

West Africa



2011

Consolidated Appeal



Emergency Humanitarian Action Plan

Côte d'Ivoire

and neighbouring countries

Revision – July 2011



SAMPLE OF ORGANIZATIONS PARTICIPATING IN CONSOLIDATED APPEALS

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

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

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

CÔTE D'IVOIRE AND NEIGHBOURING COUNTRIES: REVISION

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 after current crisis (9)	Number of refugees (9)	Percentage of population living below 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 and severe)	stunting (moderate and severe)							
Burkina Faso	15.8	92	169	700	53.7	32	36	28%	115**	986	56.5	2/3	510	0.305:161 st (low)
Côte d'Ivoire	21.1	81	114	810	58.4	20	40	19%	-	23,153	23.3	3/3	1,060	0.397:149 th (low)
Ghana	23.8	51	76	560	57.1	-	28	20%	16,720	30,000	30	2/3	700	0.467:130 th (low)
Guinea	10.1	90	146	910	58.9	26	40	30%	2,772	10,920	70.1	3/3	350	0.340:156 th (low)
Mali	13	103	194	970	49.2	32	38	40%	941	2,926	51.4	3/3	680	0.09:160 th (low)
Togo	6.6	64	98	510	63	21	27	41%	5,890	18,377	38.7	2/3	340	0.499:159 th (low)
Benin	8.9	76	121	840	61	23	43	35%	434**	411	47.3	3/3	750	0.492:161 th (low)
Nigeria	154.7	96	186	1,100	48	27	41	53%	105**	15,608	64.4	3/3	340	0.511:158 th (low)
Senegal	12.5	57	108	980	56	17	19	23%	41**	16,305	33.5	3/3	1,140	0.464:166 th (low)
Guinea-Bissau	1.45	117	195	1,100	48	19	47	43%	34**	1,109	48.8	3/3	250	0.396:173 th (low)
Gambia	1.7	80	106	690	56	20	28	14%	52**	1,973	34.3	3/3	440	0.456:168 th (low)

*3/3 = most severe rank

** Asylum seekers

Sources

(5, 7, 10, 13) United Nations Development Programme (UNDP), *Human Development Report 2010*. The Humanitarian Development Index (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 lowWest 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>. Underweight (National Centre for Health Statistics 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 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's Global Needs Assessment (GNA) can be found at: http://ec.europa.eu/echo/policies/strategy_en.htm.

1. EXECUTIVE SUMMARY

There has been significant improvement in the security situation in most parts of Côte d'Ivoire following the arrest of former President Laurent Gbagbo on 11 April and the swearing-in of President Alassane Ouattara. However, despite relative tranquillity, reports of violent attacks on civilians by militia remnants and inter-ethnic confrontations continue to be registered in the south-west along the border with Liberia. Aggression against the civilian population has also been witnessed in some neighbourhoods of Abidjan such as Yopougon and Abobo, leading to an increase of internal displacement and refugee flows into the neighbouring countries during April and May. According to UNHCR reports, the number of asylum seekers in Ghana increased almost five-fold from 3,240 people at the end of March to 16,720 people as of 15 June. A similar trend was witnessed in Togo with an increase from 891 to 5,890 refugees. Meanwhile, and despite security concerns along the Liberia border, at least 224 Ivorian refugees were reported to have returned to Prollo village, 30 km west of Tabou, at the beginning of May.

In Abidjan, business activities have picked up with most commercial banks re-opening. As of 10 May, the country resumed exports of cocoa following the lift of an economic embargo. In addition, major international banks including the International Monetary Fund and the African Development Bank have resumed a dialogue with the new Government on reconstruction aid. The five-month crisis had, however, an adverse impact on the coping mechanisms of the vulnerable populations, and the humanitarian consequences of the crisis represent enormous challenge for the humanitarian community. As of 30 June, the Emergency Humanitarian Action Plan (EHAP) for Côte d'Ivoire and neighbouring countries had only received 21% funding (US\$60.5 million) against the \$292 million requested.¹

Access to food, proper health care, education, clean water, sanitation and income-generating activities remain of great concern for the displaced populations and also for host communities. This situation is likely to be exacerbated by the increase in food and commodity prices and floods during the upcoming rainy season. Concerted efforts by all stakeholders will be needed to guarantee an effective humanitarian response. The revised EHAP has been developed by the cluster leads in Côte d'Ivoire under the leadership of the Humanitarian Coordinator for Côte d'Ivoire and by regional sector leads.

Revised EHAP for Côte d'Ivoire and neighbouring countries: key parameters	
Key variables	<ul style="list-style-type: none"> • Prolonged instability in some areas, in particular in the West, and human right violation continue perpetrated by armed groups. • Social and economic activities resumed and new government restores state authority. • Lack of resources and needs increased.
Populations of concern*	
IDPs and vulnerable groups within Côte d'Ivoire	<ul style="list-style-type: none"> • IDP: 500,000 IDPs. • Host families: 90,000 families. • Repatriates: 10,000 people. • 1 million people directly affected by the crisis.
Refugees from Côte d'Ivoire	<ul style="list-style-type: none"> • Liberia: 188,021** • Ghana: 25,000 • Guinea: 5,000 • Togo: 10,000 • Mali: 1,500 • Burkina Faso: 600 • Benin: 1,000 • Niger: 300 • Guinea Bissau: 500 • Nigeria: 500 <p style="text-align: center;">-----</p> <p>Total: 44,400 refugees (excluded refugees in Liberia)</p>
Returning migrants and third country nationals	<ul style="list-style-type: none"> • Burkina Faso: 80,000 • Mali: 75,000 • Ghana: 10,000 • Guinea: 5,500 <p style="text-align: center;">-----</p> <p>Total: 170,500***</p>
Total funding requested	Funding requested per beneficiary
\$292 million	\$132
<ul style="list-style-type: none"> • * These are planning figures and may differ from figures provided in the EHAP that result of assessments or actual response activities. • ** See EHAP Liberia • *** OIM works on TCNs 	

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@un.org), which will display its requirements and funding on the current appeals page.

The four strategic objectives identified in the initial EHAP are retained:

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.

Strategic elements for Côte d'Ivoire

On the basis of these strategic objectives, the Humanitarian Country Team in Côte d'Ivoire will focus on the following main lines of action:

- a) Identify and target the most vulnerable and ensure balanced assistance throughout the whole country and amongst all vulnerable groups including the displaced, returnees, repatriated and host communities.
- b) Widen the humanitarian response to the needs of all target populations: internally displaced people (IDPs), refugees, returnees and other extremely vulnerable groups (children, displaced women and heads of households, elderly, people living with HIV/AIDS and their families, etc.).
- c) Ensure continuous transition between emergency assistance and development aid. (After years of economic and social crisis caused by the political situation, protection of human rights, community reconciliation and the enhancement of social cohesion and rehabilitation of basic social services are prerequisites for reconstruction and necessary to avoid a new crisis.)
- d) Advocate to authorities and military forces, including the UN Mission in Côte d'Ivoire (*Opération des Nations Unies en Côte d'Ivoire / ONUCI*), to establish security conditions that are conducive to the return of refugees and IDPs.
- e) Improve the coordination between humanitarian organizations, the Government and other international actors, in particular ONUCI.
- f) Recognize and address the interdependence of the security situation, protection and the provision of emergency assistance in Côte d'Ivoire, Liberia and other neighbouring countries to avoid further and premature population flows.
- g) Advocate sustained support and additional funds for humanitarian aid including early recovery in Côte d'Ivoire within a competitive global environment.

The financial requirements for the revised EHAP amount to US\$ **291,989,445** to support humanitarian response and preparedness efforts for **2 million people** in Côte d'Ivoire affected by the crisis, including **500,000 IDPs** [2], over a period of 12 months until the end of 2011. The plan also covers response and preparedness actions in the neighbouring countries for a projected figure of **44,400 refugees plus 170,500 returning migrants and TCNs** with international protection needs. The revised EHAP includes **113** United Nations and non-governmental organization (NGO) projects for Côte d'Ivoire and neighbouring countries.

1. EXECUTIVE SUMMARY

Table I: Requirements and funding to date per cluster

<p>Côte d'Ivoire Emergency Humanitarian Action Plan 2011 as of 30 June 2011 http://fts.unocha.org</p>

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

Cluster	EHAP Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
CAMP COORDINATION AND CAMP MANAGEMENT	3,724,378	1,779,319	-	1,779,319	0%	-
COORDINATION/IM AND SUPPORT SERVICES	-	12,792,438	3,074,535	9,717,903	24%	686,813
EARLY RECOVERY	-	9,211,169	758,095	8,453,074	8%	-
EDUCATION	1,087,799	6,451,291	923,287	5,528,004	14%	-
EMERGENCY PREPAREDNESS AND RESPONSE	198,874	280,000	-	280,000	0%	-
FOOD SECURITY	5,687,700	98,453,438	24,204,177	74,249,261	25%	1,389,934
HEALTH	2,592,900	26,698,076	8,979,603	17,718,473	34%	-
LOGISTICS	1,768,789	7,838,578	2,748,016	5,090,562	35%	704,225
MULTISECTOR	9,338,013	22,525,639	1,139,601	21,386,038	5%	-
NUTRITION	3,016,650	18,264,164	1,539,561	16,724,603	8%	-
PROTECTION	2,281,262	52,787,360	3,695,415	49,091,945	7%	-
SHELTER/NFI	-	17,936,426	600,000	17,336,426	3%	-
TELECOMMUNI- CATIONS	-	1,440,659	-	1,440,659	0%	-
WATER, SANITATION AND HYGIENE	3,070,570	15,530,888	3,934,836	11,596,052	25%	-
CLUSTER NOT YET SPECIFIED	-	-	8,925,458	n/a	n/a	-
Grand Total	32,766,935	291,989,445	60,522,584	231,466,861	21%	2,780,972

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

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

CÔTE D'IVOIRE AND NEIGHBOURING COUNTRIES: REVISION

Table II: Requirements and funding to date per priority

Côte d'Ivoire Emergency Humanitarian Action Plan 2011 as of 30 June 2011 http://fts.unocha.org
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Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Priority	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
HIGH	285,321,462	51,017,450	234,304,012	18%	2,780,972
MEDIUM	1,133,540	579,676	553,864	51%	-
NOT SPECIFIED	5,534,443	8,925,458	(3,391,015)	161%	-
Grand Total	291,989,445	60,522,584	231,466,861	21%	2,780,972

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

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table III: Requirements and funding to date per appealing organization

Appealing organization	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
ACF	4,505,000	1,486,093	3,018,907	33%	-
ADRA	782,920	-	782,920	0%	-
CARE International	1,669,719	355,169	1,314,550	21%	-
Cote d'Ivoire RC	712,196	-	712,196	0%	-
DRC	680,816	-	680,816	0%	-
FAO	5,229,142	1,056,661	4,172,481	20%	-
HKI	1,204,320	-	1,204,320	0%	-
IOM	42,364,308	2,852,917	39,511,391	7%	-
IPPF	96,500	-	96,500	0%	-
IRC	3,416,194	758,095	2,658,099	22%	-
NRC	818,043	-	818,043	0%	-
OCHA	4,241,620	3,074,535	1,167,085	72%	686,813
OHCHR	91,304	-	91,304	0%	-
SC	18,773,541	343,611	18,429,930	2%	-
SCG	693,437	-	693,437	0%	-
Solidarites-France	4,853,374	1,093,431	3,759,943	23%	-
UN Women	556,400	-	556,400	0%	-
UNAIDS	1,520,000	-	1,520,000	0%	-
UNDP	2,688,375	-	2,688,375	0%	-

1. EXECUTIVE SUMMARY

Appealing organization	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
UNESCO	148,704	-	148,704	0%	-
UNFPA	5,477,366	586,935	4,890,431	11%	-
UNHCR	47,043,666	2,139,601	44,904,065	5%	-
UNICEF	36,870,279	18,545,689	18,324,590	50%	-
UNOPS	1,000,000	-	1,000,000	0%	-
WFP	101,214,961	25,271,345	75,943,616	25%	2,094,159
WHO	5,337,260	2,958,502	2,378,758	55%	-
Grand Total	291,989,445	60,522,584	231,466,861	21%	2,780,972

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

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The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

2. CÔTE D'IVOIRE: CONTEXT AND HUMANITARIAN CONSEQUENCES

2.1 Context and Response to Date

a. Context

The presidential elections in Côte d'Ivoire, which had potential to lead the country towards the end of almost ten years of politico-military instability, were followed by violent conflict causing large-scale human suffering and displacement and bringing the country to the brink of civil war. Following the arrest of Mr. Laurent Gbagbo on 11 April 2011, the military crisis and violent confrontations have come to an end and the country is now entering a process of reconciliation and recovery. Furthermore, economic and political embargoes could be lifted. Côte d'Ivoire was also reinstated as a full member of the Economic Community of West African States (ECOWAS) and the African Union. The announcement of the International Monetary Fund (IMF) to re-open offices in Côte d'Ivoire and a new dialogue with the African Development Bank (ADB) were equally signs of pacification. Banks and financial institutions reopened both in Abidjan and other cities, allowing an urgently needed increase of money supplies to facilitate economic recovery.

However, despite these positive developments, thousands of people remain highly vulnerable as a result of the violent conflicts that forced them into displacement and also caused destruction of property, economic opportunities as well as the social tissue between communities. The political and military clashes in Abidjan and in the west and their impact on the populations remain of great concern to the humanitarian community both in Côte d'Ivoire and in the region as a whole. Violence and inter-ethnic confrontations between supporters of the two former candidates and tensions between the north and the south of the country, which reached their peak at the end of March and beginning of April 2011, persist.

Violence in the west of the country and Abidjan including attacks against civilians, inter-ethnic and inter-community clashes and grave violations of human rights (including sexual and gender-based violence; indiscriminate and non-proportional use of force in heavily populated areas; disappearances; etc.) caused mass displacement. Concentration of IDPs and affected populations in certain areas represent complex patterns of vulnerability, further compounded by a number of factors, i.e. limited access to humanitarian aid and basic services (affecting in particular survivors of sexual and gender-based violence / SGBV and people affected by HIV), family separation, depletion of resources in host families and high prices of food, and lack of social protection and coping mechanisms. Children and the youth are particularly vulnerable due to the closure of protective spaces such as schools and the threat of forced recruitment.

Surveys and needs assessment missions throughout the country and in particular in affected areas in the west (Toulepleu, Bolequin, Zouan-Hounien, Guiglo, Daloa, and Sakassou) and in eight neighbourhoods in the city of Abidjan revealed that the post-electoral crisis had severely impacted the humanitarian situation and that the needs are critical in all sectors. The prevailing insecurity and other logistical constraints including the poor state of roads have further limited the access to beneficiaries.

Against this background, regional humanitarian actors in West Africa, in consultation with the country teams of Côte d'Ivoire and its neighbouring countries (Burkina Faso, Ghana, Guinea and Mali) have decided to further revise the EHAP that was launched on January 2011 and revised for the first time in April 2011.

The initial EHAP of January 2011 was designed to allow humanitarian actors to reinforce their capacities and 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. The revised EHAP incorporated projects covering additional countries where Ivorian refugees and returnees have been registered (Benin, Nigeria, Togo, Niger, Gambia, Guinea-Bissau and Senegal).

2. CÔTE D'IVOIRE: CONTEXT AND HUMANITARIAN CONSEQUENCES

This second revised version of the EHAP will cover needs assessed in the west and Abidjan but also support humanitarian vulnerabilities identified in other parts of Côte d'Ivoire. Priority will be given to life-saving initiatives and support action, and to actions that aim at bridging humanitarian and development activities.

b. Response to date

All clusters have been reactivated by the Humanitarian Country Team and are operating both at the national (Abidjan) and regional level (Man, Duékoué and Danané). At the peak of the armed conflict and fighting, an Inter-Agency Humanitarian Crisis Cell was established in Man to coordinate the IDP response and to assess needs. In early March 2011, the Humanitarian Coordinator invited UNHCR to temporarily assume the coordination of the emergency response to IDPs in Abidjan while awaiting and increase of OCHA's staff capacity. An operations centre was established at the UNHCR office in Abidjan to coordinate the humanitarian response.

The International Committee of the Red Cross (ICRC) was working with the National Red Cross Society of Côte d'Ivoire to ensure humanitarian needs were covered and addressed particularly in the areas with high insecurity. International NGOs (including International Rescue Committee / IRC, CARE International, Norwegian Refugee Council / NRC, Danish Refugee Council / DRC, *Action Contre la Faim* / ACF and *Médecins Sans Frontières* / MSF) were working closely with United Nations (UN) agencies to deliver humanitarian aid to beneficiaries.

Humanitarian actors have activated their contracts with implementing partners, in particular local NGOs to ensure the continuity of their action. However, heavy fighting disrupted access to displaced people particularly in Abidjan at the peak of the crisis.

Meanwhile a full humanitarian architecture has been established in Côte d'Ivoire and humanitarian organizations (UN agencies, the International Organization for Migration / IOM and NGOs) are adjusting their presence and scope of activities based on the evolution of the situation in Côte d'Ivoire.

So far, only \$60,522,584 has been received for actions incorporated within the EHAP and as of **30 June 2011** the EHAP is only 21% funded. An additional \$2,780,972 is pledged.

The following table details the response to date per cluster.²

Cluster	Response
Camp Coordination & Camp Management	<ul style="list-style-type: none">• The Camp Coordination and Camp Management Cluster (CCCM) is present in Abidjan and has been activated in the west in January 2011 and at the national level in May 2011 by UNHCR and IOM.• A mapping of actors intervening in camps has been undertaken for all IDP sites in the west. Gaps in the provision of services in camps have been regularly identified and shared within the CCCM cluster.• IOM has been providing camp management services in Duékoué and Guiglo, in close cooperation with NGOs and the local camp management structures.• In Danané, four sites have been established by ASA, a local NGO, together with national authorities and the local committees.• IOM organized the registration of IDPs in Guiglo and Duékoué. This exercise will be instrumental for assistance and services delivery but also IDP returns by all partners including other clusters such as protection. UNHCR uses the IOM data to organize the relocation of IDPs to the Nahibly site.• In Duékoué, a site for IDPs has been completed and soon 800 people from the 'Mission Catholique' site managed by IOM will be relocated to the site of Nahibly by UNHCR and NGOs. Work is underway to prepare additional camp sites to accommodate up to 8,000 people.• Camp Management teams have organised weekly camp management meetings in Duékoué and Guiglo.• IOM camp management teams are working on social cohesion activities in the camps.• At the national level, CCCM partners are following up on the IDPs situation in sites to identify needs and gaps. IOM CCCM mobile teams are monitoring the situation in the

² The only exception is 'Emergency Preparedness', which is not a cluster.

CÔTE D'IVOIRE AND NEIGHBOURING COUNTRIES: REVISION

Cluster	Response
	<p>returns areas. In Abidjan, these teams are visiting every site to gather additional information.</p> <ul style="list-style-type: none"> • IOM provided technical expertise on information management in Abidjan. • The CCCM cluster has introduced a weekly report on the situation of IDP sites increase follow-up activities from partners. IOM teams have been responsible for collecting the reports and for the gap analysis. • IOM and UNHCR have jointly organized two sessions (three days each) of CCCM training in Abidjan and the west (Man) to enhance capacity-building for NGOs partners acting as CCCM cluster members. These trainings included the sensitization on IDPs Guiding Principles in Abidjan and in the west.
Early Recovery	<ul style="list-style-type: none"> • The Recovery and Social Cohesion Cluster (RSC) has been activated by the Humanitarian Coordinator on 14 February, and meets weekly under UNDP's leadership. The cluster committed human resources support for mainstreaming early recovery and social cohesion as part of the humanitarian response in Côte d'Ivoire. • The cluster has been working, as a priority, on the identification of reconciliation and livelihood opportunities for IDPs, host communities and other vulnerable groups in the conflict-affected areas. In the past three months, eight projects have been submitted to the EHAP and are still awaiting funding. Cluster strategies and planning tools have been defined and set up, including participation in the inter-agency rapid assessments of humanitarian needs conducted by OCHA in February 2011. • The cluster was further planning to undertake a rapid joint early-recovery needs assessment from 14 June to 15 July 2011 in the most affected areas to identify the main recovery and social cohesion needs from an integrated perspective. This will allow the cluster's assessment team to analyze and make decisions on further strategies, support action, and assistance to the affected areas.
Education	<ul style="list-style-type: none"> • Education cluster members have carried out inter-agency as well as education specific rapid needs assessments of IDP needs. • Education Cluster members, in collaboration with the Ministry of Education, have conducted an assessment of whether schools in the centre-north-west (CNW) area (2,884 schools) and in the south (6,000 schools) have effectively been reopened. • Temporary Learning Spaces for education and recreation activities have been set-up and equipped with recreation kits, school-in-a-box kits, and early childhood development kits for 10,000 IDP children in Man, Danané, Duékoué, Guiglo, Logouale and Mahapleu (Ouest). Education supplies have also been distributed by UNICEF and Save the Children in 15 IDP sites in and around Abidjan for approximately 2,000 children. • Education cluster members (UNICEF, Save the Children and IRC) have trained 111 teachers and assistants working with IDP students in Man, Danane, Duekoue, Guiglo, Logouale and Mahapleu on child development, child rights, protection and participation of children, and the use of education kits. • Education cluster members supported the integration of more than 8,000 IDP children into formal schools in the CNW area through advocacy activities towards local education authorities and the distribution of school kits, student kits and teacher kits. In the centre, the regional education sub-cluster called upon the education authorities of Bouaké and Katiola not to deny 2,730 IDP students already integrated into local schools access to education because they could not pay school fees nor purchase school manuals. The Ministry of Education has agreed to provide such students with manuals. • The Education Cluster has collected information on 105 attacks against the education system since the beginning of the crisis, including 25 cases of schools being occupied and 8 cases of schools being affected by UXOs which were immediately referred to the Child Protection sub-cluster and ONUCI to provide security support. • Advocacy was successfully conducted towards the government to reopen schools in CNW area, enabling 85% of the 800,000 students enrolled in the CNW area to return to school. • Education cluster members (UNICEF and Save the Children) supported regional education authorities in conducting social mobilization campaigns in remote areas to inform communities about the reopening of schools and the adaptation of the school year calendar. • UNICEF co-leads the education cluster with Save the Children. At national level, this entails coordinating preparedness, response, rapid assessment and information management activities on behalf of cluster members to avoid duplication of activities and to maximize synergies and partnerships. UNICEF and Save the Children are also coordinating the regional education sub-clusters in the west, east, and south. UNICEF is responding to the needs of the most affected population as required by its Core Commitments for Children in Humanitarian Action.

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<p>Emergency Preparedness</p>	<ul style="list-style-type: none"> • All humanitarian actors at national and regional levels strengthened their preparedness capacities to adequately respond to humanitarian needs and to monitor and report on the humanitarian situation in Côte d'Ivoire. Additional staff will be deployed if needed. • UNICEF, WFP and UNHCR are reinforcing emergency preparedness measures by prepositioning vital stocks in Côte d'Ivoire and in the neighbouring countries. Stocks of WASH, education, health, emergency reproductive health kits, dignity kits, nutrition and NFI supplies have been prepositioned by UNICEF and UNFPA, and non-food items (NFIs) by UNHCR, ready for deployment to areas or countries most in need or where access may be an issue. • 2,025 MT of food are available in the Abidjan area and WFP is further reinforcing stocks for around 25,000 people. • OCHA managed the Early Warning Information System (EWIS) with UNICEF support. EWIS is a network of partners throughout the country that inform the system, provide up-to-date information on a number of key indicators and serve as a trigger to adapt the response to the humanitarian needs in the field. • UNFPA provided trainings to national authorities and NGOs on the Minimum Initial Service package on Reproductive Health including GBV in the centre and the north. Tools were distributed to people trained. • UNFPA is strengthening the capacity of the "platform" (see protection/GBV above) in the centre and the west to better respond to and coordinate GBV issues.
<p>ETC</p>	<ul style="list-style-type: none"> • WFP is the lead agency for the ETC and activities on the ground are being directed by the ETC Coordinator. • A local ETC Working Group has been established and regular ETC coordination meetings are held at both the local and global levels with UN agencies and NGOs. An information management platform, the ICT Humanitarian Emergency Platform website, has been established to share the minutes of these meetings as well as all other relevant ETC information. • In February and March, a large assessment mission was carried out in the areas of operation to identify operational gaps and response capacities for the provision of emergency telecommunication services. Recommendations were made and consequent action is being taken. • In light of these evaluations, the humanitarian community has agreed that common security telecommunications and data communications services must be established or strengthened in eight locations (Abidjan, Bouaké, Danané, Duékoué, Guiglo, Korhogo, Man and Toulepleu). • In late April, an ETC mission was conducted by a WFP FITTEST Team to provide technical support to OCHA, OXFAM, Save the Children and ACF. • The limited funds that were allocated were mainly used to procure telecommunication equipment to be dispatched to Bouaké and Man, the two sites that the Humanitarian Country Team (HCT) established as the highest priority. In these locations, FITTEST established two communication centres (COMCEN) that are operational and are serving the entire humanitarian community. • Additional equipment is being purchased to further strengthen the security telecommunications capacity in order to cover the remaining identified operational locations (Abidjan, Danané, Duékoué, Guiglo, Korhogo and Odiénné). • The cluster has also reinforced data communications by upgrading the ETC VSAT bandwidth to 512 kbps at the WFP offices in Bouaké and Man. • The WiMAX system has been put in place to enable the HCT members (which includes 13 UN agencies and two NGOs) to coordinate activities through 24/7 access to the internet and conference calls through the WFP VSAT system, during times when movements are restricted or rendered impossible.
<p>Food security</p>	<p>Food response</p> <ul style="list-style-type: none"> • Since the onset of the crisis, WFP has managed to provide general food distributions (2,453 MT of mixed commodities) to 151,467 displaced people in Côte d'Ivoire in western parts of the country (117,744 people), in the north and central parts (16,630 people) and in Abidjan (17,093 people). Partners such as ICRC and ACF continue to assist IDPs at sites, host families and returnees with dietary intake and protection kits in the west and in Abidjan. • Various assessments, including a rapid food security assessment and a market analysis were undertaken in April and May to i) confirm the number of IDPs, returnees and host populations requiring assistance; ii) define the most appropriate and fastest response; iii) determine the duration of food assistance, composition of rations; and iv) identify opportunities for early recovery activities including cash/voucher transfers or other livelihood activities. • Moreover, a joint UN-Government Food Security and Agriculture Assessment is planned for the coming weeks throughout the country, to assess food assistance and agricultural support needs.

	<ul style="list-style-type: none"> Schools are gradually re-opening throughout the country, and WFP is preparing to re-start school feeding activities. WFP is planning a large-scale post-distribution monitoring exercise in the three regions (west, centre-north and Abidjan) where the current beneficiaries are located. <p>Agricultural assistance</p> <p>FAO identified 9,600 vulnerable households (around 54,600 people) in areas most affected by the crisis to provide agricultural kits (seeds of upland and lowland rice, okra and cowpea, fertilizers, tools) and training for the agricultural season in 2011. 11,400 other households are assisted by other actors: ACF (3,000 households out of which 1,000 in collaboration with FAO), ICRC (5,000 households), UNDP / OFMC (4,200) and DRC (500). As a result of the agricultural distribution as of May 2011, a total of 21,000 households (around 130,000 people) in the west and north of the country will be able to cultivate during this main agriculture season and therefore recover their means of cereal and vegetable production. As of harvest time (August / September 2011), vulnerable populations will have at least five months of food stocks.</p> <p>Cash for food/vouchers, unconditional cash</p> <ul style="list-style-type: none"> Direct distribution of cash (not conditional), cash for work (cleaning of streets, garbage collection, etc.) and a "voucher" system have been initiated in Abidjan (Yopougon and Abobo) and in the west by different humanitarian actors (ACTED, <i>Solidarités</i>, ACF, <i>Première Urgence</i>, Oxfam, etc.) to increase purchasing power of the most vulnerable households. Small commercial traders were identified for the distribution of cash and food stamps to 2,500 households in the west and 2,000 households in 16 sites in Abidjan. WFP is currently conducting in Abobo and Yopougon a feasibility study on cash and/or voucher action on a larger scale that will be covering the districts of Abobo and Yopougon.
<p>Health</p>	<ul style="list-style-type: none"> The Government of Italy has authorized the dispatch of \$540,000 worth of emergency medical supplies and equipment from the warehouse in Brindisi to Côte d'Ivoire via the UN Humanitarian Response Depot in Accra, Ghana upon the request from WHO and in line with the agency's contingency plan for Côte d'Ivoire. These supplies have been distributed to cover the basic health needs for three months (including anti-malarial treatment) and the specific needs of patients requiring trauma surgical care in Côte d'Ivoire and five neighbouring countries. WHO provided 10 tons of supplies to health facilities in the Regions Montagnes, Moyen Cavally and Abidjan. WHO conducted a health assessment in April that has shown limited access to health care in the Montagnes and Moyen Cavally regions due to the absence of health workers (52% of gynaecologists and surgeons, 72% of doctors and 78% of midwives); and the looting of drugs in 50% of the hospitals. 52% of health centres and 62% of hospitals were closed. Four NGOs signed a MOU with WHO to organize mobile clinics and to provide health structures with supplies for three months to increase access to health care in the western area. WHO supported the MoH with vaccination campaigns against yellow fever in 23 health districts. Approximately 5,000,000 people (between nine months old and above) were vaccinated. An emergency stock of anti-tuberculosis drugs has been replenished to assist patients under treatment for TB. WHO strengthened the MoH to reactivate the early warning and epidemiologic surveillance systems through the training of 144 staff of the MOH and other partners, and provision of supplies. Three epidemiologists have been recruited by WHO to facilitate this program. WHO recruited two health cluster coordinators to strengthen coordination in Abidjan and Man. Vaccination campaigns against yellow fever and measles haven been conducted during the last three months. Immunization campaign against polio was organized in Bas Sassandra from 27 to 30 May covering 713,000 children. Rapid response interventions were carried out to control a cholera outbreak in Abidjan. WHO supported the training on cholera cases management and disease surveillance. UNICEF and WHO supported measles mass vaccination campaigns in four districts (Duekoué, Guiglo, Danané and Bouafle) where 919,000 children as of six months old were vaccinated. In Abidjan, approximately 650,000 children under five were vaccinated against measles, de-wormed with Mebendazol and supplemented with Vitamin A. UNICEF supported the MoH on cholera control with the donation of five specific kits for the treatment of 6,000 cases, the distribution of hygiene kits in households in partnership with the Red Cross, the promotion of hygiene practices through mass communication and household disinfections with chlorine.

