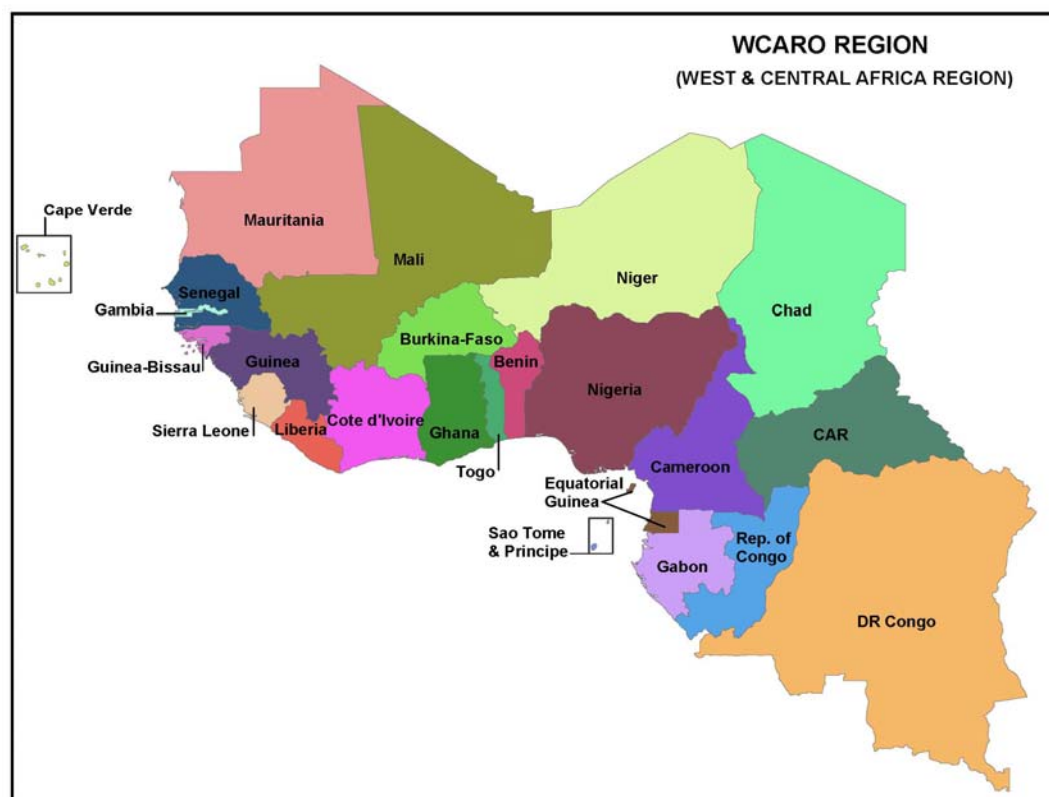


UNICEF HUMANITARIAN ACTION WEST AND CENTRAL AFRICA IN 2007



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

Regional Office financial needs for 2007

Sector	US\$
Coordination and support services	256,800
Child survival and nutrition	13,598,371
Water and environmental sanitation	882,750
HIV/AIDS	802,500
Child protection	2,597,796
Basic social services (including education)	3,928,826
Total*	22,067,043

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

During 2006, the nutritional situation in the Sahel region (northern Benin, Burkina Faso, Chad, Mali, Mauritania and Niger) remained at extremely critical levels. Child acute malnutrition rates are among the highest in the world and chronic malnutrition is widespread: an estimated 2 million children suffer from severe chronic malnutrition, whilst 324,000 children, the majority of whom are infants and young children under three years of age, are acutely malnourished. The persistence of such high rates despite the good harvests of 2005-2006 confirms that malnutrition is not limited to food-insecure areas. Rather, it is the result of a combination of factors, notably, poor access to essential child survival services, inadequate infant feeding and hygiene practices, and lack of access to water. This nutrition crisis is killing 300,000 children annually.

