

ANNUAL REPORT ON THE USE OF CERF GRANTS BENIN

Country	Benin
Resident/Humanitarian Coordinator	Nardos Bekele Thomas
Reporting Period	15 October 2010 – 30 December 2010

I. Summary of Funding and Beneficiaries

Funding	Total amount required for the humanitarian response:	US\$ 36,576,823 ¹	
	Total amount received for the humanitarian response:	US\$ 12,115,465 ²	
	Breakdown of total country funding received by source:	CERF:	US\$ 4,390,369
		CHF/HRF COUNTRY LEVEL FUNDS:	US\$ 2,787,752
		OTHER: (Bilateral/Multilateral)	US\$ 4,937,344
	Total amount of CERF funding received from the Rapid Response window:	US\$ 4,390,369	
	Total amount of CERF funding received from the Underfunded window:	US\$	
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	US\$ 3,763,380
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	US\$ 626,989
		c. Funds for Government implementation:	US\$
d. TOTAL:		US\$ 4,390,369	
Beneficiaries	Total number of individuals affected by the crisis:	680,000 individuals	
	Total number of individuals reached with CERF funding:	308,224 individuals	
		130,000 children under five	
		58,800 females	
Geographical areas of implementation:	Mono, Couffo, Atacora, Donga, Alibori, Borgou, Zou, Collines, Atlantique, Littoral, Quémé and Plateau.		

¹ Based EHOP (Food security), CERF (Shelter, Education), Cluster information (Health, Wash), initial EHAP (Education), revised EHAP (recapitalization and Early Recovery)

² Only UN agencies

II. Analysis

The Republic of Benin faced an unprecedented humanitarian crisis in 2010 due to floods caused by torrential rains, particularly affecting the departments of Atlantique-Littoral, Zou-Collines, Mono-Couffo and Ouémé-Plateau in the south, and Borgou-Alibori and Atacora-Donga in the north. The flooding was the worst to have hit the country in nearly fifty years, affecting a total of 55 communes out of 77. Joint assessments made by the government, UN agencies and NGOs operating in Benin have reported massive destruction of community and individual assets: (i) 680,000 people affected with more than 46 dead and over 1,000 injured; (ii) at least 150,000 people made homeless and 55,000 houses destroyed; (iii) 133,047 hectares of crops destroyed, 12,000 tons of stored food submerged by water and 81,000 heads of livestock decimated; and (iv) 455 schools and 92 health centres partially or completely destroyed.

Confronted with this exceptional situation, the Government of the Republic of Benin declared a state of emergency in the affected areas and appealed for international support. In response to this the UN Resident/Humanitarian Coordinator, in close consultation with the Government and the international community, activated the Humanitarian Country Team (HCT) and cluster approach on 1st October 2010. Eight humanitarian working groups (clusters) were established: Food Security, Water, Sanitation and Hygiene (WASH), Emergency Shelter and Non-Food Items, Nutrition, Health, Education, Recapitalization and Early Recovery, and Logistics/Telecommunications. In addition, a cross-cutting inter-agency team was set up for the effective management of communication and media relations. In reaction to the floods, the government pledged an immediate contribution of \$1 million in food and non-food items, and began distributing 1,000 MT of food on 15 October.

The CERF request was based on a consolidated analysis of priority needs for the humanitarian response, organized by sector: (i) Food Security, (ii) Nutrition, (iii) Water, Sanitation and Hygiene (WASH), (iv) Health and (v) Shelter/Non Food Items (NFIs). The detailed targeting of interventions in each geographical area (department/municipality/district) was established by sectoral clusters with the guidance of the National Crisis Committee. NGOs, national/community based representatives and UN agencies/projects already present in the field were closely involved in the coordination process and took an active role in the implementation of the emergency response.

CERF funding (allocated on 22 October 2010) enabled agencies to meet time-critical needs in the emergency shelter and WASH sectors. On 29 October 2010, 3,200 tents were airlifted to Benin and deployed in the worst-affected municipalities. This operation was almost 50 per cent financed by the CERF. The distribution of safe water, water purification tablets and WASH kits started soon after the declaration of a state of emergency by the government of Benin. The food security cluster encountered some initial challenges in procuring food at the local level. The WFP project targeted 100,000 beneficiaries of food items, and as of late November 2010, 59,000 beneficiaries had benefited from 673 MT of food³. In the case of the Nutrition cluster the CERF was the only funding source.

