

**COORDINATION / INFORMATION MANAGEMENT AND SUPPORT SERVICES**

|                              |  |
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| <b>Appealing Agency</b>      | <b>* INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)</b>  |
| <b>Project Title</b>         | Camp Coordination and Camp Management in West Africa: Enhancing Preparedness and Response Capacity in Line with the IASC Cluster Approach  |
| <b>Project Code</b>          | WES-08/CO/20926  |
| <b>Sector</b>                | COORDINATION / INFORMATION MANAGEMENT AND SUPPORT SERVICES   |
| <b>Objectives</b>            | To improve emergency preparedness measures to ensure a predictable and effective approach to the camp coordination and camp management cluster for IDPs resulting from natural disasters in West Africa. |
| <b>Beneficiaries</b>         | CCCM cluster partners, populations affected by camp situations   |
| <b>Implementing Partners</b> | IOM with UNHCR; and other CCCM cluster partners, governments in West Africa  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$1,175,000</b>   |

**Needs**

Under IOM's mandate, IOM has been assisting and protecting internally displaced persons (IDPs) for more than 30 years. In this regard, IOM is an active partner in the inter-agency collaborative response to the humanitarian needs of IDPs worldwide. Following the Collaborative Response, in line with the Humanitarian Response Review Process (HRR), an independent report on the humanitarian response commissioned by Jan Egeland, the United Nations Emergency Relief Coordinator (ERC), the Inter-Agency Standing Committee (IASC) agreed in December 2005 to establish the "cluster approach". The "cluster approach" aims to fill capacity and response gaps in up to 11 critical humanitarian response sectors by designating global and country-level cluster leads, provided with specific responsibilities and mandate.

The Humanitarian Reform Process is built on the premise of increased predictability and accountability. In this regard and in line with IOM's disaster preparedness measures, IOM has started increasing its overall emergency preparedness. In line with its leading role within the CCCM cluster, IOM will continue to strengthen the humanitarian response by ensuring appropriate development and sharing of trained expertise and tools resources, as well as securing the appropriate engagement and increase the capacities of all relevant cluster partners, including UN agencies, NGOs and the Red Cross Movement. National partners, civil society and government institutions play a critical role in this preparedness and response.

In the current humanitarian context of soaring prices and food crises, West Africa needs to be adequately supported in order to be able to deal with camp situations and activate the CCCM cluster, when needed. It is necessary to build the capacity of all stakeholders with regards to the concept of CCCM and its operationalization.

In order to fulfil its Cluster responsibilities, IOM proposes an approach over an eighteen-month period aimed at pursuing efforts to strengthen global disaster response capacity and longer-term planning. This will allow avoiding gaps in the cluster approach thus further facilitating surge capacity, operational support as well as developing tools and guidelines for timely and effective disaster response in emergencies, in cooperation with partner governments and the international humanitarian community. Furthermore, based on its past and recent experience in various humanitarian emergency responses following natural disasters worldwide, IOM started preparing its emergency response, contingency and preparedness plans in view of ensuring quick impact delivery of services in a coordinated way.

**Activities**

The project will build the response capacity of stakeholders (cluster partners including governments) in West Africa and ensure that preparedness mechanisms and contingency planning are set in order to address IDP camp situations as a result of natural disasters.

The project will provide the necessary resources to operationalize the cluster approach in West Africa as far as camp coordination and camp management is concerned. As a Cluster lead, IOM is obliged both to support inter agency partners in capacity building and guidance/tool support and to develop its own preparedness measures required for a more effective and efficient response. Furthermore, CCCM is a cross cutting cluster and is linked to the other sectors and clusters in order to meet its stated goals. Therefore, as the cluster lead, IOM also needs to ensure a role with other clusters in order to support a coordinated and effective response.

Specific activities include:

- o Ensuring that assessments and strategies are in place in West Africa;
- o Building consensus with partners (NGOs, UN, IFRC and governments);
- o Developing and improving policy, guidance tools and standard setting;
- o Increasing capacity to respond to CCCM challenges through trainings.

**Outcomes**

The capacity of West Africa governments and organizations to respond to disasters leading to population movements and camps situations will be enhanced. The CCCM cluster will be ready for activation and operate in an effective and coordinated manner. In addition, the planning, training and lessons learned will be effective in dealing with emergency situations arising from other types of disasters.

| <b>International Organization for Migration (IOM)</b> |                  |
|---|------------------|
| <b>BUDGET items</b>                                   | <b>\$</b>        |
| Staff costs   | 180,000          |
| Office costs and overhead                             | 95,000           |
| Operational costs                                     | 900,000          |
| <b>Total</b>  | <b>1,175,000</b> |

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| <b>Appealing Agency</b>      | <b>* UNITED NATIONS HIGH COMMISSION FOR REFUGEES (UNHCR)</b>   |
| <b>Project Title</b>         | Strengthening Partnership with the Economic Community of West African States (ECOWAS)  |
| <b>Project Code</b>          | WES-08/PR/20873  |
| <b>Sector</b>                | COORDINATION / INFORMATION MANAGEMENT AND SUPPORT SERVICES   |
| <b>Objectives</b>            | The project will aim at building Institutional capacity of ECOWAS in the achievement of durable solutions to forced displacement in West Africa. |
| <b>Beneficiaries</b>         | Total:15 15 ECOWAS Member states Populations of concern to UNHCR in the 15 Member States   |
| <b>Implementing Partners</b> | ECOWAS   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$300,000</b>   |

### Needs

In West Africa, patterns of human displacement within the region have been increased or altered based on a complex range of factors such as lack of economic opportunities, search for livelihoods in relatively more prosperous country in the region and political upheaval. In the context of current food crisis and soaring price, securing the displacement within the region remains a key challenge in order to mitigate the negative protection impact of the food security in the West African countries. Although small proportion of individuals appears to be in need of protection amongst mixed migration movements within the region, protection nevertheless represents an important factor to be taken into account. Combined with an increased emphasis on livelihoods and socio-economic integration activities, the ECOWAS legal framework, in particular the Protocols on Free Movement, Right of Residence and Establishment, provides a range of possibility for secure, legal, human rights of refugees, stranded migrants, rejected asylum seekers and former refugees in the region.

Despite the specific rights of refugees under the refugee protection regime, refugees from ECOWAS Member States may additionally benefit from the specific legal framework. In the context of local integration of Sierra Leonean and Liberian refugees in the region, refugees willing to locally integrate need to secure their work and residence entitlements in their host country. The ECOWAS Protocol on Free Movement, Right of Residence and Establishment offer opportunity to refugees and former refugees, in particular in Nigeria and other West African countries, to transit from their refugee to legal residence status in another ECOWAS Member State with adequate documentation.

In such context, UNHCR in joint efforts with ECOWAS Members States seeks to promote more effective implementation and harmonization of the provision of ECOWAS in domestic legislation. Fuller utilization of the existing regional framework and processes in particular the ECOWAS free movement protocol shall enhance the response to mixed migration in West Africa.

In partnership with ECOWAS, UNHCR will engage in strengthening national protection regimes by developing comprehensive strategies in areas such as durable solutions, mixed migration, peace education, child protection, gender and capacity building on technical sectors (human trafficking, human rights, free movement of persons, and child labor).

