



WEST AFRICA

CONSOLIDATED HUMANITARIAN APPEALS PROCESS 2010

BACKGROUNDⁱ

In 2009, West Africa experienced health emergencies, natural disasters and election violence. Although the overall humanitarian situation has improved and there is progress towards peace, an unacceptable level of human distress is caused by poor governance, food insecurity, forced displacement, floods, epidemics, low-intensity conflicts and social tensions. Weak health systems and poor health and socio-economic indicators contribute to high maternal mortality (510 to 2,100 per 100,000 live births) and child mortality (100 to 262 per 1,000 live births), and to relatively high HIV prevalence (0.8 to 3.9 percent). Half of the 290 million citizens of the West Africa region live on less than US \$1 per day. By the year's end, the region will have experienced the most flooding of any year in recent decades, affecting more than 770,000 people. It underscores how a region marked by extreme poverty and fragile peace is unable to cope with additional shocks.

Reproductive health, HIV/AIDS and gender-based violence are major problems in the region, exacerbated by natural disasters and rising food prices. Evidence shows that as food resources become scarcer, communities adopt coping mechanisms that place women and adolescent girls at higher risk of maternal mortality and gender-based violence. Families and households divert valuable resources from basic social services for food purchase to ensure survival. The extreme poverty in West Africa is feminized, with dramatic consequences due to limited or no access to life-saving reproductive health services. The region grapples with disaster- or economic-based population movement, in addition to dealing with displaced people, returnees, demobilized personnel, and women and young girls associated with armed forces. The confluence of poverty, population movement, disasters, and socio-economic insecurity contributes to increases in human rights violations, food insecurity, high mortality and morbidity rates, and cases of sexual violence.

UNFPA AREAS OF CONCERN AND PROPOSED INTERVENTIONS FOR 2010ⁱⁱ

INTERVENTION AREA		AMOUNT REQUESTED
SEXUAL AND REPRODUCTIVE HEALTH		US \$ 7,577,780
WA-10/H/26971/1171	Strengthening reproductive health services in border areas between Côte d'Ivoire and Guinea, Mali, Burkina Faso and Liberia	1,281,900
WA-10/H/27050/1171	HIV/AIDS Prevention for Cross Border Mobile Population in the MANO River Union Countries (Guinea, Liberia, Sierra Leone and Côte d'Ivoire)	856,000
WA-10/H/27057/1171	Disaster Preparedness and Mitigation in Reproductive Health in floods prone areas of West Africa	481,500
WA-10/H/27082/1171	Emergency reproductive health support for post-floodings repatriated and vulnerable populations in five Mauritanian provinces (Assaba, Brakna, Gorgol, Guidimagha, Trarza).	599,200
WA-10/H/29241/1171	Strengthening access and availability of reproductive health services in underserved areas in post-conflict Liberia	777,890
WA-10/H/29243/1171	Strengthening access to sexual and reproductive health information, services and empowering war-affected youths, particularly adolescent girls in post-conflict Liberia	631,300
WA-10/H/29573/1171	Increasing accessibility and quality of sexual reproductive health services amongst Persons With Disabilities in Liberia	633,440
WA-10/H/26929/1171	Support to the prevention and treatment of Obstetric Fistula in the North West and Center Regions and Abidjan	1,080,700
WA-10/H/29245/1171	Reduction of Obstetric Fistula in the context of maternal and newborn health in post-war Liberia	668,750
WA-10/H/27664/1171	Strengthening Emergency Obstetric Care in Guinea-Bissau	567,100
GENDER-BASED VIOLENCE		US \$ 3,451,985
WA-10/P-HR-RL/27668/1171	Prevention and reduction of gender-based violence (GBV) and support to victims of GBV in five regions of Mauritania affected by floods, food insecurity, and the repatriation of refugees	1,121,175
WA-10/P-HR-RL/29600/1171	Addressing the medical and psychosocial dimensions of sexual gender-based violence	700,850
WA-10/P-HR-RL/26922/1171	Ensuring protection of vulnerable women and girls by engaging uniformed services to educate them and host communities on STI/HIV/AIDS PREVENTION, gender equality and Gender-based Violence	445,950
WA-10/P-HR-RL/26960/1171	Support for reinsertion of Internal displaced Persons especially returning women and young girls in their regions of origin in the North West Center of Cote D'Ivoire	1,184,010
GRAND TOTAL		US \$ 11,029,765