Throughout 2006, a number of countries in the West and Central Africa region continued to face the consequences of sub-regional crises, which have dire impact on the well-being of women and children. The political stalemate and continued volatility in Côte d'Ivoire during 2006 and ongoing exodus of Burkina Be and Malians to their original homes, has further exacerbated the capacity of local administration, civil society and NGOs in Mali and Burkina Faso to provide social and health services. The continuation and intensification of population displacements from Chad and the Central African Republic to Cameroon, with consequent pressure on existing structures, pose a particular threat to the vulnerability of both refugees and host communities. In Guinea, the prolonged presence of refugees, internally displaced persons (IDPs) and returnees in Forest Guinea has put a significant strain on health infrastructures. Data show that maternal mortality ratios in the country are at 530 deaths per 100,000 live births. With recurrent and severe epidemics (yellow fever, meningitis, malaria), morbidity and malnutrition rates are also on the increase. In the Casamance region of Senegal, in the second half of 2006, dramatic accidents linked to landmines have gravely affected many families in the Gambian, Guinea-Bissau and Senegal. The landmines mirror the trail of the conflict that has affected the sub-region for over 20 years and has recently taken a new intensity in the northern and southern parts of Casamance. The psychological effects of such violent situations, such as anxio-depressive symptoms and self-harming behaviours, are manifested most evidently in children with unresolved grief.

A wave of cholera outbreaks that commenced in early October 2005 and continued in 2006 in Benin, Burkina Faso, Cameroon, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal and Togo resulted in about 60,200 cases and more than 700 deaths, with its epicentre in Guinea-Bissau.

In the Mano River Union, the protection of women and children living along and/or crossing borders remains of particular concern. Recruitment of children in Liberia to join fighting forces in Côte d'Ivoire continued during 2006, notably children who were previously demobilized from the fighting forces. Moreover, there continue to be about 2,000 separated Liberian children in the sub-region, the largest number residing in Guinea. In Guinea, a high number of children are orphaned or in conflict with the law, and as such are particularly vulnerable to trafficking and recruitment. In Côte d'Ivoire, children who have self-demobilized remain at risk of exploitation and re-recruitment. Cross-border movements have dire consequences, particularly for women, girls and adolescent boys, as they continue to bear the burden of sexual and gender-based exploitation and violence, and the risk of being affected or infected by HIV/AIDS.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

Coordination and partnership

In response to the nutrition situation, WFP and UNICEF have elaborated a joint strategy to prevent and combat acute malnutrition in West Africa and particularly in the Northern Sahel countries. The strategy includes large-scale integrated programmes for the management of acute malnutrition (therapeutic feeding, supplementary feeding and preventive interventions), advocacy, capacity-building of national governments, global partnerships, nutrition and food security surveillance and resource mobilization. Through this strategy, from July 2005 to July 2006, out of a total of 800,000 severely malnourished children in Niger, 700,000 were admitted to therapeutic and supplementary feeding centres. Death rates in these centres were as low as 5 per cent.

UNICEF mobilized a large range of partners for a regional training of trainers workshop on the IASC Guidelines for HIV/AIDS Interventions in Emergency Settings, organized jointly with UNAIDS and in collaboration with UNFPA, UNHCR, OCHA and WFP. The training not only involved the above-mentioned agencies but also government partners from six countries in the region (Central African Republic, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Guinea and Togo).

Similarly, together with UNESCO, WFP, Christian Children's Fund and Save the Children Alliance, a training of trainers course on the minimal standards for education in emergency situations was organized by the Inter-Agency Network for Education in Emergencies (INEE). The course brought together 21 trainers from the various organizations representing 11 countries in West and Central Africa.

Support to emergency response in Côte d'Ivoire+5 (Burkina Faso, Ghana, Guinea, Liberia and Mali) and Gambia/Senegal/Guinea-Bissau sub-region

In addition to Chad, the Democratic Republic of the Congo, the Republic of the Congo and Guinea-Bissau, which have been receiving support in the last few years, the Central African Republic and Côte d'Ivoire received priority attention in 2006. Côte d'Ivoire benefited from continued technical assistance for emergency programme planning and implementation, advocacy and resource mobilization. The immediate establishment of a minimal response capacity was reviewed to assist 52,000 persons. Stock pre-positioning, partnership amendments, human resources and financial needs in most-affected zones were assessed accordingly.

In response to the sub-regional crisis in Casamance, Gambia and Guinea-Bissau, technical support was provided to Country Offices for response planning, monitoring and evaluation. A minimum level of preparedness was set up in all three countries to cope with a potential new influx of refugees or internally displaced persons (IDPs). Cross-border activities were developed for mine-risk awareness and conflict prevention.