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	<ul style="list-style-type: none"> • UNICEF supported the provision of essential drugs to several health centres as well as amongst IDPs in Abidjan (Abobo, Yopougon), in the west (Duekoué, Guiglo, Bangolo), in the north and centre (Korhogo, Tiébissou, Bouake) in partnership with partners, such as MESAD, MSF/CH, MSF/B, MDM, ASAPSU, CARITAS. • UNICEF supported the sensitization of IDPs on prevention of HIV/AIDS. • UNFPA has organized seven training sessions on the Minimum Initial Service Package in Reproductive Health for 207 health providers from five health regions (Moyen Cavally, Montagnes, Lacs, Haut Sassandra, Bas Sassandra). • UNFPA has also provided Emergency Reproductive Health kits to assist patients with 800 safety blood transfusion bags, 1,000 individual clean deliveries, 20,000 deliveries in health facilities, 1,170 cases of perineum tears, 215 cases of caesarean section and obstetrical complications, 1,250 patients with sexually transmitted infections, 600 cases of abortion complications in the districts of Yamoussoukro, Daloa, Duekoué, Danané, Man, Tiébissou and Abidjan. • In addition, 9,108,000 male condoms and 183,000 female condoms were provided to national and international NGOs, the private sector, UN agencies, public administration, and military forces (FDS and FAFN) by UNFPA. • WHO, UNFPA, and UNICEF have received funds from CERF to reduce excess of maternal morbidity and mortality, to strengthen the provision of health care services to crisis affected people in Côte d'Ivoire, and to support secured blood transfusion.
<p>Logistics</p>	<ul style="list-style-type: none"> • As lead of the logistics cluster, WFP is responsible for ensuring an efficient and effective logistics response by the humanitarian community, through the coordination of the sector and the mitigation of any potential duplication of efforts. Within this mandate the Logistics Cluster has been responsible for a number activities, including the following: • The establishment of a logistics cluster coordination cell, including a dedicated Logistics Cluster Coordinator in Abidjan to coordinate the logistics response. Additionally, a secondary Logistics Cluster Coordination Cell has been established in Man. • Facilitating Logistics Cluster coordination meetings for participants to the Cluster, in order to ensure a comprehensive and efficient response within the humanitarian community. In addition to the coordination meetings, the Logistics Cluster has established an information sharing platform on the pre-existing Logistics Cluster website (website: http://www.logcluster.org/ops/civ11a) to allow for the consolidation and dissemination of vital logistics information related to the response. • The Logistics Cluster has also established a mechanism for liaising and coordinating with the relevant authorities, the military and UN peacekeeping forces in the country. • The Logistics Cluster has been providing temporary storage facilities for the humanitarian community in the Abidjan, Man and Bouaké Logistics Cluster hubs. This service includes the handling of humanitarian cargo and will provide additional storage capacity to ensure the unimpeded flow of both WFP food assistance, as well as the relief items of other humanitarian actors. Following the closure of the port of Abidjan, a new access corridor into Côte d'Ivoire was opened via Accra, Ghana, and during this time the Logistics Cluster facilitated the transport and escort of multiple convoys of life-saving relief items (UNHCR 2, WFP 2), from stocks prepositioned at the UN Humanitarian Response Depot (UNHRD) in Ghana. • In addition to the convoys, the Logistics Cluster facilitated the air-lifting of non-food items (NFI) for several humanitarian organizations from the UNHRD in Accra to Abidjan and Man. WFP's trucking fleet has been augmented in order to handle the increased volumes of cargo through the addition of trucks mobilised from WFP operations in Mali, Burkina Faso, Niger and Sierra Leone. This allowed for the provision of road transport services to the humanitarian community through the Logistics Cluster. Moreover, relief items transported for UN agencies including WHO, UNHCR, OCHA and IOM, as well as various NGOs including OXFAM, MAP International, CARITAS and SC. • An air passenger service operated by the United Nations Humanitarian Air Services (UNHAS) has been established. A DASH 8 35-seat aircraft based in Abidjan is providing air passenger services to Man, Bouake and Accra (Ghana). Earmarked funds were received to ensure the continuity of this vital service for the humanitarian community. Once these funds have been exhausted the activities will be phased out under this project and continue under special operation 200277, "United Nations Humanitarian Air Services in response to the Humanitarian crisis in Côte d'Ivoire".
<p>Nutrition</p>	<ul style="list-style-type: none"> • A nutrition screening of 5,450 children under five, conducted by UNICEF in IDP camps and communities in Duékoué, Man, Tiebessou and Danané, found 289 severely acute malnourished children. The malnutrition cases were referred to nutrition centres for appropriate treatment. • Five metric tons of complementary food was distributed to 5,800 children (6-23 months), lactating and pregnant women amongst IDP populations living in sites as well as host communities. • Monthly community screening activities were conducted in five regions (Moyen Cavally, Montagnes, Worodougou, Denguélé, Savanes and Vallée de Bandama). 17,952 people

	<p>were screened so far and 476 acute malnourished children were referred to nutrition centres for appropriate treatment.</p> <ul style="list-style-type: none"> • Monitoring, training of health workers and the supplies of therapeutic food were a priority. • Ready-to-use therapeutic food and medicine were supplied to 100 nutrition centres managed by NGO partners and district health management teams to treat about 3,500 malnourished children. 135 health personnel of the 'Savanes' Health region were trained on acute malnutrition management. • ACF targeted 2,222 children in IDP sites to receive daily food rations in canteens as a preventive measure. More than 1,000 children were coming to the canteens after three days. • De-worming drugs and vitamin A capsules were distributed to 460,500 targeted children. • Since nutritional trends were not improving, steps have been taken with NGOs to establish nutritional surveillance and a proper referral system. • The World Food Programme (WFP) provided a daily supplementary ration through ACF, in recreational centres on IDP sites in Duékoué, Danané, Mahapleu, to prevent malnutrition among children under five (50 MT of assorted food commodities consisting of corn-soya blend (CSB), sugar and oil). 9,065 children benefited up to now from this blanket feeding activity. • WFP has assisted 615 moderately malnourished children in supplementary feeding centres in the western part of the country (6 MT of mixed commodities). • WFP has assisted 458 malnourished pregnant and lactating women in Man. • The National Nutrition Programme has conducted jointly with WFP a training for 61 health staff working with moderately malnourished children on the use of Supplementary Plumpy. Distribution of the ready-to-use food is currently ongoing. • A national nutrition survey using the SMART methodology has been planned to assess the nutritional situation.
<p>Protection</p>	<p>National Protection Cluster</p> <ul style="list-style-type: none"> • UNHCR leads the cluster and UNICEF and UNFPA are heading the sub-clusters on child protection and GBV. • A national cluster strategy has been developed, as well as cluster strategies for the west, Abidjan, and for return operations. Protection actors are presently focusing on an improvement of the coordination of roles and responsibilities and to initiate activities in return zones. • Missions to the central and eastern part of the country are undertaken and in the planning phase, so as to better understand both population densities and protection needs. <p>Abidjan</p> <ul style="list-style-type: none"> • A needs and preliminary intention survey has been conducted in Abidjan and the surrounding areas at the end of May and identified more than 15,000 IDPs residing in sites and a further 50,000 living in host families. The latter figure is still climbing as new families are identified on a daily basis. Taking into account those who have been identified and those who have fled areas that are completely destroyed, the current figure is estimated at 150,000 privately hosted IDPs in the Abidjan region. • Although IDPs tend to return, the wide-scale destruction of certain neighbourhoods and the memory of recent events result in a number of barriers for the return: ongoing security problems; the risk that individuals will be targeted in their previous neighbourhoods because of actual or perceived allegiances; the destruction or damage to homes; the loss of rental property and the lack of resources; the loss of employment and of economic independence. • Protection actors are starting to work, both in sites and in areas of host families, with displaced families and with local authorities to address the most urgent needs. Systematic needs assessments are underway. • Missions to the central and eastern part of the country are undertaken and in the planning phase, so as to better understand both population densities and protection needs. • The protection cluster is working with the camp coordination and camp management (CCCM) cluster to identify the most urgent protection needs in sites, including pressure from authorities to close sites even before residents have been able to plan their return or resettlement; threats by the FRCI against residents; general insecurity and tensions with local communities over the continued presence of displaced people in their neighbourhoods. Advocacy and collaboration with state officials will be strengthened. <p>Protection Cluster Man</p> <ul style="list-style-type: none"> • Assessments by Protection Cluster members in the west identified 17 sites that are hosting a total of 52,000 IDPs. The number of IDPs in host families is estimated at 135,000 as of end May. • Protection needs identified in the west include: the disarmament of armed elements in the area and ongoing social cohesion needs allowing a sustainable return. The fear of

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reprisals limit return movements despite state and NGO based reconciliation efforts already underway. The return of state structures and the re-establishment of security checks and systems have been reassuring for local and displaced populations, but the infiltration of displacement sites by armed groups requires urgent action to ascertain the civilian character of those structures.

- Children associated with armed groups have been seen in the area and some alleged cases of gender-based violence have been attributed to the FRCI in the area between Toulepleu and Goulaleu. The sub-clusters are following up systematically.
- Protection cluster missions to assess conditions of return are ongoing. Reports by the Protection cluster on conditions of return provide recommendations for follow-up actions to ensure return in safety and dignity. Protection cluster members also joined the UNDAC assessment mission of 19-20 April 2011 (UNICEF, UNFPA, OCHA, ASAPSU, AWECO ONUCI-CP).
- The Nahibly site in Duekoué (with a capacity of 8,500 people) is close to completion to relieve the pressure on the Catholic Mission. Consultations and discussions with IDPs are underway to identify those who will take up the option of relocating to this better serviced area. Concerns about the civilian character of the site are being taken into account in the planning for the move and for follow up action.
- Overcrowding and protection concerns in other sites (ex: Guiglo) are also being addressed by the cluster.
- Sensitization and training for the respect for the civilian character of IDP sites and the protection of IDPs are being provided by cluster members to the FRCI.
- Cluster members are starting to design activities related to social cohesion with local authorities and affected communities.
- Local/international NGOs, ICRC and UN humanitarian actors have provided emergency assistance (food and non-food items) to some 150,000 IDPs since the beginning of the crisis; the protection cluster has contributed through information sharing and the identification of beneficiaries.

GBV

- The GBV sub-cluster was activated by the Humanitarian Coordinator on 14 February, and meets weekly under the leadership of UNFPA. UNFPA recruited a field coordinator for GBV, now deployed, and an additional national GBV coordinator is under recruitment.
- UNFPA provided kits for medical treatment of rape victims and post-exposure prophylaxis for 300 adults and 80 children in the districts of Yamoussoukro, Daloa, Duekoué, Danané, Man, Tiébissou and other medical items needed in the field.
- A total of 160 cases of GBV have been reported in Abidjan during the peak of the crisis, including 59 child victims and 78 cases allegedly committed by armed groups. 128 GBV survivors, including rape cases, accessed specialized services between the 28 November 2010 and the end of April 2011.
- Medical and psycho-social support is provided to victims and the planning for judicial follow up is underway as judicial bodies are being re-established.
- In Duékoué and Guiglo, psycho-social support and referral to medical and judiciary services is implemented by ASAPSU and AWECO (local NGOs that are UNICEF's and UNFPA's standby partners). In Danané, the IDPs are assisted through a platform that brings together humanitarian actors and the "Comité de Gestion des Personnes Déplacées Internes". This platform provides psycho-social support to IDPs in sites and host families through a platform comprising a social centre, the host community (including some IDPs) being organised through "Specialized Commissions" (Education, Protection, Health), and technical support (NFI, various kits, etc.) provided by UNICEF, UNFPA, Save the Children and the IRC.
- UNFPA organized training for GBV sub-cluster members. The training focused on the rape kit, coordination, referral mechanisms and minimum response to address GBV in emergencies, on the basis of IASC guidelines. A special session was dedicated to a GBV Information Management System.

Child Protection

- The child protection (CP) sub-cluster was activated by the Humanitarian Coordinator at the beginning of 2011. A coordinator has been deployed at the national level that also supports the CP S/C in Man as well as the CP sectoral group in Bouake.
- Weekly CP sub-cluster meetings are being held in Abidjan and Man under the leadership of UNICEF where an average of ten members in each location is actively involved. In Man, the Social Welfare department and social centres are participating in the CP sub-cluster meetings and initiatives.
- A needs' analysis has recently been carried out by CP sub-cluster members in Abidjan. It was decided to maintain a national sub-cluster based in Abidjan where strategies and nation wide programmes such as monitoring and reporting under SC Resolutions 1612 and 1882 as well as family separation will be discussed and gaps identified.

	<ul style="list-style-type: none"> • In addition, extra CP sub-cluster meetings in Abidjan will be held with operational partners allowing better coordination and programmatic CP response in the south/Abidjan. • A number of coordination tools such as the 4W matrix, stating the program of each member, CP strategies, the emergency response plan and the mapping of CP services, were elaborated for the west and are at the planning stage for the south and the centre. The mapping exercise of pre-existing and newly created CP services is playing a key role for the monitoring under the SC Resolutions and for the establishment of a case management and referral system that will be put in place shortly. • The main child protection needs in the west, such as family tracing and reunification, prevention and response to recruitment of children, GBV and sexual exploitation, as well as psycho-social support, have been identified through assessments. More detailed needs assessments in other areas of the country are still considered essential especially in the area of Abidjan/south. • To respond to the emerging CP issues resulting of the crisis, existing CP programs may have to be extended in the south and the west, both in terms of scope and diversity of issues. In addition to the work in IDP camps, CP actors are increasing also efforts in areas where IDPs are living with host families and in areas with increased risks for children. • Increased consideration for child protection through the overall response is being addressed through coordination with other clusters including protection, go and see visits to areas of return, and the dissemination of messages on the prevention of separation during the relocation of IDPs to the Nahibly camp. • Psycho-social response has been increased including recreational activities for children in most of the camps in the west and new counselling centres have been set up in these camps. Advocacy on the urgent response to psycho-social needs of adolescents has been reinforced. • While the identification of cases of children associated with armed groups, GBV and separated children and their documentation in the inter-agency data base improved the response a more systematic coverage and monitoring will allow having an even better picture of trends and contribute to preventive activities. The area of coverage is gradually extending from IDP camps and includes host families, areas of return as well as areas presenting higher risks for children such as check points. • In addition to the 117 cases of single / non-accompanied minors documented in the west, an additional 783 alleged cases from the south, the centre and the west of the country have been reported and the verification process has been started. The CP sub-cluster will be following up on the role of children associated with armed groups in the DDR process. • The rehabilitation of a number of looted social centres in the west and in the south has been agreed, but increased funding advocacy will be necessary to get the necessary support to render these centres fully operational, to the benefit of the children.
<p>Shelter / NFIs</p>	<ul style="list-style-type: none"> • The shelter/NFI cluster led by UNHCR has been activated in the west in February 2011. • A mapping of actors intervening in Shelter/NFIs has been initiated, and gaps identified during the inter-agency rapid assessment of humanitarian needs undertaken in February 2011. Shelter and NFIs needs are critical for IDPs in sites and in host families. • Tents and NFIs have been distributed in some IDP locations in the west and in Abidjan between January and March, with the help of local partners (CARITAS; MESAD/Terre des Hommes/Italie, ASA, AVSI, and ASAPSU). • Construction materials have been distributed. • Another priority of UNHCR and the cluster was the identification of alternative sites for IDPs in the western region in consultation with the authorities and the local population. • A site planner undertook a mission to Côte d'Ivoire in February 2011 to work on the identification of sites for the IDPs in the west to decongest the Catholic Mission site in Duékoué and the school in Danané. • The site of Nahibly in Duékoué (capacity for 8,500 people) was identified and is now close to completion following undue delays for security reasons. • Sites of Danané: more than 2,000 IDPs were placed in the primary school of Danané. More than 800 IDPs have been relocated by UNHCR to a new site (PAHO) as of 20 March. • NFIs (hygiene kits, cooking sets, emergency shelter kits) were distributed in spontaneous sites in Guiglo by Save the Children, in rural villages around Duékoué and Bangolo by IRC, and in the main spontaneous site in Duékoué by Caritas. • Shelters (individual and communal) were established and reinforced in the Catholic Mission site in Duékoué and in Nazareth (Guiglo) by Caritas, and rehabilitated by Save the Children in CATD 1 and CATD 2 in Guiglo. • NFIs were distributed in spontaneous sites by ASA in Danané. • NFIs were distributed in spontaneous sites in Abidjan. • Rapid building damage assessments were conducted in rural and urban areas. • A strategy for rehabilitation/reconstruction is under discussion amongst cluster members.
<p>WASH</p>	<ul style="list-style-type: none"> • 19,300 IDPs have received WASH support in the west, centre and in Abidjan through

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UNICEF and its partners. 1,446 water treatment and hygiene kits have been distributed, 57 latrines have been constructed / rehabilitated. Nine bladder and water points were established and 12,149 IDPs have participated in hygiene awareness activities in IDP camps.

- 120,000 people have benefitted from cholera prevention activities by UNICEF and its partners in Abidjan including hygiene kit distributions, cholera awareness and disinfection of latrines in 19,000 households, 85 schools, 34 places of worship, and 35 health centres. Additionally, 50 staff of nine health centres and one hospital in Bouake has received training and prepositioned materials for isolation, hygiene and sanitation measures in cholera treatment centres.
- 116 people were trained in well chlorination by UNICEF following the political decision to cut the electricity and therefore the water supply in urban settlements in the north, centre and west of the country. 1,471 urban wells were treated in Danané, Man and Bouake (estimated at 220,000 beneficiaries).

2.2 Humanitarian consequences and needs analysis

The post-electoral violence that erupted in Côte d'Ivoire after the presidential election of 28 November 2010 brought the country to the brink of civil war, limited the access of the population to basic services, broke the supply chains for essential drugs, increased food prices and eroded coping mechanisms of the population. The caseload of people directly affected by the crisis is estimated at 2,000,000 people, of which 1,500,000 are expected to be women and children. This includes thousands of people displaced within Côte d'Ivoire and to the neighbouring countries. UNHCR registered a total of 322,277 internally displaced in 163 places in Côte d'Ivoire as of 15 June. This figure may, however, be considerably higher because displaced people are hiding in remote rural areas. As of 2 June 2011, 132,188 people remain displaced in the west of the country, 62,676 in the north, 55,912 in Abidjan, 45,304 in the centre, 13,120 in the south and another 13,077 in the east. Moreover, humanitarian actors in Côte d'Ivoire continue registering a moderate but continued movement of Ivoirians to neighbouring countries, reportedly due to the volatile security situation in the west and uncertainties linked to the inauguration of the new administration. As of 15 June 2011, 160,971 Ivorian refugees have been registered in 13 different countries, with the largest refugee population in Liberia where some 133,714 refugees are receiving protection and assistance. 16,720 Ivoirians found refuge in Ghana and 5,890 in Togo.

Since the arrest of former president Laurent Gbagbo on 11 April 2011 and the call by the new president Alassane Ouattara to lay down weapons, security has been generally improving and unlimited humanitarian access is presently available in most parts of Côte d'Ivoire. ONUCI has been increasing, however, the number of joint patrols with the *Forces Republicaines de Côte d'Ivoire* (FRCI) to provide security and facilitate humanitarian access in a number of areas including Toulepleu in the west. In general, the security situation is becoming stable in the 'Montagnes' and the 'Moyen Cavally' regions, as evidenced by the opening of schools and markets as well as the gradual return of displaced. However humanitarian actors continue to receive reports on protection concerns and human rights issues including gender-based violence in the western parts of the country where retreating pro-Gbagbo militias are unable to cross the border, and from Abidjan (particularly Yopougon and Abobo) due to the strong presence of FRCI. A UNHCR, *Solidarités* and Save the Children rapid needs assessment conducted in and around Abidjan and in the west underlined a further need for protection from abductions, extortion and other human rights abuses, including SGBV by armed groups. The remaining pockets of instability and a certain sense of insecurity prevent large-scale returns and are straining limited resources of host families that no longer have the ability to support the displaced. It will be therefore crucial to support returnees as well as other vulnerable populations to avoid inter-community tension and a further deterioration of living conditions.

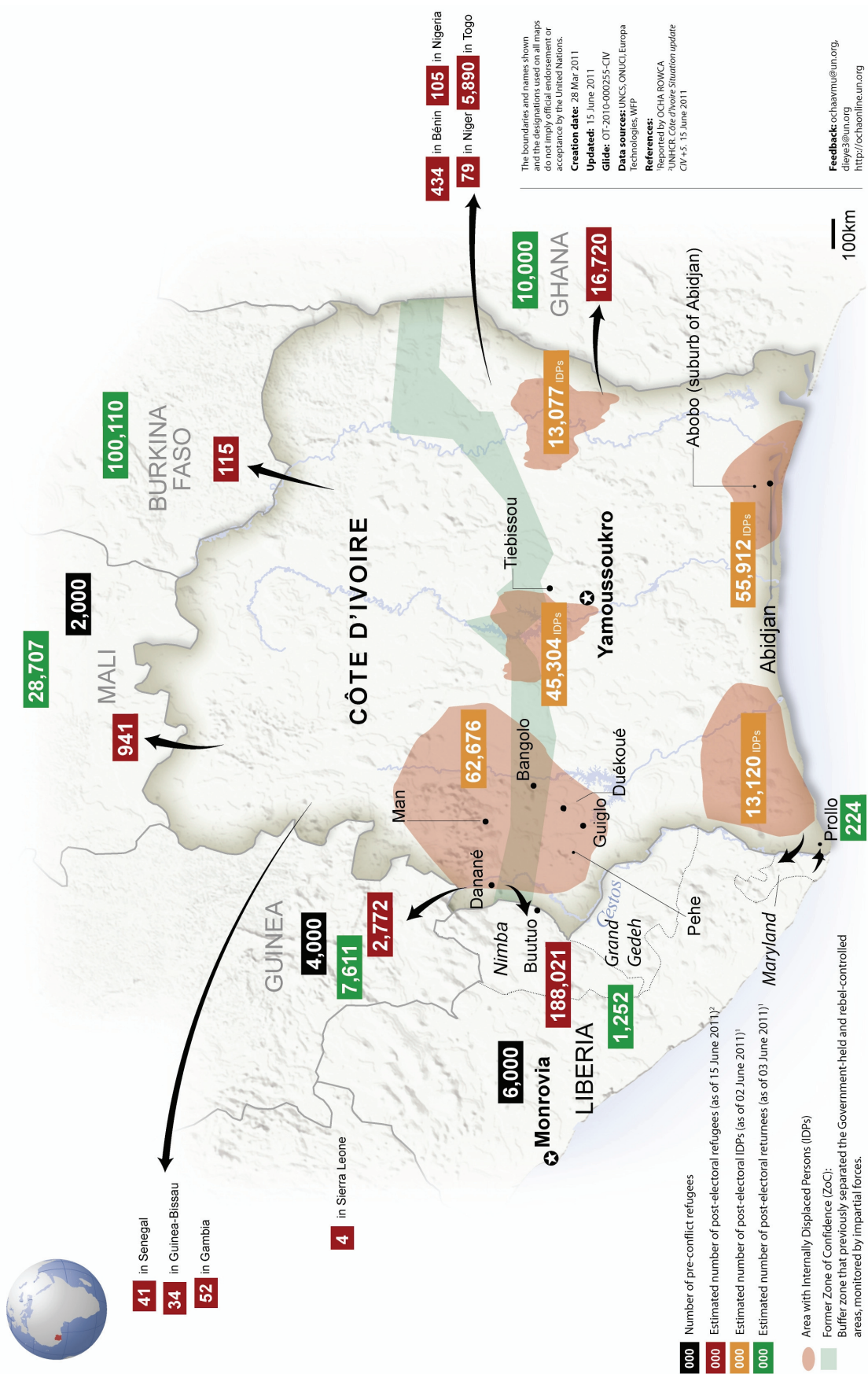
While gaps in the humanitarian response remain, humanitarian assistance reaches an increasing number of people in Abidjan and in the western parts of the country. This is partly due to preparedness activities foreseen in the Emergency Humanitarian Action Plan (EHAP) and its early revision which enabled humanitarian actors in Côte d'Ivoire to respond in a timely manner to the unfolding crisis and to provide life-saving assistance in a coordinated manner. As of 19 May 2011, humanitarian actors have assisted approximately 155,000 beneficiaries living with host families and in

camps in the west and 64,000 displaced in Abidjan. While life is slowly returning to normality in large parts of the country as evidenced by the slow resumption of economic activities, the ongoing displacement and the slow return process make it necessary to continue providing humanitarian aid. The situation is further compounded by the fact that the post-electoral crisis also caused a social, economic and financial crisis. Different needs assessments and monitoring missions in Abidjan and the western parts of the country identified humanitarian gaps and needs in the following sectors:

- Urban sanitation facilities in the majority of Ivorian cities are interrupted and 75% of the inhabitants have no access to clean drinking water. In rural areas, 50% of the water pumps at the village level are not working. It is necessary to re-establish access to clean drinking water, to improve sanitation in IDP camps and to organize cholera prevention campaigns to prevent the outbreak of epidemics, particularly cholera. Moreover, a solid waste collection needs to be re-established throughout the country.
- Serious concerns about the protection of civilians and the respect for human rights persist. While these areas were also a challenge before the crisis, they have been exacerbated by the post-electoral tensions. This has been underlined by UNFPA assessments in Abidjan where 164 cases of gender-based violence were identified, including 82 rapes, out of which 45% have been committed by armed men and 37% of the victims were minors. In the western parts of the country, UNFPA has registered a caseload of 313 incidents of sexual and gender-based incidents between January and March 2011, including 71 cases of rape, out of which 51% were committed by armed men. Initial estimates show that the number of sexual assaults is increasing and that the presence of armed men creates a climate of fear and insecurity in the country. The High Commissioner for Human Rights has set up a special commission to investigate reports of human rights violations, including arbitrary arrest and detention, sexual violence, torture, enforced disappearances and extrajudicial killings, in particular with a view of ending impunity. Moreover, the HCT adopted the national strategy for protection of civilians, continues psycho-social assistance programs and advocates for the re-establishment of the rule of law.
- The healthcare system is disrupted throughout the country. 52% of the health centres and 62.5% of the district hospitals are not functional due to the lack of personnel, medical equipment and drugs, and the looting of 50% of the district pharmacies. Humanitarian actors will strengthen the system of substitution clinics and support the distribution of drugs and medical supplies to strengthen health care delivery in Côte d'Ivoire. In addition, humanitarian actors will provide life-saving assistance to prevent the spread of diseases and to establish services in support of pregnant women and of HIV-infected people.
- Access to education has been disrupted during six months, preventing 800,000 children from attending school. Meanwhile, 90% of the schools in the centre, north and the west have reopened and 85% of the children have returned to school. However, 66% of the teachers have not yet returned, the majority of the schools lack proper furniture and children do not have textbooks. Humanitarian actors will therefore ensure the rehabilitation of school buildings, the provision of school kits and lobby for the training and return of the teachers.
- In the aftermath of the crisis, food insecurity has risen among the displaced and the host families due to rising food prices, the destruction of crops and seeds and the loss of livestock. In addition to severe acute malnutrition (above 2% in northern and western parts of Côte d'Ivoire), 67,500 children are suffering from severe malnutrition and 303,000 from moderate malnutrition. Humanitarian actors will continue providing food assistance to IDPs and host families and agricultural support to vulnerable households affected by displacement. In addition, supplementary feeding programs will be set up to prevent an increase of malnutrition rates.

The revised response plan will focus on the continuation of the humanitarian assistance and ensure that the needs of the crisis-affected population groups, including internally displaced, returnees, repatriates and host families, are covered.

Côte d'Ivoire and Neighbouring countries: Population movements (As of 15 June 2011)



3. NEIGHBOURING COUNTRIES: CONTEXT AND HUMANITARIAN CONSEQUENCES

3.1 Regional Implications

The pattern of Ivorian refugee movements into neighbouring countries has seen a significant shift since the last update in March 2011. While movements into Mali, Burkina Faso and Guinea have slowed down, the number of Ivoirians seeking asylum has continued to rise in Ghana, Togo and Liberia. In Ghana, the number of Ivoirians has increased almost five-fold from 3,240 refugees at the end of March to 16,720 as of 15 June. The same trend could be witnessed in Togo with an increase from 1,188 Ivoirians at the end of March to 5,890 refugees. The continued flight of Ivoirians to neighbouring countries can be explained by indiscriminate violence and general banditry in Côte d'Ivoire through March and April until Laurent Gbagbo's arrest and the specific targeting of Gbagbo supporters. Also some of the internally displaced along the border regions of Côte d'Ivoire have been pushed into neighbouring countries as a result of the continued insecurity.

The demographic profile of Ivoirians fleeing the conflict included at the beginning mostly women and girls while their husbands and fathers were staying behind to assess the situation. In March the profile shifted to young men. A pressing concern for the respective governments and humanitarian agencies is therefore the need for effective screening mechanisms to separate armed elements or ex-combatants from the civilian refugee population. UNHCR and other humanitarian actors in the region are engaged in discussions with Government counterparts and advocate for the latter to put in place effective mechanisms to identify and separate (former) combatants from the civilian population. In Liberia, the Government has established a task force and has finalized arrangements for the relocation and internment of former fighters from Côte d'Ivoire. In countries where Ivoirians have been recognized as refugees on a *prima facie* basis, UNHCR advocates that Governments identify "sensitive cases" and examine their refugee submission on an individual basis. Governments will have to assess whether there are serious reasons to believe that they have committed crimes excluding them from international refugee protection under international and regional refugee law.

Another trend that is being closely monitored is the onward movements of Ivoirians from one country to another. The exponential increase in arrivals in Ghana over the past months is mirrored in Togo. A careful analysis of patterns of movements, profiles and registration information in both countries and beyond is forthcoming.

While recognizing that the post-electoral crisis in Côte d'Ivoire has seen much improvement since the arrest of Laurent Gbagbo, the political situation in the country continues to be volatile and the new authorities are called upon to restore peace and to move towards reconciliation. UNHCR and other agencies on the ground in Côte d'Ivoire will develop a mapping of 'safe zones' within the country and of the profiles of Ivoirians in neighbouring countries with the aim of developing a comprehensive repatriation strategy. However, and in recognizing the conditions for safe and dignified return are not met to date, UNHCR is in a position neither to facilitate nor promote voluntary repatriation at this moment in time. An interest for a return to Côte d'Ivoire when the security conditions are met has been expressed by some and is being monitored. However, and in anticipation of more favourable conditions for return, protection and assistance operations are expected to continue in neighbouring countries throughout 2011.