SEXUAL AND REPRODUCTIVE HEALTH

Family planning, prenatal care, delivery assistance (including emergency obstetric care), and post-partum care can save the lives of mothers and their babies. But in many West African countries access to these services remains out of reach. In general, health systems throughout West Africa are plagued by acute shortages of skilled birth attendants, dilapidated health infrastructures, inadequate emergency obstetric care, inefficient referral systems, and poor nutritional status of pregnant women. In addition, a very high prevalence of risky sexual behaviour, early sexual initiation and low contraception use are common among vulnerable groups including young women and girls.

In 2009, the convergence of limited resources and natural disasters made it especially challenging for women and girls to access sexual and reproductive health services. The lack of access to timely and quality obstetric care is particularly troubling in a region where the majority of births occur outside of health facilities. Some of the highest maternal mortality rates are found in West Africa; Liberia's maternal mortality rate is 994 deaths per 100,000 live births¹. Unless facilities are supported and essential services are provided, the lack of quality antenatal and delivery care will result in continued rise in mortalities and severe morbidities, such as obstetric fistula.

In responding to the urgent reproductive health needs of an estimated 1,500,000 women of childbearing age (including approximately 87,600 pregnant women per year) living along border areas between Cote d'Ivoire and Guinea, Mali, Burkina Faso and Liberia, UNFPA is requesting US \$1,281,900. The project will contribute to reducing maternal and neonatal morbidity and mortality of vulnerable populations by improving reproductive health service delivery in 25 health facilities.

Project activities include:

- Capacity-building of health service providers;
- Provision of essential reproductive health supplies and equipment;
- Assessment and rehabilitation of 25 health facilities (5 maternity referral hospital and 20 basic maternity centers.)

A lack of health information and services in an area where dire circumstances fuels cross-border movement and can lead to transactional sex and sexual violence leaves vulnerable groups entrenched in the cycle of HIV transmission. UNFPA is requesting US \$856,000 to address reduce or control HIV transmission for mobile cross-border populations in the MANO River Union countries (Liberia, Guinea, Sierra Leone, and Cote d'Ivoire). Approximately 445,000 beneficiaries will be served.

Project activities include:

- Strengthen capacities on voluntary counseling and testing, prevention of mother to child transmission, and the link between HIV and gender-based violence;
- Conduct reproductive health/HIV/gender-based violence education and awareness raising sessions;
- Promote and distribute male and female condoms.

UNFPA, with WHO, UNICEF and various NGOs, is requesting US \$481,500 to strengthen the preparedness and resilience capacity of Ministries of Health within the region to effectively respond to the reproductive

¹ LDHS, 2007.

health needs of flood-affected populations in West Africa. It is anticipated that 260,000 women and girls will be served.

Project activities include:

- Pre-position emergency reproductive health supplies and equipment;
- Undertake vulnerability and needs assessments in flood-prone areas;
- Build capacities of health workers to implement the Minimal Initial Service Package.

To address the reproductive health needs of 1,491,135 women of childbearing age in five flood-affected provinces of Mauritania, UNFPA is requesting US \$599,200. The lack of health services in returnee and displaced sites, combined with the loss of livelihood and high maternal mortality rates, makes women and adolescent girls more vulnerable. In collaboration with the Ministry of Health and NGO partners, UNFPA will provide emergency reproductive health support.

Project activities include:

- Provision of mobile emergency reproductive health services;
- Equip health clinics with medical supplies;
- Strengthen technical skills of health care providers.