### Activities

In collaboration with ECOWAS, a series of activities will be undertaken under this project to complement the joint processes:

- Joint development and implementation of the 10 Points Plan of Action on Refugee Protection and Mixed Migration with the collaboration of the ECOWAS Institutions in their respective ECOWAS Member States, with a view to address root causes of forced displacement.
- Joint awareness training and capacity building of officials of Members States responsible for implementing the ECOWAS free movements protocols in the context of international protection of the persons of concern to UNHCR.
- Joint sensitization campaign to promote the knowledge of the provisions of the ECOWAS protocols among refugees, displaced persons, host communities, media and civil society.
- Search for sustainable solutions through local integration and reintegration programmes, resettlement as a burden-sharing tool and the rehabilitation of refugee hosting areas, in reference to UNHCR strategic policies on "Development Assistance to Refugee Hosting Areas (DAR)" and "Development for Local Integration (DLI)".
- Promote equality of treatment of refugees with other citizens of the ECOWAS member states in the exercise of free movement, Right of residence and Establishment through multilateral agreement with ECOWAS Member States concerned enabling refugees to transit from refugee to ECOWAS residence status.
- Establish, within the ECOWAS Executive Secretariat, an Emergency Response Unit (ERU) and an ECOWAS Emergency Response Team (ERT) Roster and develop management tools and training modules.
- Implementation of the ECOWAS Protocol relating to the Mechanism for Conflict Prevention, Management, Resolution, Peacekeeping and Security, with a view to address root causes of forced displacement.

**Outcomes**

- Collaboration of UNHCR and ECOWAS Executive Secretariat enhanced the establishment of a legal framework to deal with issues of forced displacement and durable solutions in West Africa Sub Region including the respect of free movement and right of residence of refugees and persons of concern to UNHCR within the ECOWAS countries.
- Increased adequate reintegration possibilities for previously displaced individuals choosing to return to their country of origin within the ECOWAS.
- Increased integration possibilities for individuals willing to remain in their host country and reduction of burden caused by the non nationals on local services and limited infrastructure.
- Enhanced protection against the risk of human trafficking and other forms of exploitation within the ECOWAS.

| <b>United Nations High Commission for Refugees (UNHCR)</b> |                |
|--|----------------|
| <b>BUDGET items</b>  | <b>\$</b>      |
| Programme  | 300,000        |
| <b>Total</b>   | <b>300,000</b> |

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| <b>Appealing Agency</b>      | <b>* UNITED NATIONS HIGH COMMISSION FOR REFUGEES (UNHCR)</b>  |
| <b>Project Title</b>         | Regional Support - Coordination and Support to UNHCR and partners' operations in West Africa  |
| <b>Project Code</b>          | WES-08/CO/20878   |
| <b>Sector</b>                | COORDINATION / INFORMATION MANAGEMENT AND SUPPORT SERVICES  |
| <b>Objectives</b>            | - To ensure coordinated regional strategies to respond to UNHCR populations of concern.<br>- To support UNHCR and partners offices in the region. |
| <b>Beneficiaries</b>         | All UNHCR and partners offices as well as populations of concern in the region<br>Other group:500 Refugees  |
| <b>Implementing Partners</b> | Direct implementation by UNHCR  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$7,307,064</b>  |

### Needs

Delivery of Protection and assistance requires regional strategies and responses so as to stabilize populations of concern to UNHCR in the region. It implies enhanced coordination not only with regional offices of other agencies in the region but also with regional institutions.

In accordance with the UNHCR global restructuring, a Regional Office based in Dakar has been created to provide better and timely support to the region. The consolidation of the former Regional Support Hub in Accra with a newly enhanced regional presence in Dakar has been implemented since January 2008

### Activities

- Provide support, training and technical guidance to UNHCR operations, while incorporating current policies on registration, women/children, livelihood, health, HIV and AIDS, information technology and telecommunications.
- Monitor compliance of processes and systems, ensure age and gender mainstreaming, enhance external relations and strengthen emergency response capacities in the region.
- Regional public and media information.

### Outcomes

- The regional technical support enhanced a overall protection environment for populations of concern.
- Humanitarian staff, implementing partners, governments and refugee communities benefited from the training component.

| <b>United Nations High Commission for Refugees (UNHCR)</b> |                  |
|--|------------------|
| <b>BUDGET items</b>  | <b>\$</b>        |
| Programme  | 1,534,100        |
| Programme & support cost                                   | 5,772,964        |
| <b>Total</b>   | <b>7,307,064</b> |

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| <b>Appealing Agency</b>      | <b>* UNITED NATIONS HIGH COMMISSION FOR REFUGEES (UNHCR)</b>                                |
| <b>Project Title</b>         | Regional stockpile and emergency preparedness   |
| <b>Project Code</b>          | WES-08/CO/20897   |
| <b>Sector</b>                | COORDINATION / INFORMATION MANAGEMENT AND SUPPORT SERVICES                                  |
| <b>Objectives</b>            | To ensure regional stockpile of basic non food items for a population of 60,000 at all time |
| <b>Beneficiaries</b>         | Total:60000 refugees, IDPs, returnees   |
| <b>Implementing Partners</b> | UNHCR, UNHRD  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$158,000</b>  |

### Needs

The situation in the West Africa region remains fragile despite progresses made towards peace and stability. Humanitarian agencies need to remain ready to support governments and vulnerable populations in case of emergencies, whether related to conflict or natural disaster. The present food crisis, added to a fragile environment could generate tensions and conflicts that would require emergency response. UNHCR is therefore keeping a regional stock of basic NFIs allowing an immediate response for up to 60,000 beneficiaries and therefore contributing to a global humanitarian response. This stock will be integrated into the UNHRD warehouse in Accra.

### Activities

- Supply management including support for procurement, management and deliveris of the NFI stockpile to field operations
- Coordinate NFI needs amongst the different UNHCR country offices
- Dispatch of NFIs based on needs and analysis by countries offices
- Ensure replanishment of stock with countries borrowing from the stock
- Coordinate with UNHRDand other stakeholders

### Outcomes

- a capacity to respond to the basic NFI needs of 60,000 people at all time
- NFIs are released promptly and reach beneficiaries with minimum delays.
- a coordinated approach and response with other stakeholders
- coordinated response strategy between all UNHCR offices in the region
- maximization of the use of logistics resources at regional level.

| <b>United Nations High Commission for Refugees (UNHCR)</b> |                |
|--|----------------|
| <b>BUDGET items</b>  | <b>\$</b>      |
| programme  | 158,000        |
| <b>Total</b>   | <b>158,000</b> |

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| <b>Appealing Agency</b>      | <b>* WORLD FOOD PROGRAMME (WFP)</b>                              |
| <b>Project Title</b>         | WFP Humanitarian Air Service in West Africa Coastal countries    |
| <b>Project Code</b>          | WES-08/FO/21253  |
| <b>Sector</b>                | COORDINATION / INFORMATION MANAGEMENT AND SUPPORT SERVICES       |
| <b>Objectives</b>            | Support WFP and other partners in WAC countries                  |
| <b>Beneficiaries</b>         | Total:1966179 as per WFP and partner operations<br>Women:1000000 |
| <b>Implementing Partners</b> | N/A  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$6,600,000</b>   |

### Needs

Safe and reliable air travel is crucial in the region for the provision of an effective and timely humanitarian response, given poor road infrastructure and security considerations. Because of the lack of commercial alternatives the humanitarian community needs to be provided with adequate air transportation service, for movement of personnel, cargo and for medical evacuations.

### Activities

WAC operation is utilizing two aircrafts (Cessna Caravan (10 seats) and Beechcraft 1900 (18 seats) operating in four countries, namely Liberia, Sierra Leone, Guinea and Cote d' Ivoire – Both aircrafts are based in Monrovia.

During January to July 2008 a total of 7,100 passengers, 30 MT of humanitarian cargo and 24 medical evacuation cases from some 250 organizations were transported.. A further 12 months SO extension covering July 08 to June 09 is in place.