CÔTE D'IVOIRE AND NEIGHBOURING COUNTRIES: REVISION

3.2 Preparedness and Response to date (by sector/country)

Sector	Country	Preparedness/Response per Country
Coordination		<ul style="list-style-type: none"> • Support provided to review the CDI+4 and Liberian EHAPs. • OCHA presence strengthened by opening an office in Côte d'Ivoire and a HSU in Liberia. • Procurement and pre-positioning of non food items for the region. • Additional UNHCR staff for the emergency coordination, protection, site planning provided to regional and country offices. • Multiple UNHCR missions from HQ assisted in the preparation and planning of activities. • Regular UNHCR teleconferences (internal and external) with the region on Côte d'Ivoire and neighbouring countries. • All contingency plans for neighbouring countries have been reviewed and revised. A contingency plan has been developed for Togo. • Regular dissemination of information on country and regional emergency response both externally and internally. • Coordination with Global cluster on the Côte d'Ivoire crisis.
Education	Ghana	<p>Coordination: A MOU is being finalized between GES, UNHCR and UNICEF to clarify the roles and responsibilities for setting up temporary learning spaces and the training of volunteer teachers for the refugee camps. Regular meetings and close coordination takes place with UNHCR.</p> <p>Needs Assessment: UNHCR has been mapping refugees in the communities and counted approximately 2,600 children aged 0-17. Refugees are scattered over a number of communities and UNHCR encourages them to move to the camp to access services. 200 primary school-aged children are presently located in the Berekum camp. Teachers in the camp are organising school but need textbooks urgently. In the week of 23 May 2011, a mission was organised to update information on the situation, identify education needs and distribute five school-in-a-box kits and six tarpaulins.</p> <p>Supplies: 50 textbooks for each subject and for all six primary school classes and 13 school-in-a-box kits were distributed. 15 tarpaulins have been used to roof six classrooms. 15 more tarpaulins have been distributed to the camp in the week of 23 May. 50 Early Child Development (ECD) kits were delivered to Ghana end of May 2011 and distributed shortly afterwards to the various camps. 300 locally procured ECD kits have been distributed in the Ampain camp.</p> <p>Schooling: Teaching is on-going for the approximately 550 children in the Ampain refugee camp for all levels (nursery, kindergarten (KG) 1 and 2, primary 1-6 and secondary 1-7). Teachers are working four days a week (Mon, Tue, Thu, Fri). 17 trained teachers have been identified for primary school, 15 for secondary school and three for KG. They have certificates and are assisted by volunteers.</p> <p>Textbooks, Curriculum: 300 textbooks per subject for all six primary school grades (total of 13,500) will be delivered partly to Ampain as well as Berekum in addition to 50 textbooks per subject that were distributed to Ampain in April 2011. At least 100 copies of each textbook will be kept in stock for the new camp that is currently under construction in Central Region.</p> <p>Capacity Development / Teacher Training: An education in emergency training for region and district education officers was conducted in April 2011. A one day training on psycho-social skills was held for 40 teachers (KG, primary and secondary) in cooperation with Protection on 18 May 2011.</p>
	Burkina Faso	<p>Coordination: Regular UNICEF in-house Emergency Committee meetings as well as education sector coordination-meetings with partner organizations including Save the Children are being held to assess the evolution of the situation in particular in the transit sites.</p> <p>Needs Assessment: UNICEF together with Government partners (CONASUR) conducted a joint multi-sectoral needs assessment mission in the first quarter of 2011. Since January 2011, Save the Children in collaboration with local authorities and partner organizations are regularly monitoring the situation at the frontier in the Cascade region for the identification, reception and reference of unaccompanied children to specialized structures. From 10 to 15 May 2011, an assessment mission to the Cascade region took place to identify the newly emerging needs of returning families and children and to adapt intervention strategies</p> <p>Supplies: The contingency stock includes school kits covering the needs of 17,800 students and 69 teachers, as well as ECD-kits for 14,645 children and 69 recreation kits for approximately 5,520 children as well as 114 school tents (80 m2).</p> <p>Capacity Development: An education in emergency training for enhanced preparedness and response capacity of Government, NGO and</p>

CÔTE D'IVOIRE AND NEIGHBOURING COUNTRIES: REVISION

Sector	Country	Preparedness/Response per Country
		<p>UN is planned end of June 2011 in Ouagadougou by UNICEF Burkina Faso and UNICEF WCARO in collaboration with the Ministry of Education of Burkina Faso. In addition, Save the Children attended a workshop on emergency preparedness in Dakar in April 2011 that will be rolled-out for local partners in Burkina Faso.</p> <p>Coordination: Close contact maintained between UNHCR and school authorities to ensure that refugee and returnee children from Ivory Coast are reintegrated in schools. In addition, meetings with formerly trained MoE Emergency Education focal points of two prefectures are held to prepare the reintegration of refugee children into local schools.</p> <p>Needs Assessment: Needs assessment was conducted by the NGO partner organisation OCPH.</p> <p>Supplies: The contingency stock includes school-in-a-box (SIB) kits, recreation and ECD kits as well as tarpaulins and tents covering the needs of 10,000 children. Two ECD Kits, seven SIB kits and seven recreational kits were provided by UNHCR covering 576 children (476 Ivoirians and 100 Liberians).</p> <p>Capacity Development: Emergency education focal points of various prefectures have been trained on education in emergencies preparedness and response planning in December 2010. In 2011 training activities on emergency preparedness will take place during the second semester of the year.</p> <p>Coordination: Since the beginning of the Côte d'Ivoire crisis weekly meetings are being held. Coordination mechanisms between partners have been defined, including roles and responsibilities. The Government is in charge of the coordination with technical and financial support of humanitarian partners on the ground. A crisis committee has been established which is led at the local level by the Governor and at the national level by the Ministry of Internal Security and Civil Protection. It has been noted that NGO participation of key education actors has to be strengthened.</p> <p>Needs Assessment: Field visits took place in February and March 2011. Besides identifying most urgent needs and capacity of partners on the ground, field visits were being used to sensitize partners on the importance of emergency preparedness and response planning.</p> <p>Supplies: 59 school-in-a-box kits covering 4,720 primary school-aged children (if used in double-shift) as well as nine school tents are available at UNICEF in Bamako; pre-positioning of materials is planned in Sikasso at the 'Académie d'Enseignement'. UNICEF supported the transportation of 10 tents to Sikasso. Boxes of plumpy nuts were prepositioned in five localities that are likely to receive returnees and refugees.</p>
Emergency Preparedness and Response	Mali	<ul style="list-style-type: none"> • All humanitarian actors at the regional level are strengthening their preparedness capacities to better respond to any potential humanitarian crisis and to ensure monitoring and reporting on the overall regional implications of the humanitarian situation in Côte d'Ivoire. • Humanitarian agencies are reinforcing emergency preparedness measures by prepositioning vital stocks in Côte d'Ivoire and the neighbouring countries. Stocks of WASH, education, health, and nutrition supplies have been pre-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. • Rapid needs assessment to identify gaps has been conducted. • Three sites for refugee camps have been identified, two in Nimba and one in Grand Gedeh countries. • Sectoral interventions implemented in camps, transit sites and way stations, as well as host communities. • FAO is monitoring agriculture and livestock needs in affected countries insofar as resources are available. • WFP country offices in neighbouring countries are closely monitoring the situation along the borders to respond in a timely manner should the need for assistance arise. • WFP is exploring the possibility of procuring rice regionally, allowing WFP to respond in a more timely manner. • WFP Ghana logistics put in place arrangements to transport food for Côte d'Ivoire which was diverted to Ghana through the Tema Port. A total of 543 MTs of assorted food commodities will be shipped to the secured destinations identified by the WFP office in Côte d'Ivoire. • WFP Ghana through the UN Humanitarian Response Depot is planning to pre-position 10 MTs of High Energy Biscuits to replenish
Food Security	General	
	Ghana	

3. NEIGHBOURING COUNTRIES: CONTEXT AND HUMANITARIAN CONSEQUENCES

Sector	Country	Preparedness/Response per Country
Health	Burkina Faso	<p>stocks of 10 MTs which was air-lifted to Liberia. The WFP country office is making the necessary arrangements to transport food from WFP warehouses in Tamale and Bolga in the north of the country.</p> <ul style="list-style-type: none"> UNHCR extended delivery point at Takoradi for onward delivery to the Ampain refugee camp due to an increase in the number of refugees' numbers arriving in Ghana. WFP is also looking for additional storage facilities in the western Region. WHO's stock of one Inter-agency Emergency Health Kits (IEHK) in Burkina Faso was used to supply health districts in Montagne and Moyen Cavally regions (western Côte d'Ivoire) through the north (Bouaké) when supply via Abidjan was insecure and logistically not feasible (armed confrontation and closure of seaport and airport in Abidjan). WHO pre-positioned one complete IEHK drugs kits, 10 IEHK basic unit with malaria and 10 IEHK basic without malaria drugs, two trauma kits A and two trauma B in Burkina Faso. These drugs will be provided to health facilities in the northern regions of Côte d'Ivoire if need be. One IEHK complete kit covers 10,000 people for three months.
	Guinea	<ul style="list-style-type: none"> Five IEHK basic drug kits, five basic IEHK malaria modules were provided to the Kouankan refugee camp, the Lola and Beyala health districts to respond to health care needs of refugees and returnees. Referral hospital in Nzerekore and Sinko were also provided with one trauma kit A and one trauma kit B each. Each IEHK basic kit covers the need of 1,000 people for three months. Malaria remains the main cause of morbidity in refugee camps. Mosquito nets were distributed to refugee families in Brong Ahafo - Berekum. Clinic staff conducted a training for the refugees on how to fix the nets in the tents. More support to regional and districts health services is still needed to provide health care to refugees and to strengthen disease surveillance in refugee camps. UNHCR signed an agreement with the National Catholic Secretariat (NCS) for the implementation of health activities. The national health counterparts Ghana Education Service assisted through the provision of basic medical assistance. In the Brong Ahafo Region, the Catholic health service continues medical assistance to the population. UNFPA assisted through the provision of health kits comprising kits for women and girls, kits for pregnant and nursing mothers, buckets (receptacles for hygiene supplies), sanitary pads and reproductive health kits (clean delivery kits). IOM facilitates the health screening at the Eagle Star Reception Centre in the western Region through the Ghana Health Service (GHS) (Elubo District). Coordinated nutrition / vaccination screening and response has been mobilised for new arrivals in the refugee camps. Four (0.6%) children are suffering of severe acute malnutrition (SAM) and 18 (2.9%) of moderate malnutrition. Although malnutrition rates are below emergency thresholds, there is need to monitor the situation to avoid (a) the deterioration of moderate malnutrition into SAM cases, (b) the occurrence of micronutrient deficiencies, (c) increased mortality among severely acutely malnourished children, and (d) increased case-specific morbidities, in particular malaria, diarrhoea and pneumonia. Nutrition supplies will be provided to avoid severe acute malnutrition in the camp and surroundings as needed. A Joint UN / Government assessment mission on health and nutrition for refugees has been completed in the western region to review the progress of the ongoing programme and to identify potential and unmet needs/gaps in service delivery. UNHCR and WFP are exploring the possibility of providing nutrition supplies in supplementary feeding programme (SFP). Community Management of Acute Malnutrition (CMAM) training planned for second half of 2011. New arrivals in host communities are provided with temporary accommodation in local villages (Half-Assini, Cocotown, Zansule and Kumasi). Non-food items are distributed as well as monthly food rations. Food was initially procured and distributed by UNHCR for approximately 3,000 beneficiaries (monthly rations). Since the caseload has exceeded the 5,000 threshold, WFP Ghana has taken over the feeding of the refugees. WFP is providing rice, pulses, corn soya blend (CSB), oil and iodized salt.
	Ghana	<ul style="list-style-type: none"> UNFPA Hygiene/dignity kits (1,570) specifically designed for women and girls of reproductive age as well as pregnant and nursing mothers were

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Sector	Country	Preparedness/Response per Country
		<p>provided to the target population.</p> <ul style="list-style-type: none"> Rape and STI treatment kits including PEP kits have been provided through the Ghana Health Service in the western, central and Brong Ahafo Regions to respond to Sexual and Gender-based Violence.
	Mali	<ul style="list-style-type: none"> With WHO and UNFPA support, the Ministry of Health will be training health workers on emergency management through the minimum emergency operation system in the Sakasso district (bordering Côte d'Ivoire). Following the closure of the Abidjan port, a new access corridor into Côte d'Ivoire was opened via Accra, Ghana. The Logistics Cluster facilitated the transport and escort of the first convoy of relief items for UNHCR from stocks prepositioned at the UNHRD in Ghana.
Multi-Sector		<ul style="list-style-type: none"> Ghana has seen an influx of 16,720 (as of 15 June) Ivoirians since the start of the conflict. The Government decision for <i>prima facie</i> recognition is in the final phase. UNHCR is working with the following partners: Ghana Refugee Board, NADMO, NCS, Ghana Red Cross, Ghana Health Service, IOM, UNICEF, UNAIDS, UNFPA, USAID, WFP, WHO. UNHCR established two reception/transit facilities: The Eagle Star Reception Centre in the west and a Transit Centre in Osei Kodjokorum in the western Region for arrivals from the Brong Ahafo border area. UNHCR and the Government established two refugee camps (Berekum and Ampain) and two additional camps are under development (Fatenta, which will trigger the closure of Berekum, and Egeyirkroum which will function in parallel with Ampain). 6,488 Ivoirians are presently living in Ampain, 588 in Berekum and 559 in the Eagle Star Reception Centre. To date, 1,956 asylum seekers are registered by GRB in Accra. UNHCR developed Standard Operating Procedures for border monitoring and registration in the western and Brong Ahafo Regions. IOM is providing transportation assistance for asylum seekers and refugees (border areas to Reception Centres to Refugee Camps), as well as third-country nationals who request assistance to return to their countries of origin. In addition, vulnerable Ghanaians are provided with return assistance. To date, IOM has provided 17,366 transportation assistance services to Ivoirians, TCNs and returning Ghanaians. WFP delivered food to 10,000 beneficiaries. UNHCR distributed food in the camps (Ampain and Berekum) and kept remaining quantities in the warehouses. In addition, UNHCR purchased food that has been distributed in the Osei kodjokorum Transit Centre. Communal support projects are being implemented in the Eagle Star Reception Centre. Humanitarian response activities in refugee camps include shelter, potable water and sanitation services, healthcare and education. Protection monitoring activities are ongoing in refugee camps and in host communities. Screening mechanisms have been developed by UNHCR to ensure the civilian character of asylum seekers and of the refugee camps. Discussions with the Government on this issue are ongoing. Non-food items have been distributed to more than 7,000 beneficiaries. District health officials, the Ghana Health Service, as well as UNAIDS and USAID, are providing health services to Ivorian refugees in camps. UNHCR is looking into providing protection and assistance to unaccompanied and separated children (130 in the western Region and 10 in the Berekum refugee camp). Moreover, family tracing activities have been undertaken by the Ghana Red Cross in collaboration with ICRC. In addition to transportation assistance, IOM assessed the health of 7,190 people, provided 1,676 people with medical treatment, 151 with emergency travel documents, 1,179 with temporary accommodation, 3,563 with meals, and 194 returning Ghanaians from Liberia with arrival assistance. The Ghana Health Service and WHO provided vaccination services.
	Togo	<ul style="list-style-type: none"> 5,890 Ivoirians were seeking refuge in Togo and the Government recognized all as refugees on a <i>prima facie</i> basis. UNHCR Togo is working with the following partners: CNAR, ATBEF, UNICEF and Handicap International

3. NEIGHBOURING COUNTRIES: CONTEXT AND HUMANITARIAN CONSEQUENCES

Sector	Country	Preparedness/Response per Country
		<ul style="list-style-type: none"> UNHCR and the Government developed the Tropicana Refugee Camp (six km outside of Lome) with a capacity of 15,000 and identified another camp site, Kele Kouga, for contingency reasons. At present, 1,419 refugees are hosted at the Tropicana Camp. UNHCR is planning at the request of the Government training sessions for government counterparts on border monitoring and identification/screening procedures for armed elements. Refugee certificates are being distributed - thus far, 2,253 have been provided. Humanitarian response activities in refugee camps include shelter, potable water and sanitation services, healthcare and education. Schools have been constructed in the camp with the assistance of UNICEF. Protection monitoring activities are ongoing in the refugee camps and surroundings. ATBEF provides healthcare services and individuals are being referred to Tokoin hospital if necessary. UNHCR distributed food to refugees in the camp. UNHCR provided three meals per day to refugees in Tropicana camp until mid April. After that date, food rations were provided. UNHCR is discussing with WFP that WFP is taking over the food distribution since the threshold of 5,000 refugees has been reached. UNHCR and ATBEF distributed non food items to refugees in the camps. UNHCR is considering income generating activity projects to refugees in the Tropicana camp. Ivorian refugees living outside the camp in urban areas in Lome are being provided with assistance on a case by case basis and subject to vulnerabilities and needs.
	<p style="text-align: center;">Guinea</p>	<ul style="list-style-type: none"> The total number of Ivorian refugees registered in Guinea stands at 2,791 as of 15 June. The Government of Guinea recognized Ivoirians on a <i>prima facie</i> basis as refugees. UNHCR is working in partnership with ACORD, BRISR, CNISR, CRG, DRC, GRC, ICRC, UNICEF, UNFPA and WFP. UNHCR and the Government established the Bosso transit centre in the forestry region with a capacity of 250. Two pre-existing refugee camps have been rehabilitated and extended to accommodate the new refugee population. Unaccompanied minors, including those with families in Liberia, were provided with temporary care arrangements. ICRC engaged in family tracing. UNHCR and UNFPA organized a sensitization campaign for Ivorian women in camps and UNFPA distributed "dignity kits". Joint UNHCR, WFP, BRISR, UNFPA and IOM missions to Karala (Beyla sub-prefecture) have been undertaken to identify, record and assess the living conditions of Ivoirians that arrived since April 2011 and are living with host families. UNICEF has distributed school kits to children in both camps.
	<p style="text-align: center;">Mali</p>	<ul style="list-style-type: none"> The total number of Ivorian refugees registered in Mali stands at 941 as of 15 June. The Government of Guinea recognized Ivoirians on a <i>prima facie</i> basis as refugees. UNHCR is working in partnership with CNCR, IOM, AAVNU, IRW and WV. Two transit centres, Zegoua and Manankoro, and two camp sites have been identified (Fargouaran, Zantiebougou). Site preparation for the Zegoua TC and the Faragouaran refugee camp was initiated and included land clearance as well as the establishment of boreholes and latrines. Recognized refugees are being granted refugee cards.
	<p style="text-align: center;">Burkina Faso</p>	<ul style="list-style-type: none"> The total number of Ivoirians in Burkina Faso is 115 as of 15 June. The Government is conducting individual assessments of asylum requests. UNHCR is working in partnership with: CONAREF, CONASUR, CREDO, IOM and the Red Cross. Three potential refugee camp sites were identified and have been demarcated. A number of transit centres have also been identified. Assistance is provided on a case by case basis for the most vulnerable amongst the new arrivals.
	<p style="text-align: center;">Others</p>	<ul style="list-style-type: none"> Other countries include the following: Benin, the Gambia, Guinea-Bissau, Nigeria, Niger, Senegal, Sierra Leone. The number of Ivorian

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Sector	Country	Preparedness/Response per Country
Nutrition		<p>asylum seekers is approximately 700 as of 15 June.</p> <ul style="list-style-type: none"> All countries are registering new arrivals. The Government of the Gambia has recognized the refugee status of new arrivals on a <i>prima facie</i> basis. All other countries are opting to adjudicate claims on an individual basis. Case by case assistance is provided to the vulnerable amongst the new arrivals. UNICEF undertook stockpiling of food and nutrition supplies for a possible response in the Guinea Forestière region. A Nutrition in Emergencies training was completed in early 2011, as well as the integration of training into national medical and nursing school curriculums. RUTF stocks were provided for Ghana to support prepositioning efforts. A prepositioning of RUTF stocks in border regions has been undertaken to prepare for increase in severe acute malnutrition A Nutrition in Emergencies training is being planned for the second half of 2011. The national protocol for integrated management of acute malnutrition has been revised and the monitoring system in border regions for improved response in case of refugee movements strengthened. Nutrition in Emergencies training conducted to raise awareness among national actors on how and when to have preparations in place. The coordination of nutrition / vaccination response for new arrivals in refugee camps has been mobilised and the management of severe acute malnutrition in the camp and surroundings has been prepared.
	Guinea	
	Burkina Faso	
	Mali	
Protection	Ghana	<p>IOM:</p> <ul style="list-style-type: none"> Assisted 40 TCNs with transport to their country of origin. Conducted assessments at border crossing points. <p>UNHCR:</p> <ul style="list-style-type: none"> Continues border monitoring in collaboration with the Government of Ghana, in particular the Ghana Immigration Service. Assisted the Government in registering new arrivals at border points. Distributed and instructed the Immigration authorities and other partners on registration materials (Control Sheets, Level 2 Registration forms). Conducted joint training sessions with UNHCR/IOM and the Government's counterpart NADMO for immigration officials, Ghana Red Cross Volunteers as well as Government (NADMO) volunteers on profiling and referral activities at border points and reception centres. Drafted standard operating procedures with immigration officials on border monitoring activities and the screening process. Engages Government authorities in discussing the needs of all people of concern including Ghanaian returnees. Assisted TCNs in applying for asylum in Ghana at the Ghana Refugee Board. Established a reception centre in the western region and provides shelter at the centre. Mobilized national NGO to provide latrines, polytanks and worked with IOM in establishing medical facilities at the reception centre. Liaised with IOM and immigration authorities to arrange the transfer of new arrivals from border points to the transit centre and further to the refugee camp. Conducting Level 1 registration of asylum seekers in the western and central regions (both camp and host communities). Conducted Level 2 registration in the Berekum camp in Brong Ahafo. Relocating refugees in the Brong Ahafo region to a new camp site at Fetentaa provided by the Government of Ghana. Provides mapping of refugees living with host communities in the western region. Provided support to the immigration authorities in pre-screening alleged combatants and ex-combatants. Performs interviews at the reception centre and in the Ampain camp as part of the screening process. Establishes modalities with the Government for the separation of combatants/ex-combatants and assists where the Government is lacking adequate resources. Works on the creation of committees to ensure community participation in the activities implemented in the camps, in close cooperation
	Ghana	

3. NEIGHBOURING COUNTRIES: CONTEXT AND HUMANITARIAN CONSEQUENCES

Sector	Country	Preparedness/Response per Country
		<p>with the Camp Management.</p> <ul style="list-style-type: none"> Develops SOPs for SGBV and works towards the creation of a Task Force to address issues related to SGBV, raises awareness and establish mechanisms for prevention and adequate response to SGBV incidents. <p>UNICEF</p> <ul style="list-style-type: none"> A child protection coordinating structure was established at national level under Government lead/UNICEF support and four other child protection networks are in place and supported in the region (three of them were trained in emergency preparedness and child protection in emergencies). A mapping of child protection actors is undertaken and MoUs with partners are being prepared in the western region. <p>UNFPA</p> <p>Discussions are ongoing with the Domestic Violence and Victims Support Unit (DOVVVSU) of the Ghana Police Service to undertake an orientation for security personnel on public education/sensitisation for camp management, refugee population and host communities.</p>
	Guinea	<p>IOM:</p> <ul style="list-style-type: none"> Assessments at border crossing points and transport of returning nationals to their village of origin. <p>UNHCR:</p> <ul style="list-style-type: none"> Conducted joint border monitoring missions with IOM. Participated in missions where Guinean returnees were reported to have arrived. Established transit centre and camp site and pre-positioned NFIs for 10,000 people. <p>UNICEF:</p> <ul style="list-style-type: none"> Child protection sub group was put in place and mapping of child protection actors undertaken.
	Mali	<p>IOM:</p> <ul style="list-style-type: none"> Assessments at border crossing points. <p>UNHCR:</p> <ul style="list-style-type: none"> Border monitoring including missions with IOM and national authorities. Discussed with authorities the setting up of a joint referral mechanism at the border. Organized a training session for border officials and other authorities on international protection, where TCN and returnee issues were discussed to raise in particular awareness and to train them on the screening and profiling mechanisms.
WASH	Ghana	<ul style="list-style-type: none"> 350,000 displaced and refugees and their host communities have received a WASH package in Liberia, Côte d'Ivoire and Ghana.
	Liberia	<ul style="list-style-type: none"> The WASH Working Group and government counterparts designed and implemented a successful strategy to assist Ivorian refugees including (i) focus of the response on the humanitarian needs involving overburdened host communities close to the Ivorian border, (ii) improving the WASH standards in IDPs camps and host communities. The main interventions include: construction of water points and water trucking, construction of emergency latrines, bath shelters, laundry facilities and garbage disposal pits in IDP camps, distribution of hygiene kits, soap and jerry-cans to refugees. Approximately 100,000 Ivorian IDPs have been assisted.
Other neighbouring countries:	Togo and Niger	<p>UNHCR:</p> <ul style="list-style-type: none"> Continues border monitoring at the border with Burkina Faso. Undertakes discussions on the returnees with IOM and national authorities for the joint activities of registration and referral mechanisms. Continues discussions with the UNCT on the drafting of a contingency planning covering the Côte d'Ivoire crisis, including the returnees and TCN. Advocated successfully with the Government to recognize all Ivorians <i>prima facie</i> as refugees.

CÔTE D'IVOIRE AND NEIGHBOURING COUNTRIES: REVISION

Sector	Country	Preparedness/Response per Country
		<ul style="list-style-type: none"> • Conducted border monitoring missions, identification and registration of all Ivorians seeking asylum. • Provided to all new arrivals a onetime supply of non food items. • Provided counselling sessions available to all. • Provided assistance on a case by case basis to vulnerable people (Medicare, housing, food). • Identified a refugee camp site in Togo to accommodate an eventual influx of refugees. • Identifies and reports new arrivals. • Registries asylum seekers. • Provides case by case assistance in terms of food and non-food items and medical assistance (with particular emphasis on unaccompanied minors and separated children).

4. CÔTE D'IVOIRE: CLUSTER RESPONSE PLANS

The revision of the regional EHAP for Côte d'Ivoire foresees emergency response activities for an estimated 500,000 IDPs, 90,000 host families, 10,000 repatriated refugees, and an additional 1 million affected people.

The current Côte d'Ivoire response plans are aligned to the cluster structure in country (see Section 6.1, 'Roles and Responsibilities').

4.1 Camp Coordination and Management

Cluster lead agencies	International Organization for Migration (IOM) and United Nations High Commissioner for Refugees (UNHCR)
Cluster members	CCCM Partners
Number of projects	1
Cluster objectives	IDP camps are well-managed with all infrastructures operating IDPs in camps and similar settings involved in the management and coordination of protection and services
Beneficiaries	IDPs: 50,000 in camps and camp-like settings
Funds requested	\$1,779,319
Funds requested per priority level	High \$1,779,319
Funding to date	\$0
Contact information	David Coomber: (dcoomber@iom.int)

Strategy

The overall political and security situation in Côte d'Ivoire is gradually improving since the end of major hostilities in April 2011. This is evidenced by the systematic return of commercial activities, free movement of people, goods and services and the return of security personnel to maintain law and order. Some of those who had sought refuge in different parts of the country or abroad are gradually returning home. However, there still remains a significant presence of IDPs in various camps and camp-like settlements. At present, there are an estimated 50,000 IDPs in various camp-like settlements mainly in the west of the country. Although some had expressed the will to return to their communities of origin, security in return areas still remains a challenge and they prefer to stay. In recent weeks, however, some families have been returning to their communities, leading to a significant drop in the number of people at the displaced centres.

In view of the security fears expressed by residents of the displacement camps including women, children and the elderly, the Camp Coordination and Camp Management (CCCM) cluster will continue providing basic humanitarian services to those most in need. Camp coordination will focus on facilitating and ensuring the effective delivery of protection and assistance, and on collecting and disseminating appropriate information to support the Government and other humanitarian agencies to plan appropriate interventions.

Owing to the expected improvement of security provisions in the areas of return, the CCCM Cluster will adopt an approach that responds to the needs of those in camps while providing information to displaced population on the security and living conditions in their areas of return, including the organisation of regular go-and-see visits.

Camp coordination will continue to ensure collaboration with all stakeholders including authorities and cluster partners. Regular data and information collected from the camps through verifications and registrations will be shared timely to allow effective planning and the provision of response. Support will also be provided to ensure that the response is in line with existing policy guidance and technical standards and that monitoring mechanisms are in place to review progress. Mobile teams will also be considered to monitor camps and other sites. The mobile teams will also carry out the go-and-see

visits in areas of return. Information collected from the visits on living conditions, the security situations and the social tissue will be shared with the camp-based displaced people in order to allow them making informed decisions on spontaneous returns until organized returns are possible. IDP camps and spontaneous settlements will be managed through close cooperation with the beneficiaries, the local communities and the authorities, as well as key humanitarian actors in the field and the appropriate clusters.

Activities

- Register and verify internally displaced people settled in camps and collective centres.
- Ensure that camps are safe for residents.
- Identify the gaps and needs in terms of protection and assistance and bring them to the attention of the respective cluster leads.
- Identify the actors for service delivery and coordination.
- Establish camp governance and community participation (with 50% female participation) / mobilization mechanisms.
- Maintain camp infrastructure.
- Collect and share data and reports.
- Ensure age, gender and diversity sensitive service provision.
- Assistance distribution mechanisms are accessible by all including people with disabilities or special needs.
- Monitor the service delivery with the participation of the community and of other providers in accordance with agreed standards, to avoid the duplication of activities and emergence of protection and assistance gaps.
- Ensure community complaints mechanisms are established and known to all.
- Capacity-building of local authorities to strengthen their knowledge and to ensure a better understanding of their role and responsibilities.
- Ensure that SGBV and other protection risks associated with shelter are minimized.
- Inform the beneficiaries of the level of the humanitarian response on a regular basis.
- Set up an early warning system for inter-community conflict inside the camps to ensure security and facilitate service delivery.
- Set up mobile teams to monitor IDPs outside the camps and the host population.
- Advocate for durable solutions.
- Provide training and technical advice on camp management and coordination.
- Carry out regular go-and-see visits in the return areas and share information with the displaced population.

Expected Outcomes

- Camps and collective centres are managed according to international standards and managed by the CCCM cluster.
- Needs are assessed and services delivered.
- Services delivery is regularly monitored, gaps identified and response provided.
- A complaint mechanism is established in each camp.
- An early warning system is established in each camp.
- One camp management committee is established in each camp.
- Regular maintenance of camp infrastructures.
- A database is setup for each camp and regularly updated.
- Training conducted and response capacity of authorities and CCCM actors enhanced.
- Displaced people are regularly informed of living conditions in their communities of return.

4. CÔTE D'IVOIRE: CLUSTER RESPONSE PLANS

4.2 Coordination

Cluster lead agency	Office for the Coordination of Humanitarian Affairs (OCHA)
Number of projects	2
Cluster objectives	<ul style="list-style-type: none">• Support the HC and the HCT in Côte d'Ivoire.• Enhance regional capacity for coordination, public information and advocacy, and response strategy.• Improve overall coordination support to all humanitarian actors and stakeholders in Côte d'Ivoire to meet the needs of the most vulnerable and at risk communities.• Support humanitarian action through provision of common services.
Beneficiaries	Affected population of Côte d'Ivoire in need of humanitarian assistance (two million people that might require protection and assistance in the country, including about 500,000 IDPs, of which 50,000 are located in camps).
Funds requested	\$12,792,438
Funds requested per priority level	High \$12,792,438
Funding to date	\$3,074,535
Contact information	Carlos Geha (gehac@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 assessments and to liaise the HCT in Côte d'Ivoire with the country teams in the neighbouring countries are equally essential to guarantee a well coordinated response to the crisis.

Regional coordination is taking place through the regional Inter-Agency Standing Committee (IASC) structure, regional sectoral working groups, and the existing Côte d'Ivoire+5 regional group. Regional coordination is also taking place at agency level. UN agencies, international and national NGOs, donors, as well as the ICRC in its observer capacity are using these coordination services and provide regular updates on their respective activities and provide feedback on services provided by the coordination sector.

Activities

- Support HCTs and country teams in humanitarian coordination, public information and advocacy and response.
- Support existing national and regional structures in the areas of coordination and humanitarian response.
- Support the Humanitarian Coordinator (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 humanitarian needs and response gaps related to the crisis, specifically through inter-agency joint needs assessments.
- Support the United Nations High Commissioner for Refugees (UNHCR) Regional Representation for West Africa – Dakar and the UNHCR Offices in the five countries neighbouring Côte d'Ivoire 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 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 information technology (IT) services and rapid implementation/augmentation of telecommunications in common operational areas.

4. CÔTE D'IVOIRE: CLUSTER RESPONSE PLANS

4.3 Early Recovery

Cluster lead agency	United Nations Development Fund (UNDP)
Cluster members	AFJCI, ANADER, DRC, FAO, IRC, NRC, SFCG, UNOPS, UNFPA and UNAIDS.
Number of projects	10
Cluster objectives	The key objectives are threefold: <ul style="list-style-type: none">• Strengthen conflict mitigation structures. Promote tolerant and non-violent attitudes to reinforce social cohesion. Enhance conflict management skills and build community resilience to reduce tensions and minimise potential conflicts.• Provide for and protect livelihoods of most vulnerable groups among displaced people and returnees, especially women, the youth, returnees and host communities through support to basic infrastructure and income generation activities rehabilitation and restoration.• Reinforce preparedness by strengthening coordination across agencies and clusters, and by using needs assessments to inform on livelihood issues.• Ensure information sharing across stakeholders in affected communities to capitalise on the presence and capacities of NGOs, UN agencies, local authorities, and community-based groups to provide essential services.
Beneficiaries	IDPs especially women and youth, host communities and returnees
Funds requested	\$9,211,169
Funds requested per priority level	High \$9,211,169
Funding to date	\$758,095
Contact information	Martin Mbanda: martin.mbanda@undp.org

Strategy

Recurrent conflicts reduce the capacities of people to protect their families and to maintain their livelihoods. The support of resilience and coping mechanisms of households and communities under continuous threats is therefore critical, as part of the humanitarian response but also to provide a bridge towards recovery.

The Early Recovery Cluster recognises the impact of conflict on communities. The activities of the cluster will therefore mitigate the potential for inter/intra-community conflict and insulate communities from tensions by supporting community structures and cohesion. In addition, early recovery programming will support local authorities, community-based and civil society organizations, community leaders, peace committees, etc. The early recovery sector objectives go hand in hand with the strategic objectives of the Côte d'Ivoire EHAP and address the main priorities resulting from a joint rapid needs assessments recently conducted by humanitarian agencies.

Support to livelihoods and economic recovery will assist communities in maintaining a certain degree of coping mechanisms and their normal routine in times of crisis and may therefore also strengthen social cohesion. The livelihood and recovery strategies will also aim at reducing HIV related vulnerabilities and at mitigating the impact of AIDS on households and communities.

Interventions will be based on an Emergency Market Mapping and Analysis (EMMA) and a detailed Integrated Livelihood Assessment (ILA). The ILA will look beyond the impact of the post-election crisis on livelihoods and identify capacities and opportunities for recovery at different levels (households, local economy and institutions). Both tools, the EMMA and the ILA, will provide a comprehensive picture of the impact of the crisis on livelihoods and opportunities for livelihood recovery and enhancement (i.e. "building back better") among IDPs and the conflict affected populations.

The Early Recovery (ER) strategy will cover the following:

- (i) Preserve livelihoods, replace lost assets essential to maintaining livelihoods, and provide platform for the community recovery to insulate communities from conflict related 'shocks' and strengthen community cohesion.
- (ii) Contribute to the socio-economic reintegration of most vulnerable groups among displaced people and returnees, especially women and youth through income generation activities, psycho-social and legal support.

- (iii) Strengthen social cohesion, promote peace-building and strengthen the mechanisms and initiatives for building peace to identify and address the underlying causes of conflict. Community groups and grassroots peace initiatives will be central in this regard.
- (iv) Develop a campaign to promote tolerance and respect in society and to overcome escalating local tensions that lead to violence and the negative role that media are playing around the country.

Assessments by UN agencies and partners are underway and the estimated number of IDPs is 500,000, with the majority being children and women. A large number of these IDPs are scattered amongst host families or in temporary locations, living under extreme and difficult conditions. With a dire situation among populations before the post-election crisis, impoverishment and misery have been increased. It is important to empowering the most vulnerable populations, in particular IDPs that were forced to abandon their belongings and economic activities, and to restore their income generating activities. This will also enable them to better protect themselves upon return. Early recovery programming is urgently needed to restore livelihood opportunities, confidence and dialogue among communities, as well as to reduce vulnerability and prevent insecurity and outbreaks of violence.

