

EQUATORIAL GUINEA

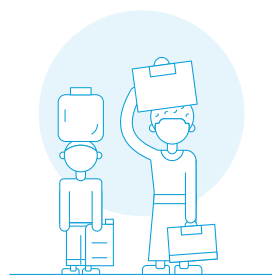
Bata explosions

Emergency and Recovery Plan



TABLE OF CONTENTS

Crisis Overview	3
Emergency Needs' Analysis	4
Current response	9
Recovery Needs' Analysis	10
Response Strategy	13
Strategic Objectives	13
Implementation Strategy	14
Health	15
Water, sanitation and hygiene	19
Nutrition	21
Education	22
Food security and livelihoods	24
Summary of sector needs	24
Shelter	26
Protection	27
Summary of requirements by sector	30
Financing mechanisms	30
Funding Criteria	31
Monitoring and Evaluation Framework	32



16,000

Affected population



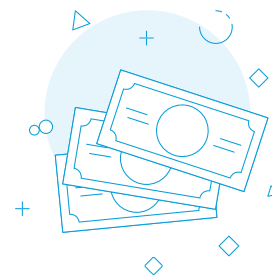
14,000

Population in need



6,817

Targeted population



\$10.6M

Requested funding

CRISIS OVERVIEW

107 people lost their lives due to the explosions

On 7 March 2021, a series of explosions were recorded at the armory of the Nkuantoma gendarmerie and military barracks in Bata, the economic capital of Equatorial Guinea. According to official records, 107 people lost their lives due to the explosions, which also caused extensive damage to residential areas and in the military compound. More than 700 people were wounded, including women and children in the army barracks as well as

in the residential areas near the military compound.

According to UNITAR's Operational Satellite Applications Programme (UNOSAT) satellite imagery and rapid assessments conducted, it is estimated that around 600 structures were damaged within an initial radius of approximately 800m, of which about 238 structures have been destroyed. The main and newly constructed hospital also suffered significant damages, including the only COVID test laboratory in Bata. Initial assessments by the National Red Cross estimated that some 3,900 people were directly affected, and significant

damages were caused on the infrastructure (including health, water and sanitation, and schools), as well as on essential infrastructure for food supply and livelihoods. The recently concluded Multisectorial Initial Rapid Assessment (MIRA) suggest that physical damage from these explosions could have a direct impact on approximately 19,000 people.

With the support of the Explosive Ordinance Disposal (EOD) experts from the USA, Israel, Qatar, Cameroon, and France, the Government of Equatorial Guinea continues to demine and clean up the unexploded ordnance (UXO) from the affected areas. Local and international humanitarian actors are supporting thousands of affected people to meet their basic needs, largely drawing on existing capacities and supplies. A United Nations Disaster Assessment and Coordination (UNDAC) team has been mobilized to support

response efforts on intersectoral coordination, assessment, and information management.

Consequently, a comprehensive and effective response to this emergency will require three phases of activity. The first phase will prioritize life-saving responses and protection of the most vulnerable people. The second phase will deliver recovery and reconstruction interventions to restore public infrastructure, rehabilitate private accommodations and establish a long-term economic recovery plan. A third phase of interventions is not included in this immediate response and recovery plan. The Government of Equatorial Guinea is planning the reconstruction of the military base and the improvement of the design of the ammunition storage infrastructures in the military bases across the country, preferably through underground construction, to ensure public safety and to avoid future accidents.

Emergency Needs' Analysis

The National Red Cross initial assessments identified at least 3,900 people (780 households) as directly affected. This figure was corroborated by UNOSAT satellite imagery, which confirmed that around

727 structures were damaged from the blast at the military camp. The explosion provoked a complete destruction of the buildings in a radius of 250m and a great destruction of the buildings in a radius of 700m.

75% of the 18,400 affected people lives in an area within 2.5km of the detonation site. The multi-sector needs assessments concluded on Wednesday 24th March, confirmed damages to building structures, electricity lines and water supplies in the surrounding areas of the blast, up to 3km. Hundreds of people have found refuge in temporary shelters set up across Bata, including NGOs as SOS and the Spanish School. Other displaced families have found shelter with relatives and friends not affected by the blast. In some cases, children have lost both parents and require support for re-unification with other family members.

62.8% of women between 15 and 49 have suffered violence

The physical and mental wellbeing of the population affected by the impact of the explosions constitutes a humanitarian emergency. Government authorities estimate that at least 107 individuals died as a consequence of the

explosions and over 700 were injured. The three main hospitals in Bata treated men, women, and children. So far, about 58 people remain hospitalized for trauma in Intensive Care Units (ICUs), mostly children. Many elderly people and handicapped people may not have received any assistance and require immediate attention. In addition to physical injuries, children present signs of post-traumatic stress due to the separation from their parents, the uncertainty of their immediate future in terms of shelter and general fear after the explosions. Lack of sanitary waste management at the city's hospitals has been identified as a big gap, with potential for vector contamination. The rainy season also poses a major concern for water borne diseases such as diarrhea and malaria. The World Health Organisation (WHO) has meanwhile reported a heightened risk of COVID-19 outbreaks as a consequence of the blast. Some of the immediate priorities include rehabilitation, physiotherapy, and psychological support (particularly for children), as well as the increase of the COVID-19 surveillance and the intensification of prevention measures.