820 flying hours. These include 2 major security evacuations and 38 medical evacuations.

The project budget (ending June 30th, 2009) is short of USD 5.4 million ( USD 1.3 Million up to the end of the year ). An advance received from WFP of USD 1.86 million has to be repaid.

### Outcomes

Number of medical evacuation

Number of passengers

Volume and weight of cargo

| <b>World Food Programme (WFP)</b> |                  |
|-----------------------------------|------------------|
| <b>BUDGET items</b>               | <b>\$</b>        |
| Direct Operational Costs          | 5,138,000        |
| Direct Support Costs              | 1,000,000        |
| Indirect Support Costs (7%)       | 462,000          |
| <b>Total</b>                      | <b>6,600,000</b> |

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| <b>Appealing Agency</b>      | <b>* WORLD FOOD PROGRAMME (WFP)</b>                             |
| <b>Project Title</b>         | WFP Humanitarian Air Service in Niger                           |
| <b>Project Code</b>          | WES-08/FO/21258   |
| <b>Sector</b>                | COORDINATION / INFORMATION MANAGEMENT AND SUPPORT SERVICES      |
| <b>Objectives</b>            | Support WFP and other partners operations in Niger              |
| <b>Beneficiaries</b>         | Total:1068000 as per WFP and partner operations<br>Women:578000 |
| <b>Implementing Partners</b> | N/A   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$4,700,000</b>  |

### Needs

Safe and reliable air travel is crucial in the region for the provision of an effective and timely humanitarian response, given poor road infrastructure and security considerations. Because of the lack of commercial alternatives the humanitarian community needs to be provided with adequate air transportation service, for movement of personnel, cargo and for medical evacuations.

### Activities

UNHAS Niger is currently using a Dornier 328 (32 seats) that has been replaced by a B1900 (19 seats) operating mainly in Niger. One flight per month is scheduled to place between Niamey and N'djamena, to disenclave the region.

The Special Operation is covering the period 15th March 2008 to 14th March 2009. However, the operations started with the original aircraft's arrival in mid-June 2008. In the past 2 months, UNHAS Niger flew 100 hours carrying a total of 689 passengers,

1 MT of humanitarian cargo and carried out 2 medical evacuations. A monthly increase of 10% per month has been noticed since the beginning of the operations.

### Outcomes

Number of medical evacuation

Number of passengers

Volume and weight of cargo

| <b>World Food Programme (WFP)</b> |                  |
|-----------------------------------|------------------|
| <b>BUDGET items</b>               | <b>\$</b>        |
| Direct Operational Costs          | 4,000,000        |
| Direct Support Costs              | 371,000          |
| Indirect Support Costs (7%)       | 329,000          |
| <b>Total</b>                      | <b>4,700,000</b> |

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| <b>Appealing Agency</b>      | <b>* OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS (OCHA)</b>   |
| <b>Project Title</b>         | Regional Emergency Response Fund (ERF) for West Africa  |
| <b>Project Code</b>          | WES-08/CO/21208   |
| <b>Sector</b>                | COORDINATION / INFORMATION MANAGEMENT AND SUPPORT SERVICES  |
| <b>Objectives</b>            | Provision of flexible, timely and predictable humanitarian financing mechanism for rapid response to unforeseen emergency needs |
| <b>Beneficiaries</b>         | Organizations responding to sudden-onset humanitarian crises  |
| <b>Implementing Partners</b> | UN Agencies, NGOs and Red Cross/Crescent Movement   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$21,400,000</b>   |

### Needs

Countries in West Africa are in a state of high vulnerability. The consequences resulting from the rise of food prices could not only slow down progress towards achieving the Millennium Development Goals, but may in fact even reverse the small gains in health, nutrition and development in general that have been made in West Africa.

Since the return of stability in the Mano River Union countries, new threats have emerged such as the social discontent linked to the global food crisis, the large scale epidemics (meningitis and cholera), the violent social unrest of Guinea (2007) which generated a protracted instability, the occurrence of devastating floods in 2007 (one million people and 14 countries affected) and 2008, the insufficient funding for recovery programs (malnutrition and flooded areas), the occurrence of toxic contamination (Côte d'Ivoire and Senegal), the outbreaks of avian flu in several countries and the weak preparedness and response capacities of Governments to address these issues.

The potential for sudden-onset emergency needs remains high in the region, particularly related to natural hazards such as flooding, sustained rainfall, drought and biological hazards. In order to provide flexible, timely and predictable humanitarian funding in such emergency situations, OCHA will establish a regional Emergency Response Fund (ERF) as a regional pooled fund for initiating rapid life-saving response and filling critical gaps related to small-scale disasters for which other funding mechanisms are inappropriate or too cumbersome to trigger given the scope of the disaster. The ERF would also be used to promote critical preparedness and recovery activities.

The ERF will be managed by OCHA on behalf of a Regional Executive Committee composed of UN agencies, NGOs and donor representatives.

The ERF's initial target has been set at USD 21,400,000, of which 35% would be devoted to critical preparedness activities and 65 % to rapid response.

### Activities

Accessible to UN agencies, NGOs and the Red Cross/Crescent Movement, the allocation of ERF funds will be approved through a consultative process by the Advisory Board of the Regional Executive Committee, which will comprise Regional Directors of United Nations agencies, NGOs and donors. Technical guidance and inputs will be provided by the regional thematic working groups' chairs.

OCHA will provide the overall administrative and secretariat support to manage the Fund through a Dakar-based ERF team. The ERF is expected to be instrumental for critical preparedness activities in the absence of alternative funding sources, emergency actions, quick impact recovery projects and gap-filling activities in 2009.

As such, the ERF is a coordination tool supporting Resident/Humanitarian Coordinators in the region, humanitarian country teams and overall, the Humanitarian Reform.

### Outcomes

The expected outcomes will be:

- to ensure flexible, timely, predictable and transparent humanitarian funding in order to improve timeliness of response at the onset of disasters;
- to enhance preparedness to humanitarian crises;
- to maximize the benefits to affected populations and minimize potential pitfalls of humanitarian responses provided by UN agencies, NGOs and the Red Cross/Crescent Movement;
- to help kick-start the response to unforeseen, sudden-onset situations reflected in small-scale disasters;
- to support quick impact recovery projects;
- and to strengthen regional coordination by stimulating strategic discussions among members of the regional directors' team.

| <b>Office for the Coordination of Humanitarian Affairs (OCHA)</b> |                   |
|---|-------------------|
| <b>BUDGET items</b>   | <b>\$</b>         |
| Regional Emergency Response Fund (ERF)                            | 20,000,000        |
| Programme Support (7%)  | 1,400,000         |
| <b>Total</b>  | <b>21,400,000</b> |

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| <b>Appealing Agency</b>      | <b>* OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS (OCHA)</b>  |
| <b>Project Title</b>         | Promoting principled and coherent Humanitarian Response in West Africa                                       |
| <b>Project Code</b>          | WES-08/CO/21233  |
| <b>Sector</b>                | COORDINATION / INFORMATION MANAGEMENT AND SUPPORT SERVICES   |
| <b>Objectives</b>            | Improved aid delivery to beneficiaries by strengthening regional and country level humanitarian coordination |
| <b>Beneficiaries</b>         | Support to 16 Country Teams and gvts, donors, regional humanitarian partners and other institutions          |
| <b>Implementing Partners</b> | n/a  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$3,441,049</b>   |

### Needs

In early 2006, the region benefited from the return of stability in Côte d'Ivoire and in countries of the Mano River Union which triggered the return of refugees, routine access to vulnerable populations and reduction of human rights violations. However, the consolidation of peace and the return to a more conducive environment for human progress will closely depend on the evolution of the: food and fuel global price crisis, particularly affecting countries in West Africa; socio-political situation in Guinea; the rise of violent security incidents with insurgent groups in southern Nigeria, northern Mali and Niger; vulnerability linked to acute food and nutrition crises in the Sahel countries; the capacity of key stakeholders to closely monitor the evolution of AHI; the post-flood impacts on the livelihoods and the resilience of populations living in the countries affected; and, the new threats to human security such as narcotics smuggling along Coastal West Africa and illegal migrants trafficking across the Sahara or the Atlantic to southern Europe.