Activities

- Undertake baseline surveys to identify beneficiary profiles, asset holdings, aspirations for the project, commodity price and diversity, trader decision making.
- Rehabilitate rural infrastructure including roads, marketplaces and small bridges using cash-for-work schemes.
- Rehabilitation and repair of entirely or partially destroyed houses in critical locations to provide shelter and adequate living conditions for households hereby enabling them to live in dignity and to re-engage in livelihoods opportunities and normal daily routines.
- Provide psycho-social and legal support to women and young IDPs by organizing group therapy, individual sessions and trainings on their rights and obligations, prevention and conflict management.
- Livelihoods support: entrepreneurial and vocational training specific to relevant job opportunities and for the needs of youth, women and HIV affected groups. Vocational skills training will be complemented by material support to strengthen employment opportunities e.g. provision of small seed grants, replace lost assets to support recommencement of livelihoods.
- Early warning and community insulation from violence: establish data base for information management systems on livelihoods and early warning mechanisms within communities to indicate threats and priority areas for support.
- Create 12 'connector' projects bringing members of conflict-affected communities together to share community assets.
- Support links of displaced people with their communities of origin.
- Provide information and advocacy to promote non-violent attitudes and tolerance.
- Reinforce intergroup relations through campaigns and community activities in strategic locations.
- Assess the capacity and role of Peace Committees and train them together with local authorities, community representatives, religious and traditional leaders and youth on conflict management. The Peace Committees will provide a forum to advocate peace towards local authorities, the community and other groups as needed and will advise on integrating peace initiatives into public programming, as well as the use of community media to communicate the message.
- Improve the living conditions for IDPs and host communities to improve social cohesion and reduce stress (potential for violence) in such environments.

Outcomes

- Improved understanding of the causes of conflict and of the motivations and strategies of various parties in conflict zones in the west.
- Improved dialogue to promote peace and to strengthen cooperation between different groups in 16 village locations, in particular within the western districts and Abidjan, through the formation

4. CÔTE D'IVOIRE: CLUSTER RESPONSE PLANS

of 8 regional peace structures. These peace structures will participate in mediation forums, dialogue meetings and peace-building activities. Particular attention will be paid to the inclusion of needs specific to gender roles, age structures, and the links between women, men, girls, boys, the elderly etc.

- Ivorians having new perspectives, reinforcing non-violent attitudes and mutual tolerance.
- Positive intergroup relations are reinforced by campaigns and community activities in strategic locations.
- Reduced incidences of political and interethnic conflict between tribal communities and political party affiliations and associations, especially in the west and Abidjan.
- Increased capacity of women, men, and children (girls and boys) within 16 village locations to participate in conflict resolution and peace-building exercises through the participation in three peace-building trainings in each location.
- Stronger relationships and inter-dependencies developed between communities as a result of the 'connector' projects initiative, reducing the potential for violent conflict between communities.
- Enhanced social cohesion of displaced and communities of origin.
- Livelihoods opportunities improved: most vulnerable groups trained in basic entrepreneurial and vocational skills; training packages included awareness raising on HIV/AIDS component; livelihood opportunities are supported with seed funds for small business enterprises.
- Increased pool of skilled youth (both male and female) as a result of vocational training specific to the labour market.
- Improved food security, livelihoods prospects and options, with cash-for-work and seed funds securing an immediate injection of cash in the targeted community with multiple effects: 10,000 vulnerable households able to restore food security and access other basic needs; 3,000 households have diversified livelihoods; improved involvement of women and youth in income-generating activities; micro-projects supporting livelihood strengthening.

4.4 Education

Cluster lead agencies	United Nations Children's Fund (UNICEF) and Save the Children (SC)
Cluster members	ADRA, IRC, NRC, SC, UNESCO and UNICEF.
Number of projects	12
Cluster objectives	Ensure timely, coordinated, decentralized education response: <ul style="list-style-type: none"> • to address the humanitarian needs of IDP and returnee children as well as children directly impacted by violence. • to carry out a Back to School initiative for one million children who have missed out on several months of schooling.
Total number of beneficiaries	One million children
Funds requested	\$6,451,291
Funds requested per priority level	High \$4,853,047 Medium \$780,201 Not specified \$818,043
Funding to date	\$923,287
Contact information	Jennifer Hofmann, jhofmann@unicef.org

Strategy

The education strategy targets one million children in the most affected regions of the country who have been out of school for several months due to the post-electoral crisis. It comprises two main strategic interventions:

1. Humanitarian assistance to address the education needs of IDP children and youth.
2. A Back to School initiative to enable children to go back to school and benefit from the physical, psycho-social and cognitive protection that education can provide.

Humanitarian assistance to 175,000 IDP children and youth

- The Education Cluster will support the integration of 150,000 IDP students into functioning formal schools in their area of displacement and in areas of return. This requires advocacy and technical support to regional and local education authorities as well as support to schools which are seeing a serious influx in their student population. Education Cluster members will in particular provide education and recreational materials to schools and displaced pupils and rehabilitate 50 WASH and school canteen infrastructures in targeted schools throughout the country.
- The Education Cluster will support 25,000 IDP children in IDP sites in the west and in Abidjan: for young children (aged three to five); for out-of-school primary aged children; and for primary school aged pupils who are not able to access formal schools. This entails setting up Temporary Learning Spaces in IDP sites, equipping them with education and recreational materials, and training teachers and animators on child-centred pedagogy and the utilization of distributed kits.

Back to School initiative for 1 million children and youth

- The Education Cluster plans to rehabilitate 50 schools in areas directly affected by the conflict and in areas of return for IDPs and refugees, including WASH facilities. In addition, the Education Cluster plans to provide education and recreational materials to 800,000 students and to 15,000 teachers.
- The Education Cluster will build the capacity of teachers in psycho-social support (led by UNICEF and Save the Children) and peace and tolerance education (led by UNICEF and UNESCO). These trainings will follow a cascade approach and will target the following Regional Education Departments: DREN Abidjan 1 to 4, DREN Montagnes, DREN Moyen-Cavally, DREN Bas-Sassandra, DREN Bondoukou. The psycho-social training will start in June whereas the peace education training will start in October.
- The Education Cluster plans to support community mobilization efforts through the broadcasting of messages on radios and TV channels, a high-profile national campaign, and visits to remote villages to raise awareness about the importance of sending children back to school immediately.

4. CÔTE D'IVOIRE: CLUSTER RESPONSE PLANS

- The Education Cluster will rehabilitate 20 local and regional education authority offices which have been looted, damaged or destroyed during the crisis. This includes distributing office supplies and computer supplies. In addition, cluster members will provide logistical support to the organization of end-of-year exam sessions in September throughout the country.

The response activities will be coordinated by the Education Cluster with all education actors and in accordance with international standards such as the Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards for Education in Emergencies.

Activities

Provide access to quality education for 175,000 IDP children and youth

- Procure and distribute education supplies to schools which have integrated IDP students in the centre-east, in the west, in Abidjan, in the Savanes region, and in the south, benefitting 150,000 IDP students.
- Rehabilitate the WASH and/or school canteen infrastructure of 50 schools which have integrated IDP students, benefitting at least 20,000 students (IDPs and local populations).
- Procure and distributed education and recreational supplies to 25,000 children in at least 20 IDP sites in the west (Danane, Duekou, Guiglo, Zouan Hounien, Bin Houye, Blolequin, etc.) and in Abidjan (Yopougon, Cocody, Bingerville, Abobo, Anyama, Port Bouet, etc.).
- Train 500 teachers and animators of IDP students on psycho-social support, child-centred teaching and learning methodologies, and the utilization of distributed kits.

Support the return to school of 1 million children and youth

- Rehabilitate and distribute school furniture to 50 schools in Abidjan, Man, Guiglo, Duekoue, Daloa and San Pedro that were damaged during the conflict (occupation, bombardment, destructions, etc.), including WASH and school canteen facilities.
- Procure and distribute teaching and learning materials to 75 schools in Abidjan, Gagnoa, Divo, Guiglo, Korhogo, Man, San Pedro, Man and Daloa which have been looted during the conflict.
- Rehabilitate and/or equip the 20 education authorities' offices which have been destroyed, damaged or looted due to the conflict.
- Procure and distribute recreation kits, school kits and early childhood kits for 500,000 primary school aged children and 50,000 young children in 1,000 schools in Abidjan, the west and the east.
- Train 10,000 teachers on psycho-social support to children (detection and referral of trauma, recreational activities, pedagogical skills, and life skills) from the Lagunes, 18 Montagnes, Moyen-Cavally, Bas-Sassandra and Zanzan regions (June – September).
- Train 10,000 teachers on peace and tolerance education from the Lagunes, 18 Montagnes, Moyen-Cavally, Bas-Sassandra and Zanzan regions (October – December).
- Carry out a nation-wide awareness-raising campaign targeting children, parents, teachers, community leaders, and decision-makers on the Back to School initiative so that one million children go back to school and 450,000 grade 1 aged children go to school for the first time.
- Provide logistical support to the Ministry of Education with the organization of the national end-of-year exams.

Expected Outcomes

- 1,000 schools are equipped with 'school-in-a-box' kits, recreation kits, early childhood development, and sanitation kits.
- 500,000 children receive learning and recreational materials to help them attend quality teaching.
- 50 schools are rehabilitated and equipped with school furniture.
- 10,000 teachers are trained on psycho-social support and peace and tolerance education.
- One million children go back to school, attend until the end of the school year (September), are able to sit for their exams, and re-enrol for the next school year (October).

4.5 Emergency Telecommunications

Cluster lead agency	United Nations World Food Programme (WFP)
Cluster members	ETC key partners (UNDSS, UNDP) and WFP.
Number of projects	1
Cluster objectives	Provision of common security telecommunications and data communications services to the humanitarian community in Côte d'Ivoire
Beneficiaries	Humanitarian actors in country
Funds requested	\$1,440,659
Funds requested per priority level	High \$1,440,659
Funding to date	\$0
Contact information	ETC Coordinator (Cotedivoire@wfp.org)

Strategy

Emergency Telecommunications requirements to support the humanitarian operations have been identified based on assessments carried out by WFP and supported by the local Emergency Telecommunications Cluster (ETC) in Côte d'Ivoire.

The ETC response will strengthen the Common Security Telecommunications and Data Communications services for UN Agencies, international NGOs and other humanitarian partners in five additional operational areas, namely Abidjan, Danané, Duékoué, Guiglo and Korhogo (Bouaké and Man already operational) in order to:

- Provide the Humanitarian Community with sufficient and adequate common security telecommunication and data communications systems to facilitate implementation of relief operations;
- Meet security level requirements as defined by the Security Risk Assessment for Côte d'Ivoire and
- Enable timely reporting and information exchange in order to facilitate decision-making.

Activities

- Ensure coordination and optimal use of Information and Communications Technology (ICT) resources available in-country and organize regular meetings of the local Telecommunication Working Group.
- Establish/upgrade Minimum Operational Security Standards (MOSS/CSMOSS) common Communications Centres (COMCENS) compliant with Security Risk Assessment requirements in three UN common operational areas (Abidjan, Guiglo and Korhogo). In areas where a single UN agency has established a presence, the responsibility of complying with MOSS/CSMOSS shall rest with that agency.
- Establish/upgrade very high frequency (VHF) network in two additional areas (Danané and Duékoué).
- Ensure timely reporting and information exchange for decision-making by establishing a common emergency telecommunication and common data communications services.
- Ensure there is adequate equipment in each COMCEN to maintain a continuous watch on UN calling frequencies, while allowing simultaneous communications on working frequencies and NGO channels.
- Ensure there is an e-mail account for each COMCEN.
- Ensure COMCENS maintain radio discipline on the networks in French.
- Provide radio training for radio operators, users and a training of trainers (to extend radio training to other operational areas not covered during the project duration and to continue radio training of new users after project closure).
- Liaise and provide advice to other agency telecommunications officers about the deployment in the operational areas to minimize duplication of hardware installations for security communications.
- Ensure that COMCENS have restricted access and radio operators are focused and dedicated to radio operations only.

4. CÔTE D'IVOIRE: CLUSTER RESPONSE PLANS

- Ensure COMCENS are fitted out with appropriate items other than communications equipment. In order to limit any financial burden on agencies hosting common COMCENS, allowance has been made for clocks, white boards, chairs, stationery (including white board markers, paper, pens, folders, etc.), radio console, and office furniture.
- Ensure the essential communications equipment is supported with backup batteries and solar power. COMCENS must be able to operate independently from local electrical infrastructure.
- Implement standard UN vehicle tracking procedures in all operational areas. Under the Côte d'Ivoire MOSS, the Designated Official is required to know the location of UN staff at all times. Therefore, vehicle tracking is not only required in the field but also in city areas. The ETC Coordinator will be responsible for ensuring all COMCENS are familiar with the correct procedures.
- Liaise with United Nations Department of Safety and Security (UNDSS) to implement procedures for distributing data between COMCENS for vehicle tracking requirements.
- Maintain a master call sign and Selective Call (selcall) database. Coordination for assigning new call sign prefixes for new operational centres in the field and selcall blocks to UN agencies and NGOs shall remain the responsibility of the ETC Coordinator or a designated Telecommunication Technician. A standard procedure for updates of call sign lists shall be implemented, clearly identifying who from each agency is issuing call signs (within their assigned call sign blocks) and where they have to report changes/additions.
- Assist agencies in implementing the Standard UN Call sign and Selcall system.
- Provide an information management platform to support the ETC operations.
- Support the extension of voice and data services to individual organizations office sites by the means of data links in three selected locations.
- Ensure system sustainability prior to the end of the project.

Expected outcomes

- Availability and support of information technology (IT) and telecommunications services that support the humanitarian community to provide uninterrupted delivery of life-saving relief items to the affected population for all humanitarian actors.
- Operational and cost effective MOSS-compliant facilities and common emergency telecommunications network providing security voice and data communications to the humanitarian community; this will include establishment of additional services in Abidjan, Danané, Duékoué, Guiglo and Korhogo.
- Radio checks as per MOSS requirements.
- The NGO community provided with access to a shared VHF repeater; in locations where needed, a separate NGO repeater is deployed.
- A VHF base radio in the Inter-Agency COMCENS to monitor the NGO repeater channel where applicable.
- Access to a range of UN high frequency channels that enables NGOs to selcall the Inter-Agency COMCENS from any location.
- Ongoing training courses on telecommunications equipment and services to all humanitarian workers in Côte d'Ivoire.
- An operational information management system (website) that shares information on ICT activities and progress in support of the Côte d'Ivoire operations.

4.6 Food Security

Cluster lead agencies	Food and Agriculture Organization (FAO) and United Nations World Food Programme (WFP)
Cluster members	Concerned governments, FAO, international and local NGOs, national and regional institutions and WFP.
Number of projects	9
Cluster objectives	<ul style="list-style-type: none"> • To save lives, provide and protect livelihoods of host communities, IDPs, returnees and refugees through food assistance, support to agricultural production and income generating activities; • To contribute to an immediate increase in purchasing power of most vulnerable households through direct injection of cash and conditional cash; • To reinforce preparedness, coordination, analysis and food security information sharing capacities with stakeholders.
Beneficiaries	IDPs, host population, returnees including women and children, other vulnerable households
Funds requested	\$98,453,438
Funds requested per priority level	High \$98,453,438
Funding to date	\$24,204,177

Strategy

After a five-month-long post-election crisis, the food security situation remains extremely precarious, especially in areas heavily affected by the conflict (western Côte d'Ivoire, Abobo and Yopougon districts of Abidjan). Significant population movements took place over the past months, leading to a deterioration of the food security and nutrition situation. In many areas, housing and assets were destroyed and food, seed and cash crop stocks were lost. Market access has been disrupted and income-earning opportunities are limited. The crisis has therefore precipitated a decline in incomes in both rural and urban areas. As a result, there is a loss of purchasing power for affected households, who are struggling to access food, seeds and agricultural inputs in sufficient quantities. The trend continues, despite the slow recovery of some economic activities. Hundreds of thousands of rural people, who are either still displaced, have just returned or who are on the way to return in the coming weeks, may not be able to profit from the actual planting season. They risk being dependent on food assistance programs in the absence of short to medium term recovery/agriculture programs to reinforce household livelihoods (development of income generating activities, lowland and counter season agricultural production, etc.).

The main lines of action of the food security cluster include joint post-conflict and food security needs assessment and analysis as well as agriculture and food/cash assistance programmes to support the livelihoods of households most affected by the conflict (displaced, host communities, returnees, most vulnerable households, etc.).

The food security assistance strategy is flexible and will be regularly reviewed by the cluster (market analysis, impact on household food security of affected areas through the Food Security Monitoring System / FSMS, monitoring mission at mid-season on agriculture and food security, Integrated Food Security Phase Classification /IPC, dynamic atlas, etc.). Until food security improves, emergency food assistance will be provided to displaced people, returnees and host populations in order to save lives and to avoid the adoption of negative coping strategies.

In line with the government emergency program, emergency school feeding will be provided in order to keep children in school in conflict affected areas. The rationale for the activity is that children require protection due to the instability of the situation. Prior to the conflict, a government school feeding program was in place. The Government has asked WFP to assist these schools temporarily.

In some districts of Abidjan and some regions specially affected by the crisis, cash for work, food for work and direct cash transfer activities will be implemented targeting the poorest and most affected people. Activities will ensure that unemployed youths have access to employment opportunities as well.

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In rural and food-insecure areas, some activities will be enhanced in the agriculture sector in order to allow the most vulnerable, including recent returnees and host communities, to increase their production, and to access essential and diversified food. Moreover, some income generating activities will be developed to increase purchase power.

Targeting criteria will be defined taking into account the results of food security analyses and assessments. Inter-community and gender aspects will be included in the composition of groups and committees to help restore social cohesion and to avoid disparities between communities.

Even though the regions most affected by the conflict (i.e. west of the country and some districts of Abidjan) will be prioritized, the food security and nutrition situation in some other areas including the north has always been very precarious and should not be forgotten. Moreover, also the north and the centre welcomed an important number of displaced population and food and seed stocks of host communities have been seriously affected. A return of around 225,000 IDPs is expected to return until the end of the year and special attention will be given in order to insure appropriate conditions of return.

Activities

- Strengthening the staff capacities of sub-offices in the areas of food security analysis, monitoring and coordination.
- Food security, markets (food, animal and manpower) and agricultural needs assessments/analysis, monitoring and evaluation of activities.
- Food assistance including food and/or cash transfers, cash for work to increase livelihoods (if applicable), to complement agriculture activities (seed protection), and to ensure social support to most vulnerable people (IDPs, returnees, pregnant or lactating women, widows, elderly, children/orphans).
- Promotion of agriculture income generating activities (food transformation, livestock, commercialisation, etc.) and distribution of seeds (lowland and upland rice, sorghum, maize, okra, cowpeas, hot pepper, eggplant and other short cycles and soil improving varieties), fertilizers (NPK and urea) and tools.

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 under 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 through training, resulting in an increase of their food reserve (i.e. four to five months).

4.7 Health

Cluster lead agency	World Health Organization (WHO)
Cluster members	Ministry of Health, NGOs, UNFPA, UNHCR and UNICEF.
Number of projects	23
Cluster objectives	Provide access to health care services to people affected by crisis and ensure the control of epidemic diseases in Côte d'Ivoire
Beneficiaries	2,000,000 people (including 800,000 IDPs with 50,000 in the camps)
Funds requested	\$26,698,076
Funds requested per priority level	High \$26,537,737 Medium \$160,339
Funding to date	\$8,979,603
Contact information	Dr Ball Mamadou balm@ci.afro.who.int

Strategy

For over eight years, Côte d'Ivoire has been going through a persistent political crisis that worsened in November 2010 following the disputed second round of presidential elections. The resulting humanitarian crisis is characterized by mass displacement of people both inside and outside the country with continuous and increasing difficulties accessing basic health care services.

Assessments indicate that more than 70% of the affected population do not have access to even basic health services. According to the latest estimates, there are approximately 500,000 IDPs throughout Côte d'Ivoire. Additionally, neighbouring countries have received several thousands of refugees and asylum seekers. Access to health care for these vulnerable groups is one of the most urgent needs. Furthermore, the break down of the national health system, together with the increasing impoverishment of the population, has led to high morbidity rates resulting from diseases such as malaria, diarrhoeas, measles and acute respiratory infections, and increased maternal and newborn mortality and morbidity.

Pregnant women and children, and people living with HIV and AIDS, are at high risk of mortality and morbidity due to limited access to health life-saving services. More than 529 cases of cholera have been reported in four districts of Abidjan with 12 resulting deaths from January to March 2011. Since 19 May 2011, 43 cholera cases (resulting in three deaths) were diagnosed in four health districts of Abidjan (mainly in Koumassi and Abobo). In the north of the country, 97 measles cases have been reported since 19 Mai 2011 and 19 cases in Duekoue. In the south-west, three poliomyelitis cases were reported in January. More recently new cases of polio were reported in Abidjan and in Duékoué. Nationwide campaigns against polio will be held from 24 to 27 June. An earlier campaign that took place in May (in San Pedro only) did not experience any major disturbances when carried out and it is expected that these next campaigns will be equally successful.

An assessment made by WHO in April 2011 in Moyen Cavally and Mountains region showed that 52% of health centres and 62 % of hospitals were not operational due to a shortage in available staff. 58% of gynaecologists and surgeons, 72% of doctors, and 78% of midwives were absent. Additionally, 50% of district pharmacies (four out of the eight structures visited) had been looted. In the visited district only two have ambulances (in Man and Bangolo). The combination of the above factors have gravely reduced access to health care and interrupted diseases surveillance. Compounding the situation further are frequent shortages of drugs and other medical supplies for health facilities and laboratories. Sanctions and security constraints aggravate the supply shortages even further. Another assessment conducted in Abidjan concluded that 10% of health structures are not functioning, the epidemiologic surveillance system no longer exists, and that no drugs can be found in the health structures because the Central National Pharmacy has a limited capacity to provide them.

134 women have reported that during the crisis they were raped and could not access proper medical treatment as there is no capacity to medically respond to these events within the current health structures. With the arrival of the rainy season, the number of complicated malaria cases is increasing

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(especially for children and pregnant women). The National Centre of Transfusion (in collaboration with WHO and UNFPA) are collecting blood from volunteer donors but unmet needs are still high.

Health systems need more support from humanitarian partners. Some medical NGOs such as MSF, Save the Children, MDM, Caritas, IRC, and COOPI are already providing health care to people affected by the crisis and are working to reduce morbidity and unnecessary suffering and deaths, but present needs in Côte d'Ivoire are much higher than the current available capacity to respond. The Health Cluster, under the leadership of WHO, aims to reinforce the coordination and collaboration among partners to strengthen the delivery of secondary and primary health emergency support care services to IDPs and host communities, and to strengthen disease surveillance for effective control of outbreaks.

Activities

- Strengthen health system information management and sharing.
- Provide drugs and medical supplies to health facilities, including life-saving reproductive health kits (inter-agency emergency health kit (IEHK)).
- Provide material to the National Centre of Transfusion for blood collection.
- Support the rehabilitation of health structures to allow for minimum operational capacity.
- Organize the medical treatment/management of rape survivors and post trauma stress cases (including psycho-social support).
- Strengthen the provision of essential life - saving health care services, including both the *Minimum Initial Service Package of Reproductive Health* and *community-based health services*, with a focus on:
 - proper referral service 24/7 for EmONC (supported by security)
 - prevention of STIs and HIV (including provision of condoms)
- Reinforce disease surveillance, outbreak investigation and response.
- Ensure the coordination of the Health Cluster and of interventions for disease control.

Expected Outcomes

- Internally displaced populations and host communities have access to health care services.
- Endemic and epidemic-prone diseases are responded to effectively in areas affected by the crisis.
- Morbidity and mortality among affected people is maintained below emergency thresholds.

Indicators

- Number of health facilities providing basic and comprehensive emergency obstetric and neonatal care.
- Investigated outbreaks are responded in 24-36 hours.
- Number of total days with shortage of essentials drugs.
- Frequency of coordination meetings for problem-solving.

4.8 Logistics

Cluster lead agency	United Nations World Food Programme (WFP)
Cluster members	NGOs and UN Agencies responding to the crisis.
Number of projects	2
Cluster objective	To ensure uninterrupted delivery of life-saving relief items to the affected population for all humanitarian actors and to strengthen and improve the capacity of the humanitarian community to respond and operate in the affected areas.
Beneficiaries	Humanitarian actors in Côte d'Ivoire
Funds requested	\$7,838,578
Funds requested per priority level	High \$7,838,578
Funding to date	\$2,748,016
Contact information	Jacques Collignon - Jacques.collignon@wfp.org

Strategy

In Côte d'Ivoire, the 2010 post-electoral crisis resulted in political turmoil, an outbreak of violence and consequently, population displacement. As a result, the country has faced a major slow-down of all economic activities, which is still affecting most of the sectors. With regards to the transportation sector, the port of Abidjan was closed for an extended period, and although it has reopened it is only operating at limited capacity.

The widespread insecurity and the slow-down of commercial activities have seriously affected commercial transporters. Humanitarian activities are mostly carried out in western Côte d'Ivoire, and due to check-points on the roads this region has been difficult to access for commercial transporters. Although activities have resumed, the transporters are still recovering slowly and are not able to handle the volume of humanitarian cargo needed to respond to the affected populations.

The current logistics infrastructure and warehouse capacities in the western part of the country are insufficient to cope with the incoming food assistance and humanitarian relief items.

In addition, the vast distances and banditry along the roads make overland transport of humanitarian personnel and relief cargo highly risky. At present, commercial air carriers are not available in Côte d'Ivoire to provide safe and reliable air services for humanitarian aid workers. WFP/UNHAS currently provides air transport to 25 organizations involved in humanitarian work in Côte d'Ivoire, 10 UN agencies and 15 NGOs. Apart from the regular and scheduled passenger services, WFP/UNHAS provides medical and security evacuations as requested.

The Côte d'Ivoire road network is in poor condition and has not been properly maintained during the last ten years. Many bridges are close to collapsing and this obviously constitutes a high risk and impediment to humanitarian activities. A provision fund to carry out spot repairs to ensure operational continuity is needed.

The Logistics Cluster will continue conducting regular logistics coordination meetings in the logistics coordination cells in Abidjan and Man to optimize the logistics resources available locally and regionally, and to fill gaps and avoid duplication.

WFP's existing trucking fleet has been augmented through the addition of trucks mobilised from WFP operations in Mali, Burkina Faso, Niger and Sierra Leone, and through contracting a fleet from a commercial trucking company, to cover the increased volume of cargo and to ensure there is sufficient transport capacity for the unimpeded flow of food aid and other relief items. These activities allowed the Logistics Cluster the provision of the necessary road transport services to the humanitarian community. In addition, relief items have been transported for other UN agencies including WHO, UNHCR, OCHA and IOM, as well as various NGOs, including NGOs: OXFAM, MAP International, CARITAS and Save the Children.

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There will no longer be a need for the initially planned storage and logistics augmentation in Odiénné, Abengourou and Korhogo. Instead, there will be a need to further increase the storage capacity in Man, Bouake and Abidjan. In Man, an additional Mobile Storage Units (MSUs) will be added, and Abidjan and Bouaké additional warehouses will be rented. The additional storage capacity will serve WFP and will also be offered to other humanitarian actors.

WFP/UNHAS in Côte d'Ivoire will continue providing flights for the humanitarian community to the following destinations: Abidjan, Accra, Bouaké and Man. Moreover, this service will also provide medical and security evacuations as requested by the humanitarian community. WFP/UNHAS will continue to utilize and manage one aircraft, Dornier 228, to carry out its mandate.

Activities

- Logistics coordination, information management, GIS mapping and facilitation of customs clearance through the Logistics Cluster.
- Provision of storage facility to the humanitarian community. Augmentation of the existing storage capacity in Man, Bouake, and Abidjan to provide additional storage facilities for the humanitarian community for food assistance and humanitarian relief items.
- Emergency spot road repairs on a 145 km stretch of road between Odiénné and Boundiali.
- Emergency spot road repairs on a 25 km stretch of road between Abengourou and Bondoukou
- Provision of common transport services to the humanitarian community through the use of rented commercial trucks.
- Provision of ad hoc humanitarian cargo flights in the sub-region.
- UNHAS in Côte d'Ivoire will provide flights for the humanitarian community to several destinations.

Expected outcomes

- There is sufficient storage capacity available to WFP and the wider humanitarian community in Côte d'Ivoire to ensure an uninterrupted supply of life-saving food and other relief items to affected populations in Côte d'Ivoire.
- There is sufficient transport capacity available for the delivery of food and other life-saving relief items to distribution sites within Côte d'Ivoire.
- The provision of safe and reliable air transport will allow humanitarian actors to access vulnerable and affected populations in Côte d'Ivoire, allowing them to carry out their humanitarian interventions and projects.
- Humanitarian actors have access to security and medical evacuation.

4.9 Nutrition

Cluster lead agency	United Nations Children's Fund (UNICEF)
Cluster members	Concerned governments, international and local NGOs, national and regional institutions and UN organizations.
Number of projects	11
Cluster objectives	<ul style="list-style-type: none"> • Ensure and strengthen coordination within the nutrition cluster and with other clusters implementing activities. • Strengthen the ability of governments and partners to assess and monitor the nutritional state of women and children under-five years of age. • Support the government 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 affected by the crisis
Funds requested	\$18,264,164
Funds requested per priority level	High \$18,084,164 Medium \$180,000
Funding to date	\$1,539,561
Contact information	Runesha Mudherwa - jmudherwa@unicef.org Basile Koukoui - bkoukoui@unicef.org Marius Cassy - MCassy@unicef.org

Strategy, preparedness and proposed activities

The unfolding political crisis in Côte d'Ivoire since the presidential election on 28 November 2010 has been escalating into a humanitarian situation.

Sufficient supplies (ready-to-use therapeutic food / RUTF and therapeutic milks) are in place in Côte d'Ivoire to manage the severe acute malnutrition program. Extra nutrition supplies have been pre-positioned in the regional supply hub for the treatment and prevention of malnutrition for women and children in Côte d'Ivoire. Orders have been made for other essential medicines for the integrated management of acute malnutrition (IMAM) program and to establish stocks of high energy biscuits in case of limited food availability in emergencies.

Nutrition tools for the measurement of malnutrition are in place and methods for nutrition assessment and response are prepared. The supply hub will coordinate shipments of nutrition products to the north and south of Côte d'Ivoire without having to pass through Abidjan. The nutrition cluster has coordinated with the emergency planning partners to ensure preparedness for several different disaster scenarios. Under the nutrition cluster lead, the human resources for coordination and conducting interventions have been strengthened. A Nutrition Cluster Coordinator, emergency nutritionist and national nutrition officer were recruited to ensure effective operations.

The coordination with NGOs for the implementation of nutrition responses is ongoing. An agreement with ACF has been made for the management of acute malnutrition in Danané and Zouan Hounien. Further agreements have been reached with the following NGOs for the prevention, screening and referral of acute malnutrition: CARITAS (Montaiges), OIDSF (Moyen Cavally) *Notre Terre Nouricière* (Our Nourishing Mother [NTN]) (Denguélé-Bafing), *Animation Rurale de Korhogo* (Rural animation of Korhogo[ARK]) (Savanes), *Organisation pour le développement des activités des femmes* (Organization for the development of women's activities [ODAFEM]) (Worodougou) and *Association de Soutien à l'Autopromotion Sanitaire Urbaine* (Self-promotion of Urban Sanitation Support Association [ASAPSU]) (Vallée de Bandama).

Thousands of children and women are likely to require assistance in this crisis, with most urgent needs being access to safe drinking water, sanitation, primary health services, food, and nutrition. The needs of the displaced and host populations will also be taken into account when planning and implementing emergency responses to the crises provoked by the conditions in Côte d'Ivoire.

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The nutrition coordinating mechanisms will implement a harmonized nutrition response. Activities will focus on:

1. Monitor and evaluate the nutritional situation of affected populations with the use of rapid assessment tools, screening sessions and rapid nutrition surveys.
2. Integrate vitamin A supplements and deworming medications into emergency vaccination responses and to protect optimal infant and young child feeding practices, including the use of lipid-based nutritional supplements.
3. Continue the strengthening of national programs of the management of acute malnutrition
4. Strengthen the screening for detection of acute malnutrition at the community level.
5. Implement effective procurement and supply systems for ready to use foods, vitamin A supplements, and deworming as well as other essential medications.