In general CERF funding was a catalyst, providing additional funds to finance the emergency response. The total amount required for the humanitarian response of all clusters except the “recapitalization and early recovery” cluster was estimated at \$21.8 million. In addition to the CERF funding of \$4.4 million an additional amount of \$7.7 million was mobilized through UN agencies. This means that 53 per cent of the total amount mobilized for the humanitarian response (with the exception of “recapitalization and early recovery”) was met. CERF funding also helped in triggering funding for the “recapitalization and early recovery” cluster. An Emergency Humanitarian Action Plan (EHAP) of \$46.8 million was launched on 3 November 2010 with a focus on recovery and recapitalization projects. The EHAP was revised on 9 February 2011 for a total amount of \$19.6 million and as of 15 March 2011 no funds have been allocated for early recovery projects/programmes within the UN system, except for FAO⁴.

Food security

In November, WFP launched an Immediate Response Emergency Operation to meet the most urgent needs of food-insecure flood victims. WFP food security activities, in coordination with other United Nations agencies and non-governmental organizations (NGOs), aimed to assist 345,000 food-insecure

³ Benin Floods Situation Report #11 – 26 of November 2010

⁴ FAO received US\$755 000 for the distribution of seeds until the date of 15 March 2011

flood victims and 65,000 members of families hosting displaced people (totalling 410,000 beneficiaries) from January to June 2011. Activities were aligned with WFP's Strategic Objective 1 ("save lives and protect livelihoods in emergencies") and Strategic Objective 2 ("prevent acute hunger and invest in disaster preparedness and mitigation measures").

CERF funding was the first received, which permitted the local purchase of maize to meet the most urgent needs of food-insecure flood victims. Despite local purchase of maize and a loan of CSB, pulse, vegetable oil and sugar from Niger in order to avoid a pipeline break for the first food distribution round, there was a shortage of food items sufficient to provide a full ration. As a result, only maize was distributed in this round.

Prior to the food distribution to beneficiaries, WFP had ensured the training of 50 supervisors and 150 food aid monitors for NGO food distributions. A new beneficiary targeting exercise was also conducted with local community leaders, government authorities and NGO implementing partners.

WFP and its implementing partners (Red Cross Benin, CARE, Plan International Benin and Caritas) distributed 1,029 MT of Maize to 98,000 beneficiaries (60 per cent of which were women) in severely-affected departments of Mono, Couffo, Atacora, Alibori, Borgou, Collines, Atlantique and Oueme. During these distributions a screening of malnourished children under five was conducted jointly with the Ministry of Health, the Ministry of Family and NGO partners (Red Cross, CARE, and Plan Benin) in close collaboration with UNICEF and WHO. The screening revealed that 3,160 children were moderately malnourished.

Delays in the delivery of locally purchased maize, the long negotiation and identification of adequate NGOs, fund mobilization difficulties, access difficulties in certain areas (SoAva, Aguegues and Monsey) and long administrative procedures to transfer commodities from Niger to Benin were the main constraints to food deliveries.

Nutrition

The United Nations Children's Fund (UNICEF) has been working in close collaboration with the Government, UN agencies and partners to strengthen local capacities and deliver a package of key nutrition interventions for child survival using CERF funding since November 2010. The implementation of essential nutrition interventions was accelerated in the worst-affected communes of Alibori, Atacora and Borgou departments, where a nutrition network of trained health personal and community health workers was already in place to treat and prevent malnutrition before the flooding occurred. Nutrition interventions were also urgently needed in affected Southern areas of the country such as Ouémé department.

Affected communes were provided with anthropometric tools for the identification of acute malnutrition at facility and community levels. A pipeline of essential therapeutic foods (Plumpy Nut, F75, and F100), drugs and anthropometric equipments was put in place to manage malnutrition in hospitals and at health centres. In addition health staff and community health workers were strengthened with community-based management and prevention of malnutrition. UNICEF expanded acute malnutrition management and prevention and improved the quality of service delivery in affected areas to reach some 40,000 children (45 per cent) in worst-affected communes. Prevention and treatment activities were launched in the five affected municipalities of Ouémé department where 472 health staff and 563 community health workers were trained. UNICEF organized refresher training for 88 health agents and 274 community outreach staff for the prevention and treatment of malnutrition in two municipalities in Northern Benin.

A public outreach campaign to promote adequate nutrition and essential family practices was launched in the worst-affected areas. More than 1,000 trained town-criers and 22 community and rural radios stations throughout the country were mobilized to send out key messages reaching people in 50 communes, including the 21 worst-affected. Broadcast messages were related to nutrition practices, hand-washing, de-worming, breastfeeding, water purification, safe sanitation and hygiene practices. The promotion of adequate nutrition including breastfeeding promotion and essential family practices was undertaken in all affected communes and villages instead of focusing only on shelter sites, for better coverage and impact.