Equatorial Guinea has one of the highest **Gender-Based Violence (GBV)** indicators according to the Demographic and Health Survey (DHS) of 2011, which shows that 62.8 per cent of women between the ages of 15 and 49 have suffered violence. The COVID-19 outbreak and the current crisis are likely to increase pre-existing risks. As the economic situation deteriorates and families share the shelter, domestic disputes tend to intensify and might lead to violence against the weakest family members, often women and children. Historically, the level of reported incidents has been low, which could prevent victims from getting the required assistance.

Water and sanitation infrastructures were entirely damaged in the zone of the epicentre of the explosion. There are several wells in the residential areas close to the military camp where contamination might be present. Drinking Water supply in Nkuantoma neighbourhood is guaranteed through wells and tanks with localized distribution networks. The community has expressed concern over the water quality. Water, hygiene, and sewage systems should be part of the immediate humanitarian response plan. At the same time, the government should consider implementing long-term policies on water, sanitation and hygiene (WASH).



25 schools have suffered some damage due to the explosion. A total of 25 preschools (9 public and 16 private) and 2 university faculties (humanities and religious science, and pedagogy and education science) have been affected by the explosions.

Over 7,000 students have been affected by the blast

It is estimated that over 7,000 students have been affected by the blast. Prior to the explosions, schools had been closed for one month due to COVID-19 risks. School closure have been extended for an additional two-week period following the blast. While the distance learning systems are in place, a loss of education can lead to permanent drop-out, increase in child labor and a decrease of income-earning opportunities. In collaboration with the Ministry of Education, UNICEF and UNESCO have conducted interviews with the directors and teachers from the affected schools to ensure continuity of education, given the constant movement of affected families.

The explosions produced environmental impact.

Unexploded Ordnance (UXO) have been observed up to 7km radius from the epicentre of the explosions. Initial concerns about civilian access to areas at high risk of UXO contamination, and the safety risks associated with handling and collection, have been addressed and mitigated. Progress has been made on securing the explosion site, patrolling the area by the police, launching an awareness and educational campaign to inform the population about the risks, and establishing a hotline to report suspected objects. On the other side, there is progress on identification, mapping and removal of UXOs. In the same way, there are environmental risks over possible water and soil contamination through water runoff because of rain. Cleaning of affected areas from visible contaminants like the orange powder of the dangerous explosive RDX (also called cyclonite), barrels with petroleum products and burned cars should be prioritized. This is to reduce further contamination of soils and water, with the consequent health risks.



Bata has a poverty rate of up to 55%

In addition, there are consequences for basic living conditions and livelihoods.

The area directly impacted by the explosions hosts a diverse set of communities with different economic means and living standards. Bata has a poverty rate of up to 55%, according to the UNICEF report. The explosions have worsened the economic situation of some families who have lost their homes and livelihoods, and some breadwinners could have

been temporarily inactive due to their injuries. These families are relying on support provided by the government and on other donations to cover their basic needs.

The COVID-19 pandemic has further impacted the purchasing power and the economic status of these families. Most of the population displaced due to the explosions are found shelter with friends and families. However, the elderly and the handicapped people must be identified as target population in need of support as their natural support system is generally weaker.



CURRENT RESPONSE

Efforts are underway to support the national response to the explosions. The United Nations has deployed two international teams: one security team under the United Nations Regional Center for Peace and Disarmament in Africa (UNREC) for the mapping and demining of unexploded ordnance (UXO) risks and one humanitarian team

mobilized through the United Nations Disaster Assessment and Coordination (UNDAC) mechanism. Some member states (Spain, France, Israel, Qatar, Cameroon and USA) have deployed Emergency Medical Teams (EMTs) and Explosive Ordnance Disposal (EOD) experts to provide immediate medical attention and support

in identifying, mapping, removing and destroying UXO to restore protection and safety. Humanitarian actors continue to assess detailed humanitarian needs across the different sectors.

615 affected people have received medical treatment

615 affected people have received medical treatment. As of March 25th, the health situation has been improving with 58 patients remaining in the three hospitals of the city. A community campaign for psychosocial support has been launched with the support of Spanish EMT team. Food and shelter have been provided to affected families, including a government allocation of cash grants to 1482 families. Plans are

also underway to repair 24 public and private schools damaged by the explosions. Humanitarian partners are looking to adjust their logistic capacities and their networks in order to ensure sustainability of operations and the movements between Malabo and Bata for both people and cargo.

