

SLIDE 1 – INTRODUCTION

- Merci **Monsieur le Président**
- A l'occasion du dernier Conseil d' Administration, notre région a eu l'occasion de vous présenter une série de nouveaux projets, notamment le Tchad, le Sénégal, et le Mali.
- Ces projets – approuvés par le Conseil – reflètent des principes directeurs conçus dans la feuille de route de l'Afrique de l'Ouest préparée en octobre 2013.
- Cette feuille de route nous a permis de reconnaître les vulnérabilités structurelles et les chocs auxquels la région est confrontée, et nous a permis aussi de saisir les opportunités d'avancer nos programmes tout en soutenant les priorités des gouvernements.
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SLIDE 2 – CONNECTING THE DOTS – MAP

- Parallèlement à la feuille de route programmatique, en juin 2014, le bureau a préparé une analyse stratégique basée sur trois épicentres de conflits : celui au nord du Mali, au nord du Nigeria, et en République Centrafricaine.
- L'analyse politico-sécuritaire nous a aidés à mieux comprendre la dynamique de ces conflits, les acteurs concernés, et les impacts humanitaires et comment ceux-ci dépassent les limites frontalières.
- C'est en reconnaissant cela, que la nécessité de repenser certaines de nos opérations est apparue, et d'aller au-delà des structures traditionnelles des bureaux de pays – et dans certains cas même- du bureau régional.
- Pendant la deuxième partie de l'année dernière, on a analysé les opérations autour de ces épicentres de conflit pour voir comment passer d'une approche pays à une approche plus régionale afin de mieux aider les populations.

- Nous avons donc lancé au début de 2014:
 - o Une nouvelle opération régionale en appui aux populations vulnérables de la République Centrafricaine et tous ceux ayant fui la Centrafrique;
 - o Une nouvelle opération régionale en soutien des populations fuyant le nord du Nigeria ;
 - o Et on a étendu l'opération régionale pour les réfugiés du nord Mali.
- Je ferai un point sur chacun de ces épicentres, et des programmes qui leur sont liés.

SLIDE 3: C.A.R. EPICENTRE DIAGRAM

- While the situation in Central African Republic has once again fallen in the shadows in the media – today we see an ever-increasingly complex reality.
 - o Instability is characterized by bouts of violence followed by short periods of apparent calm – and so this keeps populations stuck, displaced both within and outside C.A.R.
- The recently launched regional EMOP spans five countries (C.A.R., Cameroon, Chad, DRC, RoC) and two WFP regional bureaux (Dakar and Johannesburg). This makes the operation even more complex.
 - o The point of this approach is to ensure equitable assistance to populations – a child from C.A.R. should have the right to the same type and amount of support wherever he or she is.
- Importantly, the process of preparing the new operation provided an opportunity to learn from the experiences between the countries, and allowed us to :
 - o Reinforce the linkages between nutrition and food security interventions for refugees based on positive experiences in C.A.R. and Cameroon.

- This is a complex logistics operation today, commodities are moved into, across and within countries using: river barges that cross multiple countries; overland – with cross-border land routes spanning the five countries + Sudan; and by train.
- And we have adapted the response in C.A.R. to:
 - Focus capacity and resources on rural conflict-affected areas and isolated enclaves;
 - Link in with initiatives by FAO and partners on seed protection and infrastructure rehabilitation; and
 - Introduce pilot cash/voucher and local procurement initiatives.

SLIDE 4: NIGERIA EPICENTRE DIAGRAM

- The second half of 2014 also saw rising numbers of men and especially women and children fleeing northern Nigeria – crossing land and water borders to Niger, Chad and Cameroon. Some 153,000 persons are estimated to have arrived in the three neighbouring countries.
- Prior to the launch of the regional EMOP, the needs of the relatively smaller caseloads of refugees/returnees were being assisted through in-country operations – or through one-off distributions.
 - The creation of a dedicated operation has been critical to ensure a more robust response across the three receiving countries – and to plan for the flexibility to scale-up and adapt.
- Today in Nigeria
 - It is estimated that 1.5 million persons in the conflict-affected northeast have fled their homes and are displaced internally.
 - According to FEWSNet, conflict affected areas of the north will continue to face extreme difficulties in meeting their essential food needs – and

as many as 3 million persons could face food consumption gaps by middle of this year.

- WFP has been supporting the National Emergency Management Agency to reinforce emergency preparedness and response capacity.
 - o Last week – WFP joint security, logistics, and programme mission travelled to Nigeria to meet with counterparts and partners on what might be appropriate further support to government.

SLIDE 5: MALI EPICENTRE DIAGRAM

- Two weeks ago during the operational briefing the region had the opportunity to brief on the continued instability in Mali
 - o While internal factors remain the key, instability in countries in the region is contributing factor driving the conflict.
 - o Mali epicentre poses a potential destabilizing factor given the fragile socio-political situation in the sub-region.
- Meanwhile, refugees in neighbouring Burkina Faso, Mauritania, and Niger have remained mostly static – with limited voluntary return to date. And new refugee arrivals continue to trickle in.
 - o And so we extended the Regional EMOP through 2015 – and reviewed the response to maximize efficiency, re-targeting food and nutrition support based on vulnerability.
- In parallel, new PRRO was launched – and builds the flexibility to adapt to the evolving situation – integrating shock responses and seasonal stress, and building towards longer-term recovery.