UNICEF and key government ministries regular information sharing, a range of interventions, and a timely and comprehensive response, via the nutrition cluster. Nutrition partners participated in regular coordination meetings to monitor the situation and adequately respond to urgent needs. The direct

delivery of nutrition services to the affected population and monitoring were coordinated at regional and health district levels. Assistance was provided to beneficiaries by trained health staff, community health workers, social workers, and implementing partners. UNICEF worked in close collaboration with UN agencies including WFP, WHO, and FAO, as well as with NGOs. Supplies (anthropometric tools, essential drugs, therapeutic milk and food) were purchased by UNICEF for the screening, treatment of severe malnutrition and prevention of malnutrition. WFP ensured the purchase of food for the treatment of moderate acute malnutrition and blanket feeding. The coordination of efforts proved critical in ensuring a coherent response to the identified needs. A nutrition information system was developed on the basis of nutrition programme data. Results of the assessment were used in the decision-making process and helped in ensuring linkages between the food security and health responses.

Water, Sanitation and Hygiene (WASH)

Activities of the WASH cluster took place in the following areas: (i) distribution of safe water; (ii) distribution of WASH kits; (iii) hygiene promotion through local radio and town criers; (iv) construction of sanitary facilities; and (v) rehabilitation of water points and latrines.

CERF funding enabled UNICEF to assist the Government of Benin and humanitarian partners in coordinating operations to ensure safe water supply and coordinate WASH cluster activities. Important activities included the purchase and distribution of water disinfection tablets, safe water storage and hygiene promotion. 16.4 million water purification tablets, 28,400 jerry cans and 400,000 bars of soap were distributed to 40,000 households over a period of three months.

Health

The overall strategy of the health cluster was to prevent the spread of diseases in the affected departments of Benin by strengthening the health sector response. Cholera cases were reported in Cotonou and subareas. Health services in parts of the country were paralysed by strikes within the health sector itself from mid-November 2010 to the beginning of February 2011. The government of Benin responded by making \$164,242 from the National Budget available to establish health patrols with free medical drugs for the surveillance, care and treatment of flood-related diseases. CERF funding was used to provide medicines and partly finance the health patrols. The quick availability of the CERF funds accelerated the provision of medicines, which were distributed free of charge to disaster victims by the Ministry of Health. Health patrols operated in the 55 municipalities affected by floods and provided 34,315 free consultations and free medicines.

CERF funding enabled a rapid evaluation of the health situation among the affected population, and supervision of health patrols allowed monitoring of the provided health care services and its impact. A vast communication campaign for behavioural change including training of community health workers, television and radio broadcasting on health matters was also organized. Other activities within the health cluster were carried out by UNFPA. Dignity kits for women's protection in crisis situation were provided as well as sexually transmissible infections prevention material, HIV/AIDS prevention material and medicines to protect against malaria, diarrhoea and acute respiratory infections. In addition, WHO provided a cholera kit to enable the treatment of cholera cases.

Shelter

UNHCR aimed to provide emergency shelter to 20,000 people, representing approximately 13 per cent of those without shelter. The project was 47 per cent funded by the CERF, with the remainder provided by UNHCR's operational reserve. Rapid allocation of CERF funds enabled UNHCR to procure 3,000 light-weight tents and airlifted them to Cotonou within 10 days. Pre-established partnerships with NGOs allowed the distribution of tents to begin immediately, thereby providing timely emergency shelter to some 20,000 people. As of 31 December 2010, 20 sites were established to shelter 17,284 displaced persons in 1,896 tents. By providing timely emergency shelter assistance to IDPs, UNHCR helped to prevent the spread of diseases. Emergency shelters reinforced the protection of the flood-affected population, and particularly women and children. Non-food items were also distributed.

UNHCR also developed a strategy for removing and storing the tents in order for them to be used again in the future. UNHCR assisted vulnerable families with the rapid rehabilitation of their damaged houses through provision of rehabilitation kits.