Emergency preparedness and response process and humanitarian principles

The early warning system designed by EMOPS has been rolled out in 19 of the 24 countries of the region and will be fully implemented in the coming months. The system is allowing UNICEF at field, regional and headquarters levels to agree on possible threats and on the magnitude of the humanitarian response. Contingency planning for countries at high risk of an imminent threat was supported in Chad, Côte d'Ivoire, Republic of the Congo, Guinea and Sahel countries. Besides responding to recurrent epidemic crises, initial emergency responses were supported in Central African Republic, Gambia, Guinea-Bissau, Mali and Senegal. A simulation exercise was undertaken to test the effectiveness of the contingency plans in Mauritania and Togo. As humanitarian principles are a key component of UNICEF's planning and response approaches to emergencies, a training of trainers course on humanitarian principles will be held in the Democratic Republic of the Congo late 2006 and

then rolled out for governmental counterparts and national NGO partners. The Regional Office also implemented the rapid response strategy to respond to emergencies in Central African Republic and Guinea-Bissau.

Cross-border coordination in the Mano River Union and Côte d'Ivoire for children affected by armed conflict

UNICEF has been coordinating the inter-agency sub-regional child protection group, which aims at improving the capacity of child protection networks in the sub-region to coordinate responses to child rights violations. During 2006, a joint project was implemented by all partners involved and focused on the development of minimum standards on gender-based violence and psychosocial support, and on the design and piloting of an information management system. At country level, specific projects have been implemented at borders in order to protect children from abuse, exploitation and recruitment. Inter-agency cross-border meetings, as well as sub-regional inter-agency meetings, have been held to share information, identify key issues affecting children and to formulate strategies to better respond to the needs of the children.

3. PLANNED HUMANITARIAN ACTION FOR 2007

As part of its regional humanitarian programme, the UNICEF Regional Office for West and Central Africa will continue to strengthen country capacities to respond to conflicts and natural disasters, through the following projects.

Coordination and support services (US\$ 256,800)

Regional emergency rapid response project

This project aims to reinforce country-level emergency preparedness and response capacity in small-scale emergency contexts (e.g., Cameroon, the Gambia, Guinea and Senegal) through the following key activities:

- Establish a Regional Emergency Rapid Response Fund in support to countries' initial emergency response;
- Support Country Offices to initiate a contingency planning process when facing a specific emergency to ensure essential preparedness measures;
- Strengthen a regional human resource surge capacity mechanism to allow rapid deployment of experienced staff immediately before or at the onset of a crisis.

Child survival and nutrition (US\$ 13,598,371)

Regional support to emergency nutrition and child survival in the Sahel (US\$ 963,000)

This project will assist 776,800 under-five children suffering from acute malnutrition (of whom 92,300 with severe acute malnutrition) in five Sahelian countries: Benin, Burkina Faso, Mali, Mauritania and Niger. Activities will focus on:

- National guidelines: develop and implement national policies, protocols and guidelines for the management of acute malnutrition;
- Information systems: strengthen the capacity of national nutrition and child survival surveillance systems to collect and analyse relevant nutrition and child survival data and information;
- Supply and logistics: strengthen the capacity of country programmes to ensure an uninterrupted pipeline of therapeutic and supplementary foods; micronutrient supplements and essential drugs; anthropometric, monitoring and counselling tools; and complementary health and hygiene commodities.

- Nutrition and child survival: promote exclusive breastfeeding and complementary feeding practices; ensure vitamin A supplementation, de-worming and measles vaccination; distribute impregnated mosquito nets for malaria prevention; promote handwashing and treatment of child diarrhoea with oral rehydration therapy;
- Cluster leadership and coordination: strengthen inter-agency coordination and accountability in nutrition and feeding as per IASC agreements for emergency preparedness and response.

Regional support to emergency nutrition and child survival in North Benin, Burkina Faso, Mali, Mauritania and Niger (US\$ 12,635,371)

These projects will target 230,000 under-five children in Burkina Faso, 8,000 in Benin, 150,000 in Mali, 88,800 in Mauritania and 300,000 in Niger. Activities will focus on:

Therapeutic and supplementary feeding:

- Develop and implement national policies and guidelines for the management of acute malnutrition and the implementation of a training strategy for facility-based and community-based care providers;
- Ensure an uninterrupted pipeline of therapeutic and supplementary foods; micronutrient supplements and essential drugs; anthropometric, monitoring and counselling tools for the management of acute malnutrition;
- Support national capacity-building to collect and analyse nutrition and child survival data and respond timely and effectively to nutrition emergencies.

Nutrition and child survival:

- Infant and young child feeding: support the promotion of exclusive breastfeeding practices for the first six months of life and adequate complementary foods and feeding practices from 6 to 24 months in the 10 regions;
- Nutrition and child survival commodities: ensure vitamin A supplementation, de-worming, measles vaccination and distribution of insecticide-treated nets for all under-five children;
- Health and hygiene: ensure the prevention and control of diarrhoeal diseases through the intense promotion of handwashing and oral rehydration therapy.