The United Nations System (UNS) in Equatorial Guinea has mobilized a total sum of US\$1,890,000. The International Federation of Red Cross and Red Crescent Societies (IFRC) through its Disaster Relief Emergency Fund (DREF) has received an amount of 160,000 euros from the EU Civil Protection & Humanitarian Aid (ECHO) and the National Red Cross of Equatorial Guinea has received a contribution of US\$ 100,000 from the Chinese Red Cross.

Recovery Needs' Analysis

In the places visited, 30% of families lost their homes and now live in shelters or with relatives. The loss of housing causes the paralysis of some activities such as small businesses and other livelihoods. Many households in the city have been overwhelmed due to the

hosting of more relatives. Some wealthy residents are already beginning to rebuild their homes, but not everyone is capable of doing so.

It is important to consider the following points:

78 families lost their houses

- Damage to houses and small shops/kiosks near houses was identified, e.g., 78 families lost their houses, some of which had stalls in front of their businesses; most likely houses are completely destroyed. People turned to the local NGO (Asama Association) for food and some household items (mattresses). The Asama coordinator mentioned one woman in particular who was selling used clothes next to her house - all the clothes were burnt in the explosion, so she has no inventory.
- There were a number of people (estimated between 50 and 70) occupying abandoned social housing in another area of Bata (Mondong) who also reported to have lost everything (that's why they occupied abandoned houses), who also lost small businesses - one man said he had a pharmacy, but it was destroyed.
- There were a number of people (estimated between 50 and 70) occupying abandoned social housing in another area of Bata (Mondong) who also reported having lost

everything (so they occupied abandoned houses), who also lost small businesses - one man said he had a pharmacy, but it was destroyed.

In another field visit it was found:

- Within 50 meters of the main blast area at the Rezal traffic circle, the totally destroyed "GOZO DIVINO" private school/church complex, which included classrooms, church, school administrative offices, households and school canteens (food), was visited.
- The church will be rebuilt, but with wooden structure (not cement as before) - the municipal water taps provide water to the complex, although there are 2 wells from which they get water for washing, cleaning, bathing, etc. the water level is very low.
- We were informed by a church/school worker that, in the dry season, when the well is almost empty, they get water from the neighbor who has a deeper well {one water well had a dead lizard that should be pulled out}.
- Gas station in front of the school/church complex is totally damaged; it has not been inaugurated and was

therefore not operational; able to confirm that there is no fuel on site

- ↳ Houses and small businesses on the roundabout that reach the grounds of the school/ church complex visited – the whole infrastructure is totally damaged. He spoke to a woman who was cooking at home on Sunday, 7 March at the time of the explosion; she and her family (husband and 6 children) ran when the first explosion went off. They stay with relatives and arrive at the site of their house where they have vegetable garden with plantain, cassava, etc. Only one son was slightly injured (waist area) and was treated at La Esperanza.

All businesses are totally destroyed

- ↳ All businesses are totally destroyed - photos show different types of businesses (with a small, modest structure and one that was a wooden stall); one wooden warehouse is in operation

UNDP is planning two analysis studies of the affected population:

- ↳ Agreement with the University and mobilization of students (20) and professors (4) to conduct surveys / blast impact assessment using the Housing and Building Damage Assessment (HBDA) methodology. The assessment will analyze the impact of the blast on civilian infrastructure (households, businesses, stores, etc.); students will be trained on tools to collect and analyze data. The UNDP team, working remotely, will organize a training of trainers for the teachers who will train the students on the needed methodology and tools;
- ↳ Mobilization of national UNV (5) to conduct damage and impact assessments to small, medium and micro-enterprises (who can, if necessary, support HBDA data analysis).

The Equatorial Guinea Response Plan 2021 identifies the needs of approximately 16,000 affected people for a 12-month period. It has been developed in consultation with the Government. It aims to identify response priorities to be covered by UN agencies, NGOs and the Red Cross, in order to expand the range of the Government's response.



RESPONSE STRATEGY

Strategic Objectives

- a. Provide life-saving assistance to the population affected by the explosions in Bata and restore access to basic services.
- b. Support in restoring livelihoods and self-reliance.
- c. Distribute recovery and reconstruction assistance to restore public infrastructure and rehabilitate private shelters.

Implementation Strategy

- a. **Implementation**, UN agencies together with national counterpart and other NGO partners will implement the sectoral activities.
- b. **Utilisation of funds**, the disbursement of funds and resources will at all times be subject to the management principles of each lead agency.
- c. **Communication** is seen as a cross-cutting activity in which the national and international media will play an important role. It is therefore expected that before, during and after the implementation of the present plan, each lead agency in the sector will work closely with the Ministry of Information, Press and Radio as the lead for the national counterpart.