### Activities

Building upon existing coordination systems, the OCHA Regional Office for West Africa will put into use its knowledge and expertise gained over the last 5 years to:

- Develop and update country-based and region-based inter-agency contingency plans;
- Enhance humanitarian country teams' preparedness and response through the organization of inter-agency emergency simulation exercises;
- Streamline Disasters Risk Reduction in other inter-agency assessment and planning tools (ie UNDAF);
- Meet the growing demand for early warning in areas related to slow-onset deteriorating vulnerability.
- Mobilize partners at the early notice of an impending crises; keep adequate information flow on operational developments; and, support joint analyses, inter-agency assessments and coordinated responses;
- Advocate in favour of neglected situations and highlight silent crises;
- Ease the mobilization of critical material, human and financial resources through CERF, Flash Appeals, CAP and other rapid response funding tools;
- Engage policy dialogue with non-humanitarian partners;
- Document humanitarian needs that are often neglected or silent;
- Mobilize the capacity and responsibilities of State parties, political partners and development institutions with regard to the enforcement of the Rule of Law and Human Rights;
- Reach out to existing information networks or build new constituencies that could be of use in advocating for a balance effort between relief aid and development assistance.

### Outcomes

- Streamline preparedness and mitigation of natural disasters and conflicts into contingency planning conducted by governments, UN agencies and NGOs;
- reinforce the current regional humanitarian coordination by providing principled and effective leadership in strategic advice, operational coordination and resources mobilization ;
- use information management to monitor and report on situations of concern to the humanitarian community;
- pursue policy dialogue with development actors on disaster risk reduction and, poverty reduction placed at the forefront of a humanitarian advocacy approach that will aim at promoting a shared responsibility between development and humanitarian actors in the alleviation of human suffering.

| <b>Office for the Coordination of Humanitarian Affairs (OCHA)</b> |                  |
|---|------------------|
| <b>BUDGET items</b>   | <b>\$</b>        |
| Total Costs (staff and non-staff)                                 | 3,045,176        |
| Programme Support (13%)   | 395,873          |
| <b>Total</b>  | <b>3,441,049</b> |

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| <b>Appealing Agency</b>      | <b>* UNITED NATIONS CHILDREN'S FUND (UNICEF)</b>   |
| <b>Project Title</b>         | Regional Emergency Rapid Response Project  |
| <b>Project Code</b>          | WES-08/CO/21262  |
| <b>Sector</b>                | COORDINATION / INFORMATION MANAGEMENT AND SUPPORT SERVICES   |
| <b>Objectives</b>            | To reinforce regional and country-level capacity to ensure that effective and timely actions leading from preparedness to early warning - early action are undertaken at country level |
| <b>Beneficiaries</b>         | Women and children in need of emergency assistance   |
| <b>Implementing Partners</b> | N/A  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$321,000</b>   |

### Needs

The Inter-agency Food and Security working group have identified the urgent need for a common framework for monitoring, analysis and prioritization for West and Central Africa Region. Among the indicators that must be taken into account when assessing current vulnerability is the risk of populations to such predicable and non-predicable shocks as conflict and natural disasters.

The majority of countries in West and Central Africa are confronted on a yearly basis with reoccurring floods, cholera and other epidemics. The current pressure on already stretched livelihoods coupled with delicate political environments, forebodes a continuation of civil unrest in urban areas. UNICEF will continue to use its Regional Emergency Rapid Response Fund (RERRF) to provide technical and operational support to country offices, given priority to countries identified by the inter-agency sector and partners and provide urgent human resources surge capacity to multiple emergency operations thus reducing the response time between early warning and early action.

### Activities

- Emergency scale-up capacity mapping: Based upon the inter-agency group's ongoing broad mapping of the capacity of their offices and partners in the region to considerably scale-up interventions in the key areas of livelihoods assessments, nutritional programming and food distributions and the region-wide stock taking of CO key nutrition and health items, support country offices to integrate these risk into their contingency planning process;
- A mapping and monitoring of countries that are most vulnerable to civil unrest and political pressure will be completed with the inter-agency group;
- Strengthen a regional human resources surge capacity mechanism to allow rapid deployment of experienced emergency staff immediately before or at the onset of a crisis.

### Outcomes

- UNICEF COs provide an immediate and efficient initial humanitarian response to a pre-established minimum number of beneficiaries in the first hours/days of an emergency;
- Mechanisms for mobilising additional resources are established to ensure a further scale-up of life-saving initiatives.
- Based on the capacity mapping, some 3-4 countries will be prioritized for contingency planning for strong civil unrest.

| <b>United Nations Children's Fund (UNICEF)</b>                    |                |
|---|----------------|
| <b>BUDGET items</b>   | <b>\$</b>      |
| Technical support to contingency planning and/or initial response | 50,000         |
| Human resources surge capacity mechanism                          | 150,000        |
| Regional Emergency Rapid Response Fund                            | 100,000        |
| Administrative cost (7%)  | 21,000         |
| <b>Total</b>  | <b>321,000</b> |

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| <b>Appealing Agency</b>      | <b>* FOOD &amp; AGRICULTURE ORGANISATION (FAO)</b>   |
| <b>Project Title</b>         | REGIONAL - Strengthening Regional-level Food Security Assessment and Coordination Capacity and Improving Agriculturally-Based Emergency Responses to the High Food Price Crisis  |
| <b>Project Code</b>          | WES-08/FO/21730  |
| <b>Sector</b>                | COORDINATION / INFORMATION MANAGEMENT AND SUPPORT SERVICES   |
| <b>Objectives</b>            | Improve emergency responses to the high food price crisis through better situation analysis and coordinated, well targeted, provision of agricultural inputs to vulnerable households  |
| <b>Beneficiaries</b>         | Decision-makers in Governments, donors, UN partners and NGOs; Vulnerable rural households (e.g., victims of insurmountable high agricultural input and food prices, floods, IDPs, refugees), including women of malnourished children or in risk of malnutrition, pregnant and breast feeding, youth |
| <b>Implementing Partners</b> | Concerned Governments, national and regional institutions, I/NGOs  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$3,498,000</b>   |

### Needs

Agricultural households in the Sahel are highly vulnerable to any shock that affects their food security. Since late 2007, the high food price crisis has added another layer of stress to an already fragile region. Market dependent households in rural and urban areas alike are being challenged by unprecedented high food prices to meet their basic food needs. However, insufficient analysis of the situation has made targeting the poorest households very challenging. The FAO Food Security Monitoring Unit for West Africa has participated in various UN agency high food price crisis impact assessments and plays a leading role in the Regional Food Security and Nutrition Working Group (RFSNWG).