UNFPA is requesting US \$777,890 to improve accessibility and availability of essential reproductive health services for approximately 22,000 women of childbearing age and newborns in four underserved counties in Liberia.

Project activities include:

- Renovate and equip four county hospitals and eight county clinics to ensure provision of comprehensive emergency obstetric and neonatal care;
- Build capacities of health professionals and County Health Teams in maternal and newborn health care, including EmONC;
- Improve referral systems in the target counties.

Integrated sexual and reproductive health activities are needed to adequately address the unique needs of adolescent girls in post-conflict Liberia. UNFPA is requesting US \$631,300 to improve access to and utilization of sexual and reproductive health services and livelihood training for vulnerable youths in three underserved counties in Liberia.

Project activities include:

- Strengthen the referral systems and capacities of health professionals to provide youth-focused sexual and reproductive health services;
- Conduct sensitization and information, education and communication campaigns about the reproductive health needs of adolescents;
- Provide skills training to promote viable livelihood options for adolescent girls;
- Conduct research and needs assessments on adolescent reproductive health.

In post-war Liberia, services to persons with disabilities remains chronically and insufficiently supported at all levels. Increasing the accessibility and quality of sexual and reproductive health services for persons with disabilities (PWD) in Liberia will improve the status of persons with disabilities and reduce the vulnerability of women and girls to unwanted pregnancy, STIs, HIV transmission and sexual abuse. UNFPA is requesting US \$633,440 for this project, and expects to service 10,000 persons with disabilities and 30,000 people in the communities.

Project activities include:

- Raise awareness about sexual and reproductive health services for PWD through sensitization campaigns and partnership-building with government and civil society;
- Build capacities of institutions and health professionals to provide appropriate services for PWD;
- Provision of information, guidance, counseling including psychosocial counseling targeting PWD.

A lack of skilled birth attendance, and poor quality antenatal and delivery care has contributed to the rise of obstetric fistula cases. Between November 2007 and January 2008, 254 corrective surgeries were carried out. In an effort to stem the rise in obstetric fistula cases in Cote d'Ivoire, UNFPA is requesting US \$1,080,700. The project will support the prevention and treatment of obstetric fistula for an anticipated 1,000 women.

Project activities include:

- Rehabilitate and equip four fistula treatment centers;
- Train health professionals in obstetric fistula surgery;
- Provide sensitization workshops for community members on fistula;
- Provide 1,000 fistula-treated women with technical assistance and training in income generation activities and community reintegration.

The political instability combined with the food and financial crisis in Guinea-Bissau has led to a lack of reproductive health services for women and adolescent girls. A 2002 study revealed that only 13 percent of public health structures possessed the minimum required conditions for effective emergency obstetric services. UNFPA is requesting US \$567,100 to support the Government to provide essential emergency obstetric care for 400,000 pregnant mothers and women of childbearing age.

Project activities include:

- Provide reproductive health supplies and equipment so that health facilities can offer emergency obstetric care;
- Strengthen reproductive health referral systems;
- Train health professionals in emergency obstetric care.

Prevention and treatment of obstetric fistula is critical to improving maternal health. Also imperative is addressing the needs of fistula patients after surgical repair. UNFPA is requesting US \$688,750 to work with the Ministry of Health in Liberia (in addition to collaborating with civil society organizations) in the prevention, treatment and rehabilitation/reintegration of 1300 women suffering from fistula.

Project activities include:

- Train health providers in emergency obstetric care and provide sensitization and awareness to the community about fistula and its causes;

- Renovate and equip surgical centers to perform fistula repairs;
- Provide reintegration and rehabilitation for fistula survivors through skills training, psychosocial services, and literacy programs.

