomes of affected displaced and host populations and to boost local agricultural production for the rainy season starting in April 2011. Sub-offices will be

² Comité (permanent) inter-États de la lutte contre la sécheresse dans le Sahel (Inter-Agency Committee for Drought Control in the Sahel)

³ Famine Early Warning Systems Network

opened in the areas of IDPs and returnees settlements for improved program implementation and monitoring. Priority will be given to the most vulnerable, including women and children under five.

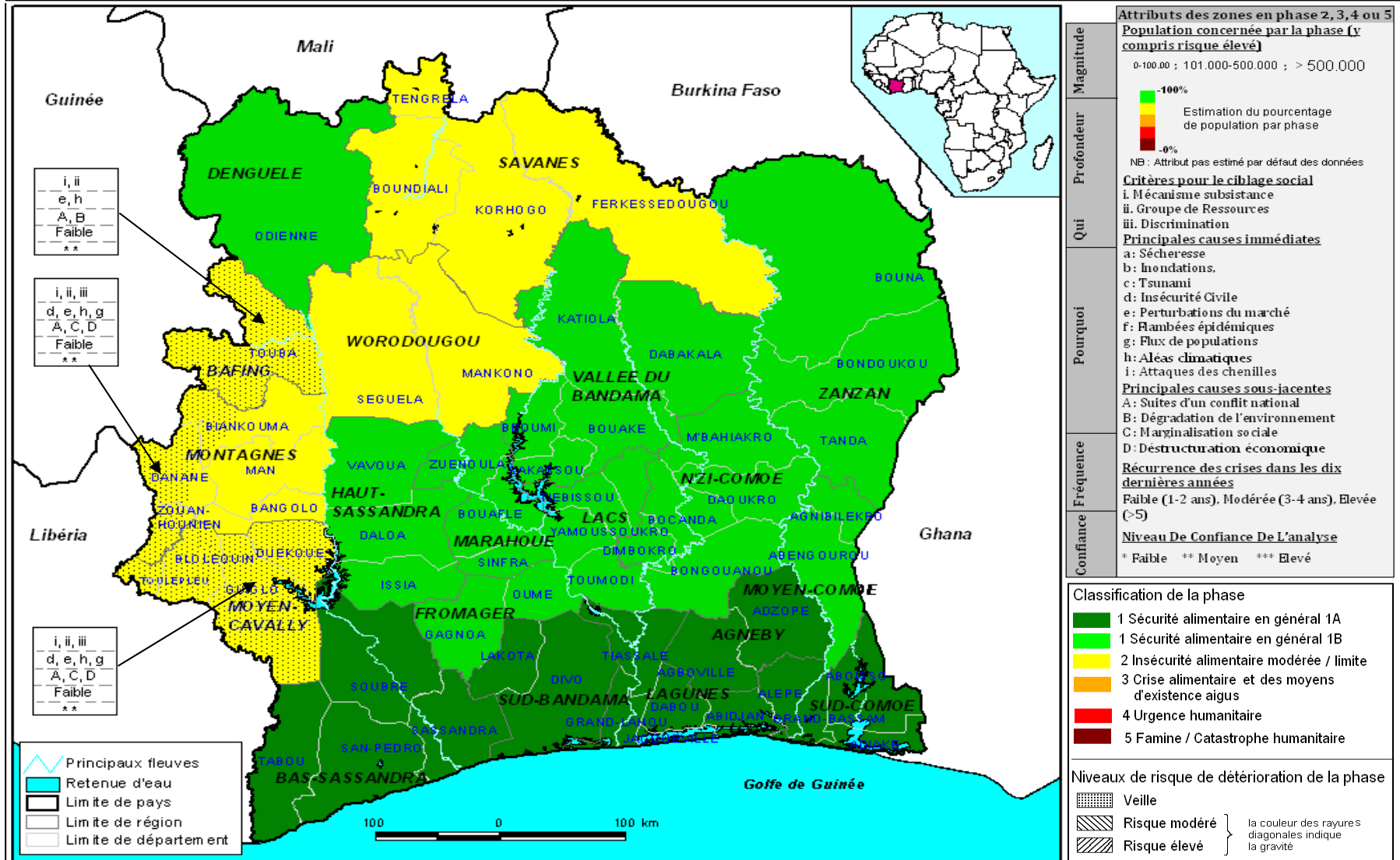
Activities

- Opening of sub-offices in the areas of displacement with food security analysis, monitoring capacities and coordination.
- Food security, markets (food, animal and manpower) and agricultural needs assessments.
- Food assistance including food and/or cash transfers for livelihoods and agriculture-related actions, if applicable.
- Promotion of income generation and agriculture through distribution of seeds (lowland and upland rice, sorghum, maize, okra, cowpeas, hot pepper, eggplant and other short cycles and improving varieties), fertilizers (NPK and urea) and tools and some new techniques (micro gardening/livestock farming) necessitated by the context (no or very poor land).

Expected outcomes

- The food security and nutrition situation is known and results of assessments are shared with all stakeholders.
- Affected households maintain and/or improve their food security status while reducing negative coping strategies.
- Acute malnutrition among children five years of age and pregnant and lactating women in affected populations is either reduced or stabilized.
- Affected households have increased their incomes.
- Affected households have increased their agricultural production, and their technical capacities.

Carte de la classification intégrée de la sécurité alimentaire (IPC) en milieu rural - Côte d'Ivoire / 5^{ème} cycle d'analyse



PARTENAIRES : MINAGRI, MIPARH, Ministère d'Etat, Ministère du Plan et du Développement, Ministère de la Santé et l'Hygiène Publique, Ministère du Commerce, INS, BNEDT, SODEXAM/DMN, FAO, PAM, UNICEF, OCHA, PNUD, OMS



3.2 Nutrition

Lead Agency	UNICEF
Implementing partners	Concerned governments, national and regional Institutions, international and local NGOs, UN organizations
Number of projects	7
Sector Objectives	<ul style="list-style-type: none"> • Ensure effective coordination within the Nutrition Cluster and among clusters implementing activities. • Strengthen the ability of governments and partners to assess and monitor nutritional state of women and children under 5 years of age. • Support governments and implementing partners in the implementation of an appropriate and timely emergency response that includes both curative and preventive interventions.
Beneficiaries	Women and children in Côte d'Ivoire and neighbouring countries who are affected by the crisis in Côte d'Ivoire
Funds Requested	\$3,016,650
Contact information	Robert Johnston (rojohnston@unicef.org) Dieudonné Yiweza (yiweza@unhcr.org)

Strategy

Thousands of children and women are likely to require assistance in this crisis, with one of the most urgent needs being access to nutritional interventions. The nutrition coordinating mechanisms in each affected country will implement a harmonized nutrition response, with the needs of host populations also taken into account when planning and implementing emergency responses to the current situation.

Activities

- Monitor and evaluate the nutritional situation of affected populations with the use of rapid assessment tools, screening sessions and rapid nutrition surveys.
- Integrate vitamin A supplements and deworming medications into emergency vaccination responses and protect optimal infant and young child feeding practices, including the use of lipid-based or other appropriate nutritional supplements.
- Continue strengthening national programs of the management of acute malnutrition including the training and support of staff in therapeutic, outpatient, and supplementary feeding centres.
- Strengthen community mobilization, screening, detection, and referral for acute malnutrition at the community level.
- Implement effective procurement and supply systems for ready-to-use foods, vitamin A supplements, and deworming and other essential medications.