II. Results

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Food security	10-WFP-076 ⁵ Emergency assistance to flood-affected people in Benin	1,808,111	14,167,203	98,000 people (including 58,800 women)	<ul style="list-style-type: none"> ▪ Saving lives through food distribution to worst-affected people ▪ Increased food security in assisted regions. <ul style="list-style-type: none"> ○ Improved household food consumption ○ Improved malnutrition rate ▪ Food commodities distributed in safe conditions and in sufficient quantity and quality to targeted beneficiaries. <ul style="list-style-type: none"> ○ Number of beneficiaries receiving food ○ Number of children under five receiving food ○ Tonnage of food distributed ○ Quantity of fortified foods, complementary foods distributed 	<ul style="list-style-type: none"> ▪ 98,000 beneficiaries (instead of 100,000 planned) reached. 	Rapid allocation of CERF funding enabled local purchase of food and delivery to beneficiaries	<ul style="list-style-type: none"> ▪ WFP and its partners assessed the affected population ▪ WFP food aid monitors assisted partners during all distributions ▪ Monitoring and evaluation carried out by WFP after every distribution 	<ul style="list-style-type: none"> ▪ The project benefited households worst-affected by the floods. ▪ 60 per cent of beneficiaries were women.

⁵ Input on results and outcomes incomplete. Awaiting agency's input

<p style="text-align: center;">Nutrition</p>	<p style="text-align: center;">10-CEF-061A</p> <p>Optimal nutrition for child survival in flood affected communes of Benin</p>	<p style="text-align: center;">433,795</p>	<p style="text-align: center;">852,790</p>	<p>90,000 children under five through communication activities</p> <p>40,000 children under five through strengthening of malnutrition screening, prevention and treatment capabilities</p>	<ul style="list-style-type: none"> ■ Identify and treat children under five suffering from acute malnutrition in flood-affected departments ■ Prevent onset of acute malnutrition among children under five in flood-affected departments ■ 1,000 severely malnourished children treated (in accordance with SPHERE standards) ■ 75 per cent of mothers of children under five take part in behaviour change communication activities on optimal breast feeding practices and essential care practices ■ 90 per cent of children aged 6-59 months in Benin protected against Vitamin A deficiency ■ 90 per cent of children aged 12-59 months old in Benin receive de-worming tablets 	<ul style="list-style-type: none"> ■ Provision of anthropometric tools (for the identification of acute malnutrition) and therapeutic foods and drugs (to manage malnutrition cases) ■ Training on prevention and treatment of malnutrition for 472 health staff and 563 community health workers in Southern Benin (Ouémé) ■ Refresher training for 88 health agents and 274 community outreach staff in Northern Benin: <ul style="list-style-type: none"> ○ Public outreach campaign for the prevention of malnutrition through 1,000 town-criers and 22 community and rural radio stations ○ About 50,000 children under-five were screened for malnutrition. Capacities and equipment were put in place in affected areas to treat 1,800 severely malnourished children based on the national protocol for the treatment of acute malnutrition. ○ The Ministry of Health organized a national vitamin A and deworming campaign in November 2010. Vitamin A capsules and de-worming tablets were distributed to >90% of children under five including in flood-affected 	<p>Rapid allocation of CERF funds allowed the project to begin immediately after needs were identified</p> <p>CERF funding is the main source of funds</p>	<ul style="list-style-type: none"> ■ Coordination (including regular information sharing) of different interventions ensured a timely and comprehensive response ■ Close collaboration with other partners ■ Supervision of activities ■ Use of nutrition information system to facilitate the decision-making process and ensure linkages between food security and health responses 	<ul style="list-style-type: none"> ■ Targeting of children under five
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						<p>areas. There was finally no funding gap for this intervention. Instead of distributing vitamin A and deworming tablets, promotion activities were strengthened to prevent a pick of malnutrition</p> <ul style="list-style-type: none"> ○ As a consequence, the promotion of adequate nutrition and essential family practices was undertaken in all affected communes and villages instead of focusing only on sheltering sites for a better coverage and impact on affected populations. No distribution of breast milk substitutes was reported. ○ No nutrition survey was conducted during the emergency. 			
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<p>Water, Sanitation and Hygiene</p>	<p>10-CEF-061B</p> <p>Water Supply, Hygiene and basic sanitation for flood-affected populations in Benin</p>	<p>320,157</p>	<p>1,795,000</p>	<p>358,625 people (including 173,752 women and 17,931 children)</p>	<ul style="list-style-type: none"> ▪ Ensure safe water supply, hygiene education and basic sanitation to flood-affected population. ▪ 100,000 flood-affected people have access to safe water ▪ 100,000 flood affected people have access to adequate sanitation facilities ▪ 100 per cent of flood-affected people take part in behaviour change communication activities (hygiene education) 	<ul style="list-style-type: none"> ▪ 40,000 flood-affected households have access to safe water ▪ Water-borne disease outbreaks minimised: <ul style="list-style-type: none"> ○ About 200,000 flood-affected people (40,000 flood-affected households) benefited from access to safe water through existing water points installations, water trucking or water purification ○ 100 per cent of people installed in camps had access to adequate sanitation facilities ○ 100 per cent of municipalities affected by the floods were covered by broadcast key messages on essential family practices 	<p>Rapid allocation of CERF funds allowed the project to begin immediate after needs were identified.</p>	<ul style="list-style-type: none"> ▪ UNICEF supported government and humanitarian partners to coordinate WASH interventions in flooded areas ▪ Project progress monitored during WASH cluster meetings 	<ul style="list-style-type: none"> ▪ Special attention paid to female-headed households.
<p>Health</p>	<p>10-WHO-071</p> <p>Support fight against diseases with epidemic potential in 12 departments of Benin affected by the floods</p>	<p>328,326</p>	<p>976,000</p>	<p>358,625 people (including 17,931 children under five and 173,752 women)</p>	<ul style="list-style-type: none"> ▪ Decrease in morbidity and mortality relating to flooding-related diseases (diarrhea including cholera, malaria and acute respiratory diseases) 	<ul style="list-style-type: none"> ▪ Medical treatment and care made available. Health patrols supported by CERF funding provided 34,315 consultations. ▪ Decrease in overall mortality and morbidity. ▪ Cholera epidemic prevented from spreading. 	<p>CERF funding is the main source of funds for the implemented activities.</p>	<ul style="list-style-type: none"> ▪ Joint missions allowed UNICEF to estimate the level of risk for exposed populations, as well as the results of the interventions. 	<p>Special attention paid to female-headed households.</p>