FAO and partners need to scale up their on-going assessment activities and to better coordinate response activities at the regional and county level. The national-level Early Warning Systems serve an important need for national-level data, but they do not necessarily provide the timely information decision-makers need to intervene in a crisis. Their role can be somewhat limited in providing information to target those hardest hit by the high food price crisis or other shock. Therefore, the international community needs to be able to step in and work with governments to fill that gap in information needs and to provide a comprehensive analysis of situation in order to achieve the optimal response. The objective of this intervention is twofold: 1) to strengthen FAO's regional-level food security assessment and coordination capacity; and 2) to respond efficiently to high food and input prices or other crises.

### Activities

For 2009, FAO will reinforce the support to food security analysis at national and regional levels, in a coordinated manner (RFSNWG) at the regional level and in the field, through the following activities:

- Conduct coordinated food security assessments to provide timely analytical information for decision makers;
- Provide demand-driven support to methodological developments to better track the food security, nutrition and vulnerability situation in the target countries;
- Identify action for rapid response to severe food insecurity of vulnerable groups;
- Provide seeds, fertilizer, tools, animal production inputs to vulnerable households identified through the comprehensive assessments in countries where gaps are identified through current programmes.

### Outcomes

The humanitarian community, at national and regional level, will be better able to identify in a timely manner the geographical areas and population groups experiencing high levels of food insecurity and respond more effectively.

| <b>Food &amp; Agriculture Organisation (FAO)</b>  |                  |
|---|------------------|
| <b>BUDGET items</b>   | <b>\$</b>        |
| Staff costs (food security advisors, coordinator, travel, assessments)                                | 800,000          |
| Inputs costs (seeds, tools, fertilizers, animal production), including equipment (vehicles, computer) | 2,000,000        |
| Training and contracts with partners, support to national and regional institutions                   | 200,000          |
| General Operating Expenses (secondary transport, fuel, office supplies and maintenance)               | 180,000          |
| Direct Operating Costs (10% of subtotal)  | 318,000          |
| <b>Total</b>  | <b>3,498,000</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* WORLD HEALTH ORGANIZATION (WHO)</b>   |
| <b>Project Title</b>         | Coordinated health actions and health information management across West Africa  |
| <b>Project Code</b>          | WES-08/CO/21933  |
| <b>Sector</b>                | COORDINATION / INFORMATION MANAGEMENT AND SUPPORT SERVICES   |
| <b>Objectives</b>            | Support services and administration, Information management and capacity building, Emergency supply health actions evaluation. |
| <b>Beneficiaries</b>         | Total:1 Population in 22 West Africa countries especially those affected by conflicts, natural disasters and                   |
| <b>Implementing Partners</b> | Ministries of health, UN Country Teams, national and international NGOs and regional health entities                           |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$913,350</b>   |

### Needs

Coordination of health interventions undertaken by national and provincial MOH in 16 countries, by 13 UN agencies, more than 19 NGOs and huge number of national NGOs (many of which working in the health sector) is a big challenge. In addition, the number of issues in the health sectors from access, nutrition, disease outbreak, polio, Avian Flu, RH, GBV, HIV and rare diseases and the implication of the food Price crisis on all these issues besides coordination of technical and operational inputs of partners need additional coordination efforts. Events and issue in other sectors (especially nutrition, food, WASH but also protection) are detrimental for health and merits active interaction. The assembly of humanitarian actors will have to interact with a number of regional initiatives like the COWAS and MRU not only in sharing information but in cross fertilizing of experience in various fields. For that, Subregional Health presence for coordination, assessment, proper information management is absolutely necessary

WHO HAC sub-regional team will work with partners, including UN agencies, NGOs and local authorities to ensure adequate health needs and gaps identification for action, coordination for a synergistic health response, development of a disaster preparedness and response plan for health threats, health action evaluation activities, and capacity building to address health issues.

### Activities

- Collect, verify, analyse and preserve health information across the regions and provide reports/updates to all partners on regular bases
- Undertake assessment mission with partners in support of country health teams whenever needed with special emphasis on cross border issues
- Issues and disseminate health updates and analysis to guide the international health assistance and feed into the overall OCHA guided humanitarian updates
- Harmonize and adapt guidelines and standards and ensure their distribution and use by various actors
- Support the early warning and response to sudden health events at country level

### Outcomes

- 1.Health interventions across the region are coordinated and according to international standards
- 2.Regular analytic updates issued and integrated into broader humanitarian updates
- 3.Contribute to contain epidemics and preventing their regional spread
- 4.Countries with weak capacities for assessment or response supported
- 5.Thematic groups established
- 6.networking with regional health initiatives reached

| <b>World Health Organization (WHO)</b>   |                |
|--|----------------|
| <b>BUDGET items</b>  | <b>\$</b>      |
| 3 international Staff to be placed in Dakar (PH officer -Epidemiologist and information/communicatio | 486,000        |
| Technical support by AFRO, HQ and collaborating centres  | 40,000         |
| Harmonization and guidelines adaptation , small PH library   | 70,000         |
| Training of regional health staff and joined assessment missions and support to inter-country missi  | 180,000        |
| Project Monitoring and Reporting and Program Support Cost  | 137,350        |
| <b>Total</b>   | <b>913,350</b> |

## FOOD SECURITY AND NUTRITION

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* WORLD FOOD PROGRAMME (WFP)</b>  |
| <b>Project Title</b>         | Post conflict rehabilitation in the Casamance Naturelle and targeted assistance to vulnerable populations affected by poor harvest and high food prices in Senegal   |
| <b>Project Code</b>          | WES-08/FO/20851  |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION  |
| <b>Objectives</b>            | Relief, recovery and self reliance   |
| <b>Beneficiaries</b>         | Total:991800 Food insecure rural and peri-urban populations (incl IDPs and returnees in Casamance)<br>Children:713700<br>Women:129490  |
| <b>Implementing Partners</b> | Counterpart Int, Africare, WVi, CRS, Plan Int, Caritas, Ministries of Health, Education, Agriculture and Environment, Cellule de Lutte contre la Malnutrition (CLM), Agence Nationale de la Case des Touts Petits (ANCTP), ADB financed projects |
| <b>Project Duration</b>      | Jan 2008 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$21,859,963</b>  |

### Needs

The Casamance conflict is one of the longest running conflicts in Africa. The Casamance region continues to face serious challenges in the transition to peace with central issues related to underlying social and socio-economic grievances such as unequal access to food, basic services and economic opportunities. Much of the population remains disconnected from the rest of the country as they lack access to roads, markets, electricity, and other basic services.

Senegal has experienced two consecutive drought-induced poor agricultural seasons compounded by floods that affected various areas in the country. Agricultural production has covered on average only 58 percent of the needs during the last 5 years and the 2007 harvest only covered 39 percent of needs. Despite the expected agriculture production boost in 2008, food deficit in Senegal will persist due to structural causes. These include a lack of agricultural inputs, increased rural poverty levels, problems of land ownership and access which the Governments Agricultural Offensive for Food and Abundance (GOANA) is trying to address.

Senegal is a net food importer and is therefore directly exposed to the global rise in food prices. Fifty percent of staple food is purchased on the international market and the high food prices have exacerbated problems of food availability and access. The latest market survey conducted by WFP in July 2008 showed a price rise for imported rice of 85 percent above the four-year average.

While WFP carried out an Emergency Food Security Assessment (EFSA) in rural areas in and is undertaking a similar exercise in urban areas, the Programme joined UNICEF and the Ministry of Health to carry out a nutritional assessment (SMART, August-September 2008). In twelve out of the fourteen evaluated health districts, the Global Acute Malnutrition rates (GAM) are above 10 percent. In two of these districts the GAM rates are above the nutritional crisis threshold of 15 percent (17.3 percent in Matam and 15.3 percent in Bakel).