Expected outcomes

The effective nutrition coordinating mechanism will enable stakeholders to implement timely nutrition emergency responses for beneficiaries. The following outcomes are sought:

1. Regular information is available for decision making on the nutrition situation of people fleeing political violence and on the host populations.
2. Children benefit from integrated child survival interventions including vitamin A supplementation, deworming, and optimal infant feeding practices.
3. Staff from governments and implementing partners are able to both prevent and manage acute malnutrition in line with national guidelines and international standards.
4. Children are regularly screened for acute malnutrition and cases are referred and treated in line with national guidelines.
5. A procurement and supply system is in place that supports effective actions for beneficiaries.

4.10 Protection

Cluster lead agency	United Nations High Commissioner for Refugees (UNHCR)
Cluster members	CARITAS, IOM, UNFPA and UNICEF.
Number of projects	19
Cluster objectives	Ensure the respect for the basic protection principles and human rights concerns of the displaced population in Côte d'Ivoire, and provide assistance to them
Beneficiaries	IDPs: 450,000 (with 50,000 in camps);
Funds requested	\$52,787,360 (for CDI and neighbouring countries)
Funds requested per priority level	High \$52,052,360 Not specified \$735,000
Funding to date	\$3,695,415

Strategy

The 2002-2006 Ivorian civil war left a legacy of complex and unaddressed protection problems, including forced displacement, physical safety of civilians, women and children's exploitation and abuses, land disputes, questions concerning the nationality status of a large segment of the population, which is of foreign background, and tensions between different communities and ethnic groups. These problems underlie the post-electoral violence that started in December 2010 and evolved into full-scale civil war.

Heavy fighting in various parts of the country caused internal displacement estimated at 2,000,000 people at its height. In addition, the western towns of Danané and Toulépleu were taken over by the Forces Nouvelles and serious ethnic clashes in the area of Bangolo displaced a large part of its population to Duékoué. Allegations of war crimes and crime against humanity by various actors in different parts of the country have been made by human rights organizations.

With the new Government installed and steps being taken to return to normal in the post crisis period, many people have returned home. In many cases they have found homes and villages destroyed or pillaged and infrastructure further weakened by recent events. An estimated 500,000 remain displaced, either in IDP sites in the west and in Abidjan, or in host families and communities in many parts of the country.

Access to some areas is only now becoming possible and evaluations on humanitarian needs and return conditions are ongoing. The full extent of the needs is not known at this point, but it is clear that both residential and state infrastructure will need to be redeveloped and that intercommunity relations and civil state authority will have to be re-established and improved. The disarmament and demobilisation process is only just starting and the transfer from military to civilian security structures is expected to be long and complicated. Protection challenges emerge from these structural gaps as well as widespread community trauma of having experienced the conflict and the difficulty of re-establishing normal relations and behaviour patterns.

Child Protection:

Since the elections, the displacement has caused multiple groups of children to become vulnerable such as IDPs both in sites as well as in host communities, returnees and children affected directly and indirectly by the conflict, including children associated with armed groups and forces. Some children had to flee their homes and were witness to acts of violence; others were abused, exploited or separated from their families. Families are returning gradually to their place of origin where children might have lost their belongings, friends and family members. They will need support to cope with this reality.

GBV:

In Abidjan, the GBV sub-cluster has identified through a rapid assessment 161 cases of SGBV of which 82% are rape cases between January and April 2011. This includes 37% cases of rapes of minors and 45% rapes perpetrated by armed men. During this period, 345 cases of GBV have been

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reported in the west and centre regions. Despite an overall number of 533 GBV cases including 297 cases of rape, this data presents only a snapshot of the countrywide situation as it has been reported by service providers and not been covering the whole country.

The **main protection problems** include:

- Ongoing abuse, killings and human rights violations, including GBV, especially against women and children in areas not yet secured.
- Forced displacement of populations in complex and fluid patterns.
- The return of as many as 1,500,000 people to areas that were heavily affected by war and to communities torn apart by ethnic and political tensions.
- High level of insecurity for returning populations, complicated by weakened or not yet re-established state civil structures for security and protection.
- Complex patterns of vulnerability, due to reduced access to humanitarian aid and basic services (affecting in particular GBV survivors and people affected with HIV), family separation, depletion of resources in host families and high prices of food, and lack of social protection and coping mechanisms for migrants. Children and youth are particularly vulnerable due to the closure of protective spaces such as schools and the threat of forced recruitment.
- Lack of widespread information among populations on specialized services for GBV survivors
- Limited implementation of existing international monitoring mechanism on human rights violations, especially grave violations of the rights of women, girls and children.
- High risk behaviour as coping mechanisms to respond to the damage of former livelihoods, in particular by women, girls and young people in general, as well as others on the margins of society.
- The presence of armed elements in IDP sites and communities and the infiltration of the Republican Forces of the Ivory Coast (FRCI) into IDP sites.
- Pressure both by authorities for the return of IDPs and the risk of forced return or forced relocation with protection issues.
- Ongoing community tensions related in part to lack of clarity over eventual reconciliation or prosecution systems.
- The effect of generalized trauma on communities and on their ability for intercommunity dialogue and to rebuild relations with neighbours.
- The occupation of some schools and other structures by military or armed elements and limitation of free movement of populations and humanitarians given the control of access routes by military and armed elements.
- Ongoing serious land tenure conflicts, including questions on land ownership.
- Large numbers of people without identity documents, complicated by a history of massive migration, a weak birth registration system and changes in nationality laws which resulted in contested issues of nationality.

The main **challenge** for protection is the extreme weakness of the state security apparatus, in particular of the civil justice system. Many police stations even in Abidjan remain empty or are run by the army, without civilian training. Parts of the civil government are not yet functioning, or have not yet recommenced activities outside of the capital. The judicial system has not yet recommenced activities and there is no legal assistance to populations with special needs.

The Protection Cluster is, working in close coordination with the CCCM and the Shelter/non-food item (NFI) clusters with community leaders and community-based organizations to address these problems and challenges. This includes the identification of the populations most in need, to stabilise displacement conditions for those who remain displaced and to facilitate a safe and dignified return to areas that are secure and stable.

Work on referral and case management systems is ongoing to permit targeted assistance to populations most in need amongst displaced and returning populations, as well as host communities. Such populations include but are not limited to SGBV survivors, people living with HIV / AIDS, unaccompanied and separated children, the elderly, handicapped people, migrants and people living in extreme poverty.

The Cluster has been adapting its action to the disperse nature of displacement and the fact that most IDPs are in host families by establishing a system to track displacement and return movements, by reinforcing highly mobile monitoring mechanisms, and by adopting a community-based approach whereby affected populations, IDPs, host families and host communities are assisted and protected on the basis of vulnerability alone. The Protection Cluster continues seeking to increase access and reduce risk of human rights violations by reinforcing advocacy with political and military leaders and by ensuring that main protection messages are regularly conveyed to the Inter-Agency Standing Committee (IASC) Principals and the Emergency Relief Coordinator (ERC).

Coordination with other clusters, in particular NFIs / Shelter and CCCM, and a reinforced collaboration both with ONUCI and with newly established state structures will prove essential to ensure that their activities include a protection and a community reconciliation focus. Ongoing advocacy efforts with ONUCI and with state structures including the military, as well as training and mass information activities to change behaviour are ongoing and central to joint cluster programming.

The Protection Cluster will ensure that clusters in Abidjan and in the field are well-managed and results-oriented, are empowered to take decisions based on identified and analyzed protection problems, trends and gaps, and that they are able to clearly communicate with partners and stakeholders. The Protection Cluster will upgrade its capacity to respond and coordinate issues of housing, land and property rights and to ensure a transition to post-crisis coordination structures.

Activities

- Continue to strengthen the monitoring system to ensure both tracking of protection needs and referral to other clusters that are relevant for protection.
- Streamline the planning of rapid protection assessments in areas of return as well as more in depth child protection assessments.
- Ensure protection information and advocacy messages are produced and timely disseminated.
- Improve early warning and trend information systems, in particular in areas of return to create a favourable protection environment, with a special focus on social cohesion.
- Continue upgrading information management systems by establishing a community-based system to track displacement and return movements, an event monitoring and case management system (including for GBV and separated children), and monitoring and reporting of the six grave children rights' violations and those related to sexual and gender-based violence.
- Continue to improve the coordination mechanism for ensuring information sharing for targeted assistance (NFIs, medical supplies, cash grants, healthcare, psycho-social support) and referrals for people with special needs.
- Increase advocacy with political and military leaders to reduce risk of violence, abuse and human rights violations.
- Continue advocacy with government officials and humanitarian partners, including ONUCI, for adequate access to humanitarian aid and essential services.
- Mainstreaming child protection in all sectors including training, dissemination of code of conducts of humanitarian workers as well as teachers and health workers and putting into place complaint mechanism regarding non-respect of code of conducts.
- Facilitate access to birth registration and civil status documentation for affected populations with a view to preventing statelessness and ensure liaisons with development actors.
- Identify and implement durable solutions with the support of local authorities.
- Strengthen government and local authorities' human and physical capacity to enhance the reintegration and rehabilitation process, with a particular focus on reconciliation and well-being of families (rehabilitation of social centres).
- Support the inclusion of sexual violence in the mandate and procedure of the Dialogue, Truth and Reconciliation Commission and ensure that the impact of the conflict on women and children's rights will be addressed. Procedures should be established to ensure the dignity and protection of survivors who give testimony are respected.

4. CÔTE D'IVOIRE: CLUSTER RESPONSE PLANS

- Train and sensitise police, gendarmes, armed forces and judiciary in dealing with SGBV cases and the provision of psycho-social, health and legal assistance services, in close collaboration with United Nations Police (UNPOL) and ONUCI.
- Psycho-social support including recreational activities and counselling centres as well as reference to more specialized interventions.
- Ensure adequate cluster coordination within the areas of responsibilities (AORs), and the work with other clusters to ensure protection is mainstreamed into their activities.
- Expand cluster and coordinated protection activities to areas not yet within the cluster's range of action.
- Develop protection preparedness and response tools to be prepared in case of general insecurity during upcoming legislative elections.
- Ensure participation of children and women in programme design, implementation, monitoring and evaluation.
- The area of coverage of interventions needs to be maintained in the IDP sites but also expand to include more systematically host communities, areas of return as well as areas presenting greater risks for children such as check points and high presence of weapons and UXO.

Expected Outcomes

- Risk and impact of killings, human rights violations (including GBV and child protection) and armed conflict is reduced.
- People with special needs and vulnerable people have adequate access to targeted assistance and referrals.
- Displacement patterns and protection problems are correctly known and measured.
- Protection action is adequately coordinated and gaps are filled.

4.11 Shelter/NFI

Cluster lead agency	United Nations High Commissioner for Refugees (UNHCR)
Cluster members	CARITAS, IOM, and other NGOs.
Number of projects	3
Cluster objectives	Ensure that basic shelter and domestic needs are covered and ensure that specific needs of vulnerable people are met
Beneficiaries	450,000 IDPs
Funds requested	\$17,936,426
Funds requested per priority level	High \$17,936,426
Funding to date	\$600,000

Strategy

The strategic direction of the Shelter/NFI Cluster is to ensure that IDPs in camps or spontaneous sites are provided with emergency shelter in full respect for the natural resources and the peaceful coexistence with host communities. And, to ensure that the basic needs of IDPs will also be covered, such as basic domestic items needed for a descent life. At the same time it is recognized that the vast majority of IDPs are in host families or communities. Through coordination with the Protection Cluster, beneficiaries will be identified and the key objective of the Shelter/NFI Cluster is to enhance the coordination and effectiveness of provision of emergency shelter assistance to vulnerable people and people with special needs.

Activities

- Internal coordination of the Shelter/NFI Cluster.
- Coordination of activities with the CCCM, Protection and WASH Clusters.
- Ensure appropriate coordination with all humanitarian partners (including UN agencies, National and International NGOs, ICRC, IOM and other international organizations), as well as with national authorities and local structures.
- Set up consultation mechanisms with local authorities and communities on IDPs' access to local resources.
- Identify key humanitarian partners for emergency shelter response.
- Identification of camp sites for relocation of IDPs in congested sites.
- Site planning and site preparation.
- Provision of family tents.
- International procurement of NFIs.
- Assist in the coordination of Shelter/NFI distribution to reduce both overlapping and gaps.
- Distribution of NFIs, in particular with local NGO partners.
- Identification of vulnerable groups.
- Provision of minor repair kits comprising of basic items to make a house habitable in the immediate term, while more substantial repair works can be planned.

Expected Outcomes

The shelter and NFIs situation is known and results of assessments are shared with all stakeholders. Preparation of new IDPs sites to help decongest overcrowded sites, when no other options are available.

Individual family tents and non food items will be distributed to 50,000 IDPs in camps and spontaneous sites.

Non-food items will be distributed to 450,000 IDPs (50,000 in the camps and 400,000 in host families).

- Affected households maintain and/or improve their living conditions.

4. CÔTE D'IVOIRE: CLUSTER RESPONSE PLANS

4.12 Water, Sanitation and Hygiene (WASH)

Cluster lead agency	United Nations Children's Fund (UNICEF)
Cluster members	ACF, CARE, IFRC, IRC, <i>Solidarités</i> and UNICEF and implementing partners (ADR, ARK, ASAPSU, Caritas, CREPA, IFS, DRC, Map international and Odafem).
Number of projects	14
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	IDPs and host population, vulnerable people affected by the post-electoral crisis in Abidjan and the CNOs region
Funds requested	\$15,530,888
Funds requested per priority level	High \$11,549,488 Not specified \$3,981,400
Funding to date	\$3,934,836
Contact information	Fiorella Polo, WASH Cluster Coordinator – fpolo@unicef.org Marc Salvail, Senior Emergency Specialist – msalvail@unicef.org

Strategy

The WASH cluster has determined its actions based on six key indicators which have an associated threshold or trigger. The thresholds that trigger emergency WASH intervention include:

- the existence of displacement camps
- >30% of community population composed of displaced
- >48h of water coverage services failure
- >one month without solid waste collection
- Cholera morbidity > one verified case
- Acute malnutrition above emergency levels (10%) combined with breakdown of WASH services

The necessary preparedness and response activities will be coordinated with members of the national and sub-national WASH clusters with coordination arrangements at the field, national and regional levels. 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. The activities will target IDP, returnees, repatriated, homeless people and other vulnerable populations.

Activities

The activities will include temporary and/or sustainable solutions for supplying sufficient, safe water and sanitation facilities to the population impacted by the crisis or floods in line with SPHERE standards. The sensitization will be focused on key hygiene behaviours agreed by the WASH Cluster; hand washing at key moments, hygienic management of faeces and drinking safe water. Cholera preparedness and prevention will be part of hygiene promotion campaigns provided to IDPs, returnees, repatriated, victims of floods and other vulnerable populations affected by the crisis. Special attention will also be focused on flood preparedness and response in support to the Government's contingency plan.

IDPs in camps:

- Water provision will be carried out in camps, through emergency water trucking, temporary water bladder systems, connection to urban water networks or rehabilitation and /or chlorination of hand-dug wells.
- Water provision will be accompanied by the distribution of jerry cans and if necessary water purification tablets or filters.
- Gender-sensitive sanitation facilities will be constructed respecting minimum standards in camps.
- Hygiene promotion, distribution of hygiene kits and creation of WASH committees will guarantee the management of communal infrastructures.

IDPs in hosting households and vulnerable households affected by the crisis:

- Hygiene kits will be distributed to IDPs in hosting families.
- For hosting and vulnerable households in urban and rural areas, local solutions for household water treatment will be encouraged, such as bleach chlorination or solar disinfection (Sodis).
- Household sanitation will be promoted in villages affected by the crisis (particularly targeting areas of high acute malnutrition) and those accommodating displaced people with accompanying hygiene promotion campaigns targeting key behaviours.
- Rehabilitation of community water points will take place alongside the formation of committees and the roll out of a programme to generate funds which will cover future preventive maintenance and repairs.

Cholera outbreaks prevention and response

- Strengthen the capacity of health staff and community mobilizers for proper case isolation and containment in cholera treatment centres (CTCs).
- Support to CTCs by emergency water trucking, temporary water bladder systems, connection to urban water networks, adequate cholera sanitation and waste management and disinfection.
- Disinfection of suspected contaminated households and treatment of corpses.
- Disinfection of cholera suspected infected water points.
- Sensitization campaigns of communities (mass and proximity) on the detection of symptoms, modes of transmission and prevention of cholera.
- Control and advocacy for increasing residual chlorine level at the water points.
- Promotion of the treatment and conservation of household drinking water by chlorination, accompanied by the distribution of jerry cans and if necessary water purification tablets.
- Promotion of the construction and use of latrines in households.
- Prevention campaigns on principle routes of cholera transmission and prevention, distribution of hygiene kits.

Flood preparedness and response

- Interventions remain the same as IDPs in camps or host households

Additionally, solid waste management programmes will cover the camps and large towns where needed and in areas affected by cholera.

Expected Outcomes

IDPs, returnees, repatriated, victims of floods, host communities and vulnerable communities affected by the current crisis have access to a standard WASH package:

- clean water (>15 litres/person/day)
- secure and user-friendly sanitation (>1 gender latrine/50 p)
- hygiene kit (450 g soap/p/m, bucket, jerry cans) – for IDPs and cholera prevention
- promotion of key hygiene behaviours (hand washing with soap, drinking safe water and latrine use).

5. NEIGHBOURING COUNTRIES: PREPAREDNESS AND RESPONSE PLANS

Sector plans for preparedness and response in the EHAP are aligned to the sector structure of the 2011 Regional CAP for West Africa, with some additions as a result of the changing nature of the situation.

5.1 Coordination

Lead agencies	Office for the Coordination of Humanitarian Affairs (OCHA) and United Nations High Commissioner for Refugees (UNHCR) (for asylum seekers and refugees)
Sector members	Regional actors and humanitarian actors in CDI and neighbouring countries
Number of projects	1
Sector objectives	Support the HCT and country teams in the neighbouring countries. Enhance regional capacity for coordination, public information and advocacy, and response strategy. Support UNHCR coordination of country team interventions for refugees in Mali, Ghana, Burkina Faso and Guinea and of the existing Regional CDI+5 group.
Beneficiaries	Country teams in neighbouring countries, international NGOs, governments, donors, regional humanitarian partners and institutions
Funds Requested	\$8,550,818
Funds requested per priority level	High \$8,550,818
Funding to date	\$0
Contact information	Cecilia Dahlgren - Dahlgren@unhcr.org Noel Tsekouras - tsekouras@un.org

Strategy

Continue enhancing the coordination to guarantee an effective humanitarian response to the actual and potential humanitarian needs in the neighbouring countries of Côte d'Ivoire, via information sharing, joint needs assessment and liaison with humanitarian country teams in Côte d'Ivoire and the neighbouring states.

At the regional level, coordination is taking place through the regional IASC structure, the regional sector working groups, and the Côte d'Ivoire +5 Regional Task Force. Regional coordination structures include UN agencies, international and national NGOs, and donors, with the ICRC in its observer capacity. These organisations will profit from the services made available to them and provide regular updates on their activities and their involvement in 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 HCTs and country teams in identifying critical humanitarian needs and response.
- Identify and report on gaps, in particular through inter-agency joint needs assessments.
- Support the UNHCR Regional Representation for West Africa in Dakar and the UNHCR Offices in the five countries neighbouring Côte d'Ivoire in promoting regional and national coordination of preparedness and of the response for refugees.
- Strengthen information management tools for assessments, reporting, and information-sharing.
- Support the monitoring and reporting on the overall humanitarian situation in Côte d'Ivoire and the neighbouring countries.
- Ensure regular information-sharing, joint monitoring and assessment of needs and analysis with the neighbouring countries on humanitarian issues with regional implications.

Expected Outcomes

- HCTs and country teams are supported in the coordination of activities.
- All humanitarian actors are supported in preparedness and response at the regional level.
- Common services are provided to all actors involved in preparedness and response activities for the crisis in the neighbouring countries.

5.2 Education

Lead agency	United Nations Children's Fund (UNICEF) and Plan International (co-lead)
Sector members	Association pour la Promotion de l'Humanité, Ghana Education Service, GUAMINA, National Education Authorities, National Education Service, Plan, Plan Guinée, SC, UNICEF, UNHCR and World Education.
Number of projects	3
Sector objectives	Timely and coordinated education response to ensure that pre- and primary school aged children and adolescents affected by the humanitarian Crisis in Côte d'Ivoire have access to quality education and psycho-social support in safe and protective learning environments.
Total number of beneficiaries	195'683 (17'264 refugees and 178'419 returnees and third countries nationals) out of which an estimated 40% pre- and school aged children (78,000).
Funds requested	\$1,126,075
Funds requested per priority level	High \$925,550 Medium \$200,525
Funding to date	\$0
Contact information	Andrea Berther - aberther@unicef.org Sabina Handschin - shandschin@unicef.org

Strategy

The Education Cluster's strategy is to ensure that pre- and primary school aged children and adolescents of displaced, returned, third country nationals and host communities have access to quality education, psycho-social support and life skills programmes in safe and protective learning environments. Education for emergency affected children and adolescents is both life-sustaining and life-saving: It provides boys and girls a sense of normality which is essential to overcome psycho-social stress as well as protection from violence and harmful practices including forced recruitment. Furthermore, education in emergencies is an important entry point for the transmission of life-saving messages on hygiene/health, HIV/Aids or SGBV. The preparedness and response activities will be coordinated with all Education actors and in accordance with coordination arrangements at the country and regional level. Refugee response will be closely coordinated with UNHCR.

Activities

Preparedness

- Provision and prepositioning of teaching and learning materials as well as recreation materials for formal and non-formal education, including school-in-a-box kits, recreation kits, Early Childhood Development kits (ECD), tents/tarpaulins, teachers' guides, Ivorian curriculum and textbooks.
- Sensitization and capacity development of Government, NGO partners, UN agencies as well as teachers and communities on education in emergencies and INEE Minimum Standards.
- Establishing and strengthening of education coordination mechanism, including capacity mapping, definition of roles and responsibilities of education partners, harmonizing of assessment and monitoring tools as well as training on assessment and coordination.

Response

- Organisation and participation in multi-sector and in-depth rapid education needs assessment.
- Setting up of safe and protective temporary learning spaces, child friendly spaces, ECD centres for all age groups in collaboration with other sectors (WASH, Protection, Nutrition, Health, Shelter) as well as integration of pre- and primary school aged children into existing education facilities where feasible.
- Procurement and provision of emergency educational and recreational supplies for pre-school and school aged children and adolescents, including school-in-a-box, recreation kits, ECD kits, tents/tarpaulins.
- Identification and training of teachers, other educational personnel and pre-school/youth animators in formal and non-formal education, psycho-social support, life skills education in collaboration with Child Protection.
- Training in psycho-social support for teachers, students and caregivers in collaboration with

5. NEIGHBOURING COUNTRIES: PREPAREDNESS AND RESPONSE PLANS

Child Protection.

- Provision of appropriate life skills programs and information about the emergency for adolescents, young children and care givers.
- Ensuring the education sector coordination, monitoring of program activities and adherence to standards for quality response (INEE Minimum Standards), including the establishment of a well-functioning information management system.

Expected Outcomes

- Essential education and recreational supplies are procured and prepositioned, coordination mechanisms are established and reinforced and the education partners' capacity in education in emergencies preparedness and response planning is strengthened to ensure a timely and coordinated quality education response.
- Crisis affected pre- and primary school aged children and adolescents have access to formal and non-formal quality education and psycho-social support in safe and protective learning environments.

5.3 Emergency Preparedness and Response

Lead agencies	Office for the Coordination of Humanitarian Affairs (OCHA)/ United Nations World Food Programme (WFP)/ United Nations Children's Fund (UNICEF) / United Nations High Commissioner for Refugees (UNHCR)
Sector members	ACF, FAO, IFRC, IOM, OCHA, OXFAM, UNICEF, WFP, UNHCR, 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	\$280,000
Funds requested per priority level	High \$280,000
Funding to date	\$0
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 regional level. This measure will contribute to mitigate the impact of eventual humanitarian consequences in the neighbouring countries.

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 developments, with a specific focus on protection of civilians and humanitarian access.

The Regional Emergency Preparedness Cluster 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 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 neighbouring countries in updating the contingency plan and the 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 governments.
- Ensure cohesion between all emergency preparedness activities.
- Improve interaction with ECOWAS on humanitarian issues with regional implications.

5.4 Emergency telecommunications

Please refer to section 4.5 above.

5.5 Food Security

Lead agencies	Food and Agriculture Organization (FAO) and United Nations World Food Programme (WFP)
Sector members	FAO, International and local NGOs National authorities, national and regional institutions, UNHCR, WFP.
Number of projects	2
Sector objectives	<ul style="list-style-type: none"> • To save lives, provide and protect livelihoods of host communities, TCNs, returnees and through food aid, support to agricultural production and income generation. • To reinforce coordination and food security information sharing capacities within stakeholders in the affected countries
Beneficiaries	Returnees, TCNs and host population, including women and children
Funds requested	\$660,500
Funds requested per priority level	High \$660,500
Funding to date	\$0

Strategy

Despite the stabilization of the political situation in Côte d'Ivoire, part of the refugees may be reluctant to go back home shortly. Consequently, the regional food security group will undertake joint needs assessments that will support the response. Assessments will take place in West African affected countries to identify caseloads dynamics and assess the extent of food and food-related needs, including income generating activities.

The food assistance strategy will be adapted to the needs and will be reviewed on an ongoing basis. 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. The 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 other 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.

Regarding livelihood protection activities in the areas of displacement, food security and off season agriculture needs along income generating activities opportunities 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. Sub-offices will be opened in the areas of returnees' settlements for improved program implementation and monitoring. Priority will be given to the most vulnerable, including women and children under five.

5. NEIGHBOURING COUNTRIES: PREPAREDNESS AND RESPONSE PLANS

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 off season agriculture through distribution of seeds, fertilizers, tools and some new techniques (micro gardening/livestock farming).

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.

5.6 Health

Lead agency	World Health Organization (WHO)
Sector members	CARE, DRC, Government (Ministries of Health), IRC, SC, UNFPA, UNHCR, UNICEF, WHO and World Vision.
Number of projects	6
Sector objectives	Provide access to health care services to people affected by crisis and ensure control of epidemic prone diseases
Beneficiaries	420,000 returnees and TCN; 17,264 refugees
Funds requested	\$2,031,817
Funds requested per priority level	High \$1,871,478 Medium \$160,339
Funding to date	\$407,068
Contact information	Dr Toure Bokar - toureb@bf.afro.who.int

Strategy

Access to health care for refugees and returnees especially the most vulnerable groups among them (women and children) is one of the most urgent needs. Of 420,000 returnees and about 18,000 refugees living in Guinea, Mali, Burkina Faso and Ghana, only a small portion is living in camps where health services are provided free of charge by humanitarian actors. The majority is hosted by communities accessing health services through the regular health system, increasing pressure on and accelerating exhaustion of already scarce available resources. In some of these countries, among the poorest in the region, a large portion of health services expenditure is borne by the community itself (out of pocket payment). In order to extend provision of services to returnees and refugees in host communities, to ensure the availability of minimum essential services and to cope with the increased demand in services, the health system at district level needs the support of partners to deliver such services.

Operationally, partners will: (i) support the provision of integrated health services; (ii) strengthen disease surveillance and control measures, (iii) promote hygiene and safe sex behaviour.

Activities/ strategies:

- a) Provision of essential medical supplies and equipment (including drugs for chronic disease such as cardio-vascular diseases, TB, AIDS etc) for preventive and curative services.
- b) Support for human resources capacity-building and health care delivery including maternal and child health.
- c) Provision of tools and other resources to strengthen disease surveillance, outbreak investigation and response.
- d) Maintaining coordination of health interventions.

Expected Outcomes

- a) Returnees, refugees and host communities have access to timely and quality health care services.
- b) Endemic and epidemic prone diseases are under control in areas hosting refugees and returnees.
- c) Morbidity and mortality among refugees and returnees is maintained below emergency thresholds.

5.7 Logistics

Please refer to section 4.8 above.

5.8 Multi-Sector

Lead agency	United Nations High Commissioner for Refugees (UNHCR) (asylum seekers and refugees)
Sector members	Concerned governments, national and regional institutions, international and local NGOs (ACF), UN organizations (FAO, IOM, UNAIDS, UNFPA, UNHCR, WHO).
Number of projects	9
Sector objective	Ensure the provision of protection and assistance to asylum seekers and refugees, as well as durable solutions in West African countries affected by the crisis in Côte d'Ivoire.
Beneficiaries	Asylum seekers/refugees: 44,300
Funds requested	\$19,862,218
Funds requested by priority	High \$19,849,218 Medium \$13,000
Funding to date	\$1,139,601
Contact information	Cecilia Dahlgren - Dahlgren@unhcr.org

Strategy and proposed activities:

- Continue to monitor the borders and ensure protection presence on the ground.
- Maintain profiling and referral mechanisms, reception facilities and transport services for people seeking asylum and/or assistance.
- Collaborate with experienced agencies in the separation of armed elements (including children) from the civilian population.
- Strengthen capacity of national authorities in the processing of individual asylum applications of those for whom there might be serious reasons to believe that they have committed crimes excluding them from the international refugee protection under international and regional refugee law.
- Reinforce national commissions for refugees to enable them to process the individual asylum applications from ex-combatants.
- Maintain or establish (when need be) refugee camps; register asylum seekers and facilitate access to asylum procedures.

5. NEIGHBOURING COUNTRIES: PREPAREDNESS AND RESPONSE PLANS

- Continue to train relevant stakeholders in managing mixed migration flows and identifying people in need of international protection.
- Sensitize authorities to the needs of vulnerable people, and facilitate access to relevant services.
- Prevent sexual exploitation and abuse in the delivery of humanitarian aid.
- Continue to provide transportation assistance to asylum seekers/refugees from the borders/transit centres to refugee camps.
- Organize rapid nutrition assessments and surveys and establish supplementary feeding.
- Procure and distribute non-food items to all those seeking assistance.
- Procure and distribute food for asylum seekers/refugees accommodated in the refugee camps.
- 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, bathhouses, garbage disposal areas as well as reception and distribution centres in the camps.
- Organize transportation of food and other materials and their distribution to beneficiaries.
- Provide agricultural tools, fertilizer and seeds and organize skills training to promote self-reliance.
- Continue to engage in road repair or maintenance.
- Provide administrative, logistics, IT/telecom and security support for the coordination and implementation of interventions.
- When the security conditions allow and following the standards set forth for safe and dignified return, UNHCR will promote voluntary repatriation of Ivoirians refugees.

Expected outcomes

- Identify, register, protect and assist in a timely and principled fashion.
- Coordinate timely and safe interventions promoting the protection and assistance for refugees and host communities once settled in refugee camps or host communities.
- Ensure the civilian character of refugee camps.
- Ensure that combatants are not unduly benefiting from the international refugee protection.
- Ensure access to essential services including health, education, water, shelter, food and sanitation facilities.
- Attain a satisfactory level of self-reliance in the near future to avoid dependency on international aid.
- Ensure logistical access is provided through rehabilitation of roads and bridges using cash-for-work approaches, providing short-term employment for host and refugee population.
- NFIs, food, water, shelter, health provided and assistance ensured in a neutral, impartial manner upholding the 'do no harm' principle.
- Return of Ivoirian refugees to their country of origin in safety and dignity.

5.9 Nutrition

Lead agency	United Nations Children's Fund (UNICEF)
Sector members	HKI, international and local NGOs, National authorities, national and regional institutions and UN organizations.
Number of projects	2
Sector objectives	<ul style="list-style-type: none"> ☐ Ensure effective coordination within the nutrition clusters/working groups and among clusters/working groups implementing activities. ☐ Strengthen the ability of governments and partners to assess and monitor nutritional state of women and children under-five years. ☐ Support the government 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 the surrounding countries affected by the crisis in Côte d'Ivoire (Burkina Faso, Mali, Ghana and Guinea-Conakry).
Funds requested	\$1,124,175 (\$426,000 HKI + \$698,175 UNICEF)
Funds requested per priority level	High \$1,124,175
Funding to date	\$0
Contact information	Robert Johnston - rojohnston@unicef.org

Sector Objectives

- 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 five.
- Support governments and implementing partners in the implementation of an appropriate and timely emergency response that includes both curative and preventive interventions.

Strategy, preparedness and proposed activities

The political situation in Côte d'Ivoire since the presidential election on 28 November 2010 has created a precarious humanitarian situation with regional implications. Populations seeking safe refuge have fled across the Ivoirian borders. In the surrounding countries, both insecurity and food prices have increased. While the political situation is tenuous in Ivory Coast, the humanitarian implications for neighbouring countries remain of concern, in particular for the nutritional status of women and children.