The following table describes the involvement of some of the actors in each sector of intervention:

SECTOR	SECTOR LEAD AGENCY	OTHER INTERVENING AGENCIES	MINISTRY SECTOR LEAD	OTHER MINISTRIES INVOLVED	OTHER PARTNERS
WATER AND SANITATION	UNICEF	UNESCO	MPRH	MAGBOMA MEEUD	Red Cross
EDUCATION	UNESCO Y UNICEF		MEEUD	MOPVU MINASIG	ONGs ASAMA, Aldeas Infantiles SOS, BIRIAELAT
FOOD SECURITY AND LIVELIHOODS	FAO Y PNUD		MINASIG	MPRH MAGBOMA	
SHELTER			MOPVU	MICL MANASIG	
PROTECTION	UNFPA	UNICEF	MICL	MINASIG	
NUTRITION	UNICEF	WHO	MINASIG MICL	MAGBOMA MEEUD, MPRH	Red Cross
HEALTH	WHO	UNAIDS, UNFPA, UNICEF	MINSAB	MAGBOMA	



Health

Sector members: **WHO, UNICEF, UNAIDS, UNFPA, MINSAB, MAGBOMA**

Needs Analysis

The health disaster registered in Bata in the aftermath of the explosions had the following immediate health consequences: loss of lives (107 deaths identified), physical trauma (615 wounded) including some in critical condition and requiring intensive and surgical care. Even if discharged from the hospital, some patients would need mental care and psycho-social support for better a follow-up while others should be considered for functional rehabilitation care.

A disorganization of the hospital emergency health care services (emergency room, operating room, intensive care unit) as well as interruption of public health services (vaccination, maternity service (prenatal care, deliveries), as well as dysfunction of the early-warning system or epidemic-prone disease surveillance in Bata.

Therefore, urgent health needs to date should include

- Adequate provision of curative and rehabilitation care to the injured patients;
- The early-warning system for outbreaks including the resurgence of Covid-19
- Building the capacity of hospitals and health workers to manage a large influx of injured and respond to health crisis

The following needs are established:

- d. Provide curative and rehabilitation care: - provides medical and surgical emergency care including psychiatric care and/or psychological emergency care for injured people with post-traumatic

symptoms. - provides rehabilitation/reparation care to patients with functional disabilities (physiotherapy, rehabilitation.

- e. Set up an early-warning system for Covid -19 and others potential diseases:
 - ↳ Organize a large-scale awareness campaign on the COVID-19 spread as well as massive testing with availability of treatment for these tested positive and those with symptoms
 - ↳ Strengthen the surveillance system for epidemic-prone diseases by setting-up an early warning system focused on areas and population at risk of outbreaks and of exposure to common diseases such as (\ respiratory infections, waterborne diseases, vector diseases, etc.
- f. Strengthen local capacity to respond to the influx of injured people and other disasters.
 - ↳ With the technical support of EMTs and international NGOs, organize training refresher sessions for medical and paramedical personnel on patient transport, triage, emergency first aid care, resuscitation, etc.
 - ↳ Restructure and equip the storage system for medical supplies, distribution and rational use of drugs and equipment.
 - ↳ Provide technical support for the development of hospital disaster management to plan better preparedness and response to health crises
 - ↳ Create a database of all disaster victims who have presented health problems for further monitoring.

Response Strategy

The appeal made by the Government of Equatorial Guinea to the international community received the immediate response of several emergency medical teams from Israel, Qatar, Cameroon, Spain, France, United States, as well as humanitarian actors.

- ↳ Lead a national consultation process for the development of hospital disaster management plans with a focus on emergency care for the influx of injured people;

- Organize the delivery of medicines and medical services to various health establishments. supplies donated by EMTs and humanitarian stakeholders;
- Develop a sanitation facility for the management of hospital waste (waste, liquid, biodegradable and non-biodegradable) and the rehabilitation of hospitals, sewage and contaminated pipelines' treatment;
- Continue to increase space and capacity to accommodate large-scale coverage with testing campaigns and vaccination campaigns;
- Establish a Public Health Emergency Operations Center (PHEOC / COUSP) with standardized emergency monitoring tools and procedures, as well as IT equipment

Humanitarian Objective: effective care has been integrated through the assistance of international EMTs and the full range of actors.

Recovery Objective:

- Restore physical and psychosocial care as it was before the disaster.
- Implementation of health infrastructures and specialized health emergency personnel.

MAIN ACTIVITY OF THE RESPONSE	TARGET (PERSON OR SERVICES)			REQUIREMENTS (USD)
	OBJECTIVES	TRAINERS	HEALTH STAFF (LOCAL)	
IMMEDIATE/EMERGENCY NEEDS (0-6 MONTHS)				
Rehabilitation	20	2 (Experts)	8	
Physiotherapy	10	2 (Experts)	8	
Prosthesis	10		8	
Massive COVID-19 test	309,345	10	130	90,000
Vaccination campaign COVID-19	309,345	5	50	351,465
Population analysis	309,345	12	752	150,000
Elaborate a Disaster Management Plan	3	5	50	50,000
TRANSITION/RECUPERATION (6-12 MONTHS)				
Psychological care	15,750	5 (Experts)	30	25,000
Extraordinary campaigns of vaccination awareness (0-5 years)	63,492	5	56	20,000
Awareness campaigns on water-related diseases and parasitic, viral and bacterial diseases	309,345	12	50	37,000
Incinerator and treatment of pathological waste	3	10	30	300,000
Strengthening the emergency care capabilities of health care personnel	3	6	70	50,000
Identification, monitoring and evaluation of patients under ARVs	4,300	5	30	30,000
Material and drug stock management	3	3 (Experts)	30	300,000
Implementation of a COUSP				
Setting up of a Hospital Hygiene Committee	3	5	50	
Fridges	3			100,000
TOTAL HEALTH SECTOR				1,453,465