Water and environmental sanitation (US\$ 882,750)

Strengthening regional capacity to respond to cholera outbreaks

- Programme communication: Exchange communication materials between countries and develop a regional reference centre for emergency and pre-emergency hygiene campaigns;
- Regional Emergency Rapid Response Fund: Establish a regional contingency fund for countries with above average epidemic levels, and pre-position diagnostic kits, chlorine, Ringer's lactate, oral rehydration salts etc. in most vulnerable areas;
- Assessment and planning: conduct risk assessments and prepare water/sanitation plans for acknowledged cholera at-risk areas; coordinate country plans in four countries.

Child protection (US\$ 2,597,796)

This project will assist children affected by armed conflict, children living along borders affected by population movements and lack of infrastructure and basic services, child protection committees, community-based organizations.

Monitoring child rights' violations along the borders of the Mano River Union countries and Côte d'Ivoire (US\$ 636,700)

- Mobilization of community-based child protection committees (CPCs) in border areas: create greater awareness among community leaders, civil society, parents and children at the community level;
- Train CPCs and social workers (including Police and Immigration Officers) in monitoring cross-border movements of children and in identifying child protection issues that need to be addressed and establish effective coordination mechanisms;
- Organize sub-regional cross-border meetings to reinforce cross-border linkages among agencies and CPCs established along the borders in order to facilitate information-sharing on cross-border movements and provide rapid response;
- Provide information on the situation of children and inter-agency cross-border responses to the Regional Steering Committee for advocacy and strategic planning purposes.

Strengthening the inter-agency sub-regional initiative for the protection of children in the Mano River Union and Côte d'Ivoire (US\$ 535,000)

- Organize sub-regional inter-agency child protection coordination meetings to analyse and address key policy issues affecting child protection in cross-border areas;
- Train on key child protection thematic areas with a view to harmonizing approaches and building capacity at national and sub-regional levels in line with existing minimum standards (e.g., IASC, Sphere);
- Organize cross-border inter-agency meetings to promote protection surveillance for children and provide rapid response in the case of emergencies.

Stress counselling and mine-risk education for vulnerable populations in the Gambia, Guinea-Bissau and Senegal affected by the Casamance crisis (US \$1,426,096)

- Train counsellors; design and/or distribute education materials;
- Undertake group counselling on stress sessions and play and activity therapy sessions; Sensitize communities to prevent family separation; sensitize the police and army to child rights violations);
- Conduct mine-risk education sessions.

HIV/AIDS (US \$ 802,500)

Improving prevention and response to gender-based violence and HIV/AIDS among conflict-affected populations (US\$ 374,500)

Capacity-building (UNICEF): provide trainings on assessment, programme design, monitoring and evaluation; *Caring for Survivors* (validated UNICEF manual); and on IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings;

Technical assistance (UNICEF): identify areas where technical support is needed and mobilize resources; ensure quality of interventions; provide rapid response on sexual and gender-based violence in emergencies (consultant roster); update and disseminate list of key policy documents and resource materials; produce and disseminate tools and information, education and communication materials.

Integrating HIV/AIDS interventions into emergency preparedness, prevention and response (US\$ 428,000)

Assessment, monitoring and evaluation: adopt and implement protocols for data collection; identify and disseminate tools for baseline data collection and analysis; consolidate, analyse and use existing data;

identify good/best practices and lessons learned; map out HIV/AIDS activities and outcomes to create a regional overview;

Advocacy and coordination: ensure that regional working groups include HIV/AIDS in their humanitarian response plans and actions; support Country Offices in lobbying national governments to adopt IASC Guidelines and to integrate refugee and displaced populations needs into national HIV/AIDS programmes;

Capacity-building: provide training on IASC Guidelines on HIV/AIDS Interventions in Emergencies; provide trainings on assessment, programme design, monitoring and evaluation; *Caring for Survivors* (validated UNICEF manual); and IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings;

Technical assistance: identify areas where technical support is needed and mobilize resources; ensure quality of interventions; provide rapid response on HIV/AIDS and gender-based violence in emergencies (consultant roster); update and disseminate list of key policy documents and resource materials; produce and disseminate tools and information, education and communication materials.