Nutrition supplies have been pre-positioned in the regional supply hub for the treatment of malnutrition for women and children in the surrounding countries. Nutrition tools for measurement of malnutrition are in place in countries and methods for nutrition assessment and response are prepared. The hub will facilitate quick shipment of products to Burkina Faso, Mali and Ghana. Interventions in Guinea-Conakry will be supplied from Conakry or Nimba County, Liberia, as required.

Thousands of children and women are likely to require assistance in this crisis, with most urgent needs being access to safe drinking water, sanitation, primary health services, food, and nutrition. The needs of the host populations will also be taken into account when planning and implementing emergency responses to the crises provoked by the conditions in Côte d'Ivoire.

The nutrition coordinating mechanisms in each country are implementing a well coordinated nutrition response. Activities will focus on:

- Monitor and evaluate the nutritional situation of affected populations with the use of rapid assessment tools, screening sessions and rapid nutrition surveys.

5. NEIGHBOURING COUNTRIES: PREPAREDNESS AND RESPONSE PLANS

- Integrate vitamin A supplements and deworming medications into emergency vaccination responses and to protect optimal infant and young child feeding practices, including the use of lipid-based nutritional supplements.
- Continue the strengthening of national programs of acute malnutrition management.
- Strengthen the screening for and detection of acute malnutrition at the community level.
- Implement effective procurement and supply systems for ready to use foods, vitamin A supplements, deworming as well as other essential medications.

Expected outcomes

- Regular information is available for decision making on the nutrition situation of people fleeing political violence and the host populations.
- Children benefit from integrated child survival interventions including vitamin A supplementation, deworming, and optimal infant feeding practices.
- Staffs from governments and implementing partners are 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 action in support of beneficiaries.

5.10 Protection

Cluster lead agency	United Nations High Commissioner for Refugees (UNHCR)
Sector members	IOM, IRC, OHCHR, SC, UNFPA and UNICEF.
Number of projects	10
Sector objective	Respect for basic protection principles and human rights concerns of populations affected by the humanitarian crisis in Côte d'Ivoire (Refugees/ Asylum seekers from Côte D'Ivoire, TCNs, returnees (*) and host communities).
Beneficiaries	178,500 refugees/ asylum seekers, TCN and returnees host population
Funds requested	\$23,959,392
Funds requested per priority level	High \$23,224,392 Not specified \$735,000
Funding to date	\$250,000
Contact information	Stephanie Hecquet-Lepoutre - Lepoutre@unhcr.org Cecilia Dahlgren - Dahlgren@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. This includes the following strategic objectives:

- Provide unhindered and equal access to water, sanitation facilities, food and shelter for those seeking assistance temporarily upon arrival.
- Ensure that the human rights of beneficiaries are respected.
- 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 and psycho-social support.
- Provide transportation for return to their country of origin in safety and with dignity.
- Provide assistance to the returnees and their children in their host communities.

Activities

- Continue to strengthen the monitoring system at borders.
- Continue to strengthen data collection, management and reporting systems to identify protection concerns in a timely manner and strengthen human rights monitoring activities.

- Liaise with consular offices to obtain, as necessary, identity documentation for third-country nationals not in need of international protection.
- Prevent sexual exploitation and abuse in the delivery of humanitarian aid by ensuring adherence to the Code of Conduct and establish mechanisms to report abuses.
- Provide hygiene supplies to the most vulnerable groups, especially women and children.
- Provide family tracing and reunification services for separated children.
- Provide appropriate identity documentation and information to all beneficiaries on their rights.
- Provide appropriate and multi-sectoral service/assistance to GBV survivors including children (health, psycho-social, legal/justice and reintegration).
- Provide adequate means of livelihood or access to medical treatment and education of the returnees and their children.
- 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.
- Engage in capacity-building of local authorities, affected populations and humanitarian community through awareness raising activities.
- Ensure that transportation is provided in country for those returning and to their country of origin of the third-country nationals.

Expected Outcomes

- Consolidation of reliable and periodic data on the human rights situation and protection concerns of the beneficiary population.
- Beneficiary populations have equal access to all basic services upon arrivals. 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.
- Alleviate the immediate humanitarian suffering of the returnees, reduce the burden on the existing infrastructure, and contribute to the reinforcement of the existing social services in the townships where the returnees (especially in Guinea) are currently hosted.

5.11 WASH (Water, Sanitation and Hygiene)

Cluster lead agency	United Nations Children's Fund (UNICEF)
Sector members	ACF, CARE, CREPA, CRS, FICR, IRC, MAP, OXFAM, SOLIDARITES, UNHCR and UNICEF.
Number of projects	2
Sector 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	Total: 135,000 Displaced population, host communities and all affected people Children: 67,500 Women: 33,250
Funds requested	\$456,688
Funds requested per priority level	High \$456,688
Funding to date	\$0
Contact information	François Bellet- fbellet@unicef.org ; Veronica Garcia - vgarcia@unicef.org Dieudonné Yiweza - yiweza@unhcr.org

Strategy

5. NEIGHBOURING COUNTRIES: PREPAREDNESS AND RESPONSE PLANS

According to the 2011 Regional CAP for West Africa, and in the context of the sudden and progressive degradation of the WASH services, the WASH strategy targets acute vulnerabilities for all displaced populations, host communities and all affected people, in particular in the urban context.

The thresholds that trigger emergency WASH intervention include:

- the existence of displacement camps
- >30% of community population composed of displaced
- 48h of water coverage services failure one month without solid waste collection

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 and safe WASH facilities to the population impacted by the crisis. The sensitization will be focused on key hygiene behaviours, to be prepared and validated and updated if necessary.

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 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 and will be sensitised on key behaviours, including the use of latrines and hand washing with soap.

Local solutions for household water treatment will be encouraged, such as bleach chlorination or solar disinfection (Sodis), with prior clarification by aluminium stones if the water is turbid.

Expected Outcomes

- refugees, returnees, host communities and other affected people have access to the WASH packages:
- clean water (>15l/p/d) *NB: SPHERE standards according to local context: >5l/p/d*
- secure and user-friendly sanitation (>1 gender latrine/50 p)
- distribution of hygiene kit (250 g soap/p/m, 1 intimate kit/woman in camp, jerry cans, etc.)
- promotion of key hygiene behaviours (hand washing with soap and latrine use)

6. ROLES AND RESPONSIBILITIES

6.1 Roles and Responsibilities in Côte d'Ivoire

At the national level all 11 clusters were gradually reactivated in January and February in Côte d'Ivoire following submissions to the ERC and IASC Principals. Two sub-clusters are operational under the protection cluster: the child protection forum and the sexual and gender-based violence working group. HIV/AIDS response is cross-cutting, as is early recovery (which also has its own vertical cluster focusing on strengthening communities against violence, supporting non-agricultural livelihoods, and other areas that do not fall under the other clusters). Most clusters meet weekly or bi-weekly or more often depending on the needs.

The HCT provides strategic and policy guidance and gathers heads of agencies and missions. It meets weekly under the leadership of the Humanitarian Coordinator.

An inter-cluster framework was put in place to address issues of interconnection. This forum is purely technical and includes focal points of the clusters. It meets once a month under OCHA's coordination.

At the regional level decentralised clusters currently exist in Man (CCCM, Education, Food security, Nutrition, Protection, WASH). Cluster leads have been identified and inter-cluster coordination is supported by OCHA. A special task force on IDPs has been set up at the end of February to follow up and monitor displacements in Abidjan. It meets daily and is led by UNHCR with support from OCHA.

Cluster name	Cluster lead	Key Cluster members and other humanitarian stakeholders
Camp Coordination and Management	UNHCR, IOM	NRC
Early Recovery	UNDP	All HCT members, IRC, DRC, SFCG
Education	UNICEF, SC	UNFPA, IRC, UNAIDS, ADRA,
Emergency Telecommunications	WFP	All HCT members
Food Security	FAO, WFP	ACF, ADRA ICRC (observer)
Health	WHO	UNICEF, UNFPA, UNHCR, UNAIDS, HKI, ACF, MSF, ASAPSU, CARE, ICRC (observer)
Logistics	WFP	All HCT members
Nutrition	UNICEF	WHO, WFP, ACF, HKI, ASAPSU
Protection	UNHCR	UNICEF, UNFPA, SC, NRC, IOM, OCHA, IRC, UNAIDS, ONUCI, ICRC (observer)
Shelter/NFI	UNHCR	IRC, UNICEF, ICRC (observer)
Water, Sanitation and Hygiene	UNICEF	CARE, ACF, ADRA, ICRC (observer)

6.2 Roles and Responsibilities at the regional level

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.

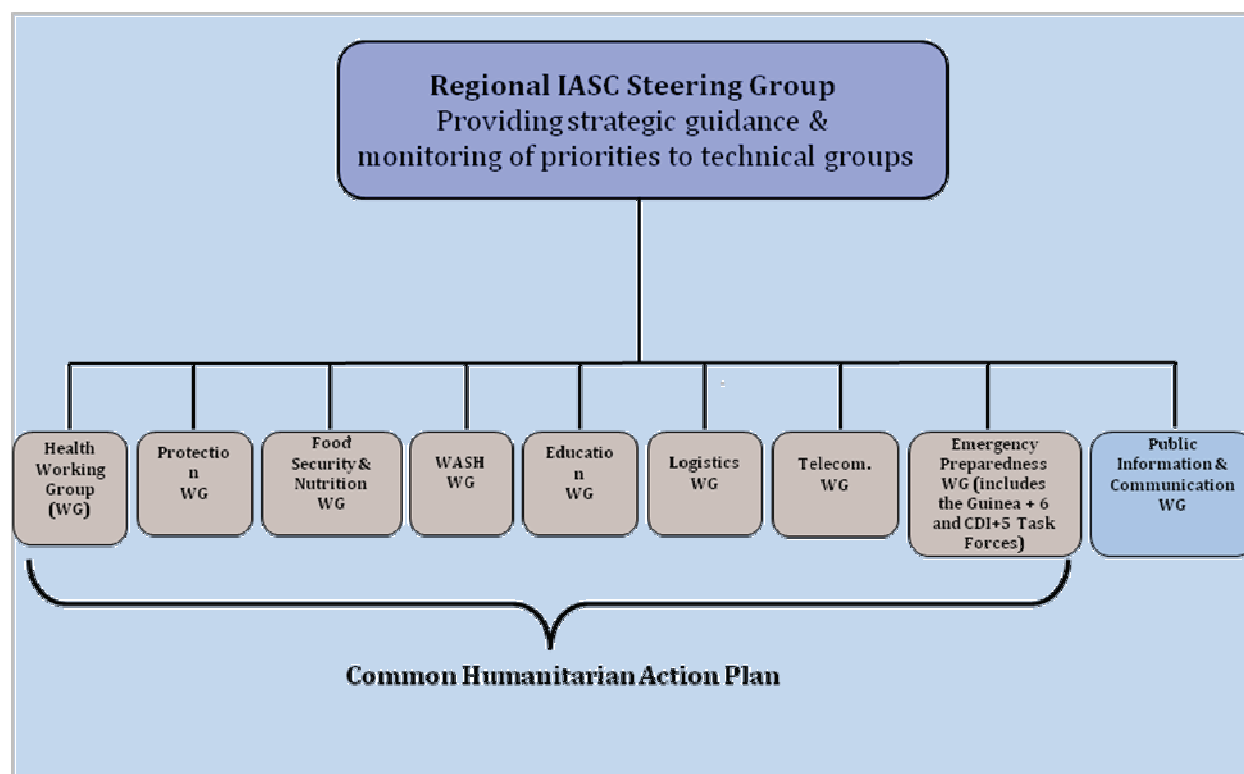
The regional IASC comprises eight technical working groups (WASH, Health, Food Security and Nutrition, Emergency Preparedness and Response/EPR, Protection, Education, Logistics and Telecommunication) who prepare and monitor the common humanitarian action plan.

6. ROLES AND RESPONSIBILITIES

The Regional EPR working group, led by OCHA, comprises various task forces, notably the Côte d'Ivoire+5 Task Force, which is chaired by UNHCR and facilitates the harmonisation and updating processes of the inter-agency contingency plans of the five countries neighbouring Côte d'Ivoire.

Sector name	Sector lead	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	UNHCR	OHCHR, UNODC, Save the Children, World Vision, DRC, UNICEF, IOM, UNFPA, WFP, FAO, ILO, OCHA, HOPE '87, ICRC (observer)
Education	UNICEF	Save the Children, World Vision, DRC, UNICEF, UNFPA, WFP, FAO, OCHA, HOPE '87,
Emergency Preparedness	OCHA / WFP/ UNICEF/ UNHCR	UNICEF, WFP, OCHA, FAO, IFRC, UNHCR, OXFAM, ACF, IOM
Logistics	WFP	WFP, OCHA, IFRC, UNHCR, OXFAM, IOM, UNICEF
Emergency Telecommunications	WFP	WFP, OCHA, IFRC, UNHCR, OXFAM, IOM, UNICEF

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



ANNEX I. LIST OF PROJECTS AND FUNDING TABLES

Table IV: List of Appeal projects (grouped by cluster), with funding status of each

Côte d'Ivoire Emergency Humanitarian Action Plan 2011 as of 30 June 2011 http://fts.unocha.org							
Project code	Title	Appealing agency	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
CAMP COORDINATION AND CAMP MANAGEMENT							
WA-11/CSS/40754/R/120	REGIONAL EHAP CDI + 4 - Camp Coordination and Camp Management for 50,000 IDPs in Cote d'Ivoire	UNHCR	1,779,319	-	1,779,319	0%	HIGH
Sub total for CAMP COORDINATION AND CAMP MANAGEMENT			1,779,319	-	1,779,319	0%	
COORDINATION/IM AND SUPPORT SERVICES							
WA-11/CSS/40512/R/119	REGIONAL EHAP CDI + 4 - Strengthening humanitarian coordination in Cote d'Ivoire	OCHA	4,241,620	3,074,535	1,167,085	72%	HIGH
WA-11/CSS/40668/R/120	REGIONAL EHAP CDI + 4 - Strengthening of regional coordination of the CDI+12 (UNHCR and inter agency) preparedness and response for the refugees in Mali, Ghana, Burkina Faso, Guinea, Togo, Niger, Nigeria, Benin, Gambia, Guinea Bissau, Senegal, Liberia and UNHCR's intervention with IDPs in CDI	UNHCR	8,550,818	-	8,550,818	0%	HIGH
Sub total for COORDINATION/IM AND SUPPORT SERVICES			12,792,438	3,074,535	9,717,903	24%	
EARLY RECOVERY							
WA-11/ER/40639/R/5179	REGIONAL EHAP CDI + 4 - Improving the living conditions of IDPs in west and central Ivory Coast.	IRC	842,000	758,095	83,905	90%	HIGH
WA-11/ER/40924/R/5767	REGIONAL EHAP CDI + 4 - Emergency rehabilitation and repair of entirely or partially destroyed houses in Cote d'Ivoire	UNOPS	1,000,000	-	1,000,000	0%	HIGH
WA-11/ER/41413/R/298	REGIONAL EHAP CDI + 4 - Social Cohesion and Peace-Building in Côte d'Ivoire	IOM	1,104,240	-	1,104,240	0%	HIGH
WA-11/ER/41440/R/5181	REGIONAL EHAP CDI + 4 - Communities together for peace and recovery	DRC	390,602	-	390,602	0%	HIGH
WA-11/ER/41444/R/1171	REGIONAL EHAP CDI+4 Support for socio economic reintegration of most vulnerable groups among displaced persons and returnees, especially women and youth.	UNFPA	1,011,115	-	1,011,115	0%	HIGH

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

ANNEX I. LIST OF PROJECTS AND FUNDING TABLES

Project code	Title	Appealing agency	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
WA-11/ER/41468/R/776	REGIONAL EHAP CDI + 4 - Support to Peace building Initiatives and to IDP Reintegration in Abidjan and the West of Cote d'Ivoire	UNDP	737,230	-	737,230	0%	HIGH
WA-11/ER/41469/R/776	REGIONAL EHAP CDI + 4 - Support to Emergency IDP and Vulnerable Populations Living Conditions and Livelihoods in Cote d'Ivoire	UNDP	1,951,145	-	1,951,145	0%	HIGH
WA-11/ER/41473/R/5827	REGIONAL EHAP CDI + 4 - "Domain c'est un Nouveau Jour" : An Integrated Campaign for Non-Violence and Social Cohesion	SCG	693,437	-	693,437	0%	HIGH
WA-11/ER/42162/R/5179	Regional EHAP CDI + 4 Livelihoods restoration through promotion of Social Cohesion, conflict mitigation and cash transfer programming	IRC	925,000	-	925,000	0%	HIGH
WA-11/ER/42258/R/14812	REGIONAL EHAP CDI+4 Women economic rehabilitation in areas affected by the post-electoral crisis	UN Women	556,400	-	556,400	0%	HIGH
Sub total for EARLY RECOVERY			9,211,169	758,095	8,453,074	8%	
EDUCATION							
WA-11/E/40634/R/124	REGIONAL EHAP CDI+4 - Providing educational opportunities and protection for children in Ivory Coast's neighboring countries GUINEA, MALI, BURKINA FASO, GHANA and other affected countries (TOGO, NIGERIA, BENIN, NIGER, GUINEA BISSAU, SENEGAL, THE GAMBIA)	UNICEF	642,000	-	642,000	0%	HIGH
WA-11/E/40651/R/124	REGIONAL EHAP CDI + 4 - COTE D IVOIRE - 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	579,676	579,676	-	100%	MEDIUM
WA-11/E/40655/R/6079	REGIONAL EHAP CDI + 4 - Emergency Education Response to Ivorian Refugees and Malian Returnees in Mali	SC	200,525	-	200,525	0%	MEDIUM
WA-11/E/40771/R/6079	REGIONAL EHAP CDI+4 Provide access to quality and relevant education and psychosocial support in safe and secure learning environments for school aged children and adolescents affected by the crisis in Cote d'Ivoire in Burkina Faso (Cascades region).	SC	283,550	-	283,550	0%	HIGH
WA-11/E/42089/R/6079	REGIONAL EHAP CDI+4 School Rehabilitation in the West of COTE D'IVOIRE	SC	642,750	-	642,750	0%	HIGH
WA-11/E/42091/R/6079	REGIONAL EHAP CDI+4 School Rehabilitation in the South of COTE D'IVOIRE	SC	813,700	343,611	470,089	42%	HIGH
WA-11/E/42097/R/6579	REGIONAL EHAP CDI+4 ADRA Primary School Rehabilitation Project - COTE D'IVOIRE WESTERN REGION	ADRA	467,558	-	467,558	0%	HIGH
WA-11/E/42169/R/5179	REGIONAL EHAP CDI + 4 Humanitarian response to education and psycho-social needs of children in post-crisis recovery in Cote d'Ivoire	IRC	502,000	-	502,000	0%	HIGH
WA-11/E/42326/R/6079	REGIONAL EHAP CDI+4 ECD spaces: Providing holistic development for young children in the West	SC	90,560	-	90,560	0%	HIGH
WA-11/E/42354/R/124	REGIONAL EHAP CDI+4 Back to School Campaign in COTE D'IVOIRE: providing access to education in safe and protective learning environments	UNICEF	1,262,225	-	1,262,225	0%	HIGH

CÔTE D'IVOIRE AND NEIGHBOURING COUNTRIES: REVISION

Project code	Title	Appealing agency	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
WA-11/E/42357/R/5834	REGIONAL EHAP CDI+4 Education in Emergency : Catch up classes and Passerelles in Western area of Côte d'Ivoire	NRC	818,043	-	818,043	0%	NOT SPECIFIED
WA-11/E/42409/R/5103	REGIONAL EHAP CDI+4 Teachers reinforcement capacities to the culture of peace and human rights.	UNESCO	148,704	-	148,704	0%	HIGH
Sub total for EDUCATION			6,451,291	923,287	5,528,004	14%	
EMERGENCY PREPAREDNESS AND RESPONSE							
WA-11/H/40774/R/122	REGIONAL EHAP CDI + 4 - Strengthened Health Emergency Preparedness in four neighbouring countries of Cote d'Ivoire	WHO	280,000	-	280,000	0%	HIGH
Sub total for EMERGENCY PREPAREDNESS AND RESPONSE			280,000	-	280,000	0%	
FOOD SECURITY							
WA-11/A/40595/R/561	REGIONAL EHAP CDI + 4 - Regional Support to food security needs assessments CIV+4	WFP	160,500	-	160,500	0%	HIGH
WA-11/A/40623/R/123	REGIONAL EHAP CDI + 4 - FAO Regional: Food Security assessments and response for affected countries (Burkina Faso, Mali, Ghana, Guinea, and/or other affected countries if needed)	FAO	500,000	-	500,000	0%	HIGH
WA-11/A/41418/R/123	REGIONAL EHAP CDI + 4 - FAO Côte d'Ivoire: Emergency support to food security and livelihood of vulnerable households affected by the impacts of post-election crisis and strengthening the mechanisms and tools for coordination and evaluation of food security in Côte d'Ivoire.	FAO	3,905,458	1,056,661	2,848,797	27%	HIGH
WA-11/A/42220/R/5265	REGIONAL EHAP CDI+4 Emergency food assistance for IDPs and returnees affected by the crisis along the confident line and in Region des Lagunes, Ivory Coast	Solidarites-France	1,936,983	-	1,936,983	0%	HIGH
WA-11/A/42386/R/6079	REGIONAL EHAP CDI+4 Emergency Cash Based Food Assistance for vulnerable conflict affected households.	SC	2,298,000	-	2,298,000	0%	HIGH
WA-11/A/42387/R/6079	REGIONAL EHAP CDI+4 Post-Conflict Agricultural Production Support 18 Montagnes and Moyen Cavally	SC	1,640,000	-	1,640,000	0%	HIGH
WA-11/F/40553/R/5186	REGIONAL EHAP CDI + 4 - Emergency food security and livelihoods assistance for vulnerable households affected by the post-electoral crisis in Abidjan, Western and Northern Ivory Coast	ACF	3,065,000	624,187	2,440,813	20%	HIGH
WA-11/F/41423/R/561	REGIONAL EHAP CDI + 4 - Emergency Assistance to Displaced Populations in Response to the Political Crisis in Côte d'Ivoire	WFP	84,947,497	22,523,329	62,424,168	27%	HIGH
Sub total for FOOD SECURITY			98,453,438	24,204,177	74,249,261	25%	
HEALTH							
WA-11/H/40496/R/122	REGIONAL EHAP CDI + 4 - Provision of Health care services to IDPs and Host communities in Cote d'Ivoire	WHO	1,471,250	1,471,250	-	100%	HIGH
WA-11/H/40513/R/122	REGIONAL EHAP CDI + 4 - Provision of medical care to severely malnourished children in crisis affected districts of Cote d'Ivoire	WHO	570,310	185,372	384,938	33%	HIGH

ANNEX I. LIST OF PROJECTS AND FUNDING TABLES

Project code	Title	Appealing agency	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
WA-11/H/40557/R/1171	REGIONAL EHAP CDI + 4 - Strengthening capacity for appropriate response and recovery in Sexual and Reproductive Health and Gender Based Violence for refugees of Cote d'Ivoire Crisis in Ghana.	UNFPA	210,000	-	210,000	0%	HIGH
WA-11/H/40594/R/124	REGIONAL EHAP CDI + 4 - Health response for Cote d'Ivoire crisis in Ghana, Guinea and Mali	UNICEF	366,558	-	366,558	0%	HIGH
WA-11/H/40626/R/124	REGIONAL EHAP CDI + 4 - Health response for Cote d'Ivoire crisis in Burkina Faso	UNICEF	160,339	-	160,339	0%	MEDIUM
WA-11/H/40669/R/1171	REGIONAL EHAP CDI+4 Provision of Emergency Reproductive Health Commodities & Services for the IDPs, host communities and returnees in Duékoué and Guiglo, West of Ivory Coast	UNFPA	171,200	-	171,200	0%	HIGH
WA-11/H/40669/R/13905	REGIONAL EHAP CDI+4 Provision of Emergency Reproductive Health Commodities & Services for the IDPs, host communities and returnees in Duékoué and Guiglo, West of Ivory Coast	IPPF	96,500	-	96,500	0%	HIGH
WA-11/H/40773/R/122	REGIONAL EHAP CDI + 4 - 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	407,068	292,932	58%	HIGH
WA-11/H/41416/R/122	REGIONAL EHAP CDI + 4 - Support to health care services in Guinea Forest region, hosting refugees and returnees affected by the crisis in Côte d'Ivoire	WHO	445,120	-	445,120	0%	HIGH
WA-11/H/41417/R/122	REGIONAL EHAP CDI + 4 - Support to health facilities providing care to refugees, returnees and host communities	WHO	149,800	-	149,800	0%	HIGH
WA-11/H/41431/R/122	REGIONAL EHAP CDI + 4 - Reduction of morbidity and mortality among displaced and vulnerable populations in Côte d'Ivoire	WHO	630,000	545,746	84,254	87%	HIGH
WA-11/H/41433/R/122	REGIONAL EHAP CDI + 4 - Response to HIV and GBV to IDPs and host community in Côte d'Ivoire	WHO	70,000	-	70,000	0%	HIGH
WA-11/H/41436/R/1171	REGIONAL EHAP CDI+4 Reduce excess of morbidity and mortality and strengthen provision health care services to 2,000,000 crisis affected people in Cote d'Ivoire	UNFPA	524,300	255,730	268,570	49%	HIGH
WA-11/H/41436/R/122	REGIONAL EHAP CDI+4 Reduce excess of morbidity and mortality and strengthen provision health care services to 2,000,000 crisis affected people in Cote d'Ivoire	WHO	480,430	349,066	131,364	73%	HIGH
WA-11/H/41476/R/5109	REGIONAL EHAP CDI+4 Implementation a comprehensive package for HIV and AIDS services among emergency-affected population in Côte d'Ivoire	UNAIDS	510,000	-	510,000	0%	HIGH
WA-11/H/42061/R/6579	REGIONAL EHAP CDI+4 Yopougon Emergency Health Project - Cote d'Ivoire	ADRA	315,362	-	315,362	0%	HIGH
WA-11/H/42063/R/1171	REGIONAL EHAP CDI+4 Support the collection of secured blood bags for reduction of maternal, neonatal and infant mortality in Cote d'Ivoire	UNFPA	358,450	158,133	200,317	44%	HIGH

CÔTE D'IVOIRE AND NEIGHBOURING COUNTRIES: REVISION

Project code	Title	Appealing agency	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
WA-11/H/42063/R/122	REGIONAL EHAP CDI+4 Support the collection of secured blood bags for reduction of maternal, neonatal and infant mortality in Cote d'Ivoire	WHO	262,150	-	262,150	0%	HIGH
WA-11/H/42112/R/1171	REGIONAL EHAP CDI+4 Emergency health assistance for conflict affected pregnant and lactating women, newborn and children in the West of Cote D'Ivoire	UNFPA	422,650	-	422,650	0%	HIGH
WA-11/H/42112/R/6079	REGIONAL EHAP CDI+4 Emergency health assistance for conflict affected pregnant and lactating women, newborn and children in the West of Cote D'Ivoire	SC	518,950	-	518,950	0%	HIGH
WA-11/H/42122/R/6079	REGIONAL EHAP CDI+4 Emergency Health Programming in West Cote d'Ivoire	SC	1,742,807	-	1,742,807	0%	HIGH
WA-11/H/42330/R/122	REGIONAL EHAP CDI+4 Implementation a comprehensive package for HIV and AIDS services among emergency-affected population in Côte d'Ivoire	WHO	278,200	-	278,200	0%	HIGH
WA-11/H/42330/R/5109	REGIONAL EHAP CDI+4 Implementation a comprehensive package for HIV and AIDS services among emergency-affected population in Côte d'Ivoire	UNAIDS	510,000	-	510,000	0%	HIGH
WA-11/H/42382/R/124	REGIONAL EHAP CDI+4 Emergency Health response in Cote d'Ivoire	UNICEF	706,200	-	706,200	0%	HIGH
WA-11/H/42385/R/5179	REGIONAL EHAP CDI + 4 Reduction of morbidity and mortality among displaced and vulnerable populations in Côte d'Ivoire.	IRC	535,500	-	535,500	0%	HIGH
WA-11/H/42407/R/124	REGIONAL EHAP CDI+4 Health response for Cote d' Ivoire crisis	UNICEF	14,492,000	5,607,238	8,884,762	39%	HIGH
Sub total for HEALTH			26,698,076	8,979,603	17,718,473	34%	
LOGISTICS							
WA-11/CSS/40645/R/561	REGIONAL EHAP CDI + 4 - Logistics augmentation in support of the humanitarian community in Cote d'Ivoire and four surrounding countries: Guinea, Mali, Burkina Faso and Ghana	WFP	5,956,145	2,748,016	3,208,129	46%	HIGH
WA-11/CSS/40674/R/561	REGIONAL EHAP CDI + 4 - Air Passenger Service in West Africa Coastal Countries: Ivory Coast, Liberia and other countries	WFP	1,882,433	-	1,882,433	0%	HIGH
Sub total for LOGISTICS			7,838,578	2,748,016	5,090,562	35%	
MULTISECTOR							
WA-11/CSS/40654/R/298	REGIONAL EHAP CDI + 4 - Transport assistance to Guinean returnees and Ivorian refugees fleeing Cote d'Ivoire	IOM	300,000	-	300,000	0%	HIGH
WA-11/MS/40563/R/5186	REGIONAL EHAP CDI + 4 - Capacity Assessment in Guinea Forestière : WASH and Nutrition	ACF	13,000	-	13,000	0%	MEDIUM
WA-11/MS/40739/R/123	REGIONAL EHAP CDI + 4 - FAO Regional: Food Security assessments and response in refugees settlement areas of Ghana, Guinea, Togo and/or other countries if needed	FAO	300,000	-	300,000	0%	HIGH

ANNEX I. LIST OF PROJECTS AND FUNDING TABLES

Project code	Title	Appealing agency	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
WA-11/MS/40744/R/120	REGIONAL EHAP CDI + 4 - Multi sectorial Assistance to new Ivorian Refugees in Guinea	UNHCR	2,186,559	-	2,186,559	0%	HIGH
WA-11/MS/40746/R/120	REGIONAL EHAP CDI + 4 - Multi-sectorial Assistance to new Ivorian Refugees in Burkina Faso	UNHCR	496,100	-	496,100	0%	HIGH
WA-11/MS/40747/R/120	REGIONAL EHAP CDI + 4 - Multi sectorial Assistance to Ivorian Refugees in GHANA	UNHCR	8,977,412	1,139,601	7,837,811	13%	HIGH
WA-11/MS/40762/R/120	REGIONAL EHAP CDI + 4 - Multi sectorial Assistance to Ivorian Refugees in MALI	UNHCR	846,395	-	846,395	0%	HIGH
WA-11/MS/41430/R/120	REGIONAL EHAP CDI + 4 - Multi sectorial Assistance to New Refugees in Benin, the Gambia, Guinea Bissau, Niger, Nigeria, Senegal, Togo	UNHCR	5,636,739	-	5,636,739	0%	HIGH
WA-11/MS/41467/R/298	REGIONAL EHAP CDI+4 Transportation of asylum seekers and refugees fleeing to Ghana from Ivory Coast	IOM	1,106,013	-	1,106,013	0%	HIGH
WA-11/MS/42033/R/120	REGIONAL EHAP CDI+4 Support the Return of Ivorian Refugees	UNHCR	2,663,421	-	2,663,421	0%	HIGH
Sub total for MULTISECTOR			22,525,639	1,139,601	21,386,038	5%	
NUTRITION							
WA-11/H/37728/R/123	Regional EHAP CDI+4 : Côte d'Ivoire : Support to nutrition education and home gardening in Côte d'Ivoire	FAO	523,684	-	523,684	0%	HIGH
WA-11/H/40545/R/5186	REGIONAL EHAP CDI + 4 - Management of Acute Malnutrition in West Ivory Coast : Emergency Preparedness and Response	ACF	749,000	189,003	559,997	25%	HIGH
WA-11/H/40575/R/7154	REGIONAL EHAP CDI + 4 - Combating malnutrition and micronutrient deficiencies among children 6-24 months in Cote d'Ivoire	HKI	598,320	-	598,320	0%	HIGH
WA-11/H/40576/R/7154	REGIONAL EHAP CDI + 4 - Nutrition Emergency Preparedness and Response in Côte d'Ivoire	HKI	180,000	-	180,000	0%	MEDIUM
WA-11/H/40597/R/7154	REGIONAL EHAP CDI + 4 - Mali: Combating malnutrition among returnees in Sikasso and Segou	HKI	426,000	-	426,000	0%	HIGH
WA-11/H/40764/R/124	REGIONAL EHAP CDI + 4 - Nutrition Emergency Preparedness and Response in Côte d'Ivoire	UNICEF	7,225,000	1,350,558	5,874,442	19%	HIGH
WA-11/H/40766/R/124	REGIONAL EHAP CDI + 4 - Implementation of a Nutrition Emergency Preparedness and Response Program to the Cote d'Ivoire crisis in Ghana, Guinea and Mali	UNICEF	698,175	-	698,175	0%	HIGH
WA-11/H/41443/R/561	REGIONAL EHAP CDI + 4 - Emergency Assistance to Malnourished Populations in Response to the Political Crisis in Côte d'Ivoire	WFP	6,827,727	-	6,827,727	0%	HIGH
WA-11/H/42119/R/6079	REGIONAL EHAP CDI+4 Emergency Nutrition Programming in West Cote d'Ivoire	SC	1,036,258	-	1,036,258	0%	HIGH
Sub total for NUTRITION			18,264,164	1,539,561	16,724,603	8%	

CÔTE D'IVOIRE AND NEIGHBOURING COUNTRIES: REVISION

Project code	Title	Appealing agency	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
PROTECTION							
WA-11/P-HR-RL/40580/R/6079	REGIONAL EHAP CDI + 4 - Child protection in emergency in the west of Côte d'Ivoire Duékoué and Danané	SC	423,743	-	423,743	0%	HIGH
WA-11/P-HR-RL/40591/R/1171	REGIONAL EHAP CDI + 4 - Strengthening Gender Based Violence (GBV) Prevention and Initial Response in Guinea, Ghana, Burkina Faso, Mali, Togo, Nigeria, Benin, Niger and Guinea Bissau affected by the Cote d'Ivoire crisis.	UNFPA	306,662	-	306,662	0%	HIGH
WA-11/P-HR-RL/40591/R/124	REGIONAL EHAP CDI + 4 - Strengthening Gender Based Violence (GBV) Prevention and Initial Response in Guinea, Ghana, Burkina Faso, Mali, Togo, Nigeria, Benin, Niger and Guinea Bissau affected by the Cote d'Ivoire crisis.	UNICEF	241,690	-	241,690	0%	HIGH
WA-11/P-HR-RL/40598/R/1171	REGIONAL EHAP CDI + 4 - 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	-	210,750	0%	HIGH
WA-11/P-HR-RL/40599/R/124	REGIONAL EHAP CDI + 4 - Protection of children in Mali, Burkina Faso, Ghana and Guinea affected by the Cote d'Ivoire political conflict	UNICEF	272,850	-	272,850	0%	HIGH
WA-11/P-HR-RL/40624/R/1171	REGIONAL EHAP CDI + 4 - 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	-	171,200	0%	HIGH
WA-11/P-HR-RL/40644/R/124	REGIONAL EHAP CDI + 4 - COTE D IVOIRE - Protection of children affected by the political crisis in Cote d'Ivoire	UNICEF	1,865,278	269,426	1,595,852	14%	HIGH
WA-11/P-HR-RL/40644/R/6079	REGIONAL EHAP CDI + 4 - COTE D IVOIRE - Protection of children affected by the political crisis in Cote d'Ivoire	SC	1,060,238	-	1,060,238	0%	HIGH
WA-11/P-HR-RL/40665/R/1171	REGIONAL EHAP CDI+4 Gender-Based Violence (GBV) Prevention and Response among most vulnerable populations in Côte d'Ivoire	UNFPA	385,200	173,072	212,128	45%	HIGH
WA-11/P-HR-RL/40665/R/5179	REGIONAL EHAP CDI+4 Gender-Based Violence (GBV) Prevention and Response among most vulnerable populations in Côte d'Ivoire	IRC	265,000	-	265,000	0%	HIGH
WA-11/P-HR-RL/40667/R/1171	REGIONAL EHAP CDI + 4 - Strengthening Sexual and Reproductive Health Services and Gender-Based Violence Prevention and Response in humanitarian settings in Mali.	UNFPA	167,500	-	167,500	0%	HIGH
WA-11/P-HR-RL/40675/R/1171	REGIONAL EHAP CDI + 4 - Reinforce Emergency Preparedness and Coordination in the area of Sexual and Reproductive Health for Côte d'Ivoire and neighbouring countries.	UNFPA	335,231	-	335,231	0%	HIGH
WA-11/P-HR-RL/40759/R/120	REGIONAL EHAP CDI + 4 - Protection and assistance to IDPs in Côte d'Ivoire	UNHCR	4,158,937	400,000	3,758,937	10%	HIGH
WA-11/P-HR-RL/40772/R/298	REGIONAL EHAP CDI + 4 - Camp Management Support and Service Provision to IDPs in Côte d'Ivoire	IOM	1,155,766	1,155,766	-	100%	HIGH

ANNEX I. LIST OF PROJECTS AND FUNDING TABLES

Project code	Title	Appealing agency	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
WA-11/P-HR-RL/40775/R/298	REGIONAL EHAP CDI + 4 - Emergency Return Assistance to Third Country Nationals and other Stranded Migrants fleeing the Cote d'Ivoire crisis	IOM	16,793,280	1,447,151	15,346,129	9%	HIGH
WA-11/P-HR-RL/41410/R/298	REGIONAL EHAP CDI + 4 - IOM Guinea Humanitarian assistance to Guinean Returnees in the Forestiere region	IOM	735,000	-	735,000	0%	NOT SPECIFIED
WA-11/P-HR-RL/41534/R/298	REGIONAL EHAP CDI + 4 - Urgent humanitarian evacuation of crisis affected migrant workers from Côte d'Ivoire	IOM	21,018,509	250,000	20,768,509	1%	HIGH
WA-11/P-HR-RL/41982/R/298	REGIONAL EHAP CDI+4 Enhance protection of IDPs in Cote d'Ivoire	IOM	151,500	-	151,500	0%	HIGH
WA-11/P-HR-RL/41982/R/5025	REGIONAL EHAP CDI+4 Enhance protection of IDPs in Cote d'Ivoire	OHCHR	91,304	-	91,304	0%	HIGH
WA-11/P-HR-RL/42026/R/1171	REGIONAL EHAP CDI+4 Assistance to survivors and prevention of SGBV in Cote d'Ivoire	UNFPA	170,558	-	170,558	0%	HIGH
WA-11/P-HR-RL/42026/R/5181	REGIONAL EHAP CDI+4 Assistance to survivors and prevention of SGBV in Cote d'Ivoire	DRC	290,214	-	290,214	0%	HIGH
WA-11/P-HR-RL/42142/R/5109	REGIONAL EHAP CDI+4 Protecting people living with HIV, most at-risk groups against HIV-related human rights violations	UNAIDS	500,000	-	500,000	0%	HIGH
WA-11/P-HR-RL/42198/R/1171	REGIONAL EHAP CDI+4 Protecting women and children against gender based violence in Cote d'Ivoire	UNFPA	1,032,550	-	1,032,550	0%	HIGH
WA-11/P-HR-RL/42198/R/124	REGIONAL EHAP CDI+4 Protecting women and children against gender based violence in Cote d'Ivoire	UNICEF	984,400	-	984,400	0%	HIGH
WA-11/S-NF/40756/R/120	REGIONAL EHAP CDI + 4 - Development of sites and provision of shelter and NFIs for 450,000 IDPs in Cote d'Ivoire	UNHCR	11,747,966	600,000	11,147,966	5%	HIGH
WA-11/S-NF/42114/R/6079	REGIONAL EHAP CDI+4 Emergency Shelter	SC	5,518,460	-	5,518,460	0%	HIGH
WA-11/S-NF/42221/R/5265	REGIONAL EHAP CDI+4 Emergency rehabilitation of destroyed / highly damaged houses along the confident line in Ivory Coast and in the most affected areas in Abidjan	Solidarites-France	670,000	-	670,000	0%	HIGH
Sub total for PROTECTION			70,723,786	4,295,415	66,428,371	6%	
TELECOMMUNICATIONS							
WA-11/CSS/41437/R/561	REGIONAL EHAP CDI + 4 - Provision of Common Security Telecommunications and Data Communications services to the Humanitarian Community in Côte d'Ivoire	WFP	1,440,659	-	1,440,659	0%	HIGH
Sub total for TELECOMMUNICATIONS			1,440,659	-	1,440,659	0%	
WATER, SANITATION AND HYGIENE							
WA-11/WS/37924/R/124	REGIONAL EHAP CDI +4 -WASH emergency humanitarian intervention in areas of acute malnutrition in CNOs	UNICEF	2,610,000	-	2,610,000	0%	HIGH

CÔTE D'IVOIRE AND NEIGHBOURING COUNTRIES: REVISION

Project code	Title	Appealing agency	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
<u>WA-11/WS/40549/R/5186</u>	REGIONAL EHAP CDI + 4 - Providing access to basic water, sanitation and hygiene services to the most vulnerable population living on the Liberian border in Ivory Coast	ACF	678,000	672,903	5,097	99%	HIGH
<u>WA-11/WS/40573/R/124</u>	REGIONAL EHAP CDI + 4 - COTE D IVOIRE - Cote d'Ivoire - Emergency WASH response for most affected population in Abidjan, Regions of Basassandra & Haut Sassandra, Eastern Moyen Cavally and 18 Montagnes, Region des Lagunes, Zanzan and Vallée du Bandama	UNICEF	1,920,000	1,163,333	756,667	61%	HIGH
<u>WA-11/WS/40573/R/5265</u>	REGIONAL EHAP CDI + 4 - COTE D IVOIRE - Cote d'Ivoire - Emergency WASH response for most affected population in Abidjan, Regions of Basassandra & Haut Sassandra, Eastern Moyen Cavally and 18 Montagnes, Region des Lagunes, Zanzan and Vallée du Bandama	Solidarites-France	2,246,391	1,093,431	1,152,960	49%	HIGH
<u>WA-11/WS/40625/R/5645</u>	REGIONAL EHAP CDI +4 - Waste management for people affected by the post- electoral crisis in 6 towns in the CNO region of the Ivory Coast	CARE International	1,121,209	355,169	766,040	32%	HIGH
<u>WA-11/WS/40631/R/124</u>	REGIONAL EHAP CDI + 4 - Emergency WASH preparedness activities for the response to the Cote d'Ivoire crisis in Burkina Faso, Ghana, Guinea and Mali	UNICEF	412,119	-	412,119	0%	HIGH
<u>WA-11/WS/40633/R/5179</u>	REGIONAL EHAP CDI+4 - WASH preparedness to reduce morbidity and mortality among IDPs and host populations during a humanitarian crisis in western Côte d'Ivoire	IRC	346,694	-	346,694	0%	HIGH
<u>WA-11/WS/41451/R/13965</u>	REGIONAL EHAP CDI + 4 - Contribute to improving the health status of IDP's in Abidjan - Côte d'Ivoire	Cote d'Ivoire RC	712,196	-	712,196	0%	HIGH
<u>WA-11/WS/41464/R/124</u>	REGIONAL EHAP CDI + 4 - Drinking water, hygiene and sanitation for 5000 refugees from Cote d'Ivoire	UNICEF	44,569	-	44,569	0%	HIGH
<u>WA-11/WS/41470/R/124</u>	REGIONAL EHAP CDI + 4 - COTE D IVOIRE - Restoring water treatment plants in six (6) remote urban and suburban cities non-powered electricity by providing sustainable solar systems	UNICEF	909,800	650,000	259,800	71%	HIGH
<u>WA-11/WS/42060/R/6079</u>	REGIONAL EHAP CDI + 4 - Providing a WASH 'return package' and improving sanitation environment for vulnerable families of Abidjan area affected by the post-electoral conflict	SC	457,000	-	457,000	0%	NOT SPECIFIED
<u>WA-11/WS/42351/R/5645</u>	REGIONAL EHAP CDI +4 Cholera prevention in Duékoué by provision of Water Sanitation and Hygiene support	CARE International	548,510	-	548,510	0%	HIGH
<u>WA-11/WS/42364/R/6079</u>	REGIONAL EHAP CDI + 4 - Post-conflict WASH support in 18 Montagnes and Moyen Cavally, Cote d'Ivoire	SC	2,047,000	-	2,047,000	0%	NOT SPECIFIED
<u>WA-11/WS/42403/R/124</u>	REGIONAL EHAP CDI + 4 - Cholera Epidemic Emergency Response & Capacity Building for Timely Flood Response for the Benefit of Post-electoral Crisis-affected Communities, Displaced Persons and Flood Victims in Cote d'Ivoire and Abidjan in Particular	UNICEF	1,477,400	-	1,477,400	0%	NOT SPECIFIED
Sub total for WATER, SANITATION AND HYGIENE			15,530,888	3,934,836	11,596,052	25%	

ANNEX I. LIST OF PROJECTS AND FUNDING TABLES

Project code	Title	Appealing agency	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
CLUSTER NOT YET SPECIFIED							
WA-11/SNYS/41207/R/124	REGIONAL EHAP CDI + 4 - Awaiting allocation to specific project/sector	UNICEF	-	8,925,458	n/a	n/a	NOT SPECIFIED
Sub total for CLUSTER NOT YET SPECIFIED							
Grand Total			291,989,445	60,522,584	231,466,861	21%	

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

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table V: Total funding to date per donor to projects listed in the appeal

Côte d'Ivoire Emergency Humanitarian Action Plan 2011 as of 30 June 2011 http://fts.unocha.org
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Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
European Commission	11,758,769	19%	-
Central Emergency Response Fund (CERF)	10,299,224	17%	-
United States	7,297,460	12%	-
United Kingdom	5,042,000	8%	-
Japan	5,000,000	8%	-
Allocation of unearmarked funds by UN agencies	4,114,000	7%	-
Sweden	2,368,500	4%	-
Private (individuals & organisations)	2,264,650	4%	-
Switzerland	2,160,698	4%	-
France	1,648,351	3%	-
Spain	1,576,170	3%	704,225
Australia	1,361,650	2%	-
Belgium	1,072,965	2%	-
Germany	1,059,394	2%	686,813
Norway	884,500	1%	-
Korea, Republic of	600,000	1%	-
Carry-over (donors not specified)	521,283	1%	-
Canada	509,684	1%	-
Denmark	498,753	1%	1,389,934
Italy	407,068	1%	-
Estonia	77,465	0%	-
Grand Total	60,522,584	100%	2,780,972

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

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

ANNEX II. INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES: OPERATIONS UPDATE

Operations update



International Federation
of Red Cross and Red Crescent Societies

West Africa: Population movement

Emergency appeal n° MDR61007
GLIDE n° OT-2010-000255-CIV
Operations update n° 3
21 April, 2011

Period covered by this Ops Update:
20 January to 18 April, 2011.

Appeal target (current): CHF
3,977,698;

Appeal coverage: 25%; [click here to go directly to the updated donor response report](#), or [here to link to contact details](#) >

Appeal history:

- An information bulletin was issued on 22 December, 2010.
- 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.
- The International Federation of Red Cross and Red Crescent Societies (IFRC) allocated CHF 200,000 from the Disaster Relief Emergency Fund (DREF) to support this operation.
- Operations Update no. 1 covering the period 24 December 2010 to 03 January 2011 was issued and communicated about the regional coordination mechanism.
- Operations Update no. 2 covering the period 04 to 12 January 2011 highlighted the relief activities carried out in Liberia.
- The Emergency Appeal was revised to address the drastic increase in numbers of refugees and internally displaced and budget increased to the current value of CHF 3,977,698.



The Liberian Red Cross volunteers distributing urgently needed materials to refugees. IFRC/LBRS

Summary: The Côte d'Ivoire political crisis, which started after the announcement of the results of the November 2010 presidential elections, reached its climax on 11 April 2011 with the arrest of Laurent Gbagbo after fierce and violent clashes in the commercial capital, Abidjan. The new president has urged for calm and promised to reunite the country as he pledged to set up a truth and reconciliation commission. The crisis has led to serious humanitarian needs in the country as well as in neighbouring countries, especially in Liberia. Hundreds of thousands of persons are internally displaced and others are seeking refuge in neighbouring countries while many lives have been lost.

The Red Cross has joined other humanitarian organisations in providing assistance to those affected by the crisis both in Côte d'Ivoire and outside. The IFRC has been supporting the National Societies of the affected countries in providing relief assistance to the most affected population as well as host communities. The Red Cross is assisting in the areas of water and sanitation, health and care, shelter, livelihoods, first aid, non-food relief items as well as psycho-social support. Red Cross activities in Côte d'Ivoire are now scaling up as the security situation in the country is slowly improving, while activities in the neighbouring countries are also ongoing as the number of refugees continues to increase, especially in Liberia. With availability of funding, the IFRC hopes to further support the National Societies concerned in scaling up their assistance to the refugees and their hosts. The IFRC continues to support the National Societies in coordination within the Movement and with other organisations outside the Movement.

The situation

The crisis in Côte d'Ivoire has been creating humanitarian concerns in the country and in the entire sub-region in the five (5) neighbouring countries of Burkina Faso, Ghana, Guinea, Mali and especially in Liberia despite the collapse of Laurent Gbagbo's government in April 2011. As in previous crises, civilians are the main victims and have begun to flee to neighbouring countries while many others have been internally displaced. The Red Cross has witnessed a persistent movement of population across the border. Armed clashes near the town of Toulepleu in western Côte d'Ivoire in late February resulted in a further exodus of well over 65,000 Ivoirians, crossing into Liberia, followed by an additional wave of 20,000 coming in to the south of Liberia in the final days of Gbagbo's stand down in April. According to UNHCR's latest figures, over 150,000 refugees have already been registered in Liberia as of 15 April 2011, while over 9,716 individual Ivorian refugees have been registered in Ghana on 12 April and 1,662 in Guinea. Almost 1,300 refugees have also been registered elsewhere on 30 March 2011 including 404 in Mali and 70 in Burkina Faso along with 2,300 in Togo and a number of others in Benin, Niger, Nigeria, Senegal, Guinea Bissau and Gambia. Early March estimates highlighted that 60% of refugees were children under the age of 18.

In Côte d'Ivoire itself, UNHCR reported a mass population movement on 22 March, resulting in an estimated 1,000,000 internally displaced persons (IDPs) in and around Abidjan, and many reportedly scrambling for scarce transport in order to return to rural places of origin. Incessant violence in the western part of the country has resulted in over 45,000 IDPs as reported by OCHA on 25 March while more than 800 dead bodies found in the streets of Douékué were attributed to inter-ethnic clashes. Added to this are outbreaks of Yellow Fever and Cholera in the country with confirmed deaths and referral of cases to health facilities, according to Côte d'Ivoire health authorities. The health situation may worsen with the increased number of corpses that littered the streets of Abidjan as a result of heavy fighting between the opposing forces prior to the capture of Laurent Gbagbo. Medical supplies are becoming scarce as replenishment becomes a challenge. Access to First Aid provided by the Red Cross to the injured in some parts of Abidjan is sometimes a challenge while IDPs are reluctant to stay in temporary camps for fear of attack. The political stalemate has also led to an increased cost of living as prices of foodstuffs and other essential items have soared due to scarcity. These compounded factors have created security concerns and serious humanitarian needs in the country and in neighbouring countries, especially in Liberia.

Although, fragile calm seems to be returning into the country after the capture of Laurent Gbagbo, tension and apprehension prevails across the country as a result of arms proliferation and fear of reprisal attacks by different factions. This is especially the case in the west, where people continued to cross into Liberia for fear of renewed ethnic cleansing. The new government has called for calm and public cooperation while ensuring the population of their security as government forces embarked on flushing out militiamen from their hideouts especially in Abidjan. The leadership of the former president has also called on its supporters to join in reuniting the country as some military high chiefs pledged their allegiance to the new president. The government has also called on security agencies to allow the Red Cross to carry out its humanitarian activities in country. Some international organisations and donor agencies have also pledged their support to assist the new government in revamping the economy as well as to rehabilitate damaged infrastructure while economic activities are slowly resuming, with banks and other business entities reopening, especially in Abidjan.

In Nimba County in Liberia where most of the refugees are currently staying with relatives, the added population has put tremendous pressure on already weak health services, water supply systems and sanitation conditions, with reported cases of diarrhoea in host communities. Elsewhere, an increased influx of refugees is also being reported in Grand Gedeh and Maryland with emergency needs in food, shelter, water and sanitation.

Because the school system in Liberia is so different from that in Côte d'Ivoire, the refugee children—who constitute the larger percentage of the refugee population—cannot be expected to easily integrate into the school system in their host communities. As the most vital support system for refugees, host families themselves are clearly in need of support.

Coordination and partnerships

The activities in each country are coordinated by the respective National Red Cross Societies, which link to the IFRC Regional Offices and Country Delegations. The overall coordination of this operation is carried out by the IFRC's Regional Representation in Dakar, Senegal, with support from the Regional Representation in Abuja, Nigeria and the Africa Zone office in Johannesburg.

With the Liberia National Red Cross Society (LNRCS) taking the lead, the IFRC and the ICRC have been collaborating effectively in ensuring the National Society's regular and effective participation in national and sectoral coordination meetings with other humanitarian actors including UN agencies in Liberia. A weekly Movement coordination meeting is held at the headquarters of the LNRCS to update PNSs and discuss issues related to the operation; progress, challenges and possible solutions.

RDRT members have intensified their technical support to the team in the field and participate in coordination meetings with stakeholders in the field. The Operations Coordinator continues to participate effectively in coordination meetings with other humanitarian agencies, with the aim of enhancing Red Cross visibility and donor response to the emergency appeal. The Head of Operations, Africa Zone Office of the IFRC along with a representative from the Swedish Red Cross carried out a field mission to Nimba County, Liberia to assess progress made and challenges, as well as to encourage volunteers and beneficiary communities involved in the operation.

In Côte d'Ivoire, the IFRC is also in consultation with the ICRC delegation and with the Red Cross Society of Côte d'Ivoire (RCSCI) on coordination of activities to assist people affected by the crisis. The IFRC has carried out a joint assessment with the National Society and the ICRC to determine the basic needs of the IDPs and following a mission by the Director, Africa Zone office and the Acting Regional Representative of the West Coast office, a plan of action to support the RCSCI was developed. Implementation can commence now with the end of the violent clashes in Abidjan, which had previously prevented the Red Cross from carrying out significant activities. Regular discussions are held between the IFRC and the RCSCI on strengthening capacities, preparedness and humanitarian assistance.

In the other neighbouring countries, the IFRC is in regular contact with national Red Cross societies on updates of the Ivorian crisis as it affects humanitarian situation in these countries. The IFRC is regularly meeting with regional humanitarian actors involved in working groups such as CI+5 CP working group focused on inter-agency contingency plan, as well as sectoral clusters and working groups, on logistics, health and protection. Regular discussions (via e-mail, teleconference) take place between IFRC Dakar and Abuja Regional Representations, the IFRC team in Liberia, IFRC Zone office in Johannesburg, Geneva Secretariat and National Societies to promote a common understanding of situations in order to better coordinate Red Cross response.

The Liberian National Society is collaborating with ICRC in restoring family links by phone and through transmission of "safe and well" messages back to Côte d'Ivoire as well as working to identify non-accompanied children, separated children and others with tracing needs. ICRC is supporting the LNRCS in water and sanitation activities as well. The Danish Red Cross delegation in Liberia is supporting the National Society to assist the affected population in the provision of water and sanitation facilities, while other partner NSs working in country are providing support.

National Society Capacity Building:

A thorough logistics assessment was carried out in Liberia, looking at the logistics capacity of the LNRCS in their headquarters and in eight chapters in the east of the country. Recommendations following the assessment are being implemented in the field of equipment upgrading, repairs, supply chain management and inventory management. National staff and volunteers receive continuous on the job training and coaching while inclusion of the LNRCS in coordination forums provides added visibility for the National Society. RDRTs are able to share their experiences with the LNRCS team, while the RDRTs are themselves being exposed to a wide range of international actors, within and outside the Movement.

Red Cross and Red Crescent action

Overview

Côte d'Ivoire

Prior to the post-electoral crisis, the IFRC through its Abuja Regional Representation had supported the Red Cross of Côte d'Ivoire in activating and eventual rolling out of its election contingency plan. The IFRC also prepositioned emergency stock for 300 families in Côte d'Ivoire with essential materials (mat, blanket, jerry cans, buckets, mosquito nets and bar soaps). A joint Movement press statement was issued. The IFRC Watsan Delegate in Côte d'Ivoire continues to give technical support to the National Society in this specific technical area. He participated in a joint Movement assessment of the situation in the country from 12 to 17 March 2011 to determine the basic needs of the affected population and revise the National Society's plan of action. As there are serious shortages of cash and banks are only now reopening, the IFRC is working on alternatives to ensure that further support to the National Society is unhampered by lingering financial constraints. With the support of the Watsan Delegate, a sanitation campaign has taken place in Abidjan in some transitional IDPs sites and other quarters where cholera cases have been reported. A total of 19,096 households have been reached, as well as 85 schools, 34 places of prayer and 25 health centres, by mobilizing more than 80 volunteers for distribution of sensitization messages and some cleaning materials (soaps, detergents, Aquatab and brooms) in the affected areas.

Liberia and other locations

After initially pre-positioning non-food items in 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, water and sanitation kits along with 125 family and dispensary tents) the IFRC has gone on to provide and plan for further support to the surrounding countries with a particular focus on Liberia. A further 1,000 shelter kits and 2,000 tarpaulins were dispatched to Liberia and Ghana.

In Liberia, the IFRC deployed two delegates in December 2010 to support the LNRCS to carry out assessment in the affected communities. Since then, the National Society has carried out water and sanitation activities, rehabilitated 13 hand pumps or water points, and constructed over 70 latrines in the communities assigned to the Red Cross in Nimba County. Trained Red Cross volunteers are carrying out good hygiene and sanitation sensitization activities in these communities and distribution of non-food items to refugees and members of their host communities is ongoing. In all border communities, the IFRC supports the National Society with the provision of First Aid to new arrivals.

The IFRC's support to the LNRCS is coordinated by an Operations Coordinator, provided by the Netherlands RC, and provided by two water and sanitation RDRTs from the region, who support the National Society in the implementation of activities. With support from the Australian Red Cross, the IFRC deployed a logistics delegate to Liberia in February to support the National Society in its contingency planning and provide logistic support and training to enhance the operation as well as strengthen the capacity of the LNRCS. The delegate developed a logistics plan of action.

Progress towards outcomes

The Liberian strategy of the Red Cross is to support the refugees in border villages, where host families are providing shelter and sharing with them their meagre resources. For the communities that have been living on the poverty line for decades, this has been a tremendous challenge, and is a great sign of solidarity as many of the border communities themselves were refugees in Cote d'Ivoire during the Liberian civil war. In spite of the plans to relocate 70 % of the refugees away from the border, only 5% of the refugees in Liberia have agreed. Simultaneously, the Government of Liberia (GoL) does not allow for emergency infrastructure (especially in the field of sanitation) to be erected in border villages.

Relief distributions (food and basic non-food items)

Outcome 1: up to 7,500 of the most vulnerable refugee families and 4,000 host families (11,500 families/57,500 beneficiaries) in Liberia and neighbouring countries benefit from the distribution of non-food items as required.

Outputs (expected results)	Activities planned
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<p>At least 11,500 refugee and host families have received appropriate non-food items sets.</p>	<ul style="list-style-type: none"> • Support the National Societies to conduct rapid emergency needs and capacity assessments. • Acquire and transport 11,500 sets of non-food items (NFI); with each set comprised of 2 blankets and 2 sleeping mats, 3 soap, Jerry can, Buckets and kitchen utensils. • Distribute relief supplies as required and control supply movements from point of dispatching to end user. • Monitor relief activities and report. • Develop an exit strategy.
<p>Outcome 2: At least 2,000 Internally Displaced Families in Côte d'Ivoire (10,000 beneficiaries) benefit from the distribution of non-food items as required.</p>	
<p>Outputs (expected results)</p>	<p>Activities planned</p>
<p>The 2,000 identified and registered Internally Displaced Families have received basic non-food items.</p>	<ul style="list-style-type: none"> • Retrain 100 Red Cross Society of Côte d'Ivoire volunteers and staff on assessment of Internally Displaced Persons and relief distributions based on Sphere standards. • Distribute items in conformity with IFRC standards. • Monitor and report on relief activities.

Progress: In Liberia, the IFRC has prepositioned and distributed NFIs for 1,500 families. These families had been provided with kits containing buckets, jerry cans, water guards and soap. An additional 3,000 kits have been purchased. In addition to assessment carried out at the onset of the operation, the LNRCS with support from the RDRT continued to conduct needs assessment in other counties like Grand Gedeh as the number of refugees in the county increased.

In Côte d'Ivoire, the Red Cross of Côte d'Ivoire with support of the IFRC, carried out a needs assessment in March, which led to the development of a plan of action and procurement of prepositioned relief items. As the security situation improves, the Red Cross of Côte d'Ivoire is expected to scale up relief assistance to the population affected by the crisis.

In Ghana, the Ghana Red Cross Society (GRCS) has distributed NFIs including blankets, buckets and kitchen sets to 200 refugee families in the camp at Ampain. The items distributed were sourced from the IFRC prepositioned stock in Accra.

Challenges: In Liberia, One of the biggest challenges is the coordination process, where UNHCR has the lead. The UN strategy has consistently relied on their assumption that refugees would be relocated from border villages to camps and villages at safe distances from the border. This has resulted in a virtual ban on distribution of NFIs in border villages. With the rainy season approaching, the distribution of NFIs is expected to start, while a strong lobby within the UN presses forward with a 'plan B' to include refugees and host families in the border villages.

<p>Emergency shelter</p>	
<p>Outcome 1: 5,000 of the most vulnerable refugee families in Liberia and neighbouring countries (25,000 beneficiaries in total) have safe and adequate shelter and settlement solutions through the provision of appropriate emergency shelters, shelter toolkits and guidance on improved building techniques.</p>	
<p>Outputs (expected results)</p>	<p>Activities planned</p>
<p>5,000 of the most vulnerable refugee families are provided</p>	<ul style="list-style-type: none"> • Ongoing assessment of the shelter needs and appropriate shelter solutions. • Train national shelter teams on shelter construction techniques. • Procure, transport and store 500 family tents and distribute to most vulnerable refugee families. • Enable the provision of safe and adequate locally appropriate shelter solutions through appropriate programming methodologies, as and when required and in partnership with other agencies already active in

and utilize appropriate emergency shelter.	<p>this field.</p> <ul style="list-style-type: none"> Promote safe and durable shelter where possible through the provision of technical assistance and guidance to all involved in the shelter activities. Promote increased awareness and understanding of safe and adequate shelter response programming with the National Societies and affected communities. Coordinate with Movement partners and UNHCR in country as well as NGO partners involved in shelter programmes. Monitor and report on shelter activities. Develop and implement an exit strategy.
Outcome 2: To ensure that 2,000 Internally Displaced Families in Côte d'Ivoire (10,000 beneficiaries) have safe and adequate shelter.	
Outputs (expected results)	Activities planned
2,000 Internally Displaced Families are provided and utilize appropriate emergency shelter.	<ul style="list-style-type: none"> Identify the most vulnerable Internally Displaced Families without shelter. Distribute appropriate emergency shelters to the targeted most vulnerable IDPs without shelter. Coordinate with Movement partners and UNHCR in country as well as NGO partners involved in shelter programmes. Monitor and report on shelter activities. Develop and implement an exit strategy.

Progress: In Liberia, the IFRC has prepositioned 35 family tents and 1,000 tarpaulins. From the assessments carried out, the operation team in the field have identified shelter needs in Maryland, Grand Gedeh and Nimba Counties.

Challenges: As mentioned, under *Relief distributions* above, the UN strategy has assumed that refugees will be relocated from border villages to camps, resulting in a ban on distribution of shelter items in border villages. All look forward to a change in this policy.

Emergency health and care

Outcome 1: The health risks to 7,500 refugee families and 4,000 host community families (11,500 families/57,500 beneficiaries) are reduced through the provision of preventive, community-based health services for one year.	
Outputs (expected results)	Activities planned
The adverse effects of the disaster on the health of 57,500 refugees and hosts are reduced through epidemic control and community-based health and first-aid services	<ul style="list-style-type: none"> Carry out a baseline study in the population as a result of the population movement. Assess the health risks of the affected population in terms of health services, health needs and risk of communicable diseases. Training of 30 supervisors on Epidemic Control for Volunteers (EVC) from the affected districts and other epidemic prone districts. Provide First Aid and referral services for affected communities through 250 volunteers in the coming year. Acquire and distribute 200 first aid kits + replenishments Distribute 23,000 mosquito nets to 11,500 families within 6 months accompanied by key health messages and follow up activities through trained volunteers. Purchase, transport, store and distribute Oral Rehydration Salt (ORS) for 5,000 families for 3 months. Monitor and supervise activities from headquarters and at district level.

<p>Psycho-social support is provided to up to 10,000 refugees and staff / volunteers of National Red Cross Societies.</p>	<ul style="list-style-type: none"> • Psychological support and accommodation for refugee children and their parents at the first encounter. • Provide psychological and other support to single female-headed households. • Providing the means enabling children to participate in social activities. • Referral to specialised services. • Organise child support activities and set up child friendly spaces. • Organise counselling for staff. • Create women groups and peer support.
<p>Outcome 2: Increase the resilience to health risks of at least 2,000 Internally Displaced Families in Côte d'Ivoire (10,000 beneficiaries).</p>	
<p>Outputs (expected results)</p>	<p>Activities planned</p>
<p>Community's resilience to current as well as future outbreaks of communicable diseases is increased.</p>	<ul style="list-style-type: none"> • Training of 18 supervisors on Epidemic Control for Volunteers from the affected districts and other epidemic prone districts. • ECV workshops to train 320 volunteers on yellow fever and cholera from the affected communities. • Develop and test contingency plan for the 4 affected branches to ensure effective preparedness at branch level. • Distribute 4,000 mosquito nets to 2,000 families accompanied by health messages and follow up by trained volunteers. • Monitoring and supervision of activities from headquarters and at district level.

Progress: Red Cross volunteers have been constantly active at border crossings, assisting refugees coming across the border. The presence of the volunteers is widely acknowledged, and apart from providing First Aid, they have played a vital role in comforting distressed refugees, in spite of the language differences. Fortunately, there have been a number of volunteers of the Côte d'Ivoire Red Cross among the refugees themselves. They have assisted the Liberian Red Cross volunteers in carrying out their duties. The provision of services such as restoring family links (RFL) has greatly contributed to an improved mental health of many refugee families. The volunteers continued to sensitize the target communities on good health and hygiene practices.

The Ghana Red Cross Society (GRCS) has trained 40 volunteers who have been deployed to border communities. Similarly, they have been providing first aid and other support to the refugees as well as returnees. The GRCS is also providing first aid services in the refugees' camp at Ampain.

Challenges: Due to the sometimes chaotic circumstances at the border and the fluidity of the border, First Aid assistance has been administered without adequate registration of the number of beneficiaries. As mentioned above, under *Relief distributions* the UN strategy assuming relocation of refugees from camps has made it difficult to support border villages beyond providing life saving and basic services, without further distribution of materials.

Water, sanitation, and hygiene promotion

<p>Outcome 1 : The risk of waterborne and water related diseases has been reduced through the provision of safe water and adequate sanitation as well as hygiene promotion to 5,000 refugee families and 5,000 host community families (50,000 beneficiaries in total) in neighbouring countries with a focus on Liberia for 12 months.</p>	
<p>Outputs (expected results)</p>	<p>Activities planned</p>
<p>Safe water is provided to 10,000 refugees and host families as damaged systems are restored and new ones constructed.</p>	<ul style="list-style-type: none"> • Provide for 96 water points in refugee-affected areas. • Distributing 10,000 Jerry Cans, 10,000 buckets, 10,000 water guards and 30,000 bars of soap to 10,000 families. . • Preposition & installation of three (3) water and sanitation Kit 2 or equivalent for the provision of clean water to affected population. • Provide 40 new hand dug wells with hand pumps to affected population
<p>Improved sanitation for 10,000 families.</p>	<ul style="list-style-type: none"> • Construction of 250 pit latrines for refugees and host population. • Construction of 120 emergency pit latrines for refugees and host

	<p>population</p> <ul style="list-style-type: none"> • Support the National Societies develop/use the relevant tools to assess beneficiary locations and other information relating to the needs of 10,000 families • Train 50 community-based volunteers on Participatory Hygiene and Sanitation Transformation (PHAST) and the IFRC WatSan Software in Liberia. • Initiate a hygiene promotion campaign within the affected population focusing on behavioural change and targeting affected communities, including host and refugees' population through the use of posters, flyers, manuals, educational materials, etc. • Coordinate with the Movement partners and UNICEF in country as well as NGO actors/partners involved in water, sanitation and hygiene promotion. • Monitor and report on water, sanitation and hygiene promotion activities.
<p>Affected population receives coherent messaging on good hygiene practices to enable safe behaviour.</p>	
<p>The scope and quality of the National Red Cross Societies' water, sanitation and hygiene promotion and first aid services are improved.</p>	<ul style="list-style-type: none"> • Conduct 8 trainings on PHAST, water supply, sanitation and CBHFA for 150 volunteers, coaches and staff in the affected branches within the next 6 months.
<p>Outcome 2 : 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 2,000 Internally Displaced Families in Côte d'Ivoire for one year (10,000 beneficiaries).</p>	
<p>Outputs (expected results)</p>	<p>Activities planned</p>
<p>2,000 Internally Displaced Families have been provided with hygiene kits and have received buckets, jerry cans and soap.</p>	<ul style="list-style-type: none"> • Support the National Society to develop/use the relevant tools to assess beneficiary locations and other information relating to the hygiene needs of 2,000 internally displaced persons. • Acquire and distribute hygiene kits. • Acquire and transport 2,000 buckets, 2,000 jerry cans, and 6,000 pieces of soap for 2,000 Internally Displaced Families. • Monitor and report on the distribution.
<p>Improved sanitation for 2,000 Internally Displaced families</p>	<ul style="list-style-type: none"> • Construct 60 emergency pit latrines for IDPs.
<p>The scope and quality of the National Societies water, sanitation and hygiene promotion services are improved.</p>	<ul style="list-style-type: none"> • Conduct training on PHAST, water supply, sanitation for 60 volunteers, coaches, and staff in the affected branches within the next 6 months.
<p>The health status of 2,000 Internally Displaced Families is improved through behaviour change and hygiene promotion activities.</p>	<ul style="list-style-type: none"> • Support the National Society to identify the trainees for refresher course and to use the relevant training modules • Train 150 volunteers and 20 trained NDRT team leaders and supervisors in Participatory Hygiene and Sanitation. • Support the volunteers to distribute water purification tablets and sensitize the communities on their use. • Support the volunteers to organize at least 100 community awareness-raising sessions on health, water treatment, and good hygiene.

Progress: In Liberia, the Red Cross has to date constructed over 70 latrines in border communities, and repaired 13 hand pumps. It has also installed a water treatment kit, providing safe drinking water to around 20,000 refugees and 3,000 Liberians in the village of Buutuo, on the border with Côte d'Ivoire during this reporting period. In addition, hygiene promotion and family tracing activities are being carried out. However, there is a need to scale up the response activities in Liberia as the number of refugees in the country continues to rise. Taking into account the situation in Côte d'Ivoire and clashes on the country's western border, the Red Cross is preparing for a further influx along the Liberian border, and pre-positioning emergency relief materials in the southeastern counties of Liberia to be able to respond immediately to arising needs in these border areas.

In Côte d'Ivoire, the Red Cross supported 15,000 persons in the town of Jacqueville to have access to potable water through chlorination of wells during March 2011. The community was also sensitized on good hygiene practices during this period. Rehabilitation work on institutional latrines and hygiene awareness are ongoing in Dabou, targeting more than 1,200 IDPs in the town. With the technical support of the Watsan Delegate, 25 Red Cross volunteers have been trained on PHAST emergency methods and assessment procedures in March. The beneficiaries in conjunction with the watsan technical assistants have been active in conducting assessment in various sites. There are high needs in watsan especially after the violent clashes in Abidjan and some other parts of the country. The Red Cross volunteers are working in collaboration with other agencies in Abidjan to evacuate corpses from the streets.

In Ghana, the GRCS has reached an agreement with UNICEF on the promotion of maternal and child health as well as hygiene promotion in refugees' camps and in the host communities. The Red Cross is expected to train selected members of the host communities and refugees on good hygiene and sanitation sensitization.

Challenges: Government agents in the border villages have not allowed the construction of emergency latrines, forcing the Red Cross to construct only long term latrines, that take longer time to construct and the cost is about 20 times higher than that of an emergency latrines. Lobbying is underway to the Government of Liberia (GoL) and UN to change their strategy and agree with emergency support to refugees while at the same time providing long term infrastructure improvements that will benefit host families in the border villages.

In Côte d'Ivoire, the security situation is hampering the smooth implementation of planned watsan activities. However, the government has given a directive to security operatives as well as the general public to allow the Red Cross to offer humanitarian assistance to the vulnerable population affected by the crisis.

Livelihoods

Outcome1: The food availability of most vulnerable families in Côte d'Ivoire, Liberia and Guinea is improved through the support of household coping mechanisms.	
Outputs (expected results)	Activities planned
4,000 vulnerable (displaced and host) families have self-sustainable food growing opportunities	Purchase and distribute seeds and tools to 4,000 vulnerable families in villages where displaced are hosted and access to farmland is secured.

Progress: In Liberia, the operation has identified communities where seeds and farming tools could be distributed in order to maintain and improve the livelihoods of beneficiaries. The process of procuring the seeds and tools is ongoing, as the planting season has commenced.

Challenges: This activity was added with the revision of the appeal and the observed change in terms of the needs of the refugees and host families, following the inability to distribute food items to border villages. With limited time to the end of the planting season and the start of the rainy season, the final selection of beneficiaries has become a priority.

Logistics

Outcome: The local logistics and transport capacities of the Red Cross Societies to respond with relief items are strengthened through pre-positioning of standard items together with technical assistance to effectively manage the supply chain from arrival of relief items, through to clearance, storage, forwarding and distribution.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • Coordinated mobilization of relief goods. • Coordinated reception of all incoming goods. • Coordinated warehousing centralized provision 	<ul style="list-style-type: none"> • Conduct rapid emergency needs and capacity assessments. • Acquire and transport 11,500 sets of non-food items (NFI); with each set comprising 2 blankets and 2 sleeping mats, 3 soap bars, a jerry can, buckets and kitchen utensils. • Procure, transport and store 500 family tents and distribute to most vulnerable refugee families. • Purchase, transport, store and distribute Oral Rehydration Salt (ORS) for 5,000 families for 3 months.

<p>of standard vehicles as required; and coordinated an efficient dispatching of goods to the final distribution points.</p>	<ul style="list-style-type: none"> • Procure water purification tablets and support communities sensitization on their use • Procure 200 first aid kits + replenishments • 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 distribution points following the IFRC logistics procedures. • Store non-food items and pre-position NFI sets in warehouses for maximum efficiency, in compliance with Red Cross policies and procedures. • Liaise and coordinate with other key actors to ensure repair of damaged bridges and roads. • Construct temporary warehouse to position relief items. • Support the review and improvement of National Societies' capacities including systems and local procurement procedures. • Coordinate with the Movement partners and WFP in country as well as other actors/partners (International and National NGOs). • Provide reporting on logistic and transport activities.
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Progress: In Liberia, a logistics assessment facilitated by the Australian Red Cross-supported logistics delegate has been completed and recommendations resulting from it are being implemented. Radio communication in HQ of Liberian Red Cross and its chapters is being restored, vehicle use is being maximized and supply chain management is being improved.

In Côte d'Ivoire, the IFRC continued to provide logistics support in terms of vehicles to the National Society to ease transport of items and volunteers for the operation.

Challenges: Together with a lack of funding and the workload of the logistics department of the LNRCS, there has been inadequate capacity to ensure full implementation of the recommendations. Deployment of a delegate logistician has now been assured in order to facilitate efficient implementation.

Human resources	
Outcome: Sufficient Human Resources in place to support National Societies to respond to the crisis and emergencies now and in future	
Outputs (expected results)	Activities planned
<p>Hire the required Human Resources to ensure quality staff to support the response.</p>	<ul style="list-style-type: none"> • Recruit an Operations coordinator to be based in Liberia for nine months support. • Recruit a Watsan delegate with developmental programming and engineering knowledge for 6 Months. • Recruit a logistics coordinator in Liberia for three months. • Engage three Resource persons for 12 weeks to support the Red Cross Society of Côte d'Ivoire (RCSCI) as well as Guinea (CRG) and to promote coordination with ICRC. • Agree with the National Societies to identify consultants to provide surge capacity to ensure that other non-emergency programmes do not suffer. • Recruit regionally Emergency Coordinator, Finance Officer and Emergency Assistant for six months support to ensure that other non-emergency programmes do not suffer. • Recruit National Coordinators, Finance Assistants, Emergency Assistants and IT assistants to support National Societies headquarters and branches with specialised and on the job training. • Recruit Communication Assistants to support efforts and to increase National Societies' capacities in communications. • Engage a regional reporting officer to support the National Societies' reporting requirements.
<p>Ensure Administration, Finance, Human</p>	<ul style="list-style-type: none"> • RDRT Relief, watsan and health deployments. • Administration and Human Resources support to deployments: briefing,

Resources and other procedures are in place when deploying RDRT, staff and delegates.	procedures, briefing, debriefing.
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Progress: In Liberia, an Operation Coordinator supported by the Netherlands Red Cross has been deployed for three months. Recruitment of a successor for six months is in the pipeline, as the Coordinator is ending his mission by end of April. The process for the recruitment of Watsan and logistics delegates is ongoing. A logistics delegate from the Southern African Regional Office of the IFRC is being deployed to support the National Society in logistics, pending the finalization of the recruitment of the logistics delegate. The identification and deployment of RDRT members are ongoing, as national coordinators, finance and administration as well as disaster management and health focal persons have been identified for the operation in Liberia. A regional reporting officer is being deployed in Liberia to support the operation team and the National Society of Liberia in producing the updates and strengthening the capacity of the LNRCS reporting focal person.

The Communication team of the Africa Zone Office continues to support the West Africa team for the operation.

In Côte d'Ivoire, the in-country Watsan Delegate continues to ensure communication and management of the operation in Côte d'Ivoire. Meanwhile, the process of engaging a consultant is ongoing.

Challenges: RDRT roster deployment requires agreement from National Societies loaning staff. Hence, it is not always possible to have same RDRT return and maintain continuity.

Information systems and services (ISD)

Outcome: National Societies' capacities in information systems and services are adequate to ensure effective response to the current crisis and for the future.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> National Societies and the emergency operations room are properly equipped to ensure regular monitoring of population movements and National Societies' response. National Societies' chapters and branches offices in operation areas are adequately equipped to ensure regular monitoring of population movement and response. 	<ul style="list-style-type: none"> Support the National Societies headquarters with selected branches with computers, radios, printers, internet and other software to bridge the digital divide in emergencies and disasters. Emergency room: equip with radios, computer, hardware, GPS, maps. National Societies' chapters and branches offices: Equip with communication and transport means.

Progress: The operation has procured four computers with additional office equipment to be purchased before end April. The IFRC also supported the LNRCS in enhancing its internet connection at headquarters. The support covers the first half of 2011. This has relatively improved communication between the headquarters and the operation team in Nimba County. With support from the ICRC, the radio system at the headquarters has also been reactivated which hopefully will improve communication between the field and the coordination team at the headquarters.

Challenges: Logistic challenges in purchasing and preparation of the revised appeal have delayed purchase of equipment.

Communications – Advocacy and Public information

The NS and regional communications offices will conduct awareness and publicity activities including field trips to sensitize the public and media on the situation on the ground and the humanitarian response. They will also work with programme teams to develop beneficiary communications that support programme objectives in decreasing the vulnerability of the affected populations.

Outcome: NS and IFRC visibility are improved	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • A steady flow of timely and accurate information between the field and other major stakeholders is maintained. • The communications capacities of the National Societies are improved. • Appropriate communications tools are developed 	<ul style="list-style-type: none"> • Support the National Societies to develop communications tools in hygiene promotion, video footage, articles, and photos, and to produce materials to communicate to refugees and IDPs about hygiene, sanitation and other practices, including gender based violence to ensure their wellbeing. • Develop the National Society communication assistants' capacities to support the emergency appeal operations and profile the work of the National Societies. • Support the National Societies in its media relations in positioning the Red Cross and Red Crescent Movement and profiling its life saving activities. • Produce and upload information bulletins on the IFRC and make available for NS websites. • Share regular updates and learning studies with other stakeholders. • Organize media field trips to the key areas. • Produce communications materials for the media including stories, photos, and video footage. • IFRC delegate in Abidjan to act as spokesperson for international media and gather communications materials to support the profiling of the appeal. • Interviewees, spokespersons, hard data/numbers/facts, opinion pieces and podcasts from the field with a focus on Cote d'Ivoire and Liberia. • Monitor media coverage and monitoring of activities. • Produce and air radio/TV spots, print adverts/supplements. • Organise regular press briefings in capital cities and Dakar. • Support the volunteers involved with visibility materials (T-shirts/tabards). • Discuss and agree with ICRC on "working together in Côte d'Ivoire + 5". • Organise a regional and 2 in-country donor meetings to support the appeal.

Progress: The operation team has ensured that the communication team of the LNRCS is involved in all activities planned in the operation. Regular information is shared with the team, which is used to produce joint Movement press releases. Field monitoring missions were carried out with the communication team in February, the outcome of which produced news stories on the plight of the refugees and response activities including rehabilitation of water pumps.

The deployment of a regional communications officer from the West Coast Office of the IFRC during the first quarter of the year enhanced the capacity of the newly recruited communication coordinator of the National Society through in-house on the job training on the IFRC communication strategy. The Africa Zone Communication Manager also used the opportunity provided by her mission to complement efforts made in strengthening the capacity of the National Society's communication team.

Apart from the joint Movement press release, news stories and photos on the activities of the Red Cross are being posted on the IFRC website while regular interviews are organized with interested international media, in order to enhance Red Cross visibility and increase the appeal response. At the early stage of the operation, the LNRCS produced video footage of what was being done in the field, especially in the area of hygiene promotion. The production was shared with national television houses to showcase Red Cross activities.

Challenges: The crises in North Africa and in some part of the Arab World where Red Cross/Red Crescent is fully involved, as well as the disaster in Japan overshadowed the humanitarian concerns caused by the crisis in

Côte d'Ivoire in terms of communication. However, with the situation in Côte d'Ivoire escalating towards the end of March/beginning of April, attention has shifted to the region with the communication package produced from the operation being posted on the website.

The security concerns in Côte d'Ivoire especially in Abidjan made it difficult for the Red Cross of Côte d'Ivoire to carry out any IFRC supported planned activities, including the communication plan. With improved security in Côte d'Ivoire and roll out of IFRC supported activities, communication to enhance Red Cross visibility will be scaled up in the country. There is also the need to further reinforce the collaboration among Movement components especially in Liberia where the LNRCS is taking the lead role in the joint Movement releases so as to maintain balance in information shared with the public.

Reporting, Monitoring and evaluation	
Outputs (expected results)	Activities planned
Outcome: The activities are properly implemented, monitored and reported on to ensure effective management of the operation and accountability to the vulnerable populations and donors.	
Monitoring visits conducted, and information utilized in management of the operation. Reports produced to share information with stakeholders on operation status, opportunities and challenges.	<ul style="list-style-type: none"> • Conduct monitoring visits to 6 National Societies. • Prepare regular and final situation reports, updates and reports. • Evaluate the relief operations with a view to improving current and future response.

Progress: In addition to providing technical assistance, RDRT members deployed for the operations have been monitoring activities to ensure that implementation conforms to plans. A monitoring mission carried out by the Head of Operation, Africa Zone during the month of February provided encouragement to volunteers involved in the operation as well as assistance in identifying challenges such as the psychosocial aspect, which was taken into consideration during the revision of the appeal in collaboration with the LNRCS. The team in the field continued to ensure that regular updates are shared with the headquarters of the LNRCS and the operation coordination.

A monitoring mission by a team from Africa Zone to Côte d'Ivoire in March 2011 contributed to identifying challenges and the finalization of a plan of action to support the Red Cross of Côte d'Ivoire.

Challenges: The operation update was delayed by the necessity of producing the revised appeal. The operation reporting team has developed a working strategy to ensure timely release of operation updates.

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.

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[<Financial statement attached below; click here to return to the title page>](#)

ANNEX II. INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES: OPERATIONS UPDATE

International Federation of Red Cross and Red Crescent Societies
MDR61007 - West Africa - Population Movement

Appeal Launch Date: 22 dec 10

Appeal Timeframe: 22 dec 10 to 31 dec 11

Interim Report

Selected Parameters	
Reporting Timeframe	2010/12-2011/3
Budget Timeframe	2010/12-2011/12
Appeal	MDR61007
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	3,977,700					3,977,700
B. Opening Balance	0					0
Income						
Cash contributions						
<i>American Red Cross</i>	137,766					137,766
<i>British Red Cross</i>	219,067					219,067
<i>Canadian Red Cross</i>	66,440					66,440
<i>Japanese Red Cross</i>	44,600					44,600
<i>Norwegian Red Cross</i>	82,223					82,223
<i>Swedish Red Cross</i>	4,582					4,582
<i>Swedish Red Cross (from Swedish Government)</i>	216,760					216,760
<i>United Arab Emirates Red Crescent</i>	9,737					9,737
C1. Cash contributions	781,175					781,175
Inkind Personnel						
<i>Other</i>	9,706					9,706
C3. Inkind Personnel	9,706					9,706
Other Income						
<i>DREF Allocations</i>	200,000					200,000
C4. Other Income	200,000					200,000
C. Total Income = SUM(C1..C4)	990,881					990,881
D. Total Funding = B + C	990,881					990,881
Appeal Coverage	25%					25%

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	990,881					990,881
E. Expenditure	-485,783					-485,783
F. Closing Balance = (B + C + E)	505,098					505,098

CÔTE D'IVOIRE AND NEIGHBOURING COUNTRIES: REVISION

International Federation of Red Cross and Red Crescent Societies MDR61007 - West Africa - Population Movement

Appeal Launch Date: 22 dec 10

Appeal Timeframe: 22 dec 10 to 31 dec 11

Interim Report

Selected Parameters	
Reporting Timeframe	2010/12-2011/3
Budget Timeframe	2010/12-2011/12
Appeal	MDR61007
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		3,977,700					3,977,700	
Relief items, Construction, Supplies								
Shelter - Relief	363,695						363,695	
Clothing & textiles	153,633	14,910				14,910	138,723	
Food		283				283	-283	
Seeds & Plants	59,407						59,407	
Water, Sanitation & Hygiene	962,537	17,364				17,364	945,173	
Medical & First Aid	150,326						150,326	
Teaching Materials	60,834						60,834	
Utensils & Tools	630,015						630,015	
Other Supplies & Services		891				891	-891	
Total Relief items, Construction, Su	2,380,447	33,447				33,447	2,347,000	
Land, vehicles & equipment								
Vehicles	11,884						11,884	
Computers & Telecom	16,186	3,281				3,281	12,905	
Office & Household Equipment	10,000						10,000	
Total Land, vehicles & equipment	38,070	3,281				3,281	34,789	
Logistics, Transport & Storage								
Storage	7,427						7,427	
Distribution & Monitoring	48,119	37,596				37,596	10,523	
Transport & Vehicle Costs	266,701	14,132				14,132	252,569	
Total Logistics, Transport & Storage	322,247	51,729				51,729	270,518	
Personnel								
International Staff	411,416	15,140				15,140	396,276	
National Staff	72,915	8,408				8,408	64,507	
National Society Staff	262,749	29,136				29,136	233,613	
Volunteers		1,167				1,167	-1,167	
Total Personnel	747,080	53,851				53,851	693,229	
Consultants & Professional Fees								
Consultants	26,467	6,013				6,013	20,454	
Total Consultants & Professional Fe	26,467	6,013				6,013	20,454	
Workshops & Training								
Workshops & Training	53,761	7,725				7,725	46,036	
Total Workshops & Training	53,761	7,725				7,725	46,036	
General Expenditure								
Travel	85,865	25,717				25,717	60,149	
Information & Public Relation	19,802	1,145				1,145	18,657	
Office Costs	31,099	20,916				20,916	10,183	
Communications	10,692	12,082				12,082	-1,390	
Financial Charges	9,502	5,244				5,244	4,258	
Other General Expenses	9,897	-3,498				-3,498	13,395	
Total General Expenditure	166,857	61,606				61,606	105,251	
Operational Provisions								
Operational Provisions		238,444				238,444	-238,444	
Total Operational Provisions		238,444				238,444	-238,444	
Indirect Costs								
Programme & Service Support	242,770	29,015				29,015	213,755	
Total Indirect Costs	242,770	29,015				29,015	213,755	
Pledge Specific Costs								

ANNEX II. INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES: OPERATIONS UPDATE

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All figures are in Swiss Francs (CHF)

III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
	A					B	A - B	
BUDGET (C)		3,977,700				3,977,700		
Earmarking Fee		671				671	-671	
Total Pledge Specific Costs		671				671	-671	
TOTAL EXPENDITURE (D)	3,977,700	485,783				485,783	3,491,917	
VARIANCE (C - D)		3,491,917				3,491,917		

ANNEX III. ACRONYMS AND ABBREVIATIONS

AAVNU	<i>Association des anciens volontaires des Nations Unies</i> (United Nations Former Volunteers' Association)
ACF	<i>Action Contre la Faim</i> (Action Against Hunger)
ACORD	Agency for Development, Cooperation and Research
ACTED	Agency for Technical Cooperation and Development
ADB	African Development Bank
ADRA	Adventist Development and Relief Agency
AFJCI	<i>Association des Femmes Juristes de Côte d'Ivoire</i> (Association of Women Lawyers of the Ivory Coast)
ANADER	<i>Agence Nationale d'Appui au Développement Rural</i> (National Agency for the Support of Rural Development)
AOR	Area of Responsibility
ARK	<i>Animation Rurale de Korhogo</i>
ASA	<i>Afrique Secours et Assistance</i> (Africa Relief and Assistance)
ASAPSU	<i>Association de Soutien à l'Autopromotion Sanitaire Urbaine</i> (Self-promotion of Urban Sanitation Support Association)
ATBEF	<i>Association Togolaise pour le Bien-Etre Familial</i>
AVSI	<i>Associazione Volontari Per il Servizio Internazionale</i> (International Service Volunteer Association)
AWECO	Africa Women Welfare Committee
BRISR	<i>Bureau Régional pour l'Intégration et le Suivi des Réfugiés</i> (Regional Office for Refugee Integration and Follow-up)
CAP	consolidated appeal <i>or</i> consolidated appeal process
CCCM	camp coordination and camp management
CDI	Côte d'Ivoire
CERF	United Nations Central Emergency Response Fund
CMAM	community management of acute malnutrition
CNAR	<i>Coordination nationale d'assistance aux réfugiés</i>
CNO	<i>Centre Nord-Ouest</i>
COMCEN	communications centre
CONAREF	<i>Commission Nationale pour les Réfugiés</i> (National Commission for Refugees)
CONASUR	<i>Conseil national de secours d'urgence et de réhabilitation du Burkina Faso</i> (National Council for Emergency Relief and Rehabilitation)
CP S/C	Child Protection Sub-Cluster
CP	child protection
CREDO	Christian Relief and Development Organization
CREPA	<i>Centre Régional pour l'Eau Potable et l'Assainissement</i> (Regional Centre for Potable Water and Sanitation)
CRG	(undefined)
CRS	Catholic Relief Services
CSB	corn-soya blend
CTC	cholera treatment centre
DDR	disarmament, demobilisation and reintegration
DOVVSU	Domestic Violence and Victims Support Unit
DRC	Danish Refugee Council
DREN	<i>Direction Régionale de l'Éducation Nationale</i>
ECD Kit	early childhood development kit
ECHO	European Commission Directorate-General for Humanitarian Aid and Civil Protection
ECOWAS	Economic Community of West African States
EHAP	Emergency Humanitarian Action Plan
EMMA	Emergency Market Mapping and Analysis
EmONC	emergency obstetric and neonatal care
EPR	emergency preparedness and response
EPRWG	Emergency Preparedness and Response Working Group
ER	early recovery
ERC	Emergency Relief Coordinator
ETC	Emergency Telecommunications Cluster
EWIS	Early Warning Information System
FAFN	<i>Forces Armées des Forces Nouvelles</i>
FAO	Food and Agriculture Organization
FDS	<i>Forces de Défense et de Sécurité</i> (Security and Defence Forces)
FICR	<i>Fédération Internationale de la Croix Rouge et du Croissant Rouge</i>
FITTEST	WFP Fast IT and Telecommunications Emergency Support Team

ANNEX III. ACRONYMS AND ABBREVIATIONS

FRCI	<i>Forces Républicaines de la Côte d'Ivoire</i>
FSMS	food security monitoring system
FTS	Financial Tracking Service
GBV	gender-based violence
GES	Ghana Education Service
GHS	Ghana Health Service
GIS	geographical information system
GNA	Global Needs Assessment
GNI	gross national income
GRB	Ghanaian Refugee Bureau
GRC	German Red Cross
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HDI	Human Development Index
HIV/AIDS	human immuno-deficiency virus/acquired immuno-deficiency syndrome
HKI	Helen Keller International
HOPE '87	Hundreds of Original Projects for Employment
HSU	Humanitarian Support Unit
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
ICT	information and communications technology
IDP	internally displaced person
IEHK	inter-agency emergency health kit
IFRC	International Federation of Red Cross and Red Crescent Societies
IFS	International Friendship Services
ILA	integrated livelihood assessment
ILO	International Labour Organization
IMAM	integrated management of acute malnutrition
IMF	International Monetary Fund
INEE	Inter-Agency Network for Education in Emergencies
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
IRC	International Rescue Committee
IRW	Islamic Relief Worldwide
IT	information technology
KG	Kinder Garten
MDM	<i>Médecins du Monde</i>
MESAD	<i>Mouvement pour l'Éducation, la Santé et le Développement</i> (Movement for Education, Health and Development)
MoE	Ministry of Education
MOH	Ministry of Health
MOSS	Minimum Operational Security Standards
MOU	memorandum of understanding
MSF	<i>Médecins sans frontières</i> (Doctors without Borders)
MSF/B	<i>Médecins sans frontières</i> (Doctors without Borders) - Belgium
MSF/CH	<i>Médecins sans frontières</i> (Doctors without Borders) - Switzerland
MSU	mobile storage units
MT	metric ton
NADMO	National Disaster Management Organisation
NCHS	National Center for Health Statistics
NCS	National Catholic Secretariat
NFI	non-food item
NGO	non-governmental organization
NPK	nitrogen, phosphorus, and potassium (fertilizer components)
NRC	Norwegian Refugee Council
NTN	<i>Notre Terre Nourricière</i> (Our Nourishing Earth)
OCHA	Office for the Coordination of Humanitarian Affairs
OCPH	Organisation Catholique pour la Promotion Humanitaire
ODAFEM	<i>Organisation pour le développement des activités des femmes</i> (Organization for the Development of Women's Activities)
OIDSP	<i>Organisation Internationale pour le Développement et le Suivi de Projets</i> (International Organization for Project Development and Monitoring)
ONUCI	<i>Opération des Nations Unies en Côte d'Ivoire</i> (UN Mission in Côte d'Ivoire)

PAHO	Pan-American Health Organization (WHO)
PEP	post-exposure prophylaxis
RUTF	ready-to-use therapeutic food
SAM	severe acute malnutrition
SC	Save the Children
SFCG	Search for Common Ground
SFP	supplementary feeding programme
SGBV	sexual and gender-based violence
SIB	school-in-a-box
SMART	Standardized Monitoring and Assessment of Relief and Transition
SOPs	Standard Operating Procedures
SPHERE	Humanitarian Charter and Minimum Standards in Humanitarian Response
STI	sexually transmitted infection
TB	tuberculosis
TCN	third-country national
UN	United Nations
UNAIDS	Joint United Nation Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAC	United Nations Disaster Assessment and Coordination
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHAS	United Nations Humanitarian Air Services
UNHCR	United Nations High Commissioner for Refugees
UNHRD	United Nations Humanitarian Response Depot
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNOPS	United Nations Office for Project Services
UNPOL	United Nation Police
USAID	United States Agency for International Development
UXO	unexploded ordnance
VHF	very high frequency
WASH	water, sanitation and hygiene
WCARO	(WHO) West and Central Africa Regional Office
WFP	World Food Programme
WHO	World Health Organization
WIMAX	Worldwide Interoperability for Microwave Access
WV	World Vision

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 <http://fts.unocha.org>.

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

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