Expected outcomes

- The effective nutrition coordinating mechanism will enable stakeholders to implement timely nutrition emergency responses for beneficiaries.
- Regular information is available for decision-making on the nutrition situation of persons fleeing political violence and the host populations.
- Children benefit from integrated child survival interventions including vitamin A supplementation, deforming, and optimal infant feeding practices.
- Staff from governments and implementing partners is able to manage acute malnutrition in line with national guidelines and international standards.
- Children are regularly screened for acute malnutrition and cases are referred and treated in line with national guidelines.
- A procurement and supply system is in place that supports effective actions for beneficiaries.

3.3 Health

Lead Agency	WHO
Implementing partners	Government (Ministries of Health), WHO, UNICEF, UNFPA, UNHCR and NGOs
Number of projects	4
Sector Objectives	Provide access to health care services to people affected by crisis and ensure the control of cross-border epidemic diseases in four neighbouring countries
Beneficiaries	420,000 returnees and host populations
Funds Requested	\$2,592,900
Contact information	Dr Toure Bokar (toureb@bf.afro.who.int)

Strategy

Access to health care for these vulnerable groups is one of the most urgent needs. At least 420,000 people are expected to return in their home country in case the current socio political crisis deepens due to insecurity and violence. The health system in Côte d'Ivoire has barely begun recovering from eight years of political and social turmoil. In its four neighbouring countries (some being among the poorest in the region), the influx of returnees and TCNs will stretch the already weak health system in these four neighbouring countries (some being among the poorest in the region), far beyond their capacity.

Health systems need support from humanitarian partners to provide health care services to people affected by the crisis to reduce morbidity and unnecessary suffering and deaths. Through this project, WHO aims, in collaboration with other partners, to strengthen the delivery of health emergency support care services to returnees and host communities, and ensure coordinated disease control in areas affected by the crisis in the neighbouring countries.

Activities

- Strengthen information management and sharing.
- Support provision of health care services.
- Reinforce cross-border disease surveillance, outbreak investigation and response.
- Ensure inter country coordination of health and diseases control interventions.

Expected Outcomes

- Returnees and host communities have access to health care services.
- Endemic and epidemic prone diseases are under control in areas affected by the crisis.
- Morbidity and mortality among affected people is maintained below emergency thresholds.

3.4 Water, Sanitation and Hygiene (WASH)

Cluster Lead Agency	UNICEF
Implementing Agencies	UNICEF, UNHCR, ACF, CARE, CREPA, CRS, FICR, IRC, OXFAM, SOLIDARITES, MAP etc.
Number of Projects	5
Cluster Objectives	<ul style="list-style-type: none"> • Timely, coordinated, decentralized and mobile WASH response to humanitarian emergencies. • WASH humanitarian intra- and inter-sectoral coordination, preparedness and risk reduction.
Total Number of Beneficiaries	1 million beneficiaries, in particular returnees, IDPs and host population including women and children (within 150,000 people targeted in the 2011 Regional CAP, targeting 50% of affected population = ratio of category 3 for displaced and host population)
Funds Requested	\$3,070,570
Contact Information	François Bellet: fbellet@unicef.org Dieudonné Yiweza (yiweza@unhcr.org)

Strategy

According to the 2011 Regional CAP for West Africa, the WASH strategy targets all displaced population and host communities. The thresholds that trigger emergency WASH intervention during population displacements include:

- the existence of displacement camps
- >30% of community population composed of displaced

The necessary preparedness and response activities will be coordinated with all WASH actors and in accordance with coordination arrangements at the field and regional level such the common stockpiling space in Accra if necessary. The critical needs of water and sanitation of this population need to be addressed to avoid water-borne and sanitation-related diseases and epidemics, as well as sexual violence due to poor access routes to water and sanitation services. These needs include ensuring availability of sufficient amounts of clean water, safe access to improved sanitation and complementary hygiene supplies and education to reduce potential vectors of disease transmission.

Activities

The activities will include temporary and/or sustainable solutions for supplying sufficient, safe WASH facilities to the population impacted by the crisis. The sensitization will be focused on key hygiene behaviours, to be prepared and validated before the crises then updated if necessary. If required, the key messages will include some local solutions such using alum stones for water clarification before chlorination.

Water provision will be carried out, as necessary, through emergency water tankering, temporary water bladder systems, and/or the distribution of jerry cans and water purification tablets. Safe water points and family or collective latrines will, as necessary, be constructed and/or repaired in villages affected by the crisis and those accommodating displaced people. Gender-sensitive sanitation facilities will be constructed respecting minimum standards and hygiene education will be promoted on key behaviours, including the use of latrines and handwashing with soap.

Expected Outcomes

IDPs, refugees, returnees and host communities have access to the WASH packages:

- clean water (>15l/p/d)*
- secure and friendly sanitation (>1 gender latrine/50 p)
- hygiene kit (450g soap/p/m, 1 intimate kit/woman in camp, jerry cans, etc.)
- promotion on key hygiene behaviours (hand washing with soap and latrine use)

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

3.5 Protection and Education

Lead Agency	UNHCR
Implementing Partners	OHCHR, Save the Children, DRC, UNICEF, IOM, UNFPA, WFP
Number of Projects	9
Sector Objectives	Ensure the respect for the basic protection principles and human rights concerns of populations affected by the humanitarian crisis in Côte d'Ivoire (asylum seekers, refugees, IDPs, TCNs, returnees(*) and host communities).
Beneficiaries	Total: 2,000,000 people, including: <ul style="list-style-type: none"> • IDPs: 450,000 (with 50,000 in camps); • TCNs/returnees: 420,000 • Children: 240,000
Funds Requested	\$3,369,061
Contact information	Stéphanie Hecquet-Lepoutre (lepoutre@unhcr.org)

(*) – Returnees: nationals, excluding refugees, returning to their home country.

Strategy

The overall strategy is to ensure the rights of populations affected by the humanitarian crisis in Côte d'Ivoire are respected and immediate protection and assistance needs are attended to quickly and effectively.

All beneficiaries

- Provide unhindered access to water, sanitation facilities, food, shelter, education and healthcare.
- Ensure that they live in safe conditions and
- Ensure that particularly vulnerable populations (unaccompanied or separated children, female and child heads of household, child soldiers, survivors of GBV, girls, people with disabilities, people living with HIV/AIDS) have access to healthcare, psycho-social support and reintegration assistance.

Asylum seekers and refugees

- Ensure the principle of non-*refoulement* is upheld.

- Ensure access to asylum procedures, screening and registration, multi-sectoral assistance and protection.
- Maintain the humanitarian and civilian character of refugee camps.

Third country nationals

- Provide temporary accommodation, food, documentation, transportation, emergency protection assistance (including medical aid) and return in safety and dignity.