Basic social services (including education) (US\$ 3,928,826)

Assistance to children and women victims of armed conflict in Guinea (US\$ 2,308,846)

Guinean women and children, Liberian and Ivorian refugees as well as Burkinabe and Malian returnees will benefit from the following key activities:

- Organize regional and district-level epidemic outbreak management services; provide essential drugs, basic medical kits, vaccines for districts health facilities; disinfect and protect water sources; provide rehabilitation care for severely malnourished children;
- Provide legal clinic services, psychosocial support and access to basic services (shelter, food, education and health) to survivors of sexual abuse and exploitation;
- Strengthen the coordination of HIV/AIDS activities and support health structures – voluntary counselling and testing, prevention and care for HIV/AIDS and sexual violence survivors;
- Contribute to decrease case fatality rates providing essential drugs, vaccines and medical equipment to health centres and hospitals for the management of epidemics and their nutritional consequences on children;
- Disinfect water sources.

Assistance to vulnerable groups affected by population movements in Burkina Faso and Mali (US \$ 1,619,980)

- Protection: train partners in the prevention of separation and in family tracing and reunification; support interim care arrangements for separated children; sensitize women and adolescents on STI/HIV/AIDS and gender-based violence (GBV); train medical and social workers in prevention and response to GBV survivors and in STI case management;
- Education: provide material for temporary classrooms; supply equipment, pedagogical materials and recreation kits; identify/recruit and train teachers; organize life skills education and recreational activities;
- Health and nutrition: conduct anthropometric assessments; supply BP5, vitamin A, iron/folic acid, micronutrients, de-worming tablets; provide measles and tetanus vaccines and cold-chain equipment; distribute impregnated mosquito nets and provide preventive treatment to pregnant women; train health personnel; support behaviour change.
- Water and sanitation: Construct/rehabilitate/maintain water points and latrines; provide hygiene supplies and education.

Support to emergency response in Burkina Faso and Mali

A nutrition crisis is under way in Burkina Faso and Mali. Rates of global acute malnutrition are at 19 per cent in Burkina Faso and up to 18.5 per cent in some regions of Mali. The water, hygiene and sanitation situation is critical mainly in rural areas, further exacerbating malnutrition and child mortality rates. In Burkina Faso, safe drinking water and sanitation coverage is respectively 44 per cent and 8 per cent, whilst in Mali only 42 per cent of households have access to safe water and 15 per cent of families to adequate excreta disposal facilities. Child malnutrition is the result of a combination of factors including inadequate food and feeding practices in the first two years of life, poor care practices for children and women particularly during early childhood and pregnancy, and inadequate access to essential health services and a healthy environment; this leads to a vicious cycle of malnutrition and disease and results in an unacceptable burden of child mortality attributable to malnutrition.

The vulnerability of women and children in Burkina Faso and Mali is further exacerbated by the ongoing crisis in Côte d'Ivoire. Since the onset of the crisis, more than 350,000 Burkinabe and 50,000 Malians have fled their homes to their original countries. With the continued risk of a deterioration of the situation in Côte d'Ivoire, it is anticipated that 420,000 Burkinabe and 255,000 Malians would flee the conflict. Moreover, some 30,000 returnees are expected to transit through the region, within refuge camps or hosted by the resident population (estimated at 100,000 persons). Schools in host communities (Burkina Faso) and reception camps (Mali) are already overcrowded. Access to safe water and adequate sanitation facilities, currently inadequate, will be further compounded, increasing the likelihood of water-borne diseases and increasing malnutrition and child mortality rates. There has been no special registration of children who have been separated from their parents and it is not known how many unaccompanied/separated children have crossed the borders at unofficial border posts. Women, and especially adolescents, remain highly vulnerable to sexual abuse. The already overstretched technical and financial capacities of existing health and social infrastructures to provide quality primary health care and referral services to children and women will reach a breaking point.

Planned activities

UNICEF's response to the nutrition crisis in Burkina Faso and Mali includes a range of evidence-based, low-cost, high-impact interventions for child nutrition and survival that can be delivered at national scale. The focus is on strengthening the capacity of the Mali and Burkina Faso Governments and their humanitarian partners to prevent and manage acute malnutrition of among 380,000 malnourished children, of whom 38,000 with severe acute malnutrition. Support will be provided to support the development of national protocols for the management of acute malnutrition, to ensure an uninterrupted pipeline of therapeutic and supplementary foods, to establish nutrition and child survival services, as well as to promote exclusive breastfeeding, micronutrient supplementation, hygiene and management of diarrhoeal diseases.