As an active participant in the discussions generated by the food crisis, both as part of the government and partners-led efforts, WFP has been selected in the "Social Emergency Programme" (coordinated by the Ministry of Economy and Finance) among the leading agencies expected to provide critically needed support to the Government's own efforts, such as the GOANA.

In 2009, the PRRO targets 991,800 beneficiaries through the delivery of 16,825 MT of commodities in order to improve the post-conflict conditions of local vulnerable groups in Casamance and to improve the food security in targeted regions of Senegal particularly affected by the high food prices, thus contributing to the achievement of Millennium Development Goals 1, 2, 3 and 7.

## Activities

- Food for Recovery (food for work, food for training and returnee package);
- Food for Education (school feeding);
- Food for Nutrition Awareness;
- Blanket feeding for children from 6-24 months through schools;
- Cash transfer programme.

The current PRRO 10612.0 covers the two regions of Casamance through Food-For-Recovery, Food-For-Education and Food-For Nutrition Awareness activities. Considering the current food crisis, these activities are boosted and new activities have been introduced. All of the activities have been expanded geographically to include additional areas (outside of Casamance) particularly affected by the food crisis. The new activities are Blanket Feeding for children from 6-24 months through schools and a cash transfer programme to be carried out in peri urban settings and/or rural areas.

## Outcomes

WFP's operation thrives to save lives and protect livelihoods in the most vulnerable areas in Senegal affected by the high food prices while contributing to peace and stability in the Casamance regions. Livelihoods are in need of continued protection and strengthening during the current post-conflict period compounded by the food prices.

| <b>World Food Programme (WFP)</b>                                     |                   |
|---|-------------------|
| <b>BUDGET items</b>   | <b>\$</b>         |
| Direct Operational Costs to distribute 16,825 MT of commodities (DOC) | 17,366,812        |
| Direct Support Costs (DSC)  | 3,063,060         |
| Indirect Support Costs (ISC)  | 1,430,091         |
| <b>Total</b>  | <b>21,859,963</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS CHILDREN'S FUND (UNICEF)</b>   |
| <b>Project Title</b>         | Emergency nutrition for child survival in Benin  |
| <b>Project Code</b>          | WES-08/FO/21112  |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION  |
| <b>Objectives</b>            | Provide adequate treatment to malnourished children and prevent malnutrition in children and pregnant & lactating women  |
| <b>Beneficiaries</b>         | Total:320.000 Acutely malnourished children under-five and pregnant and lactating women<br>Children:60.000<br>Women:260.000<br>Other group:23000 severe acute malnourished |
| <b>Implementing Partners</b> | Ministry of Health, Ministry of Agriculture, NGOs  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$1,551,500</b>   |

### Needs

At “normal times”, up to 80 percent of income is spent on food at national level in Benin. This fragile situation is further exacerbated by the current soaring food prices due notably to the high demand from neighbouring countries (Nigeria), poor harvests and floods. In August 2008, WFP classified Benin in countries of serious concern . Adverse coping mechanisms are reported in Northern Benin where a nutrition emergency is already ongoing (DHS 2006). In response to urgent nutritional needs and to prevent an unacceptable deterioration of the situation, a comprehensive and coordinated approach - embedded in the CFA – is undertaken. The results of the national SMART-AGVSA survey carried out November 2008 in rural and urban areas will reinforce the food and nutrition security responses.

### Activities

Management of malnutrition among infant and young children

- Support the scaling up of an integrated management of acute malnutrition (including in urban areas) based on the national protocol adopted in 2007, national guidelines and lessons learned;
- Support effective management of moderate malnutrition based on the new recommendations and through an appropriate mix of strategies in highly vulnerable areas;
- Support capacity building and expand partnerships (NGOs) for the management of malnutrition; appropriate supply chain management and regular reporting of trends and performance indicators.

Prevention of malnutrition among infants and young children and pregnant and lactating women

- Strengthen/expand infant and young child feeding and type 1 and 2 nutrient deficiency control programmes to mitigate the impact of reduced nutrient quality and prevent low birth weight;
- Prevent/control of diarrhoeal diseases through the promotion of hand washing with soap and zinc supplementation.

Emergency preparedness and response and disaster mitigation

- Inter-agency coordination among UN agencies and humanitarian partners in nutrition as per IASC agreements for emergency preparedness and response;
- Support national capacity to plan, implement and analyse nutrition surveys (SMART); strengthen nutrition information and early warning systems and disseminate findings through effective communication for timely action.

Strengthen coordination and partnership for effective implementation

A common framework for assessment, communication, action and coordination will facilitate the understanding of the situation and ensure an harmonised response including in urban areas.

### Outcomes

The Government of Benin and its humanitarian partners are prepared to address child malnutrition and reduce child mortality in a timely and effective manner.

| <b>United Nations Children's Fund (UNICEF)</b>                                     |                  |
|--|------------------|
| <b>BUDGET items</b>  | <b>\$</b>        |
| Management of acute malnutrition (Supplies, material, tools and capacity building) | 800,000          |
| Prevention of malnutrition (supplies, tools and distribution)                      | 450,000          |
| Nutrition information and early warning systems (including SMART surveys)          | 200,000          |
| Administrative costs   | 101,500          |
| <b>Total</b>   | <b>1,551,500</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS CHILDREN'S FUND (UNICEF)</b>   |
| <b>Project Title</b>         | Emergency nutrition for child survival in Burkina Faso   |
| <b>Project Code</b>          | WES-08/FO/21123  |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION  |
| <b>Objectives</b>            | Care and support for children suffering from malnutrition and pregnant and lactating women   |
| <b>Beneficiaries</b>         | Total:540000 Children under 5 and pregnant and lactating women<br>Children:390000<br>Women:150000<br>Other group:26,000 Severe acute malnourished                    |
| <b>Implementing Partners</b> | MoH, WHO, WFP, Médecins sans Frontières - France, Save the Children Canada, Action Contre la Faim-France, Terre des Hommes Lausanne, Croix Rouge de Belgique, OCADES |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$4,793,294</b>   |

### Needs

Burkina Faso has faced high prevalence of malnutrition among children and food insecurity for the past decade. The rate of malnutrition has reached emergency thresholds. Since October 2007, the rising food prices are having severe impact on the population, in particular the 46% living below the poverty line. This new factos are worsening the nutritional situation of vulnerable children and pregnant and lactating women, as they change their food consumption patterns and decrease the quantity and quality of food. Based on the results of the latest local nutrition surveys conducted in 2008 (Médecins du Monde, Aide à l'Enfant Canada, WFP follow up surveys in 5 prioritized regions) the estimated rate of global acute malnutrition is approximately 15% and severe acute malnutrition around 2%. This project will focus on rehabilitating 26,000 children suffering from severe acute malnutrition while prevention activities will reach 15% of the total number of children under 5 and their mothers.

### Activities

Management of malnutrition among infant and young children

- Support the implementation and scaling up of national policies and guidelines for management of acute malnutrition through an integrated approach from health care facilities to community.
- Support effective management of moderate malnutrition based on the new recommendations and through an appropriate mix of strategies (targeted or blanket) according to vulnerability levels
- Support capacity building for the adequate management of malnutrition; appropriate supply chain management and regular monitoring and reporting of trends and performance indicators.

Prevention of malnutrition among infants and young children and pregnant and lactating women

- Strengthen/expand infant and young child feeding and type 1 and 2 nutrient deficiency control programmes to mitigate the impact of reduced nutrient quality and prevent low birth weight;
- Prevent/control of diarrhoeal diseases through the promotion of hand washing with soap and oral rehydration therapy with zinc supplementation.