Water, sanitation and hygiene

Sector members: **UNICEF, UNESCO, MPRH, MAGBOMA, MEEUD, Red Cross**

Summary of sector needs

The affected area is a new and not-urbanized neighborhood, with no access to public water services. Due to the lack of water supply from the public network, families were forced to dig water wells, thus the water supply is carried out through wells and tanks with localized distribution networks. Due to the explosion, the population is afraid that the wells are contaminated. On the other hand, the current rainy season situation will cause the contaminated debris from the explosions to be washed away and could have repercussions on the contamination of water and wells, considering that many of these wells are located on the banks of streams.

Therefore, it is urgent to conduct a water quality assessment in the blast-affected communities and explore alternative ways to access drinking water in case the water supply is contaminated.

Also, it is important to train community health assistants and community leaders on good hygiene and health practices to sensitize communities on water use (and possibly water treatment and waste disposal). In addition, with the pandemic, it will be important to provide hygiene kits (soap, gel, buckets with taps, masks) to affected families.

Sampling and analysis of groundwater (wells) and surface water near the detonation site is highly recommended. If XRF analysis and water samples show high contaminant concentrations, a broader environmental assessment should be performed. - Inform the population in the residential area near the south of the detonation site that they should not draw drinking water from their wells prior to testing the water. - The affected areas should be cleared of visible contaminants such as orange dust from the RDX explosive, barrels with petroleum products, burned automobiles, etc., to reduce risks to human health and further contamination of soil and water.

MAIN ACTIVITY OF THE RESPONSE	TARGET (PERSON OR SERVICES)	REQUIREMENTS (USD)
IMMEDIATE/EMERGENCY NEEDS (0-6 MONTHS)		
Conduct water quality assessments in affected communities and deliver water supply by tanker trucks	5,000 people	50,000
Training of 450 community health assistants, NGO community leaders and production of educational materials on good WASH and health practices for guardians and children, including COVID-19 prevention measures	5,000 people	50,000
Supply hygiene kits for health centers (soap, gel, buckets with taps) and for families and affected persons (soap, masks) in the communities	809 families	25,000
TRANSITION/RECUPERATION (6-12 MONTHS)		
Conduct an in-depth assessment to identify sites that may be uninhabitable due to explosives contamination and study the possibility of restoring them		50,000
TOTAL WATER AND SANITATION SECTOR		175,000



Nutrition

Sector members: **UNICEF, WHO, MINASIG, MICL, MAGBOMA, MEEUD, MPRH, Red Cross**

Summary of sector needs

55% of Bata's population is below the poverty line, who was already affected by many absences before the explosions. The blasts have worsened the economic situation, as some people lost their jobs, others lost their homes or are temporarily inactive due to injuries. Many families rely on food offered by shelters or food rations temporarily provided by the government and other donors. While this assistance provides some relief to families, it does not specifically address children needs. This situation may affect the nutritional condition of children and, in particular, young children due to their vulnerability.

It is therefore important to assess the nutritional status of children whose families have been affected by the blasts and to refer them to health centers in case of malnutrition. At the same time, the provision of nutritional counseling support to caregivers on breastfeeding and appropriate feeding practices for young children will complement other efforts made through other interventions under preparation, such as cash transfers to affected families.

MAIN ACTIVITY OF THE RESPONSE	TARGET (PERSON OR SERVICES)	REQUIREMENTS (USD)
IMMEDIATE/EMERGENCY NEEDS (0-6 MONTHS)		
Regular systematic monitoring of the children in the families concerned on their nutritional status and medical assistance if needed	1,140 children	122,000
Nutritional counseling support to affected families and promotion of breastfeeding and adequate nutrition for children and pregnant women in particular	1,140 children and mothers/tutors	28,000
TRANSITION/RECUPERATION (6-12 MONTHS)		
TOTAL NUTRITION SECTOR		150,000



Education

Sector members: **UNESCO, UNICEF, MEEUD, MOPVU, MINASIG, ONG Asama, ONG Aldeas Infantiles SOS, ONG BiriaElat**

Summary of sector needs

- ↘ Establishment of a hybrid teaching and learning device using television, radio, internet (platform) and textbooks.

In coordination with the Ministry of Education, UNESCO launched the first stages of the establishment of a distance learning mechanism using radio, television, internet (FP) and print media based on a platform already initiated for Equatorial Guinea as part of the response to COVID-19 (<http://escuela.nimbuzgroupe.com>); There is a need of data collection and educational resources to feed it. Continuing the La Escuela En Mi Casa program (<https://escuelaencasa.gq/>) through television and radio, with UNICEF support.

- ↘ The creation of temporary learning spaces in safe and accessible areas for affected pupils/students and/or the relocation of pupils/students from affected schools to unaffected and safe schools. Using temporary tents to create meeting points with parents and students to collect homework and corrections, with the support of the French government, through UNICEF.
- ↘ Training of school heads and teachers in the affected areas in school management and leadership in times of crisis, including psychosocial care, prevention of risks from the use of explosives, and detection of early signs of hearing disorders in affected children, with support from UNICEF.
- ↘ Based on the results of the studies, support the reconstruction/rehabilitation efforts of the affected schools and universities, under the principle of Building Back Better advocated by UNESCO.

MAIN ACTIVITY OF THE RESPONSE	TARGET (PERSON OR SERVICES)	REQUIREMENTS (USD)
IMMEDIATE/EMERGENCY NEEDS (0-6 MONTHS)		
Establish temporary learning spaces in safe and accessible areas for affected students / Relocate students from affected schools to non-damaged and safe facilities	1,400 (20%) students from damaged schools' benefit from temporary learning centers	300,000 USD
Providing teaching materials to schools affected by the explosions	3,500 (50%) affected students receive education and school supplies	150,000 USD
Implementation of a hybrid teaching system using television, radio, the Internet (teaching platforms and platforms for information exchange and sharing) and textbooks	5,600 (80%) affected students benefit from a hybrid education system	250,000 USD
Organize awareness campaigns on the explosion and trafficking of explosive and non-explosive devices at the community level, particularly in the disaster area.	3,600 (90%) affected people benefit from awareness-raising campaigns	150,000 USD
TRANSITION/RECUPERATION (6-12 MONTHS)		
Training of teachers in the psychosocial care of children, in the risks of trafficking and explosion of explosive objects (ammunition, grenades, etc.)	3,800 (100%) teachers (preschool, primary and secondary) in Bata receive training in psychosocial care and awareness of UXO risks	100,000 USD
Training school heads in school management and leadership in times of crisis	490 (100%) of school heads (preschool, elementary and high school) receive training in management and leadership in times of crisis	150,000 USD
Identification of hearing-impaired children, including handicapped children	1,400 (20%) of affected students are identified and referred to health centers.	200,000 USD
TOTAL EDUCATION SECTOR		1,300,000



Food security and livelihoods

Sector members: **FAO, PNUD, MINASIG, MPRH, MAGBOMA, Red Cross**

Summary of sector needs

In the places visited, 30% of families lost their homes and are now living in shelters or with relatives. There is a lack of information on the magnitude of the impact of the March 7 event to better understand the number of destroyed households and the magnitude of the destruction (total destruction, partial destruction, severe damage, light damage). The loss of housing causes the paralysis of some activities such as small businesses and other livelihoods. As with the housing situation, there is a lack of information on the number of micro, small and medium-sized businesses destroyed and the magnitude of the destruction (total, partial destruction, severe damage, light damage).

This includes the development of training and community participation and prioritization with the support of local organizations to support safe activities for minor repairs and debris management of damaged buildings and community infrastructure (sorting, reuse, recycling and safe removal of construction and hazardous materials). It will also implement training, tool procurement, supervision and disposal planning activities.

The project will initially seek to support 450 vulnerable female-headed households; however, the final number of households will be based on the results of the Household and Building Damage Assessment, HBDA and MSME assessment (with a focus on micro and informal sector enterprises). Temporary employment will be used to support vulnerable households affected by the blast. This multi-sectoral approach will be implemented with local authorities in coordination with the Ministry of Interior, Public Works and Social Affairs. The HBDA assessment will produce the necessary information to understand the situation and inform future interventions to “build back better”.

MAIN ACTIVITY OF THE RESPONSE	TARGET (PERSON OR SERVICES)	REQUIREMENTS (USD)
IMMEDIATE/EMERGENCY NEEDS (0-6 MONTHS)		
UNDP Intervention		
Temporary employment	450 households including those headed by vulnerable women	150,000
UNDP Subtotal	450	150,000
FAO Intervention		
Provide field assistance, using the most appropriate measures and tools	At least 3,000 affected people	3,600,000
FAO Subtotal	3,000	3,600,000
Total, Immediate Response (UNDP and FAO)	3,450	3,750,000
TRANSITION/RECUPERATION (6-12 MONTHS)		
UNDP Intervention		
Recovery of small, micro and medium-sized enterprises	At least 50 enterprises	600,000
Urban planning and reconstruction of community infrastructure	At least 5 community projects	400,000
Improve the livelihoods of affected people	At least 400 people	500,000
UNDP Subtotal		1,500,000
FAO Intervention		
More specific and holistic needs assessment	1 study conducted	10,000
Recovery of urban property	At least 800 households (to be identified)	50,000
FAO Subtotal		60,000
Total Transition/Recovery		1,560,000
TOTAL FOOD SECURITY AND LIVELIHOODS SECTOR		5,310,000



Shelter

Sector members: **FIFRC, UNHCR, UNESCO, UNICEF, MEEUD, MOPVU, MINASIG**

Summary of sector needs

Homelessness puts affected families in a highly vulnerable situation, especially to children separated from families. An intervention in shelter is necessary and urgent to prevent the situation of these families from worsening in terms of health (greater transmission of contagious diseases, such as COVID-19, due to overcrowding, mental health), protection (gender-based violence, child protection) and economic recovery. A more detailed analysis of specific housing needs is necessary, but the attached table gives an initial estimation.

The provision of immediate support to displaced families by providing primary relief materials is proposed. It is proposed to provide an immediate assistance for emergency shelter needs, as well as support for the reconstruction of the most vulnerable households and the removal of debris. Once a more detailed analysis has been carried out, the methodology to be used in each case can be defined more precisely.

MAIN ACTIVITY OF THE RESPONSE	TARGET (PERSON OR SERVICES)	REQUIREMENTS (USD)
IMMEDIATE/EMERGENCY NEEDS (0-6 MONTHS)		
Distribution of essential relief material	780 families	156,000
Immediate Needs Subtotal		216,300
TRANSITION/RECUPERATION (6-12 MONTHS)		
Support in the removal of debris	Most vulnerable homes	30,1500
Financial or material support for families to rebuild their houses	Most vulnerable homes	1,000,000
Transition/Recovery Subtotal		1,301,500
TOTAL SHELTER SECTOR		1,517,800



Protection

Sector members: **UNFPA, UNICEF, MICL, MINASIG**

Summary of sector needs

The protection sector will provide immediate assistance aimed at meeting the urgent needs of affected women and children. The main objective is to strengthen access to protection services for the affected population so that they can recover from the Bata explosions, through the provision of essential information and services to vulnerable and affected populations regarding Gender-Based Violence / Sexual Exploitation and Abuse (GBV / SEA) and Sexual and Reproductive Health (SRH). The main activities will focus on the provision of reproductive health emergency kits, including post-rape kits for health facilities and the dignity of the most affected women and girls; provide GBV / SEA case management training services, and raise awareness on the GBV / SEA referral system. The immediate response will also include the implementation of Cash Transfer programs for the most vulnerable populations, the strengthening of social interventions in emergencies for volunteers and community leaders, and the implementation of campaigns to prevent the population from being in contact with explosives and devices of the explosion.

During the transition / recovery phase, protection interventions will focus on the provision of psychosocial support through a telephone line, with face-to-face and personalized attention to women and children, and regular community awareness activities on GBV / SEA and Sexual and Reproductive Health (SRH) / HIV prevention, including local NGOs / SC Civil Social Organizations (CSOs).

MAIN ACTIVITY OF THE RESPONSE	TARGET (PERSON OR SERVICES)	REQUIREMENTS (USD)
IMMEDIATE/EMERGENCY NEEDS (0-6 MONTHS)		
Priority Process 1: Provide contraceptive methods to the Health Centers and Maternity Service of the Bata Regional Hospital		
Call for Sexual and Reproductive Health staff and community support staff	20 health personnel 2 Midwives (SR Focal Points) 2 NGOs	10,000
Having contraceptive kits		35,000
Delivery of kits to the population		10,000
Priority Process 2: Care for immediate consequences of rape		
Coordination with Health Centers, Focal Points and NGOs to detect cases of rape	50 people	10,000
Perform rapid HIV and Syphilis tests	1,000 women	30,000
Counting with kits for treatment of STIs and rape	1,000 Kits	35,000
Delivery of kits for treatment of rape and STIs according to syndromic management	1,000 Kits	10,000
Priority Process 3: Prenatal care with emphasis on identified pregnant women at risk		
Identification of pregnant women (registry of pregnant women)	2 NGOs 2 Midwives (SR Focal Points)	20,000
Identification of community health agents and NGOs	2 NGOs 20 Health agents	5,000
Search and care for pregnant women / risk assessment / delivery of supplements / orientation and counseling / prenatal care	2 NGOs 2 Midwives (SR Focal Points)	30,000
Priority Process 4: Home / shelter birth care		
Counting with kits for home birth care	1,000 Kits	35,000
Birth care	500 births	20,000
Priority Process 5: Reference to identified establishments that can attend obstetric emergencies		
Identification of pregnant women (registry of pregnant women)	2 NGOs 2 Midwives (SR Focal Points)	10,000
Identification and immediate management of Obstetric Keys	500 births	10,000
Search and care for pregnant women	2 NGOs	30,000
Diagnosis and immediate referral to an establishment with a surgical room	2 Midwives (SR Focal Points)	30,000
Count with establishments of level II with supplies of obstetric emergency packages. Obstetric Keys	2 Reference Hospitals	20,000
Coordinate with whoever does the ambulance services and the evacuation of pregnant women with obstetric emergencies	3 Ambulance Services	20,000
Immediate/emergency needs subtotal		340,000