SLIDE 6: Ebola in West Africa diagram

- Bruce A. – DDG of WHO – has joined us today and will speak to the Board on the evolving situation, and the new phase of the health response.
- So - What is new since last updated the Board in November 2014?
 - Today we have more than 1,000 people working on the ebola response.
 - From August to January, asked by the ED, I have focused exclusively on the Ebola response.

SLIDE 7: EMOP Pillars

- Under the EMOP we continue to support « care » and « containment » of the virus. This requires a level of surgical precision – What we call the “pizza delivery” – because we have to follow individuals to the household and support them while in isolation.
 - In focus group discussions, assisted communities report that WFP food distribution have allowed them to limit movement during periods of intense transmission.
 - And where we can introduce new tools to increase efficiency, we do. In Liberia, last week we signed a contract with a mobile provider and from this month will begin transferring cash to survivors using “mobile money”. The mobile phones we provide will also help us to follow-up on their recovery.
- Meanwhile, we work with partners to build the information foundation required to prepare for early recovery.
 - We already know from our continuous market monitoring and mVAM data collection that affected communities face low wages, reduced demand for labour, and market disruptions.
 - So – under the revision of the EMOP approved last month, we introduced a new pillar of « transition » support to kick-start livelihood activities in areas as they become clear of ebola.

- We also capitalize on important innovative efforts to address parallel needs:
 - WFP has already purchased nearly 3,000 mt of cereals and salt from local production.
 - This month Sierra Leone will implement a house to house vitamin fortification campaign. With UNICEF, we are leveraging the opportunity: mothers will be trained on MUAC, and all children under 5 will be screened. WFP will come in with nutritious commodities, providing community-level treatment for malnourished children.
- And as we work in the three countries to build longer-term recovery programmes, we strengthen our knowledge base by:
 - Adapting the mVAM modality as a tool for project monitoring (mPDM) ; and
 - Embarking on a partnership with Harvard School of Public Health to integrate the socio-anthropological dimension of the crisis into our data collection.

SLIDE 8: Special Operation summary

- This is the first time we have implemented a common logistics platform – bringing together logistics, aviation, engineering, telecommunications, and UNHRD.
 - We have leveraged this expertise and expanded our vocabulary – beyond trucks, and ships, and tents – to medical equipment, protective gear, and plasma mobiles.
 - Our air services have continued to move passengers and cargo – transporting more than 6,500 responders to date – and we have also put in place specialized air assets to transport ebola-symptomatic personnel and blood samples.
- Looking ahead under the SO:
 - WFP has also been requested to support the government in linking our well-established logistics network to dispatch health and safety equipment to schools.

- And as health partners reinforce their presence in the deep field to trace cases and survey – we are there providing the required common services support they need to act. This means going beyond the last mile to the last yard.
- This is what our partnership with WHO, is all about.

SLIDE 9: WHO-WFP Partnership

- The partnership builds on the assets put in place under the SO – but goes beyond.
 - We are building joint dedicated teams to provide the financial, administrative, communications, and procurement support required for medical teams to be operational at district level. Work has already started in Sierra Leone and our teams are sitting together, planning together and getting things done together.
 - The partnership will be a real-time learning opportunity for us both – for future complex health crises.
 - All working towards a common aim of *getting to zero*
- And in parallel, under the lead of WHO WFP and agencies including UNICEF are supporting at-risk countries to assess and develop the early preparedness capacities.
 - This week – joint team in Cote d'Ivoire.

SLIDE 10: MODEL OF STRATEGIC EXERCISES

- Following our visit to the ebola epicentre in December, the IG noted that “a new business model creates new challenges and risks”.
- We have undertaken an updated risk assessment in the three countries – to define residual risks, and potential mitigation actions, and to anticipate new risks that might come forward as we move into the new phase. The mission has just completed.
- To reflect on how our response has adapted over the past several months, we finalized a management review.

- The review highlights the uniqueness of the crisis for us, one in which WFP is not in the driver seat defining who/what/where. Rather, our food and common services platform have followed a rapidly moving virus and we are an enabler. Not always easy to shift from our traditional ways of doing.

SLIDE 11: UNHAS in West Africa

- The ebola Special Operation has been a model of how WFP expertise can be adapted to the full benefit of governments and partners – even in the midst of a complex non-traditional response.
- Throughout West Africa, our common service aviation support provides a critical lifeline – connecting the region to conflict areas of C.A.R., northern Mali, and the ebola countries, and ensuring movement within vast regions of Chad, Niger and Mauritania. In 2014:
 - UNHAS transported 107,300 humanitarian responders to more than 80 destinations.
 - Carried out more than 260 medical evacuations and 15 security evacuations of humanitarian personnel.

BEYOND CRISES

- Si vous me permettez, j'aimerais aussi faire un point sur certains développements au-delà des crises.