Activities

- Strengthen the monitoring system at borders.
- Strengthen data collection, management and reporting systems to identify protection concerns in a timely manner and strengthen human rights monitoring activities.
- Provide appropriate identity documentation and information to all beneficiaries on their rights.
- Collaborate with experienced agencies in the separation of armed elements (including children) from the civilian population.
- Strengthen safe provision of NFIs, food, water, shelter, health to Ivorian asylum seekers/refugees and to ensure assistance is provided in a neutral, impartial manner upholding the principle of 'do no harm'
- Work with other sectors active in the Regional EHAP to ensure assistance to non-refugees.
- Prevent sexual exploitation and abuse in the delivery of humanitarian aid by ensuring adherence to the Code of Conduct and establishing mechanisms to report abuses.
- Provide hygiene supplies to the most vulnerable groups, especially women and children.
- Promote and provide access to quality education opportunities for children, including pre-school-aged children, girls and other excluded children.
- Promote and establish safe and secure learning environments that promote the protection and well-being of pre-school and school aged children and adolescents.
- Integrate psycho-social and health services for children and teachers in educational preparedness and response.
- Train teachers and animators in formal and non-formal education, psycho-social support, essential life skills education.
- Provide access to appropriate life skills programs and information about the emergency for adolescents, young children and care givers.
- Promote and provide information on education options for those who have missed out on schooling, especially adolescents.
- Ensure access to basic services for children (medical and psycho-social care) and support to the community-based care.
- Provide family tracing and reunification services for separated children.
- Provide appropriate and multi-sectoral service/assistance to GBV survivors including children (health, psycho-social, legal/justice and reintegration).
- Prevent and manage the consequences of sexual violence as part of the implementation of the Minimum Initial Service Package to respond to the reproductive health needs of displaced populations and ensure availability of post-rape and post-exposure prophylaxis kits as well as trained medical personnel to provide care for survivors.
- Prevent recruitment of children.
- Establish safe and secure learning environment, including pre-schools for children (including girls).
- Engage in capacity-building of local authorities, affected populations and humanitarian community through awareness raising activities.
- Support multi-sectoral prevention and response mechanisms to protection issues and GBV by offering quality services to those in need, in a neutral and impartial manner, and by providing community education and mobilization.
- Provide logistical access to refugees/refugee-hosting communities through rehabilitation of roads and bridges using cash-for-work approaches, providing short-term employment for host and refugee population.

Expected Outcomes

- Consolidation of reliable and periodic data on the human rights situation and protection concerns of the beneficiary population.
- Beneficiary populations have access to all basic services including access to quality education and their basic rights are respected without discrimination. Assistance should be provided in a neutral and impartial manner, by applying the principle of 'do no harm'..

- Vulnerable women, children and youth have access to psycho-social support, GBV services, access to reproductive health services, HIV prevention, care support and treatment services.
- Effective and efficient coordination of protection and education actors towards better quality protection for those in need.

3.6 Multi-sector

Lead Agencies	UNHCR (refugees); all regional sector leads (other affected groups)
Implementing partners	Concerned Governments, National and Regional Institutions, International and Local NGOs, UN organizations
Number of projects	18
Sector Objective	Ensure the provision of protection and multisectoral assistance to refugees, IDPs and other populations of concerned in Côte d'Ivoire, Ghana, Mali, Guinea and Burkina Faso
Beneficiaries	2,000,000 people, including: <ul style="list-style-type: none"> • Asylum seekers/refugees: 100,000 (35,000 Burkina Faso, 25,000 Ghana, 20,000 in Guinea and Mali) • IDPs: 450,000 (with 50,000 in camps) • TCNS/returnees: 420,000 • Vulnerable local host populations • Children: 240,000
Funds Requested	\$9,338,013
Contact information	Myriam Houtart – houtart@unhcr.org

Strategy and proposed activities

- Monitor the border and the reinforce protection teams on the ground.
- Train partners in protection and human rights.
- Rehabilitate or construct educational facilities and provide material and furniture.
- Provide a minimum health care package and ensure the continuity of treatment for those in need
- Organise rapid nutrition assessments and surveys and establish supplementary feeding.
- Purchase and distribute shelter and building materials and purchase and distribution of NFIs.
- Construct wells/water systems in new camps and rehabilitate wells in host communities
- Construct latrines and garbage pits and sensitize the population.
- Organise the secondary transportation of refugees as well as food and other materials and their distribution to beneficiaries.
- Provide agricultural tools, fertilizer and seeds and organise skills training to promote self-reliance.
- Road repair or maintenance .
- Provision of energy-saving stoves.
- Provide administrative, logistics, IT/telecom and security support for the coordination and implementation of interventions.

Expected outcomes

- Coordinated interventions promoting the protection and assistance for refugees and host communities.
- Timely and safe delivery of interventions.
- Refugees live in a safe environment and have access to essential services including health, education, water, shelter, food, sanitation.
- Refugees attain a satisfactory level of self-reliance in the nearest future to avoid dependency on international aid.

3.7 Coordination

Lead agency	OCHA
Implementing partners	Regional actors and humanitarian actors in CDI+4 countries
Number of projects	2
Sector objectives	<ul style="list-style-type: none"> • Support the HC and the Humanitarian Country Team (HCT) in Côte d'Ivoire. • Enhance regional capacity for coordination, public information and advocacy, and response strategy. • Support the UNHCR coordination of the country team interventions for refugees in Mali, Ghana, Burkina Faso and Guinea and of the existing Regional Côte d'Ivoire+5 group. • Support humanitarian action through provision of common services.
Beneficiaries	Côte d'Ivoire HCT and other country teams, international NGOs, governments, donors, regional humanitarian partners and institutions
Funds requested	\$3,724,378
Contact information	Noel Tsekouras (tsekouras@un.org)

Strategy

With multiple humanitarian actors already responding to the situation, improved coordination is required to guarantee an effective humanitarian response to actual and potential humanitarian needs. Humanitarian information sharing, joint needs assessment and liaison with the HCT in Côte d'Ivoire and the country teams in the other four neighbouring states are essential for guaranteeing a well coordinated response to the crisis.

Regional coordination is taking place through the regional IASC structure, regional sectoral working groups, and the existing Côte d'Ivoire+5 regional group. Regional coordination is also taking place at agency level. Regional coordination structures include UN agencies, international and national NGOs, and donors, with the ICRC in its observer capacity. Such organizations will utilise fully the services made available to them and provide regular updates on their respective activities as well as their relevance to the established objectives for the coordination sector.

Activities

- Support HCTs and country teams in humanitarian coordination, public information and advocacy and response.
- Support existing national structures in the areas of coordination and humanitarian response.
- Support the HC in Côte d'Ivoire in maintaining a fully functional HCT mechanism.
- Support the HC and the HCT in Côte d'Ivoire in implementing and strengthening an operational cluster approach in the different locations as per agreed standards, with particular attention on inter-cluster coordination.
- Support the HC and the HCT in Côte d'Ivoire in identifying critical humanitarian needs and response gaps related to the crisis, specifically through inter-agency joint needs assessments.
- Support the UNHCR Regional Representation for West Africa – Dakar and the UNHCR Offices in the five countries neighbouring Liberia in promoting regional and national coordination of preparedness and response for refugees.
- Strengthen information management tools for assessments, reporting, and information-sharing.
- Support the HC and HCT in monitoring and reporting on the overall humanitarian situation in Côte d'Ivoire, with a specific focus on protection of civilians and humanitarian access and ensuring that necessary actions are taken by the different actors to respond to humanitarian needs.
- Support the HC and HCT in Côte d'Ivoire to establish regular information-sharing, joint-monitoring and assessment of needs with its neighbouring countries on humanitarian issues with regional implications.

Expected Outcomes

- HC and HCTs are supported in the coordination of activities.
- All humanitarian actors are supported in response preparedness and humanitarian response at the national and regional levels.
- Common services are provided to all actors involved in preparedness and response activities for the crisis in Côte d'Ivoire.
- Regional logistics capacity is enhanced for timely delivery of humanitarian assistance and rapid surge deployments.
- Coordinated provision of basic IT services and telecommunications are implemented/augmented in common operational areas.

