

**EQUATORIAL GUINEA  
RAPID RESPONSE  
Bata Blasts EMERGENCY  
2021**

**21-RR-GNQ-47143**

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Resident/Humanitarian Coordinator

## PART I – ALLOCATION OVERVIEW

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### Reporting Process and Consultation Summary:

Please indicate when the After-Action Review (AAR) was conducted and who participated.

November 2021

The RC has led the discussion and brainstorming on the CERF and overall Bata UN Response within the UNCT, aiming at sharing experiences, lessons learnt and define way forward.

UNFPA has also conducted an end-line discussion with its implementing partners, which helped identify main constraints faced by local NGOs working in the field.

Please confirm that the report on the use of CERF funds was discussed with the UN Country Team (HCT/UNCT).

Yes  No

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes  No

## 1. STRATEGIC PRIORITIZATION

### Statement by the Resident/Humanitarian Coordinator:

The CERF funded projects were critical to allow the UN in Equatorial Guinea to stay and deliver in Bata, as well as to attend the critical needs of underserved populations, namely women and girls, tackling gender-based violence and reproductive health needs.

The establishment of the Malabo-Bata UNHAS airbridge indirectly benefitted targeted beneficiaries of humanitarian and recovery interventions. A total of 450 passengers and 1.82 mt of humanitarian cargo were transported, helping implementation of emergency and recovery programmes.

Within the Protection component, 500 women and 500 girls benefited from dignity kits, 2,500 people received health and food vouchers; 1,176 people received psychological support - to mention only a few examples of the direct impact of the project.

In terms of indirect beneficiaries, the project was able to reach the total affected population. It is estimated that 20% of the Bata population (about 60,000 people, including men, women, adolescents and children) affected by the catastrophe benefited from the project activities, and from the overall UN emergency response enabled by the airbridge.

Since the health facilities supported (with equipment, supplies and professionals trained) by the project are spread in different parts of Bata it is expected as long-lasting effect a contribution to the health system strengthening and GBV/SRH services quality improvement, which will now be continually supported by the UN regular development programme, thus ensuring the sustainability of this initial intervention.

In addition to the main strategic response objectives, the project contributed the following achievements:

- 1) Supported the recovery of their normal lives for many families, both affected and foster families;
- 2) The activities carried out by the different NGOs that accompanied UNFPA to implement the activities on the ground extended their activities to various communities, guiding and advising the population on preventive measures for GBV, SEA/HIV/IST/SR and Covid-19 as well as psychosocial support;
- 3) The project has aroused interest and has supported the Government for the elaboration of a National Plan for Humanitarian Emergencies that did not exist;
- 4) The project's presence has improved political buy-in and helped better position the humanitarian community to fulfill its mandate;
- 5) Help drive more sustainable solutions to longer-term problems; and/or serve as a catalyst to attract additional money from donors;
- 6) The project has also strengthened the capacities of the health structures identified to support project activities and has strengthened the capacities of NGOs in terms of humanitarian interventions.

### CERF's Added Value:

CERF allowed all UN agencies and partners to operate and deliver in the COVID19 context, thanks to the airbridge Malabo-Bata-Malabo operated by WFP.

The CERF funds contributed not only to the emergency response, but also to the early recovery phase, facilitating the implementation of innovative interventions, such as cash transfer, cash for work or cash for training.

It also allowed to raise awareness of Government counterparts and civil society organizations to often forgotten critical needs, like the specific ones of women and girls in emergency contexts.

### Did CERF funds lead to a fast delivery of assistance to people in need?

Yes

Partially

No

Yes, because Without the UNHAS air service between Malabo and Bata the majority of the interventions, both from the UN, partners and even Government, would not take place, due to the COVID19 related restrictions in place. On the other hand, UNFPA interventions helped reach a vulnerable usually left behind group and necessarily prioritized for delivery of assistance.

**Did CERF funds help respond to time-critical needs?**

Yes

Partially

No

Yes, because without the UNHAS air service between Malabo and Bata the majority of the interventions, both from the UN, partners and even Government, would not take place or be significantly delayed, due to the COVID19 related restrictions in place. UNHAS air service allowed to support response to critical needs, like shelter, foods and basic items provision, emergency health response, COVID19 health response, houses recovery, livelihoods recovery, reopening of affected schools, among other critical interventions part of the overall UN response to the Bata 7M emergency.

**Did CERF improve coordination amongst the humanitarian community?**

Yes

Partially

No

Yes, under the leadership of the Resident Coordinator, CERF contributed to improved coordination among UN agencies and partners in the field. UNDAC team led the coordination in the field and organized the response structured around 07 cluster areas.