<p style="text-align: center;">Shelter / Non Food Items</p>	<p style="text-align: center;">10-HCR-049</p> <p>Acquisition of tents for people left without shelter due to the flood</p>	<p style="text-align: center;">1,499,980</p>	<p style="text-align: center;">3,157,057</p>	<p style="text-align: center;">20,000 people</p>	<ul style="list-style-type: none"> ▪ More than 20,000 IDPs provided with emergency shelter ▪ Damaged houses of the most vulnerable flood-affected people rehabilitated ▪ NFI needs of 150,000 flood-affected people met, with priority given to vulnerable persons 	<ul style="list-style-type: none"> ▪ 3,000 tents procured and airlifted to Benin ▪ 17,284 IDPs accommodated in 1,896 tents at 20 sites country-wide ▪ 847 tents provided to six affected municipalities (Tchaourou, Toviklin, Dogbo, Aplahoue, Lokossa, Lalo, and Klouekanme) for 4,235 IDPs ▪ Camp management and camp coordination services provided at sites (in partnership with CARITAS Benin and Benin Red Cross) ▪ NFIs (plastic sleeping mats, blankets, mosquito nets, soap, buckets and jerry-cans) distributed by Caritas Benin, the Beninese Red Cross, Plan Benin, Care International and others, including 450 kitchen sets provided by Caritas to 3,132 people 	<p>Rapid allocation of CERF funds enabled procurement of 3,000 tents to provide shelter to more than 20,000 people affected by the floods</p>	<ul style="list-style-type: none"> ▪ The Benin red Cross was responsible for choosing and managing IDP sites in close collaboration with local authorities ▪ Caritas Benin was responsible for the transportation and distribution of tents and NFIs ▪ UN agency and NGO teams conducted 14 field monitoring and evaluation missions to oversee aid distributions and tackle problems 	<ul style="list-style-type: none"> ▪ Although emergency shelter assistance benefited all flood-affected people, special attention given to the needs of vulnerable families, including female-headed households ▪ Particular attention was given to the protection needs of women and children
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Annex 1: NGOs and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded (US\$)	Date Funds Forwarded
Plan Benin	Food security	200217 PC 01	3,265	16 February 2011
Croix Rouge Béninoise	Food security	200217 PC 02	8,655	16 February 2011
Caritas Benin	Emergency Shelter and Non Food Items	0000000043	341,199	9 December 2010
Croix Rouge Béninoise	Emergency Shelter and Non Food Items	0000000044	273,869	9 December 2010

Annex 2: Acronyms and Abbreviations

CERF	Central Emergency Response Fund
CRB	Croix Rouge Béninoise
CSB	Corn Soy Blend
FAO	Food and Agriculture Organization
IASC	Inter Agency Standing Committee
IDPs	Internally Displaced Persons
NFIs	Non-Food Items
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization