Uncertainty remains in Mali with upcoming elections, persistent conflict in the North and the drawdown of French troops. Violations of child rights and refugee spill over into Niger, Cameroon and Chad associated with the state of emergency and Joint Task Force (JTF) operations in Nigeria are a major concern. In Guinea, UNICEF has prepared for a potential worst case scenario should mediation efforts for the coming legislative elections not succeed.

Cholera epidemics are widespread in the region for the fourth consecutive year. More than 18,782 cholera cases had been reported in 12 countries through 13 May. As the region enters the rainy season, there is a risk of a sharp increase in cases, with case fatality rates (CFR) already ranging up to 4.5% per cent. Cross-border outbreaks have spread in Guinea Bissau and the countries of the Mano River basin (Guinea, Liberia and Sierra Leone), the Niger River basin (Mali and Niger) and the Congo River basin (DRC and Republic of Congo), as well as between Ghana and Côte d’Ivoire. Rains have brought repeated episodes of flooding and large-scale displacement, which is a further multiplier of cholera.

In addition, with the present lean season, UNICEF is scaling up efforts to manage Severe Acute Malnutrition (SAM) admissions. For the Sahel, the estimated number of children affected by SAM is 1.4 million. Countries of concern include Nigeria, Chad, Niger, Mali, Burkina Faso, Cameroon, Mauritania and Senegal. The current crisis in CAR, as well as the protracted crisis in DRC, has also highlighted nutrition concerns. In DRC, the number for SAM cases for children under 5 is estimated at 1 million children. These potential risks all demand UNICEF’s attention in 2013.

Adjusted planned results for 2013
UNICEF's West and Central Africa Regional Office (WCARO) will continue to provide technical coordination and improve preparedness to help country offices reach vulnerable children and women throughout the region in 2013. This includes continuing enhanced support for the Mali and CAR crises and other emerging humanitarian situations. The regional office needs have increased slightly to cover additional needs linked to the Sahel nutrition response, namely for the nutrition, supply, emergency coordination and social policy sectors.

- WCARO will continue to strengthen results monitoring in humanitarian situations and to support and oversee emergency-related evaluations within the region. In Mali preliminary results from a real-time evaluation are being reviewed to consider possible adjustments to the response.
- UNICEF will improve and reinforce regional capacity for multi-sectoral rapid needs assessments and for immediate emergency response through regional agreements with humanitarian partners. Assessments covering cholera-related response are expected in coming months.
- WCARO is currently providing technical support and expertise to country offices to help better mitigate and respond to cholera.
- UNICEF will support resilience activities by further developing risk assessment guidelines and helping countries with chronic and recurrent humanitarian needs develop in-depth risk

Results from 2013
In the Sahel, more than 376,256 children suffering from Severe Acute Malnutrition (SAM) were admitted for treatment at the end of May 2013. For all 24 countries in the region, UNICEF has procured ready-to-use therapeutic food to treat 600,000 children since January. UNICEF uses regional warehouses in Ghana and Cameroon to move supplies quickly. Currently, US$2.3 million of lifesaving supplies are in regional warehouses, of which US$1 million has been purchased since January.

All priority countries in the region have strengthened humanitarian results-based monitoring, with country offices reporting on progress against targets in all humanitarian indicators on a monthly basis. Lessons learned from Mali and Senegal are informing the rollout of diverse models of field monitoring. A strong monitoring network has taken root in the region, with nine country offices having dedicated focal points.

WCARO has also provided support for the responses in Mali and DRC, including on results-based monitoring; increased regional capacity for human resources in emergencies; direct security support; and strengthened coordination between different levels of the organization and the country offices.

Regional planning workshops for Education and Child Protection were jointly held by UNHCR and UNICEF to strengthen collaboration in refugee settings at the country level.

In CAR, the regional office and headquarters supported an inter-agency programme criticality review after the temporary relocation and staff ceiling was put in place following the March coup. This exercise was undertaken to ensure a strong correlation between programme activities in high risk environments and meeting the results of affected populations. A similar review was undertaken in Niger, while a UNICEF specific review was undertaken in northern Nigeria.

Due to continued insecurity in the Sahel, business continuity exercises were undertaken with support from the regional office in the Mali, Niger, Burkina Faso and Guinea country offices. Plans are underway to conduct similar exercises in Mauritania and CAR.

Cameroon 23,572 children suffering from SAM were admitted for therapeutic treatment, representing 41 per cent of the annual target. In addition, 71 per cent of targeted nutrition centres are delivering the WASH minimum package as of the end of May 2013.

Nigeria By the end of May, UNICEF had treated 96,993 children with SAM, 32 per cent of an increased annual target of 296,950.
analysis and mitigation planning. Further, in collaboration with headquarters and country offices, the regional office will develop planning and guidance for factoring resilience implementation into country programming, as well as a monitoring and evaluation framework for resilience.

- WCARO will continue to reinforce a more integrated approach to the nutrition crisis involving the participation of the health and WASH sectors, with psychosocial support a priority. The regional office will monitor nutrition crises and support preventive activities and lifesaving response. The nutrition team will also support Integrated Management of Acute Malnutrition (IMAM) programme supervision and quality improvement; nutrition protocol revision; the design, implementation and analysis of 14 nutrition surveys with SMART methods; as well as RapidSMS implementation in Nigeria.

- Child protection will focus on providing support to conflict-affected country offices and cross-border dynamics, for the release and reintegration of children associated with armed groups, victims of gender-based violence and children separated from families. The child protection team will strengthen its focus on chronic emergencies by integrating cross-cutting issues, such as psychosocial support, into all country office responses and putting into place a comprehensive child protection response. Countries of concern include Mali, CAR, and Nigeria.

- Regional health colleagues will develop training on emergency health, will support epidemiological studies within and across borders, will work with the HIV team to develop and disseminate tools to assist countries in planning for HIV in emergencies and will provide technical assistance. Support will be provided to Nigeria, Chad, DRC and CAR on strengthening outreach services in high threat environments.

- The water, sanitation and hygiene (WASH) team will strengthen emergency response to floods, cholera, and refugee and internally displaced persons (IDPs) crises through integrated interventions targeting nutrition centres and the ‘mother/carer – child’ pairs.

- The regional office will provide technical assistance for education in emergencies, aiming to maintain children’s access to education and prevent school drop-outs. WCARO will support country offices in rolling out and integrating conflict and disaster risk reduction into their education planning processes in light of the resilience and peacebuilding agenda in Cote d’Ivoire, Chad, DRC, Liberia and Sierra Leone.

- The communication for development (C4D) regional team will reinforce technical assistance to country offices to ensure that quality C4D prevention and response strategies are developed and implemented, including monitoring of communication indicators and supporting fundraising and documentation.

- Social policy support will be provided for the transition from cash transfers in emergencies to cash transfers for resilience within a broader national system-building agenda.

### Cameroon

UNICEF Cameroon would like to thank the donor community, in particular the Government of Japan, for its generous contribution which has enabled UNICEF to strengthen humanitarian action. Cameroon’s 2013 HAC requirements have been fully met. The sub regional dynamic, however, does not rule out the possibility of increased needs for the remainder of the year in the event of significant increased refugee caseload from Nigeria and CAR. In June, a joint UN assessment mission in the far north identified the need for immediate humanitarian interventions for WASH, Health and Nutrition for refugees.

UNICEF will continue its support for malnourished children through community-based management of acute malnutrition and support for the delivery of nutritional supplements to severe acute malnourished children, together with essential drugs for the treatment of complications. UNICEF will support prevention and treatment of cholera, an endemic problem, through behaviour change, WASH lists and supplies. Support will also be provided for cholera case management by ensuring the availability of essential supplies and by training partners in case management. Emergency education, child protection and HIV prevention for displaced populations will also be supported. The country office will continue to publish regular situation reports to demonstrate on-going developments, and UNICEF’s results for Cameroon’s most vulnerable.

### Guinea

There is a significant risk that the humanitarian situation could worsen with upcoming legislative elections. Increased tensions could result in human rights violations, internal displacement, exploitation of children and youth by political groups, as well as the disruption of access to basic services. Persistent political and military unrest, inter-communal conflicts and social discontent make the situation extremely volatile. From January to June 2013, violent political demonstrations linked to the election process, and community protests related to decreased access to water and electricity, took place in Conakry, Kankan, Mamou and Guékédou resulting in 50 deaths and approximately 150 injured. While an election date has not yet been set, UNICEF has developed a contingency plan to cover 70,000 people who could be affected by instability and violence. Flooding during the rainy season (May to October), and epidemics including cholera and meningitis pose a serious threat to women and children. UNICEF has participated in the overall response and taken a lead role in the WASH cluster coordination. UNICEF has secured WASH and Health supplies for an estimated caseload of 5000 people. In addition, UNICEF is providing support for the production and distribution of cholera kits and sensitizations efforts for high risk areas in Mamou region covering 49,480 beneficiaries.

### Guinea Bissau

Since June, the political situation in Guinea Bissau has evolved with the establishment of a more inclusive transitional government with the goal of organizing elections in late 2013. The consequences of the political/military instability of April 2012, however, still lingers. Recurrent strikes in the education and health sectors are placing vulnerable children and women at further risk, with over 30 per cent of the school year already lost due to school closures. Malnutrition continues to be a major public health challenge, mainly attributed to food insecurity, among other factors. The prevalence of acute malnutrition among children under five rose from 6 per cent in 2010 (MICS 2010) to 6.5 per cent in 2012 (SMART 2012), with large disparities between regions: Bafata region (9.8 per cent), Oio/Farim (8 per cent) and in Sector Autonomo de Bissau (6.7 per cent). Furthermore, the fragility of the health system is visible through extremely high rates of maternal mortality (790/100,000) and under-five mortality (161/1000).
During the rainy season (May to October), the country is under a constant threat of cholera. The latest outbreak, after four years with zero cases, was between August 2012 and January 2013. This year, the epidemic is affecting the Tombali region. Despite on-going prevention activities, there is a serious risk that the epidemic could spread if the government and partners do not take all the necessary measures and mobilize resources to tackle this potential humanitarian crisis. UNICEF and WHO are coordinating with government and key partners to implement a response plan with a strong component of behaviour change communication.

**Nigeria**

Nigeria is a disaster-prone country where the frequency and the intensity of both natural and human-induced disasters have increased significantly in recent years. There is growing insecurity in the north, vulnerable conflict hot spots in the middle belt, and tenuous peace in the Niger Delta region. UNICEF will strengthen monitoring systems and provide assistance to the most vulnerable displaced persons, following the ongoing military operation in three northern States (Adamawa, Borno and Yobe) and the declaration of a state of emergency in May.

With predicted heavy rainfalls and potential flooding, UNICEF will support flood-affected populations and contribute to cholera prevention by providing lifesaving essential medical supplies and supporting the provision and use of safe drinking water, safe excreta disposal, family kits for displaced persons, in addition to promoting hand-washing practices in cholera-prone states. In 100 feeding centres, community-based health workers will be trained in case management of acute malnutrition. UNICEF will also address the health of children by providing vitamin A supplements and vaccinations for polio and measles. Finally, UNICEF will establish 110 safe school spaces for 56,000 children affected by flooding and violence. UNICEF will continue to strengthen and support community-based child protection networks in emergency prone states through training in international and national human and child rights laws, child protection in emergencies, children and armed conflict as well as other protection issues. The financial needs will be updated when the needs of Northern Nigeria related to the state of emergency become clear.

**Senegal**

In 2013, it is estimated that 63,323 under-five children will suffer from Severe Acute Malnutrition (SAM), with an estimated 255,675 with suffering from Moderate Acute Malnutrition (MAM). Eleven regions are in need of emergency support based on prevalence of malnutrition and aggravating factors such as diarrhoea and acute respiratory infections. These regions include Diourbel, Fatick, Kafrnine, Kedougou, Kolda, Louga, Matam, Saint Louis, Sedhiou, Tambacounda and Theis. In addition, more than 120 villages in nine regions are prone to food insecurity. Pockets of food insecurity remain due to localized flooding, limited grazing pastures or crop disease. With the onset of the rainy season, there is an increased risk of small-scale flooding and cholera. Senegal is in need of additional support for WASH programming for flood response and cholera preparedness and response.

**UNICEF funding requirements for 2013**

UNICEF has revised its funding requirements to US$43,991,538 for the regional office to provide technical support and coordination for humanitarian work throughout West and Central Africa in 2013; and to respond to humanitarian needs in Cameroon, Guinea, Guinea-Bissau, Nigeria and Senegal. With US$30,578,401 received to date, this leaves an overall funding gap of US$13,413,137 for the region. With the exception of Cameroon, whose requirements have been fully met, funding gaps persist in each office. Regional funds may be used for countries that are not included in the following individual country chapters and may not benefit from inter-agency flash appeals to respond to small- or medium-size emergencies. UNICEF WCARO gratefully acknowledges donors’ strong response during 2013 and invites supporters to maintain or increase their commitments to meeting the humanitarian needs of the region’s children and women in during emergencies. It is important to note that UNICEF, together with the wider United Nations system, is facing great challenges with the multitude of protracted and new humanitarian crises occurring in West and Central Africa, at this time with the challenging donor climate, therefore, full funding is critical.

<table>
<thead>
<tr>
<th>Regional Office</th>
<th>Initial HAC 2013 requirements</th>
<th>Change in requirements – July 2013</th>
<th>Total 2013 requirements</th>
<th>Income through 30 June</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>250,000</td>
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<td>1,500,000</td>
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<tr>
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<tr>
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<td>415,000</td>
<td>415,000</td>
<td>-</td>
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<tr>
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<td>1,500,000</td>
<td>1,113,517</td>
<td>386,483</td>
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<td>500,000</td>
<td>3,000,000</td>
<td>2,596,511</td>
<td>403,489</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>8,950,000</strong></td>
<td><strong>2,765,000</strong></td>
<td><strong>11,715,000</strong></td>
<td><strong>6,656,043</strong></td>
<td><strong>5,058,957</strong></td>
</tr>
</tbody>
</table>

*All figures in US$*

* In addition, WCARO also received US$731,963 from The Netherlands for the Peacebuilding, Education and Advocacy programme.*
Current response activities are being carried out with carry-over funds (US$415,930) Nutrition, Health, WASH and Emergency Preparedness.

Current response activities are being carried out with carry-over funds (US$164,747) Nutrition, Health and WASH.

Additional funding will be essential to meet humanitarian requirements in the appeals.

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Country Offices | Initial HAC 2013 requirements | Change in requirements – July 2013 | Total 2013 requirements | Income through 30 June | Funding gap
---|---|---|---|---|---
Cameroon | 11,100,000 | 4,077,624 | 15,177,624 | 15,177,624 | -
Guinea | - | 3,088,648 | 3,088,648 | 0* | 3,088,648
Guinea Bissau | - | 505,000 | 505,000 | 0** | 505,000
Senegal | - | 3,305,266 | 3,305,266 | 1,705,266 | 1,600,000
Nigeria | 10,200,000 | - | 10,200,000 | 7,039,468 | 3,160,532
Total | 21,300,000 | 10,976,538 | 32,276,538 | 23,922,358 | 8,354,180

*Current response activities are being carried out with carry-over funds (US$415,930) Nutrition, Health, WASH and Emergency Preparedness.

** Current response activities are being carried out with carry-over funds (US$164,747) Nutrition, Health and WASH. Additional funding will be essential to meet humanitarian requirements in the appeals.

2 Standardized Monitoring and Assessment of Relief and Tensions.
3 As of 27 June, 114 cholera cases (5.6 per cent children under 4) and 7 deaths (fatality rate at 6.14 per cent as of 17 June) have been confirmed.
4 3,616 cases and 23 deaths (CFR 0.7 per cent) were recorded in 7 out of 11 health regions.
5 140 cases and 13 deaths (CFR 9.5 per cent) between March and June 2013.