MAIN ACTIVITY OF THE RESPONSE	TARGET (PERSON OR SERVICES)	REQUIREMENTS (USD)
TRANSITION / RECOVERY		
Follow-up and monitoring: <ul style="list-style-type: none"> Contraceptive methods Care for immediate consequences of rape Prenatal care with emphasis on risky pregnancies Birth care Obstetric emergencies 	Follow-up and monthly monitoring (9)	30,000
Hiring of teams of psychologists and psychological care for affected women, children, adolescents and youth	1 Psychologist Team	40,000
Transition / Recovery Subtotal		70,000

UNICEF activity plan

MAIN ACTIVITY OF THE RESPONSE	TARGET (PERSON OR SERVICES)	REQUIREMENTS (USD)
IMMEDIATE/EMERGENCY NEEDS (0-6 MONTHS)		
Data gathering of the affected families	809 families	10,000
Implement the Cash Transfer program to cover the most vulnerable families	100 families	120,000
Training and strengthening of social intervention in emergencies for volunteers and community leaders	150 volunteers	30,000
Campaign to prevent the population from coming into contact with explosives and devices from the explosion and awareness campaign on cash transfers	309,345 people from the Bata district	30,000
Immediate/emergency needs subtotal		190,000
TRANSITION/RECOVERY (6-12 MONTHS)		
Psychological support through a telephone line	700 people	50,000
Face-to-face psychological support to affected children	400 women and children	60,000
Transition/Recovery subtotal		110,000
TOTAL PROTECTION SECTOR		410,000










SUMMARY OF REQUIREMENTS BY SECTOR

Financing mechanisms

The plan has an estimated overall funding requirement of **US\$ 10,616,265** as detailed in the table below.

These funds are expected to be mobilised through the various development partners of the Republic of Equatorial Guinea through the international aid appeal mechanism to be launched between the United Nations and the Government of the Republic of Equatorial Guinea. Following the official launch of the appeal, this plan will be published on the platform managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in order to allow partners to express their interest and make their pledges.

The resources to be mobilised will be managed from the Multi-Partner Trust Fund (MPTF) established by the United Nations for the Republic of Equatorial Guinea, which provides for a Bata emergency response window. It should be noted that the fund's Executive Committee is chaired by the United Nations and the Government of the Republic of Equatorial Guinea.

SECTOR	AMOUNT (USD)
 Water, sanitation and hygiene	175,000
 Education	1,300,000
 Food security and livelihoods	5,310,000
 Shelter	1,517,800
 Protection	710,000
 Nutrition	150,000
 Health	1,453,465
TOTAL	10,616,265

Funding Criteria

The United Nations Multi-Partner Trust Fund for the Republic of Equatorial Guinea provides for a governance system based on the most recent international management policies applicable within the United Nations System. In this regard, the lead agencies in each sector of intervention will submit to the technical secretariat of the Fund, for review and technical validation, well-detailed programmes based on the interventions presented in this emergency and recovery plan, which in turn are submitted to the Executive Committee. Therefore, it will be the different UN agencies identified in this plan that will receive and manage the funds for the implementation of the plan.



MONITORING AND EVALUATION FRAMEWORK

In order to facilitate accountability and the decision-making process, this Plan will have a Monitoring and Evaluation (M&E) framework that will support the implementation of the identified interventions from a results-based approach. In this sense, it will be necessary to constitute an M&E Unit to provide support to coordinate data collection actions, standardisation of processes and procedures used by the institutions involved for monitoring and evaluation, as well as to disseminate the results of the best practices resulting from the implementation of the interventions, in different media and formats and in close collaboration with those responsible for the communication component.

To carry out these functions, the M&E Unit will rely on the UNINFO and UNDAC platforms as central instruments to coordinate the planning, monitoring and reporting of the programmed results as a whole. It will also be the function of the M&E Unit to define the key indicators through which the progress of the results established in the Plan will be monitored, based on the strategic objectives set and in alignment with the recommendations of the Multisectoral Initial Rapid Assessment (MIRA). It will also contribute to the impact assessment of the Plan's interventions as a whole.

In terms of operationalisation, and taking into account the set of actors involved, the M&E Unit will be governed by the principles of the United Nations Development Cooperation Framework in force in Equatorial Guinea (UNDAF 2019-2023) that regulates this function and its members will be part of a sub-group integrated into the Monitoring and Evaluation group of said framework; however, it is expected that the frequency of follow-up meetings will be more frequent due to the context in question.



Equatorial Guinea:

Bata explosions
Emergency and Recovery Plan