Emergency preparedness and response and disaster mitigation

Support national capacity to plan, implement and analyse nutrition surveys (SMART); strengthen nutrition information and early warning systems and disseminate findings and information through effective communication for timely action.

Strengthen coordination and partnership for effective implementation

A common framework for assessment, communication, action and coordination will facilitate the understanding of the situation and ensure a harmonised response and alignment to country priorities.

### Outcomes

The Government of Burkina Faso and its humanitarian partners are prepared to address child malnutrition and reduce child mortality in a timely and effective manner.

| <b>United Nations Children's Fund (UNICEF)</b>   |                  |
|--|------------------|
| <b>BUDGET items</b>                              | <b>\$</b>        |
| Management of acute malnutrition                 | 2,224,714        |
| Prevention of acute malnutrition                 | 1,955,000        |
| Emergency preparedness and response and disaster | 300,000          |
| Indirect programme support cost (7%)             | 313,580          |
| <b>Total</b>                                     | <b>4,793,294</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* WORLD FOOD PROGRAMME (WFP)</b>   |
| <b>Project Title</b>         | Post-conflict transition in the Forest Guinea region and assistance to vulnerable groups affected by high food prices         |
| <b>Project Code</b>          | WES-08/FO/21125   |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION   |
| <b>Objectives</b>            | To assist in alleviating negative impacts of high food prices on the population of Guinea, particularly the refugee situation |
| <b>Beneficiaries</b>         | Total:990400 the population of Guinea, particularly the refugee situation<br>Children:559682<br>Women:287527                  |
| <b>Implementing Partners</b> | UNHCR, UNFPA, FAO, UNICEF, local and International NGOs   |
| <b>Project Duration</b>      | Jul 2007 - Jun 2009   |
| <b>Funds Requested</b>       | <b>\$19,700,101</b>   |

### Needs

Guinea PRRO 10553.0 started in July 2007 for a two year period (until June 2009) targeted to food insecure persons in areas that had been negatively impacted by the refugees presence, and in areas in which former refugees were being integrated. The centrepiece of the project are food-for-work and food-for-training activities (51% of resources) in support of both Guinean and refugee populations, emergency school canteens including girls enrolled in upper grade primary school receive take-home rations to encourage them to complete their education (24 % of resources). Other support activities include assistance for vulnerable populations in nutritional and HIV/AIDS activities.

With the general increase of the prices of main consumption products, notably food items, many households are facing important difficulties to ensure their subsistence. The increase in food and fuel prices has exacerbated a situation of structural food insecurity in Guinea and placed thousands of people at risk. It has affected the capacity of certain households to get the food which they need. According to the rapid assessment conducted by WFP in May, 2008, the price of rice in Conakry is among West Africa's highest, due to a monopolistic import sector, high port costs and an unstable exchange rate. Also, due the high level of integration of markets in Guinea, the negative impact of high prices on food security and nutrition will be worst in rural areas where 70% of the population is poor.

In response to the global food crisis and soaring prices to meet the necessary food needs of targeted vulnerable households WFP has initiated the extension of food distribution to Conakry, Middle, Upper Guinea and Lower Guinea. The focus is on mitigating the impact of high food prices through reinforced food assistance. General food distribution to vulnerable rural households and supplementary feeding programmes around the country have also been launched. Around 600,000 additional persons will be assisted under the PRRO 10553.0 project.

### Activities

- General food distribution to vulnerable households and Ivorian refugees;
- Supplementary feeding programme; mainly containment of malnutrition through the expansion of therapeutic and supplementary feeding programs in collaboration with UNICEF
- Emergency school feeding
- Self reliance supporting activities
- Capacity building of Government counterparts and local NGOs.

### Outcomes

- 6331 MT of food distributed
- Full ration (2100 Kcal) distributed to 3 000 refugees during 180 days (6 months)
- Nutritional status of children under 5 years of age and pregnant and lactating women maintained,
- Children's special needs addressed through emergency school feeding (primary school), 62 000 children assisted;
- 37 000 persons assisted under Food for Work and Food for training
- 750 Ha of gardens created
- 500 Ha of forest restored
- 300 Km of rural roads rehabilitated

| <b>World Food Programme (WFP)</b> |                   |
|-----------------------------------|-------------------|
| <b>BUDGET items</b>               | <b>\$</b>         |
| Direct Operational Costs          | 14,972,077        |
| Direct Support Costs              | 3,349,017         |
| Indirect Support Costs            | 1,379,007         |
| <b>Total</b>                      | <b>19,700,101</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* DANISH REFUGEE COUNCIL (DRC)</b>  |
| <b>Project Title</b>         | Supporting sustainable livelihoods and agricultural production in North Liberia  |
| <b>Project Code</b>          | WES-08/FO/21141  |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION  |
| <b>Objectives</b>            | Respond to the effects of global food crisis by contributing to the restoration and development of livelihood assets and capacities, as well as improvement of infrastructure in North Liberia |
| <b>Beneficiaries</b>         | Total:35000 local population, refugees<br>Children:7700<br>Women:13650<br>Other group:youth 1050   |
| <b>Implementing Partners</b> | N/A  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$584,000</b>   |

### Needs

The global food and oil crisis with continuously rising prices of staple food commodities and fossil fuels is already having a negative impact on developing and under-developed countries. The soaring cost of basic food items, insufficient domestic production and dependence on import result in reduced availability of staple food to large segments of population in Liberia.

The mainstay of Liberia's economy is agriculture. Despite the country's rich natural resource base and potentials, 50% of Liberia's post-war GDP still depends on agriculture.

The compounding effect of lack of infrastructures, access to basic services and productive assets aggravates the livelihood situation for Liberia's rural communities. It is estimated that only 9% of the country's population are food secure – which leaves 91% of the population in a state where they do not have enough social and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life (CFSNS 2006, xv).

The situation is particularly grave in the countryside, where the majority of the population depends on subsistence farming. It is estimated that 86% of the rural population lives in poverty (EC Country Strategy Paper 2008-2013) and almost 79% in extreme poverty (PRS March 2008). According to the CHG 2008, lack of response in the field of nutrition – particularly aimed at women and children – could result in economic productivity losses valued at over more than \$431 million. Agriculture is – and will remain – the cornerstone of Liberia's development.

North Liberia (Nimba, Bong and Lofa Counties) used to be the breadbasket of the country prior to conflicts. The potential for restoring the large scale production in these counties is very high, provided other issues outlined in this introduction are addressed. Poor state of sanitation facilities and limited access to safe drinking water, especially in rural areas, perpetuates the presence of various diseases related to lack of hygiene. This in turn – among other consequences - renders rural people less capable of working their fields, contributing to lesser surfaces sown and consequently lesser yield.