3.8 Logistics and Telecommunication

Lead Agencies	WFP
Implementing partners	WFP, international NGOs, commercial partners
Number of projects	1
Sector Objective	Logistics and telecommunications augmentation in support of WFP Emergency Operations (EMOPs) and Protracted Relief and Rehabilitation Operations (PRROs) in Cote d'Ivoire+4
Beneficiaries	<ul style="list-style-type: none"> • IDPs in Côte d'Ivoire: 450,000 • Refugees and returnees: 100,000 and 420,000 (respectively) in Guinea, Mali, Burkina Faso and Ghana
Funds Requested	\$1,768,789
Contact information	Jacques Collignon (Jacques.collignon@wfp.org)

Strategy

In order to ensure life-saving humanitarian supplies reaches the affected population in Côte d'Ivoire and its neighbouring four countries, immediate augmentation of the logistical capacity, coordination and support is required. In Côte d'Ivoire the lack of sufficient local trucking capacity and the poor infrastructure will necessitate the provision of a WFP-owned and managed trucking fleet in order to deliver humanitarian assistance. In addition, there is a need to set up reliable data and telecommunication IT infrastructure in some areas of Côte d'Ivoire (in particular in Khorogo). Efforts will also aim at strengthening existing capacity to meet the demand for common IT services.

Activities

Logistics augmentation

- Côte d'Ivoire: establishment of a joint warehousing and trucking capacity in collaboration with commercial partners.
- Guinea, Ghana, Burkina and Mali: set up logistics hubs on access corridors, information sharing platform and support to port operations.
- Provision of ad hoc humanitarian cargo flights in the sub region.

Telecommunication augmentation

- Deploy a robust and reliable emergency and security telecommunications network which is compliant with Minimum Operational Security Standards, and installation of power back up equipment in all emergency operations centres and logistics hubs.
- Coordinate and facilitate interagency cooperation in the area of information and communication technology and emergency telecommunications.

Expected outcomes

- Increased logistics coordination through the provision of efficient support to all humanitarian actors and information-sharing platform.
- Effective and timely delivery of humanitarian relief items to the affected populations.
- Support the humanitarian community in performing assessments required thus enhancing concerted actions and optimization of available resources.
- Availability of IT facilities and emergency telecommunications and data-communication networks in operational areas for an efficient support to humanitarian partners.



3.9 Emergency Preparedness and Response

Lead agencies	OCHA/WFP/UNICEF/UNHCR
Implementing agencies	UNICEF, WFP, OCHA, FAO, IFRC, UNHCR, OXFAM, ACF, IOM and others
Number of projects	1
Sector objectives	<ul style="list-style-type: none"> • Strengthen emergency preparedness at national and regional levels. • Enhance rapid and effective emergency response at national and regional level. • Support the lead role of UNHCR in coordinating the CDI+5 Contingency Plan Process.
Beneficiaries	UN agencies, governments, international NGOs, regional and sub-regional institutions
Funds requested	\$198,874
Contact information	Manuela Gonzalez (gonzalez8@un.org)

Strategy

The current situation requires also a substantial, coordinated and coherent engagement of all relevant actors in order to enhance preparedness at the national level but also due the trans-national nature of the crisis at regional level. This measure will contribute to mitigate the impact of eventual humanitarian consequences.

UNHCR has a lead role in the Task Force for Côte d'Ivoire+5 and for the regular updating of the contingency planning process. All humanitarian actors have begun the process of strengthening their capacities for preparedness in Côte d'Ivoire to better respond to any potential humanitarian crisis and ensure the monitoring and report on the overall humanitarian situation there, with a specific focus on protection of civilians and humanitarian access. Furthermore, assessments are ongoing to identify urgent humanitarian needs and appropriate response measures should the current situation deteriorate.

An inter-agency simulation exercise was conducted in Côte d'Ivoire in October before the first round of the presidential elections in order to estimate the level of preparedness of humanitarian actors and their familiarization with the contingency plan. This simulation identified some gaps such the need to better clarify the leadership and the coordination mechanisms.

The Regional Emergency Preparedness Sector agreed that priority needs for emergency preparedness are already reflected in the 2011 West Africa CAP. However requirements for preparedness at the sector level will be included in the projects submitted in this Regional EHAP. As part of their activities the regional Emergency Preparedness and Response Working Group (EPRWG) will continue its support to the country teams and UNHCR in its lead role in the Task Force for Côte d'Ivoire+5 contingency planning process.

Activities

- Support inter-agency and national contingency planning process.
- Support the Côte d'Ivoire HCT and country teams in the 4 neighbouring countries in updating contingency plan and sector response plan.
- Conduct or follow up the ongoing national capacity assessment in order to ensure the effectiveness of the emergency preparedness and response capacity of the governments.
- Ensure cohesion between all emergency preparedness activities.
- Improve interaction with ECOWAS on the humanitarian issues with regional implications.

4. REGIONAL ROLES AND RESPONSIBILITIES

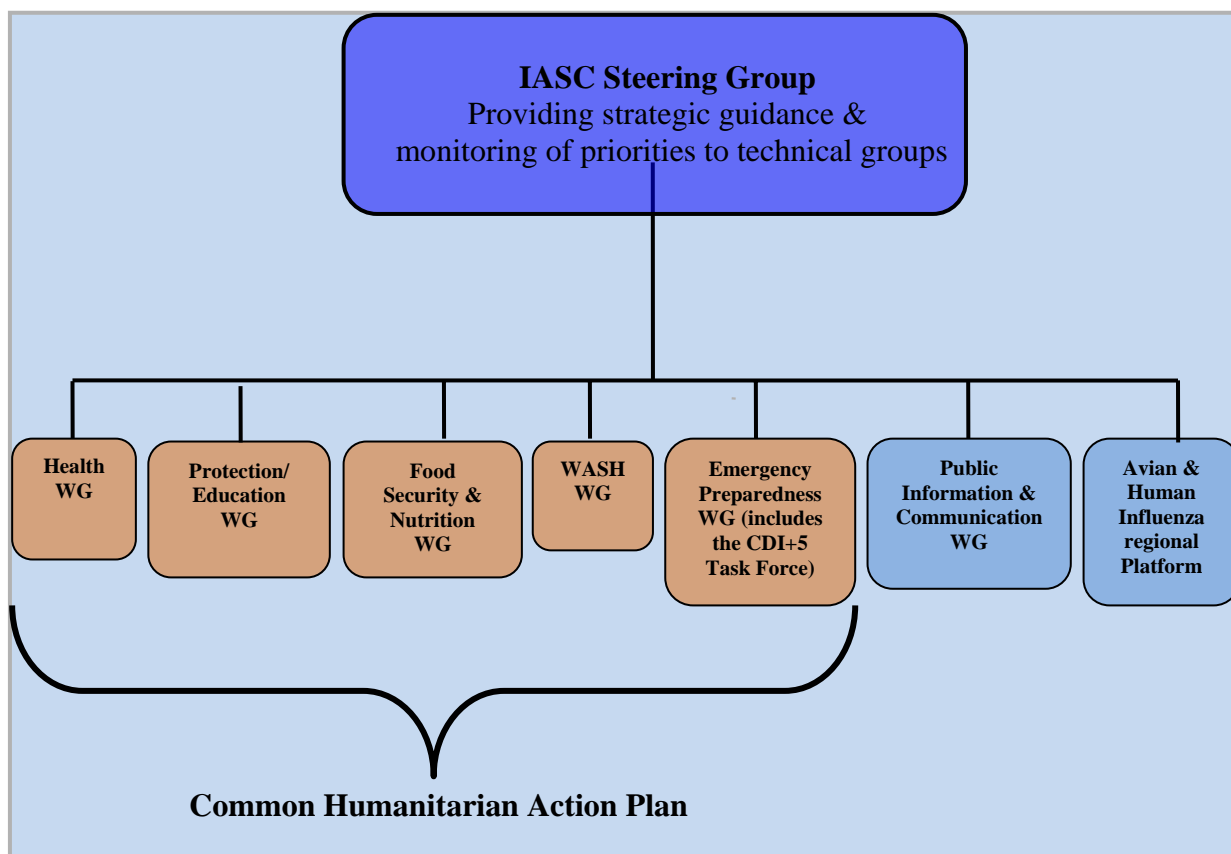
At the regional level, the Inter-Agency Standing Committee (IASC) provides strategic guidance for humanitarian actors and identifies, address and advocates for humanitarian priorities in the West Africa region.

The regional IASC comprises five technical working groups (WASH, Health, Food Security and Nutrition, Emergency Preparedness and Response, and Protection) who prepare and monitor the Common Humanitarian Action Plan.

The EPRWG, led by UNHCR, comprises the Côte d'Ivoire+ 5 Task Force and facilitates the harmonisation and updating processes of the inter-agency contingency plans of the 5 countries neighbouring Côte d'Ivoire.

Cluster/sector name	Cluster/sector lead	Cluster/sector members and other humanitarian stakeholders
Food Security	FAO / WFP/ UNHCR	FAO, WFP, national governments, local partners, regional bodies and NGOs
Nutrition	UNICEF / UNHCR	National governments, UNICEF, WFP, HKI, Save the Children, ACF, MSF, Concern, and Merlin
Health	WHO / UNHCR	WHO, UNICEF, UNFPA, World Vision
WASH	UNICEF / UNHCR	ACF, CRS, FICR, Oxfam GB, Solidarités International, World Vision, ICRC (observer)
Protection/ Education	UNHCR	OHCHR, UNODC, Save the Children, World Vision, DRC, UNICEF, IOM, UNFPA, WFP, FAO, ILO, OCHA, HOPE '87, ICRC (observer)
Emergency Preparedness	OCHA / WFP/ UNICEF/ UNHCR	UNICEF, WFP, OCHA, FAO, IFRC, UNHCR, OXFAM, ACF, IOM

Due to the specific nature of the current crisis in Côte d'Ivoire, it was decided to add one multi-sectoral component (for refugees, under the leadership of UNHCR) to this Regional EHAP. In addition, a Logistics and Telecommunication Sector (under the leadership of WFP as global cluster lead) was added.



ANNEX I. LIST OF PROJECTS

Emergency Humanitarian Action Plan for Cote d'Ivoire +4 Neighbouring Countries
as of 14 January 2011
<http://fts.unocha.org>

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

Project code	Title	Appealing agency	Requirements (\$)
COORDINATION / INFORMATION MANAGEMENT AND SUPPORT SERVICES			
WA-11/CSS/40512/R	Strengthening humanitarian coordination in Cote d'Ivoire	OCHA	393,209
WA-11/CSS/40668/R	Strengthening of regional coordination of the CIV+4 (UNHCR and inter agency) preparedness and response for refugees in Mali, Liberia, Burkina Faso, Guinea and Ghana and for UNHCR interventions with IDPs in CIV	UNHCR	3,331,169
Sub total for COORDINATION / INFORMATION MANAGEMENT AND SUPPORT SERVICES			3,724,378
EDUCATION			
WA-11/E/40634/R	Providing educational opportunities and protection for children in GUINEA, MALI, BURKINA FASO and GHANA who are affected by the crisis in Cote d'Ivoire	UNICEF	537,819
WA-11/E/40651/R	Providing quality education in a safe and protective environment for pre- and primary school aged children affected by the crisis in COTE D'IVOIRE	UNICEF	549,980
Sub total for EDUCATION			1,087,799
EMERGENCY PREPAREDNESS AND RESPONSE			
WA-11/CSS/40646/R	Support to Emergency Preparedness activities in Ivory Coast following the 2010 election crisis	WFP	198,874
Sub total for EMERGENCY PREPAREDNESS AND RESPONSE			198,874
FOOD SECURITY			
WA-11/A/40595/R	Regional Support to food security needs assessments CIV+4	WFP	160,500
WA-11/A/40623/R	FAO Regional: Emergency Preparedness and Food Security assessments for Côte d'Ivoire, Guinea, Mali, Burkina Faso and Ghana - Emergency food security response to affected populations in Côte d'Ivoire	FAO	4,500,000
WA-11/A/40639/R	Improving the living conditions of IDPs in west and central Ivory Coast.	IRC	481,500
WA-11/F/40553/R	Food security preparedness and relief to vulnerable groups (IDPs, Hosts Communities) to prevent malnutrition in tense post-electoral context in western areas of Ivory Coast	ACF	545,700
Sub total for FOOD SECURITY			5,687,700
HEALTH			
WA-11/H/40496/R	Provision of Health care services to IDPs and Host communities in Cote d'Ivoire	WHO	716,900

CÔTE D'IVOIRE

Project code	Title	Appealing agency	Requirements (\$)
WA-11/H/40629/R	Reduction of morbidity and mortality among displaced and vulnerable populations in Côte d'Ivoire.	IRC	213,000
WA-11/H/40636/R	Health response for Cote d' Ivore crisis	UNICEF	963,000
WA-11/H/40773/R	Coordinated delivery of Minimum Health Care package and cross-border disease control in areas affected by the crisis in four neighbouring countries of Cote d'Ivoire (Mali, Burkina Faso, Ghana and Guinea)	WHO	700,000
Sub total for HEALTH			2,592,900
LOGISTICS AND TELECOMMUNICATIONS			
WA-11/CSS/40645/R	Logistics and telecommunications augmentation in support of WFP EMOPs and PRROs in Cote d'Ivoire and four surrounding countries: Guinea, Mali, Burkina Faso and Ghana	WFP	1,768,789
Sub total for LOGISTICS AND TELECOMMUNICATIONS			1,768,789
MULTI-SECTOR			
WA-11/CSS/40654/R	Transport assistance to Guineans and Ivorian refugees fleeing Cote d'Ivoire	IOM	300,000
WA-11/E/40655/R	Emergency Education Response to Ivorian Refugees and Malian Returnees in Mali	Save the Children	200,525
WA-11/H/40774/R	Strengthened Health Emergency Preparedness in four neighbouring countries of Cote d'Ivoire	WHO	280,000
WA-11/MS/40557/R	Strengthening capacity for emergency preparedness in Sexual and Reproductive Health and Gender-Based Violence in four regions of Ghana.	UNFPA	235,400
WA-11/MS/40563/R	Capacity Assessment in Guinee Forestière : WASH and Nutrition	ACF	13,000
WA-11/MS/40598/R	Strengthening Sexual and Reproductive Health Services and Gender-Based Violence Prevention and Response for an enhanced response among refugees and host communities in Guinea.	UNFPA	210,750
WA-11/MS/40624/R	Strengthening Sexual and Reproductive Health Services and Gender-Based Violence Prevention and Response for appropriate and timely response to an influx of refugees, returnees and Third Country Nationals and host communities into Burkina Faso.	UNFPA	171,200
WA-11/MS/40667/R	Strengthening Sexual and Reproductive Health Services and Gender-Based Violence Prevention and Response in humanitarian settings in Mali.	UNFPA	167,500
WA-11/MS/40675/R	Reinforce Emergency Preparedness and Coordination in the area of Sexual and Reproductive Health for Côte d'Ivoire and neighbouring countries.	UNFPA	335,231
WA-11/MS/40739/R	FAO Regional: Emergency Preparedness and Food Security assessments in Burkina Faso, Guinea, Ghana and Mali eventual refugees settlement areas	FAO	300,000
WA-11/MS/40744/R	Multi-sectoral Assistance to new Ivorian Refugees in Guinea	UNHCR	396,058
WA-11/MS/40746/R	Multi-sectoral Assistance to new Ivorian Refugees in Burkina Faso	UNHCR	705,992
WA-11/MS/40747/R	Multi-sectoral Assistance to new Ivorian Refugees in Ghana	UNHCR	744,296
WA-11/MS/40754/R	Camp Coordination and Camp Management for 25,000 IDPs in CIV	UNHCR	99,278
WA-11/MS/40756/R	Development of sites and provision of shelter and NFIs for 25,000 IDPs in CIV	UNHCR	3,609,024

CÔTE D'IVOIRE

Project code	Title	Appealing agency	Requirements (\$)
WA-11/MS/40759/R	Protection and assistance to IDPs in Côte d'Ivoire	UNHCR	391,680
WA-11/MS/40762/R	Ensure that all refugees fleeing Côte d'Ivoire into Mali have access to multi sectorial assistance under the leadership and coordination of UNHCR	UNHCR	651,168
WA-11/MS/40772/R	Camp Management Support and Service Provision to IDPs in Western Côte d'Ivoire	IOM	526,911
Sub total for MULTI-SECTOR			9,338,013
NUTRITION			
WA-11/H/40545/R	Management of Acute Malnutrition in West Ivory Coast : Emergency Preparedness and Response	ACF	652,700
WA-11/H/40575/R	Combating malnutrition and micronutrient deficiencies among children 6-24 months in Cote d'Ivoire	Helen Keller International	598,320
WA-11/H/40576/R	Nutrition Emergency Preparedness and Response in Côte d'Ivoire	Helen Keller International	180,000
WA-11/H/40597/R	Mali: Combating malnutrition among returnees in Sikasso and Segou	Helen Keller International	426,000
WA-11/H/40764/R	Nutrition Emergency Preparedness and Response in Côte d'Ivoire	UNICEF	936,000
WA-11/H/40766/R	Implementation of a Nutrition Emergency Preparedness and Response Program to the Cote d'Ivoire crisis in Ghana, Guinea and Mali	UNICEF	129,470
WA-11/H/40767/R	Nutrition Emergency Preparedness and Response for the Côte d'Ivoire crisis in Burkina Faso	UNICEF	94,160
Sub total for NUTRITION			3,016,650
PROTECTION			
WA-11/P-HR-RL/40580/R	Child protection in emergency in the west of Côte d'Ivoire Duékoué and Danané	Save the Children	262,500
WA-11/P-HR-RL/40591/R	Strengthening Gender Based Violence (GBV) Prevention and Initial Response in Côte d'Ivoire and neighbouring countries.	UNFPA	233,902
WA-11/P-HR-RL/40591/R	Strengthening Gender Based Violence (GBV) Prevention and Initial Response in Côte d'Ivoire and neighbouring countries.	UNICEF	144,450
WA-11/P-HR-RL/40599/R	Protection of children in Mali, Burkina Faso, Ghana and Guinea affected by the Cote d'Ivoire political conflict	UNICEF	228,704
WA-11/P-HR-RL/40644/R	Protection of children affected by the political crisis in Cote d'Ivoire	UNICEF	605,208
WA-11/P-HR-RL/40665/R	Gender-Based Violence (GBV) Prevention and Response among IDPs in Côte d'Ivoire and its border zones.	UNFPA	385,200
WA-11/P-HR-RL/40775/R	Regional preparedness for Third Country Nationals and other Stranded Migrants and Internally Displaced Persons in Cote d'Ivoire	IOM	421,298
Sub total for PROTECTION			2,281,262
WATER AND SANITATION			
WA-11/WS/40549/R	Enhancement and improvement of access to drinkable water and sanitary /hygienic conditions of vulnerable families, (IDP's and Host families) in the west region of Ivory coast (Montagnes- Moyen Cavally)	ACF	1,050,000
WA-11/WS/40573/R	Emergency WASH preparedness and response activities in Cote d'Ivoire	UNICEF	1,095,717

CÔTE D'IVOIRE

Project code	Title	Appealing agency	Requirements (\$)
WA-11/WS/40625/R	WASH preparedness for the response to humanitarian emergencies and support for securing living support of people affected by the crisis in Côte d'Ivoire	CARE International	400,734
WA-11/WS/40631/R	Emergency WASH preparedness activities for the response to the Cote d'Ivoire crisis in Burkina Faso, Ghana, Guinea and Mali	UNICEF	412,119
WA-11/WS/40633/R	WASH preparedness to reduce morbidity and mortality among IDPs and host population during a humanitarian crisis in the West and North of Côte d'Ivoire	IRC	112,000
Sub total for WATER AND SANITATION			3,070,570
Grand Total			32,766,935

ANNEX II.

Operations update



International Federation
of Red Cross and Red Crescent Societies

West Africa: Population movement preparedness and response

Emergency appeal n°
MDR61007 GLIDE n°
OT-2010-000255-CIV
Operations update n° 1
06 January 2011

Period covered by this Ops Update: 24 December, 2010 to 03 January, 2011.

Appeal target (current): CHF 1,350,184;

Appeal coverage: up to CHF 400,000; [click here to go directly to the updated donor response report, or here to link to contact details >](#)

Appeal history:

- This Emergency Appeal was initially launched on a preliminary basis on 23 December, 2010 for CHF 1,350,184 for 6 months to assist some 45,000 beneficiaries and will be completed by the end of June 2011.

- CHF 200,000 has been allocated from the International Federation Disaster Relief Emergency Fund (DREF) as a loan to support the start-up of this operation.

- An information bulletin was issued on 22 December, 2010.

- The Swedish, Norwegian, Japanese and Canadian Red Cross Societies have so far pledged contributions to this appeal.



Identification and Registration of Refugees in Nimba County/LRCS

Coordination and partnerships

Most humanitarian actors including the International Committee of the Red Cross (ICRC), International Federation of Red Cross, UN system agencies, International and local Non-governmental Organization (NGOs) are working towards ensuring a coordinated and complement approach for supporting the displaced population. Most institutions are reviewing their contingency plans and the revised planning figure for UNHCR (and the interagency contingency plan) is currently for a population of 150,000 refugees though this may rapidly change depending on how the situation in Ivory Coast evolves. The activities in each country have been coordinated by the respective National Red Cross Societies, which link to the respective Federation regional office and country delegations. The overall coordination has been carried out by the Federation's regional delegation for west and central Africa in Dakar, Senegal,

with support from the regional delegation in Abuja, Nigeria. Technical support has been provided in the areas of water and sanitation, disaster management, finance, communication and reporting. Meetings have been convened as needed, pooling the resources from the six countries and sharing of information and lessons learnt. The regional delegation is part of a consultation group in Dakar under the auspices of the UN Office for the Coordination of Humanitarian Affairs (OCHA) and participates in the inter-agency coordination meetings. Regular communication is also maintained with the Office of UNHCR to ensure a coordinated response.

In Liberia, from the beginning of the crisis and based on its partnership with the Liberian Red Cross Society (LRCS), ICRC has increased its support to the National Society in providing emergency water to the refugees and their host communities by rehabilitating wells in Nimba County. In addition ICRC and LRCS are helping people separated from other members of their families to contact their loved ones by telephone and identifying unaccompanied children in order to search for their families. ICRC has pledged support to LRCS in the areas of first aid.

In Côte d'Ivoire itself, the Red Cross Society of Cote d'Ivoire (RCSCI) and ICRC have focused their joint response in providing first aid and evacuating the wounded to hospitals. So far, the RCSCI with ICRC's support has provided first aid to almost 600 wounded and evacuated about half of them to hospitals. Both organizations are also assisting internally displaced people. Finally, ICRC delegates are stepping up their visits to people held in places of detention. Finally, ICRC delegates are stepping up their visits to people held in places of detention.

The Movement coordination mechanism for Côte d'Ivoire is currently being further strengthened by RCSCI and ICRC in Abidjan. This is done in close consultation with the Federation.

National Society Capacity Building:

The National Societies in the Sahel and West Coast Regions have proven experience in managing population movement. However, the anticipated complexity of the current crisis may exceed the existing capacities of the National Societies. The International Federation staff and regional disaster response team members have been deployed therefore to support the affected National Societies in implementing the planned activities. The National Societies in countries neighbouring Côte d'Ivoire have deployed volunteers to the border areas to conduct surveillance, early warning and daily information updates. The Red Cross Society of Guinea and LRCS have sent assessment missions to Bossou and Nimba counties, areas bordering the Western side of Côte d'Ivoire where most of the refugees have fled to. With support of International Federation, the Liberian Red Cross Society has also mobilized NFIs and WatSan kit 5 for prepositioning in Monrovia. A number of 21 tracing volunteers have been trained and deployed by LRCS, 19 by the Red Cross Society of Guinea and 20 by Burkinabe Red Cross Society.

Red Cross and Red Crescent action

Overview

The International Federation has been supporting all National Societies involved through its regional offices in Dakar (Guinea, Mali, and Burkina Faso) and Abuja (Liberia, Ghana, Cote d'Ivoire). A regional contingency plan has been elaborated. As a result, the International Federation is providing support to National Societies in the region to prepare for and respond to a caseload of 1,500 families in Liberia and in Guinea, and 500 families each in Mali, Burkina Faso, and Ghana, for a total of 4,500 families overall. Some stocks have been mobilized to start up the operation.

The LNRCS reactivated its border response teams and is planning to train more volunteers to provide first aid, tracing and assist the most vulnerable at the major crossing points in case of huge influx of refugees. A total of 10 border response teams (five members each) will be operational in the coming days, six in Grand Gedeh, and four in Nimba County. Besides, the LNRCS has put on alert its NDRT members throughout the country.

Progress towards outcomes

Relief distributions (food and basic non-food items)	
Outcome: Up to 4,500 most vulnerable refugee affected households (some 22,500 people) benefit from the distribution of non-food items as required.	
Outputs	Activities planned

<p>Capacity in place to provide 4,500 affected families with appropriate non-food items sets.</p>	<ul style="list-style-type: none"> • Acquire and transport 4,500 sets of non-food items (NFI); with each set comprised of 2 blankets and 2 sleeping mats and kitchen utensils. • Store non-food items and pre-position NFI sets in warehouses for maximum efficiency, in compliance with Red Cross policies and procedures. • Conduct rapid emergency needs and capacity assessments. • Develop beneficiary targeting strategy and registration system to deliver intended assistance. • Distribute relief supplies as required and control supply movements from point of dispatching to end user. • Monitor and evaluate the relief activities and provide reporting on relief distributions. • Develop an exit strategy.
---	--

Progress: A stock of NFIs has been deployed to Ghana Liberia, Guinea, Burkina Faso and Mali for 4,500 families including blankets, mosquito nets, shelter kits, jerry cans, bars of soap, kitchen sets, hygiene kits and watsan kits for 5,000 people.

Challenge: Refugees are spread over extensive areas and are staying with host families, which makes the assessment process time consuming. Uncertainties over the opening of camps and limited resources in host families make it difficult to define a targeting strategy that avoids duplication and minimizes conflict over resources.

Emergency shelter	
Outcome: Up to 1,500 affected households in five countries neighbouring Côte d'Ivoire have safe and adequate shelter and settlement solutions through the provision of tents, shelter toolkits, and guidance on improved building techniques.	
Outputs	Activities planned
<p>Capacity in place to provide up to 1,500 most vulnerable families with safe emergency shelters.</p>	<ul style="list-style-type: none"> • Assess the extent of the shelter needs and preferred shelter solutions. • Enable the provision of safe and adequate locally appropriate shelter solutions through appropriate programming methodologies. • Promote safe and durable shelter where possible through the provision of technical assistance and guidance to all involved in the shelter activities. • Ensure shelter and settlement programming includes access to required water and sanitation services and communal facilities including schools, health services, play areas for children and places of worship, etc. • Promote increased awareness and understanding of safe and adequate shelter response programming with the National Society and affected communities.

Progress: At least 125 family and dispensary tents have been deployed in Liberia, Guinea, Ghana, Burkina Faso and Mali and more than 1,000 shelter kits are being constituted for Liberia and Ghana. About 2,000 tarpaulins have already been dispatched to these two countries while the other tools are being procured to complete the tool kits according to the culturally accepted standard.

Challenges: Uncertainties over the opening of camps have delayed the definition of a distribution strategy for shelter items. Consideration to security issues must be integrated into the definition of the standard kit to be distributed.

Emergency health and care

Outcome: The health risks to refugees and host population are reduced through the provision of preventive, community-based health services to 9,000 families (45,000 beneficiaries) in Liberia, Guinea, Ghana, Burkina Faso and Mali for 6 months.

Outputs (expected results)	Activities planned
Mortality and morbidity of 45,000 refugees are prevented through the provision of preventive health care.	<ul style="list-style-type: none"> • Assess the basic mortality and morbidity in the population as a result of the population movement. • Assess the health risks of the affected population in terms of health services, prevention, health needs and risk of communicable diseases. • Provide First Aid and referral services for affected communities through 500 volunteers in the coming 6 months. • Distribute 9,000 mosquito nets to 4,500 families (22,500 beneficiaries) within six months accompanied by key health messages and follow up activities through trained volunteers. • Purchase, transport, store and distribute Oral Rehydration Salt (ORS) for 9,000 families for three months.

Progress: For prevention on health and care, the Regional Office has deployed in Liberia and Guinea mosquito nets for pregnant women, children under five, the elderly and the disabled. Oral Rehydration Salt (ORS) are equally being purchased and will be distributed among most vulnerable refugees. An on-going assessment is in progress for the registration of beneficiaries in the targeted communities.

Challenges: There is a lack of or inadequate health facilities in most host communities; and a lack of drugs where health facilities exist. Some refugees have also specific health challenges and disabilities.

Water, sanitation, and hygiene promotion

Outcome: The risk of waterborne and water related diseases has been reduced through the provision of safe water, adequate sanitation as well as hygiene promotion to 9,000 families (45,000 beneficiaries) in Liberia, Ghana, Burkina Faso, Mali and Guinea for 6 months.

Outputs	Activities planned
Safe water is provided to 9,000 families as damaged systems are restored.	<ul style="list-style-type: none"> • Dug 10 hand wells for refugees hosted in Liberia. • Distributing 4,500 Jerry Cans to 4,500 families. • Preposition of water and sanitation Kit 5 for the provision of clean water to affected population.
The health status of the population is improved through behavioural change and hygiene promotion activities.	<ul style="list-style-type: none"> • Train 450 community-based volunteers on Participatory Hygiene and Sanitation Transformation (PHAST) and the International Federation WatSan software in Liberia, Ghana, Burkina Faso, Mali and Guinea. • Initiate a hygiene promotion campaign within the affected population focusing on behavioural change and targeting 45,000 people in Liberia, Ghana, Burkina Faso, Mali and Guinea through the use of posters, flyers, manuals, educational materials, etc.
The scope and quality of the Red Cross of Liberia, Ghana, Burkina Faso, Mali and Guinea water, sanitation and hygiene promotion services are improved.	<ul style="list-style-type: none"> • Conduct 20 trainings on PHAST, water supply, sanitation, etc for 500 volunteers, coaches, staff, in the affected branches within the next 6 months.

Progress: Wells with hand pumps exist in almost all communities with high concentration of refugees in Liberia. However, the majority of them need repair. The International Federation will support the National Societies in the rehabilitation of 15 more wells in 10 to 12 communities. As for the physical inspection of the wells, it is still in progress. LNRCS with support from the Federation has started social mobilization for hygiene promotion. The rehabilitation of four wells with hand pumps and one water source and the construction of 70 latrines in three host communities in Nimba County have also commenced. A detailed plan of action has been drafted to guide the implementation of activities under this sector for the next few weeks. The watsan activities are planned in coordination with ICRC.

Logistics	
Outcome: The local logistics and transport capacity of the Red Cross Societies to respond with relief items is strengthened with the support of standardized items pre-positioned with also the technical support to effectively manage the supply chain from arrival of relief items including clearance, storage and forwarding to distribution.	
Outputs	Activities planned
Coordinated mobilization of relief goods.	<ul style="list-style-type: none"> • Conduct rapid emergency needs and capacity assessments. • Distribute relief supplies and control supply movements from point of dispatching to end user. • Carry out reception of relief goods and arrange warehousing and transportation to distributions points following the International Federation logistics procedures. • Liaise and coordinate with other key actors to ensure best uses of all information.
Coordinated reception of all incoming goods.	
Coordinated warehousing centralized provision of standard vehicles as required; and coordinated and efficient dispatching of goods to the final distribution points.	

Progress: The Regional logistics unit in Dakar in close coordination with the Regional Logistics Unit (RLU) in Dubai has dispatched stock of NFI in Liberia (expected to be available in the National Society on 6th January 2011, Guinea, Ghana, Mali and Burkina Faso to strengthen the response capacity of the respective National Societies. RLU will provide additional logistics capacity in each National Society if required. The Regional Logistics Unit has coordinated the procurement and mobilization of non-food items included in the emergency appeal. The following table is showing the types of items distributed in the five countries.

DESIGNATION	Jerry cans	Blankets	Sleeping mats	Mosquito nets	Buckets	Tents	Soap	Kitchen sets	Tarpaulins
Countries	Quantities								
Guinea	1,500	3,000	3,000	3,000	1,500	35	5,250	1,500	
Mali	500	1,000	1,000	1,000	500	20	1,750	500	
Burkina Faso	500	1,000	1,000	1,000	500	20	1,750	500	
Ghana	500	1,000	1,000	1,000	500	0	1,750	250	1,000
Liberia	1,500	3,000	3,000	3,000	1,500	35	5,250	1,000	1,000

How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Contact information

For further information specifically related to this operation please contact:

- In **IFRC Sahel Regional Representation**: Momodou Lamin Fye, Regional Representative
phone: (Office) +221.33.869.36.41; (Mobile) +211.77.332.56.72 ; email: momodoulamin.fye@ifrc.org;
- In **IFRC Sahel Regional Representation**: Aita Sarr Cissé, Disaster Management Coordinator a.i; phone: +221.33.869.36.54; email: aita.sarr@ifrc.org;
- In **IFRC West Coast Regional Representation**: Jerry Niati Regional Representative a.i; phone: +234.70.34.142.708; email: niati.jerry@ifrc.org;
- In **Africa Zone**: Dr Asha Mohammed, Head of Operations, Johannesburg, Email:asha.mohammed@ifrc.org: Phone: +27.11.303.9700, Fax: + 27.11.884.3809; +27.11.884.0230
- In Geneva: Pablo Medina, Operations Support, Phone: +41.22.730.43.81, email:pablo.medina@ifrc.org
- In **Dubai**, for mobilization of relief items logistics enquiries: Kai Kettunen, Regional Logistics Delegate Dubai, phone +971 4 883 3887 Mobile +971 50 458 4872, Fax +971 4 883 2212, email: kai.kettunen@ifrc.org

ANNEX III. ACRONYMS AND ABBREVIATIONS

ACF	<i>Action Contre la Faim</i> (Action Against Hunger)
AU	African Union
CAP	Consolidated Appeal Process
CILSS	<i>Comité (permanent) inter-Etats de la lutte contre la sécheresse dans le Sahel</i> (Inter-Agency Committee for Drought Control in the Sahel)
CREPA	<i>Centre Régional pour l'Eau Potable et l'Assainissement</i> (Regional Centre for Potable Water and Sanitation)
CRS	Catholic Relief Services
ECHO	European Commission Directorate-General for Humanitarian Aid and Civil Protection
ECOWAS	Economic Community of West African States
EHAP	Emergency Humanitarian Action Plan
EPRWG	Emergency Preparedness and Response Working Group
DREF	Disaster Relief Emergency Fund
DRC	Danish Refugee Council
FAO	Food and Agriculture Organization
FEWSNET	Famine Early Warning Systems Network
FTS	Financial Tracking Service
GBV	gender-based violence
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HKI	Helen Keller International
HIV/AIDS	human immuno-deficiency virus/acquired immuno-deficiency syndrome
HOPE '87	Hundreds of Original Projects for Employment
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IDP	internally displaced person
IFRC	International Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organization
IMF	International Monetary Fund
IOM	International Organization for Migration
IRC	International Rescue Committee
IT	information technology
MISP	Minimum Initial Service Package
MoH	Ministry of Health
MOSS	Minimum Operational Security Standards
MSF	<i>Médecins Sans Frontières</i> (Doctors without Borders)
NCHS	National Centre for Health Statistics
NFI	non-food item
NGO	non-governmental organization
NPK	nitrogen, phosphorus, and potassium (fertilizer components)
OAU	Organisation of African Unity
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
ONUCI	<i>Opération des Nations Unies en Côte d'Ivoire</i> (UN Mission in Côte d'Ivoire)
PEP	post-exposure prophylaxis
TCN	third country national
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crimes

WASH water, sanitation and hygiene
WFP World Food Programme
WG working group
WHO World Health Organization

Consolidated Appeal Process (CAP)

The CAP is a tool for aid organisations 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 organisations (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 mobilisation 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 Humanitarian Country Team. This team includes IASC members and standing invitees (UN agencies, the International Organisation 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 mobilisation. 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.

**OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS
(OCHA)**

**UNITED NATIONS
NEW YORK, N.Y. 10017
USA**

**PALAIS DES NATIONS
1211 GENEVA 10
SWITZERLAND**