SLIDE 12: Linking school meals and local production

- Cette semaine, lors de la conférence régionale pour l'Afrique sub-saharienne sur l'éducation, présidée par l'Union africaine et l'UNESCO, le Gouvernement du Niger, sous la direction de la Ministre de l'éducation du Niger et le PAM ont organisé une réunion en parallèle sur les cantines scolaires. Le but était d'appeler les pays sub-sahariens à intégrer les cantines scolaires au sein de leurs priorités nationales, et également de placer le thème de l'alimentation

scolaire et de la nutrition tout en haut de l'agenda des discussions sur l'après 2015 (*MDG post-2015*).

- L'évènement fait suite à la déclaration commune sur les cantines signé l'année dernière par sept ministres de l'éducation de l'Afrique de l'ouest,
- A travers la région, nous nous engageons avec les gouvernements à lier les achats locaux aux cantines scolaires.
 - Et à l'avenir – nous souhaitons considérer les opportunités d'intégrer des produits frais dans les repas servis dans les cantines scolaires.
- Et il y a bien sur un défi majeur, qui est d'assurer le financement nécessaire.
 - Sur la région – les programmes de développement sont confrontés à un manque de 50% des besoins opérationnels sur les 6 mois à venir ; et dépasse 90% au Sénégal, en Mauritanie, et au Cameroun.

SLIDE 13: Nutrition : au dela des traitements

- En 2014 le PAM a fourni des traitements nutritionnels à 1,7 millions d'enfants souffrant de la malnutrition aigüe modérée, et auprès d'un million de femmes enceintes et allaitantes avec un taux de récupération en moyenne de plus de 80%. Ces traitements sont essentiels pour sauver des vies.
- Mais nous savons également que ces interventions n'adressent pas les causes sous-jacentes de la malnutrition.
- Renforcer les traitements nutritionnels avec des approches complémentaires qui intègrent la santé, la nutrition, l'eau et l'assainissement, et le changement des comportements sont essentiels.

- Avec l'UNICEF, en Afrique de l'ouest, nous avons finalisé un cadre de travail régional conjoint sur les cinq prochaines années. Le cadre identifie quatre domaines clés pour une collaboration renforcée afin de prévenir la malnutrition sous toutes ses formes :
 1. Prise de croissance accrue des acteurs sur la situation nutritionnelle et sur la sécurité alimentaire dans la région.
 2. Renforcement des Polices et des programmes afin d'opérationnaliser et d'aborder la nutrition par une approche multisectorielle.
 3. Augmentation de la capacité humaine et institutionnelle pour la sécurité nutritionnelle sur tous les niveaux.
 4. Augmenter les responsabilités
- Et au mois de décembre, le PAM avec le centre John Snow de recherche et de formation, a mis en place un atelier régional sur la communication de changement de comportement.

Les activités précises sont :

1. Traitement de la malnutrition aigue modérée
 2. Prévention de la malnutrition aigue
 3. Prévention de la malnutrition chronique
 4. Réponse aux déficiences en micronutriments
 5. Focaliser sur la nutrition dans les programmes sans principal objectif de nutrition, comme les cantines scolaires, la création de moyens de subsistance, la création de biens, et les activités de sécurité alimentaire.
- La couverture des programmes du PAM offre une plate-forme idéale pour mettre en œuvre des interventions complémentaires -quand les ressources le permettent, bien entendu.
 - En 2014, le PAM a dû réduire la couverture des activités de prévention de malnutrition (blanket feeding). – et a seulement atteint moins de 2/3 des enfants et 1/5 des mères planifiés.

SLIDE 14: Types of data collection in 2014

- In a context of limited human and financial resources, compounded by access challenges due to security / climatic / and now health risks, monitoring often tends to suffer.
- We have been working with country offices to strengthen output and outcome monitoring, and increase our footprint through spot-checks.
 - o More than 10 countries are measuring key outcomes linked to our regional roadmap, including:
 - Community asset score
 - Coping strategy index;
 - Local Production Purchases.
 - o And we are working to bring the remaining countries on board
- Project monitoring is one part of wider analysis of vulnerability done across the region which includes:
 - o Food Security : Punctual, house-to-house nationwide food security assessments ; as well as systematic market analysis
 - o Nutrition: nationwide SMART nutrition surveys ; as well as systematic community-level screenings
- And before handing-over, I wanted to share with you an example of how we are adapting monitoring tools to new style of operation.

As you know, in Niger, we launched a large-scale innovative resilience-building PRRO last year. Alongside partners, we implement rural development and market enabling activities, coupled with nutrition prevention and treatment, and school meal programmes linked to local production and processing.

If we are to demonstrate changes to vulnerability levels and chronic malnutrition then we need a baseline and follow up surveys- it is critical to determine the impact of our interventions.

In March 2014, one year ago, WFP and the Government conducted a baseline survey with a range of multi sector indicators; a follow up, which included an expansion of the indicators, was just carried out in December.

Preliminary results indicate some change but we will continue to study the results.

The point is we have changed our approach to programming and need to measure how we all do.

LAST SLIDE

On that note, I have only one comment left, which is that my New Year resolution is for no new crises in West Africa in 2015.