**Did CERF funds help improve resource mobilization from other sources?**

Yes

Partially

No

Yes, partially. Overall, the UN was able to mobilize 2,9 Million USD. Even if this amount is far from the ERP estimated funding needs (10 Million USD) the CERF funds certainly had a catalyser effect and helped in the mobilization efforts.

**Considerations of the ERC's Underfunded Priority Areas<sup>1</sup>:**

CERF funds helped fund area (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment. With the CERF fund, UNFPA with its partners were able to reach 500 women and 500 girls benefited from dignity kits, 2500 people received health and food vouchers; 1,176 people received psychological support; and 31 different health professionals from 5 health centres (10 men and 21 women) were trained on clinical management of rape and prevention and management of GBV/SRH/AHS/HIV survivors. In addition, 23 people of the host community (10 men and 13 women) of different professional profiles received training on GBV/SEA.

The difficulties in mobilizing additional funds remained a challenge and didn't allowed to extend the services further. Technical capacities in the field and lack of awareness on the relevant Government stakeholders also constituted a challenge.

**Table 1: Allocation Overview (US\$)**

<sup>1</sup> In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

<b>Total amount required for the humanitarian response</b>	<b>10,094,800</b>
CERF	994,464
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	1,900 000 USD
<b>Total funding received for the humanitarian response (by source above)</b>	<b>2,894,464 USD</b>

**Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)**

Agency	Project Code	Sector/Cluster	Amount
UNFPA	21-RR-FPA-004	Protection	394,480
WFP	21-RR-WFP-004	Common Services - Humanitarian Air Services	599,984
<b>Total</b>			<b>994,464</b>

**Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)**

<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>936,864</b>
Funds sub-granted to government partners*	0
Funds sub-granted to international NGO partners*	0
Funds sub-granted to national NGO partners*	57,600
Funds sub-granted to Red Cross/Red Crescent partners*	0
<b>Total funds transferred to implementing partners (IP)*</b>	<b>57,600</b>
<b>Total</b>	<b>994,464</b>

\* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

## 2. OPERATIONAL PRIORITIZATION:

### Overview of the Humanitarian Situation:

On 7 March 2021, a series of explosions occurred at an armoury of the Nkuantoma Gendarmerie and military barracks in Bata, the country's economic capital. The blast has created widespread destruction to housing and infrastructure, disrupted services, and caused extensive damages and losses to income generating activities. 107 people died from the explosion and more than 700 others were injured. The Government described the situation as catastrophic and called for the international community's support to respond to humanitarian needs. The explosion has heightened protection risks, particularly for unaccompanied children who lost family and relatives, and water and sanitation concerns.

### Operational Use of the CERF Allocation and Results:

In response to the explosion in Bata, CERF allocated \$1 million from its Rapid Response window for humanitarian activities. UNFPA supported programming to prevent gender-based violence (GBV) and sexual exploitation and abuse (SEA), sexual and reproductive health (SRH), HIV support, and psychosocial and economic support to women and girls. Socio-economic support mainly consisted of vouchers and cash for ensuring people's financial access to SRH, GBV/SEA services. WFP provided humanitarian air services by establishing an air bridge between Malabo and Bata to enable emergency personnel and equipment to be transported quickly and regularly through its assets. The B1900D aircraft based in Malabo operated the route Malabo-Bata-Malabo on a regular basis. This funding enabled UNFPA, WFP and partners to provide life-saving assistance to 60,000 people, including 20,500 women, 13,000 men and 26,500 children.

### People Directly Reached:

With the CERF fund, UNFPA with its partners were able to reach 500 women and 500 girls benefited from dignity kits, 2500 people received health and food vouchers; 1,176 people received psychological support; and 31 different health professionals from 05 health centres (10 men and 21 women) were trained on clinical management of rape and prevention and management of GBV/SRH/AHS/HIV survivors. In addition, 23 people of the host community (10 men and 13 women) of different professional profiles received training on GBV/SEA WFP and partners to provide life-saving assistance to 60,000 people, including 20,500 women, 13,000 men and 26,500 children.

### People Indirectly Reached:

[With the CERF fund, UNFPA with its partners were able to reach the total affected population, which can be considered as indirect beneficiaries to the project activities. Thus it is estimated that 20% of the Bata population (about 60,000 people, including men, women, adolescents and children) affected by the humanitarian crisis have benefited from the project activities and sensitisation in the areas of GBV/ASRH/HIV. Since the health facilities supported by the UNFPA project were spread in different parts of Bata city it is expected that all the population benefited from the services. Host communities benefited indirectly from the protection services provided by the project.

According to the UNFPA Rapid Assessment carried out in first mission to Bata jointly with the other UN agencies after the explosions, approximately 150 families (on average 5-6 members per family) stayed in temporary shelters in the first week after the explosions. These families were composed of 648 adults and youth, and 252 children (0 to 15 years old). Families that hosted displaced relatives were also targeted by the project's interventions, mainly for awareness campaigns, psychosocial support, distribution of dignity kits, GBV/HIV-related services and cash support.

In general, the UNFPA CERF project contributed to the survival and resilience of the affected people and the Government systems which ensured the sustainability of essential services. Twenty per cent (60,000 people) were sensitized through the different campaigns (radio, television) about GBV / SRH / EAS / HIV services, 2500 people received health and food vouchers and 1000 women and girls benefited from the dignity kits. While 500 women and 500 girls were direct beneficiaries of the dignity kits, the entire family could benefit from some of the items in the kits.

In part, the UNFPA project as well contributed to increasing the response capacity of humanitarian organizations who implemented the priority activities defined in the clusters' action frameworks, beyond project planned interventions.

On the other hand, the establishment of the Malabo-Bata UNHAS airbridge allowed the implementation of emergency response activities by the Logistics sector, which was critical for the delivery of life saving support to affected communities in Bata. UNHAS flights enabled emergency personnel and equipment to be transported quickly and regularly. With WFP CERF project a total of 450 passengers and 1.82 mt of humanitarian cargo were transported, helping implementation of emergency and recovery programmes taking place in Bata. A total of 28 organizations were served, with passenger category composed of representatives/ staff from UN agencies (60%), Government (35%) and diplomatic missions (5%). Special flights with visiting ambassadors and other high level representative staff were also performed. ]

**Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster\***

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Common Services - Humanitarian Air Services	0	0	0	0	0	0	0	0	0	0
Protection	20,500	13,000	19,500	7,000	60,000	20,500	13,000	19,500	7,000	<b>60,000</b>

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.



**Table 5: Total Number of People Directly Assisted with CERF Funding by Category\***

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced people	1,000	1,000
Host communities	40,000	42,000
Other affected people	19,000	19,000
<b>Total</b>	<b>60,000</b>	<b>60,000</b>

**Table 6: Total Number of People Directly Assisted with CERF Funding\***

Sex & Age	Planned	Reached	Number of people with disabilities (PwD) out of the total	
			Planned (*)	Reached
Women	20,500	20,500	0	[0/NA]
Men	13,000	13,000	0	[0/NA]
Girls	19,500	19,500	0	[0/NA]
Boys	7,000	7,000	0	[0/NA]
<b>Total</b>	<b>60,000</b>	<b>60,000</b>	<b>0</b>	<b>[0/NA]</b>

(\*) This indicator, since it is not contemplated in the project, is not accurate now.

## PART II – PROJECT OVERVIEW

### 3. PROJECT REPORTS

#### 3.1 Project Report 21-RR-FPA-004

1. Project Information			
Agency:	UNFPA	Country:	Equatorial Guinea
Sector/cluster:	Protection	CERF project code:	21-RR-FPA-004
Project title:	Enhancing access to protection services for affected population to recover from Bata explosions		
Start date:	12/04/2021	End date:	11/12/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
F undi ng	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 1,000,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 394,480</b>
	<b>Amount received from CERF:</b>		<b>US\$ 394,480</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 57,600</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 57,600
Red Cross/Crescent Organisation		US\$ 0	

### 2. Project Results Summary/Overall Performance

After the explosions, it was estimated that approximately 450 families (consisting of 5-6 members per family unit) were sheltered and that these families consisted of 648 adults and youth and 252 children (28%) aged 0-15 years. To respond to the humanitarian crisis, a UN humanitarian response was initiated in the 7 cluster areas identified, in the so called ground zero zone (Nkoantoma, Mondong, Bikui), and assistance and recovery plan was developed using the CERF fund for a period of 06 months (May - September 2021) which was later extended until 10 December 2021.

With the CERF fund, UNFPA with its partners were able to reach out to 20% of the Bata population (60,000 people) through different awareness campaigns (radio, television) on GBV/SRH/AHS/HIV/ COVID, 500 women and 500 girls benefited from dignity kits, 2500 people received health and food vouchers and 31 different health professionals from 5 health centres (10 men and 21 women) were trained on clinical management of rape and prevention and management of GBV/SRH/AHS/HIV survivors. These health centres received medical equipment and 20 RH kits (different types) necessary to provide emergency maternal health and obstetrics services to survivors in a humanitarian context. More than 2,500 families in the host community indirectly benefited from the GBV prevention services, of which

some directly benefited from psychosocial support. 23 people of the host community (10 men and 13 women) of different professional profiles received training on GBV/SEA. In addition, 450 families received cash support, food vouchers and vouchers for health services.

### 3. Changes and Amendments

Despite the COVID19 restriction measures and unavailability of flights to reach Bata, the CERF project started timely its implementation by focusing on the preparatory key interventions, mainly the recruitment of staff, the procurement of supplies, commodities and materials and, the development of contractual services with NGOs and medias. During the first weeks of the project, UNFPA was able to meet with the main governmental partner, the Ministry of Social and Women Affairs and fully endorsed the project and nominated 2 focal points (1 in Bata and 1 in Malabo) to oversee the operational implementation of the project. The national project coordinator and the national administration consultant were recruited and deployed. An international humanitarian consultant was recruited for facilitating the training on the Minimum Initial Service Package (MISP) in emergency settings. However, it was not possible to hire an international consultant to support the implementation of the GBV interventions because of the context in the country including COVID19. The project instead used UNFPA Regional Advisor to support remotely to provide technical guidance. Monthly steering committee meetings took place with RCO, UN agencies and Government focal points to discuss operational and coordination concerns related to the project.

The logistic response of the project faced some challenges due to the nationwide restrictions on movement enforced to reduce the expansion of COVID19. To facilitate the movement of staff and supplies using the UNHAS aircraft, a special waiver from the Government was required which took longer due to administrative issues.

Although the procurement order for reproductive health emergency kits were placed immediately upon receiving the funds, there were some delays in the procurement at UNFPA PSB level in Copenhagen due to the global shortage of some of the items of the kits. This caused delays in receiving and distributing the kits to the facilities. The same thing happened with the procurement of the communication materials. For that, the project requested a no-cost extension until 11 December 2021 to complete all project activities.

At the UNFPA Country Office level, the lack of previous experience of dealing with the humanitarian context caused unwanted delays in registering the NGOs in the system, signing the agreements with the implementing partners and transferring the funds to the NGOs. The delays in the implementation were compensated with the strict follow up on the NGOs and close coordination with the concerned ministries.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	500	0	500	0	1,000	500	0	500	0	1,000
Host communities	12,000	5,000	16,000	7,000	40,000	12,000	5,000	16,000	7,000	42,000
Other affected people	8,000	8,000	3,000	0	19,000	8,000	8,000	3,000	0	19,000
<b>Total</b>	<b>20,500</b>	<b>13,000</b>	<b>19,500</b>	<b>7,000</b>	<b>60,000</b>	<b>20,500</b>	<b>13,000</b>	<b>19,500</b>	<b>7,000</b>	<b>62,000</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	NA	NA	NA	NA	NA

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## 5. People Indirectly Targeted by the Project

The total affected population can be considered as indirect beneficiaries to the project activities. Thus it is estimated that 20% of the Bata population (about 60,000 people, including men, women, adolescents and children) affected by the humanitarian crisis have benefited from the project activities and sensitisation in the areas of GBV/ASRH/HIV. Since the health facilities supported by the project were spread in different parts of Bata city it is expected that all the population benefited from the services. Host communities benefited indirectly from the protection services provided by the project.

According to the UNFPA Rapid Assessment carried out in first mission to Bata jointly with the other UN agencies after the explosions, approximately 150 families (on average 5-6 members per family) stayed in temporary shelters in the first week after the explosions. These families were composed of 648 adults and youth, and 252 children (0 to 15 years old). Families that hosted displaced relatives were also targeted by the project's interventions, mainly for awareness campaigns, psychosocial support, distribution of dignity kits, GBV/HIV-related services and cash support.

In general, the project contributed to the survival and resilience of the affected people and the government systems which ensured the sustainability of essential services. Twenty per cent (60,000 people) were sensitized through the different campaigns (radio, television) about GBV / SRH / EAS / HIV services, 2500 people received health and food vouchers and 1000 women and girls benefited from the dignity kits. While 500 women and 500 girls benefited direct beneficiaries of the dignity kits, the entire family could benefit from some of the items in the kits.

Supporting the health facilities with SRH kits and training the service providers and social workers ensured the continuity of the services in the entire Bata. The response strengthened the institutional and community mechanisms to prevent, mitigate and respond to protection risks. The trainings, awareness campaigns carried out in the different media platforms and at the communities on prevention of GBV / ASE / SRH / in the affected areas, as well as the preparation of the essential resources guide created a mechanism and supportive environment to strengthening the protection systems and to ensure access to specialized services for women and girls.

In part, the project as well contributed to increasing the response capacity of humanitarian organizations who implemented the priority activities defined in the clusters' action frameworks, beyond project planned interventions.

## 6. CERF Results Framework

<b>Project objective</b>	Provide access to a comprehensive and integrated protection service package that save lives of populations affected by the Bata explosions, including on GBV/SEA, SRH, HIV, psychosocial support and cash support.			
<b>Output 1</b>	100% of targeted health facilities (maternity ward, FP center, Maria Gay center, Rafols center, Libertad center), affected and vulnerable communities have access to a quality GBV and SRH service provision			
<b>Was the planned output changed through a reprogramming after the application stage?</b>		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>
<b>Sector/cluster</b>	Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Number of staff who receive a refresher training for clinical management of rape and provision of adequate emergency RH services	30	31	- Report of the International Humanitarian Consultant. - Filed Mission Report from the SRH Program Officer
Indicator 1.2	Number of targeted medical services equipped for clinical management of rape and provision of adequate emergency RH services	5	5	- Report on the distribution of SRH kits to the 5 health facilities
Indicator 1.3	Number of women and girls who benefited from dignity kits	1,000	1,000	- Mission report for the delivery of the dignity kits. - Dignity kits distribution report. - NGO data registry
Indicator 1.4	% of identified GBV/SEA survivors who receive care and support	90	100	Although these cases were not reported as GBV survivors because of the culture of the country. It was possible to identify the GBV cases at the health facilities and treated there without reporting them as GBV case. All cases identified were provided with services.
Indicator 1.5	Number of people sensitized on GBV/SEA and services through CSOs/NGOs and media communication	60,000	69.120  does not include television channels and radios.	Reports of the awareness-raising activities of NGOs and the media (NGOs, television channels and radios)
<b>Explanation of output and indicators variance:</b>		Reaching out to more people in the GBV sensitisation was because using the public and private TVs.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Organize awareness raising activities with the local CSOs/NGOs and media	UNFPA, NGOs: ASAMA; SALUD POSITIDA and ADMAD, Media		
Activity 1.2	Provide emergency reproductive health kits, including post rape kits	UNFPA		

Activity 1.3	Distribute dignity kits for women and girls	UNFPA, three NGOs (ASAMA, SALUD POSITIVA and ADMAD)
Activity 1.4	Organize refresher training of reference health services on GBV/SEA case management	UNFPA,
Activity 1.5	Organize refresher training of the Ministry Delegation GBV cell, police, gendarmerie, and judiciary officer for psychosocial, legal, and judicial support	UNFPA, Ministry of social affairs
Activity 1.6	Develop and disseminate a GBV referral pathway	UNFPA
Activity 1.7	Conduct an assessment of risks and safety audits	UNFPA

**Output 2** Financial support for most vulnerable population affected by the blast with priority to women, youth, and female household HH via vouchers and cash support conducted by partner NGOs.

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

<b>Sector/cluster</b>	Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Number of women, youth and female-headed households who have received cash support	450 households (2500 beneficiaries)	450 households	NGO Reports on the delivery of incentives to beneficiaries
<b>Explanation of output and indicators variance:</b>		[NA]		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Cash support to GBV survivors and most vulnerable households.	UNFPA/NGO		
Activity 2.2	Community consultation, monitoring & coordination	UNFPA/NGO		

**Output 3** Psychosocial support and services are made available for women, girls and children, including for HIV prevention.

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

<b>Sector/cluster</b>	Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	Number of women, girls and children who have received psychosocial support	400	1,176	Report of the NGO ADMAD on psychosocial support for the victims.
Indicator 3.2	Number of targeted population who have received post-exposure prophylaxis (PEP) and condom for HIV protection	1000	69,120	Facility receipts
<b>Explanation of output and indicators variance:</b>		Indicator 3.2 achieved figure is the number of condoms distributed to the facilities. The facilities don't keep records for the number of people who received condoms. UNFPA is working with the facilities on that.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		

Activity 3.1	Organize face to face psychosocial support to women, girls and children, including GBV/SEA survivors and people living with HIV	UNFPA and NGO
Activity 3.2	Enable a telephone helpline for users to provide information and psychosocial support on GBV/SEA and HIV	UNFPA, NGOs
Activity 3.3	Provide access to post-exposure prophylaxis (PEP) and condoms	UNFPA and NGO

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>2</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>3</sup>:

For accountability purposes, beneficiaries were informed and involved in the implementation of activities. The project started by conducting a rapid assessment that included group discussion with women to identify the vulnerable women and families and design the response according to the needs and risks.

The engagement of community's leaders, community representatives, local NGOs and local authorities in the project implementation and monitoring, created a shared accountability mechanism of the local authority and community leaders toward the affected population.

An inclusive and multi-sectoral plan was developed between the government and the UN agencies and trainings/ orientations were conducted to build the capacities of humanitarian partners and organisations on gender and disability mainstreaming and protection from sexual exploitation and abuse in their programmes and plans. Sessions were organised according to the need to encourage the effective participation of organisations in coordination and humanitarian programming as well.

### b. AAP Feedback and Complaint Mechanisms:

<sup>2</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

<sup>3</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).



Mechanisms were established to listen to the grievances of affected people and consultations with leaders and beneficiaries. Regular planning and follow-up meetings were organised. Through these meetings beneficiaries were able to convey their complaints and observations to community leaders and their representatives. These meetings have served as feedback mechanism to assess/ review the progress and impact during implementation.

In addition, the community sensitisation sessions on SRH/GBV/GBV/ASR/HIV/Covid-19 created a space for interaction with the people and collecting their feedback.

The telephone helpline was also set up and served as a space for discussion with women, girls, boys and men to give their feedback while receiving the counselling and advice.

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### **c. Prevention of Sexual Exploitation and Abuse (PSEA):**

The CERF project aimed to provide GBV prevention and response services with a focus on PSEA through awareness raising on basic concepts of GBV/SEA, hygiene care, sensitisation of the population on risk behaviours and measures to access care, capacity building of health facilities with emergency SRH kits for treatment of GBV cases and training of service providers to manage survivors of GBV/SEA. A referral guide was developed considering the key principles of confidentiality and accessibility. This guide was shared with all stakeholders. The hotline and referral resource guide were put in place to serve cases of GBV and SEA. The health centres were equipped with SRH kits to be able to deal with SEA/GBV cases. Multi-sectoral and multi-disciplinary trainings (law enforcement personnel, health and social workers, justice personnel) on identification, care and management of SEA/GBV cases were organized.

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### **d. Focus on women, girls and sexual and gender minorities, including gender-based violence:**

The project interventions were designed to promote gender equality while providing prevention and response to GBV / SEA. A multisectoral care package was created to allow survivors to rebuild their dignity. It addresses the needs of women, girls, men and boys, while providing an appropriate response based on gender and age.

Eighty-eight per cent of the funds received were assigned to the area of health and protection. Gender equality was a principle mainstreamed in the provision of health and protection services through ensuring the accessibility, acceptability to women, men, boys and girls with more attention given the women and girls being the most vulnerable. Dignity kits were distributed to women and girls to ensure that they can have basic hygiene and protection items to enable them to access services. Vouchers were also distributed to the most vulnerable families focusing on the female-headed families.

Gender equality was emphasised through organizing trainings on GBV/PSAE for the Ministry of Social Affairs and Gender Equality, the Ministry of Health and Social Welfare, Justice, Police and Gendarmerie, as well as NGOs. The project aimed to reinforce and raise awareness on gender equality, empowerment of women and girls in Equatorial Guinea and how to deal with women, girls, men, and boys while providing an adequate response respecting their needs and rights.

Another training on RH/SEA/HIV/Covid-19 was organised by the project with the participation of the technical ministries in order to promote equal access to health services for women and girls.

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### **e. People with disabilities (PwD):**

Due to the lack of information on the different vulnerable groups including the PWD, the project focused on covering of the essential needs of women and girls in general. Although the activities were not directly provided to women and girls with disabilities, women and girls with disability and elderly benefited from the project's resources.

The training provided to technical staff of sectoral ministries, NGOs and technical staff of health facilities discussed how to deal with the vulnerable groups including the PWD while providing the humanitarian response. The purchase and distribution of medical supplies and

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equipment to health facilities in different parts of the Bata, the purchase and distribution of dignity kits, the payment of cash for health services, etc., have contributed to equitable access to services and promote the protection and safety of the population, especially women and girls.

**f. Protection:**

Due to the lack of information on the most vulnerable groups including the PWD, the project followed an inclusive strategy to cover the essential needs of women and girls. The project promoted equitable access to basic essential services for the target population living in the blast zones and surrounding neighbourhoods. Women, girls, youth, and service providers were most affected in the crisis and thus the project resources were mostly directed to. Because of the project interventions, the vulnerability of these groups to GBV, HIV/AIDS and COVID19 was improved.

The project has provided access to information and integrated protection services to all affected population and probably beyond that to include the entire city of Bata. At least 60,000 people, including women, men, adolescents, and boys, girls affected by the crisis have benefited from the project activities and sensitisation sessions in the areas of GBV/HIV/AIDS/HIV and COVID19. This contributed to creating public awareness about the protection issues and how and where to access the services.

The inclusive and multi-sectoral plan developed between the Government and the UN agencies, and the training and orientations conducted to building the capacities of humanitarian partners and organisations on gender and disability mainstreaming and protection from sexual exploitation and abuse contributed to enhance the protection principles during humanitarian crisis and build linkage with the protection framework in the country.

**g. Education:**

[Fill in] NA

**8. Cash and Voucher Assistance (CVA)**

**Use of Cash and Voucher Assistance (CVA)?**

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
Yes, CVA is a component of the CERF project	Yes	69.120

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Cash support was provided to the most vulnerable, including women, female-headed households and youth affected by the explosion. This cash assistance was meant to help the most vulnerable identified families to cope with the catastrophic effect of the crisis and be able to resume their normal life activities.

As for the health and food coupons, a risk analysis was carried out before distribution to families and implementing partners to identify the most vulnerable and associated risks present in the humanitarian environment, as well as an assessment of the urgency. Act. Risk assessment is a fundamental tool used for preventing damage to the health and safety of people in a humanitarian crisis. Food vouchers were exchanged for food by beneficiaries and cash was given for health care to health centres.

**Parameters of the used CVA modality:**

<b>Specified CVA activity</b> (incl. activity # from results framework above)	<b>Number of people receiving CVA</b>	<b>Value of cash (US\$)</b>	<b>Sector/cluster</b>	<b>Restriction</b>
Cash support for women and girls, and female headed households	2500	US\$ 76,500	Protection	Choose an item.
Food Coupon	450	US\$ 91,000	Food Assistance	Choose an item.
Health Coupon	450	US\$ 21,262	Health	Choose an item.

**9. Visibility of CERF-funded Activities**

<b>Title</b>	<b>Weblink</b>
<i>Lanzamiento de las actividades del Proyecto CERF-Bata, 2021</i>	<a href="https://equatorialguinea.unfpa.org/sites/default/files/bata.-lanzamiento_proyecto_fnud.mp4">https://equatorialguinea.unfpa.org/sites/default/files/bata.-lanzamiento_proyecto_fnud.mp4</a>
<i>Noticia: Entrega de Kits de Salud Sexual y Reproductiva a los centros sanitarios de Bata</i>	<a href="https://equatorialguinea.unfpa.org/sites/default/files/entrega_de_medicamentos_.mp4">https://equatorialguinea.unfpa.org/sites/default/files/entrega_de_medicamentos_.mp4</a>
<i>Entrega de Kits de dignidad y otros productos y materiales a las ONGs.</i>	<a href="https://equatorialguinea.unfpa.org/sites/default/files/bata-30-08-2021_donacion_unfpa.mp4">https://equatorialguinea.unfpa.org/sites/default/files/bata-30-08-2021_donacion_unfpa.mp4</a>

### 3.1 Project Report 21-RR-WFP-004

1. Project Information			
Agency:	WFP	Country:	Equatorial Guinea
Sector/cluster:	Common Services - Humanitarian Air Services	CERF project code:	21-RR-WFP-004
Project title:	Logistics response - Equatorial Guinea Bata explosions		
Start date:	01/04/2021	End date:	30/09/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 600,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 0</b>
	<b>Amount received from CERF:</b>		<b>US\$ 599,984</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ [0]</b>
	Government Partners		US\$ [0]
	International NGOs		US\$ [0]
	National NGOs		US\$ [0]
Red Cross/Crescent Organisation		US\$ [0]	

### 2. Project Results Summary/Overall Performance

Through this CERF UFE grant, WFP operated UNHAS flights connecting Malabo and Bata from 1 June to 30 September 2021.

During the months of April and May 2021, all necessary activities to set up the operation were completed, including base and ground preparations. Time was also necessary to obtain all relevant Government clearances to operate.

Over this period, basic expenditures related to the operation setting up were registered. However, considering that no flights could be performed until all operational and safety conditions were in place, the higher amount of expenses related to aircraft contracts and fuel were registered only as of June, when flights started. Since there is no WFP Country Office in Equatorial Guinea, administrative management of the operation was supported by UNDP.

During the implementation period, 98 flights were conducted with the one Malabo-based aircraft B1900D, transporting a total of 450 passengers and 1.82 mt of humanitarian cargo, with the peak in July due to ongoing recovery programmes taking place in Bata, when 194 passengers were transported. A total of 28 organizations were served, with passenger category composed of representatives from UN agencies (60%), Government (35%) and diplomatic missions (5%). Special flights with visiting ambassadors and other high level representative staff were also performed.

The establishment of the Malabo-Bata UNHAS airbridge allowed the implementation of emergency response activities by the Logistics sector, which was critical for the delivery of life saving support to affected communities in Bata. UNHAS flights enabled emergency personnel and equipment to be transported quickly and regularly.

### **3. Changes and Amendments**

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Due to low occupancy demand in June, the initially determined schedule was reduced to one round trip per day over four days a week. For cost-efficiency reasons, three flights with less than five booked passengers were cancelled during June. This was due to external factors such as a public holiday and bad weather conditions.

Furthermore, some project management costs related to human resources, office maintenance, etc., were also adjusted and resulted in reduced expenditures.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Common Services - Humanitarian Air Services									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	0	0	0	0	0

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## 5. People Indirectly Targeted by the Project

The establishment of the Malabo-Bata UNHAS airbridge indirectly benefitted targeted beneficiaries of humanitarian and recovery activities implemented in favour of the affected population in Bata.

## 6. CERF Results Framework

**Project objective** Humanitarian and development partners have access to common services that permit them to reach and operate in targeted areas to ensure swift, safe, and effective humanitarian operations benefiting crisis-affected populations

**Output 1** Providing air transport services to the humanitarian and development community

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

**Sector/cluster** Common Services - Humanitarian Air Services

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Total number of passengers transported	1200	450	Performance Management Tool
Indicator 1.2	Percentage of passengers served against requested	95%	90%	Performance Management Tool
Indicator 1.3	Lead time in recovering cancelled flight (hours)	24	48	Operational records
Indicator 1.4	Percentage of payload delivered against capacity	80%	16%	Operational records
Indicator 1.5	Total weight/volume of cargo transported	30mt	1.82mt	Performance Management Tool

**Explanation of output and indicators variance:** With the period of operational set up covering the months of April-May, flights were implemented from June until September, hence the lower-than-targeted passenger and cargo figures. Some external factors including adverse weather conditions, aircraft maintenance contingencies and low passenger occupancy (minimum five booked passengers as a reservation booking rule), lead to the cancellation of seven flights, which had an effect on the bookings served against requested percentage and lead time in recovering cancelled flights indicators. Percentage of payload delivered against capacity: the achieved value takes into account light cargo payload transported upon request of the Logistics sector.

Activities	Description	Implemented by
Activity 1.1	Provision of air transport between Malabo and Bata	WFP UNHAS

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and

Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>4</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

**a. Accountability to Affected People (AAP)<sup>5</sup>:**

N/A

**b. AAP Feedback and Complaint Mechanisms:**

N/A

**c. Prevention of Sexual Exploitation and Abuse (PSEA):**

N/A

**d. Focus on women, girls and sexual and gender minorities, including gender-based violence:**

N/A

**e. People with disabilities (PwD):**

N/A

**f. Protection:**

N/A

**g. Education:**

N/A

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<sup>4</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

<sup>5</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).



## 8. Cash and Voucher Assistance (CVA)

### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Not relevant to UNHAS.

### Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	US\$ N/A	Choose an item.	Choose an item.
N/A	N/A	US\$ N/A	Choose an item.	Choose an item.
N/A	N/A	US\$ N/A	Choose an item.	Choose an item.

## 9. Visibility of CERF-funded Activities

Title	Weblink
Twitter post:  <i>Following the explosion in Bata #EquatorialGuinea earlier this year, a @WFP_UNHAS air bridge has now been established between Malabo and Bata. This route will ensure that humanitarian cargo and personnel are able to support the community as it recovers from the blast.</i>	<a href="https://twitter.com/WFPLogistics/status/1400088697425518599">https://twitter.com/WFPLogistics/status/1400088697425518599</a>

## ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name		Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$
			Extended Name	Acronym			
21-RR-FPA-004	Protection	UNFPA	ASSOCAION DE APOYO A LA MUJER AFRICANA	ASAMA	Yes	NNGO	\$19,200
21-RR-FPA-004	Protection	UNFPA	ACCION DURADERA PARA ELMEDIO AMBIENTE YDESARROLLO	ADMAD	Yes	NNGO	\$19,200
21-RR-FPA-004	Protection	UNFPA	SALUD POSITIVA	SALUD+	Yes	NNGO	\$19,200