GENDER-BASED VIOLENCE

This region is highly affected by systematic gender-based violence, particularly against women and girls. While civil wars have ended in Liberia, Sierra Leone and Ivory Coast, insecurity remains and localized conflicts persist in Mali, Niger and Nigeria. Guinea and Guinea-Bissau are just two of the countries with fragile political situations and election violence. Women and girls who have suffered gender-based violence include internally displaced persons, refugees, host communities, ex-combatants and child soldiers. The current food crisis and floods have stressed systems that were already overburdened and laid bare underlying socio-economic inequalities; this significantly increases the vulnerability of women and girls to sexual exploitation, sexual abuse, and other forms of gender-based violence.

For the majority of gender-based violence survivors, their medical, psychological, social and economic recovery as well as their well-being continues to be a cause for deep concern. Systems to ensure basic protection are insufficient and access to justice for survivors of gender-based violence is often severely hindered. Programmes still lack the capacities necessary to fully support gender-based violence survivors and to cultivate the host communities in the understanding prevention and response to this form of violence. There is also a need to ensure that services are age-appropriate, as a large number of victims are under the age of 18. Concerted efforts on the part of communities, governments and humanitarian actors are necessary to promote a comprehensive approach to gender-based violence prevention and treatment.

To support the protection needs of 1,600 returnees in Cote d'Ivoire, UNFPA is requesting US \$1,184,010. Supporting the reintegration of women and young girls will facilitate their socio-economic reintegration and thereby enable women and youths to engage in positive income generation, especially in a situation marked by extreme poverty.

Project activities include:

- Carry out an assessment of the socio-economic situation;
- Provide young school-age girls and boys with school materials and fees;
- Provide women with material and equipment to support income-generating activities;
- Conduct sensitization campaigns on gender-based violence and displaced persons' rights.

Cote d'Ivoire has an HIV prevalence rate of approximately 7 percent (UNAIDS 2004), making it the most affected country in West Africa. It also has a large peacekeeping contingent. In an effort to reduce the risk of HIV and other STIs among communities near peacekeeping units, and to improve protection measures for women and girls, UNFPA is requesting US \$445,950 to implement activities targeting 115,000 young women, commercial sex workers, youths and men in host communities.

Project activities include:

- Conduct information and sensitization campaigns about STI and HIV/AIDS;
- Train health providers attached to peacekeeping units in STI/HIV prevention, HIV/AIDS care and treatment, and in caring for people living with HIV/AIDS;

- Provide technical and material support for income-generation activities to women's groups in the surrounding communities.

For the past three years, rape and sexual violence have been the most frequently reported crime to the Liberia National Police. There is an urgent need for health professionals to know how to better respond to gender-based violence cases, and to make psychosocial services accessible and available at the community level. UNFPA, in collaboration with the Liberian government and civil society actors, is requesting US \$700,850 to implement gender-based violence services in underserved areas. It is anticipated that 1700 women and girls and 25,000 community members will be the beneficiaries.

Project activities include:

- Conduct sensitization and awareness raising campaigns on gender-based violence and the importance of male involvement;
- Build the capacity of health professionals and community health workers to effectively support clinical management of rape cases;
- Provide medical and psychosocial support to gender-based violence survivors;
- Distribute rape kits and condoms to health centers, clinics and youth centers.

UNFPA requests US \$1,121,175 for the implementation of an integrated package of activities for the prevention of gender-based violence and accompanying medical, psychological and social support for victims of gender-based violence, particularly the victims of sexual violence in the emergency context that is striking five regions in south and central Mauritania affected by floods, food insecurity, and the repatriation of refugees. In Mauritania, women are still victims of harmful traditional practices (prevalence of female genital mutilation among women 15-49 is 72 percent). Rape remains a taboo in Mauritanian society, making it difficult for women to come forward. Approximately 1,328,743 beneficiaries will be served.

Project activities include:

- Provide medical, psychosocial and legal support to victims of gender-based violence;
- Identify and train community workers to provide gender-based violence victims and communities with information on how to access services;
- Launch awareness and sensitization campaigns about gender-based violence, the rights of women, services available, and the law.

ⁱ Please see [Volume I](#) of the West Africa CAP for more information on the crisis, its humanitarian consequences and overall sector response plans.