### Activities

- Food production, preservation and processing is enhanced in vulnerable communities;
- Farm to market access improved and access to income generation improved in target areas;
- Access to safe drinking water and sanitation facilities improved in target communities

### Outcomes

- Capacity of target population in Nimba County to produce surplus food enhanced and sustained; processing facilities improved and operational, for advanced production, storage and marketing;
- Small scale infrastructure in target areas improved and conducive to free access to markets; links established with organisations / companies interested in purchase;
- Water and sanitation facilities repaired and / or constructed in target communities in Nimba County for improved health and productivity.

| <b>Danish Refugee Council (DRC)</b>  |                |
|--------------------------------------|----------------|
| <b>BUDGET items</b>                  | <b>\$</b>      |
| Staff costs                          | 95,000         |
| Implementing costs                   | 745,000        |
| Operational and Administrative Costs | 85,000         |
| Minus DRC available resources        | -341,000       |
| <b>Total</b>                         | <b>584,000</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS CHILDREN'S FUND (UNICEF)</b>   |
| <b>Project Title</b>         | Emergency Nutrition for Child Survival in Guinea-Bissau  |
| <b>Project Code</b>          | WES-08/FO/21172  |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION  |
| <b>Objectives</b>            | To provide care and support for children suffering from acute under nutrition in Guinea-Bissau                         |
| <b>Beneficiaries</b>         | Total:18800 Severe and moderately malnoursihed children under 5<br>Other group:4200 severe acute malnourished children |
| <b>Implementing Partners</b> | Ministry of Health, Ministry of Information, WFP, WHO, CARITAS, Plan International.                                    |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$716,000</b>   |

## Needs

The MICS 2006 shows that the national average rate of acute malnutrition among children under the age of 5 years is 7.2% and 1.6% suffer from severe acute malnutrition. Less than 30% of the children aged 6-11 months received appropriate young child feeding. Only 16.1% of children are exclusively breastfed up to 6 months. Some 4% of children are severely malnourished and 19% suffer from moderate malnutrition. Less than 1% of the population consumes adequately iodized salt. Given that 14 per cent of rural households in the country are either moderately or severely food insecure, it is likely that, with the current rising of food prices, the situation could easily further deteriorate; therefore, the nutritional status of children will be affected. Currently, the 24 existing nutritional centres are run by CARITAS, but only 6 are implementing the new protocol of management of severe malnutrition.

## Activities

Management of malnutrition among infant and young children

- Support the implementation and scaling up of national policies and guidelines for management of acute malnutrition through an integrated approach from health care facilities to community.
- Support effective management of moderate malnutrition based on the new recommendations and through an appropriate mix of strategies (targeted or blanket) according to vulnerability levels
- Support capacity building for the adequate management of malnutrition; appropriate supply chain management and regular monitoring and reporting of trends and performance indicators.

Prevention of malnutrition among infants and young children and pregnant and lactating women

- Strengthen/expand infant and young child feeding and type 1 and 2 nutrient deficiency control programmes to mitigate the impact of reduced nutrient quality and prevent low birth weight;
- Prevent/control of diarrhoeal diseases through the promotion of hand washing with soap and oral rehydration therapy with zinc supplementation.

Emergency preparedness and response and disaster mitigation

Support national capacity to plan, implement and analyse nutrition surveys (SMART); strengthen nutrition information and early warning systems and disseminate findings and information through effective communication for timely action.

## Outcomes

The Government of Guinea-Bissau and its humanitarian partners are prepared to prevent and address timely and effectively child malnutrition and contribute to reduce child mortality in the country.

Some 18,800 children under five with severe and moderate malnutrition have received adequate health and nutrition care.

| <b>United Nations Children's Fund (UNICEF)</b>                          |                |
|---|----------------|
| <b>BUDGET items</b>   | <b>\$</b>      |
| Management of malnutrition  | 376,000        |
| Prevention of malnutrition among children, pregnant and lactating women | 213,000        |
| Information/Communication and social mobilization                       | 50,000         |
| Monitoring and evaluation   | 30,000         |
| Indirect programme support costs (7%)                                   | 47,000         |
| <b>Total</b>  | <b>716,000</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS CHILDREN'S FUND (UNICEF)</b>   |
| <b>Project Title</b>         | Emergency Nutrition for Child Survival in Guinea Conakry   |
| <b>Project Code</b>          | WES-08/FO/21174  |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION  |
| <b>Objectives</b>            | To provide care and support for children suffering from acute under nutrition in Guinea            |
| <b>Beneficiaries</b>         | Total:2158660 children under 5<br>Other group:50000 severe malnourished                            |
| <b>Implementing Partners</b> | Ministry of Public Health, Ministry of Communication, WHO, WFP, HKI, ACF, TdH, Faculty of Medicine |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$3,242,100</b>   |

## Needs

In Medium, High and Forest Guinea, a 2005 DHS showed that 11% of 6-59 months old children, and 14.3% of the 6-35 months old, suffer from acute under nutrition. There was no global response. Following the internal strike in January-February 2007 and the increasing food and gasoline prices, WFP and UNICEF drawn attention to a serious deterioration of families household food security. According to WFP's most recent food security assessment in Guinea, 16% of households are suffering from food insecurity throughout the country, including 6% who are suffering from very severe food insecurity. The most affected areas are Medium, High and Forest Guinea. A national nutrition survey conducted between November 2007 and January 2008, the period immediately following the harvest when malnutrition rates are typically at their lowest level, found at national level an average of 7.4% global acute malnutrition (GAM) and 2.5% severe acute malnutrition (SAM) among children 6-59 months of age, with rates rising as high as 15.2% of GAM and 6% SAM in some health districts. The aim of this project is to provide adequate care for 50,000 6-59 months children with severe acute malnutrition in Medium, High and Forest Guinea plus few other affected prefectures found in the last survey and to promote prevention of malnutrition among 2,158,660 under 5 children country wide.

## Activities

Management of malnutrition among infant and young children

- Support the implementation and scaling up of national policies and guidelines for management of acute malnutrition through an integrated approach from health care facilities to community.
- Support effective management of moderate malnutrition based on the new recommendations and through an appropriate mix of strategies (targeted or blanket) according to vulnerability levels
- Support capacity building for the adequate management of malnutrition; appropriate supply chain management and regular monitoring and reporting of trends and performance indicators.

Prevention of malnutrition among infants and young children and pregnant and lactating women

- Strengthen/expand infant and young child feeding and type 1 and 2 nutrient deficiency control programmes to mitigate the impact of reduced nutrient quality and prevent low birth weight;
- Prevent/control of diarrhoeal diseases through the promotion of hand washing with soap and oral rehydration therapy with zinc supplementation.

Emergency preparedness and response and disaster mitigation

Support national capacity to plan, implement and analyse nutrition surveys (SMART); strengthen nutrition information and early warning systems and disseminate findings and information through effective communication for timely action.

## Outcomes

The Government of Guinea and its humanitarian partners are prepared to address child under nutrition and reduce child mortality in the Medium, High and Forest Guinea and in the other worst affected prefectures timely and effectively.

| <b>United Nations Children's Fund (UNICEF)</b>              |                  |
|---|------------------|
| <b>BUDGET items</b>   | <b>\$</b>        |
| Management of acute malnutrition                            | 2,000,000        |
| Prevention of malnutrition                                  | 510,000          |
| Emergency preparedness and response and disaster mitigation | 520,000          |
| Indirect programme support costs (7%)                       | 212,100          |
| <b>Total</b>  | <b>3,242,100</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS CHILDREN'S FUND (UNICEF)</b>  |
| <b>Project Title</b>         | Emergency nutrition for child survival in Liberia   |
| <b>Project Code</b>          | WES-08/FO/21176   |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION   |
| <b>Objectives</b>            | Care and support for pregnant and lactating women and children suffering from malnutrition    |
| <b>Beneficiaries</b>         | Total:48000 children under 5 and pregnant and lactating women<br>Children:8000<br>Women:40000 |
| <b>Implementing Partners</b> | Ministry of Health and Social Welfare (MOHSW), Local NGOs and International NGOs              |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$991,890</b>  |

### Needs

Liberia is characterized by a fragile post-conflict socio-economic environment with a heavy reliance on food imports and high rates of poverty, food insecurity and malnutrition prior to the economic shock of increasing prices. The most recent Demographic Health Survey (DHS) conducted in 2007 shows that, 7.3% of under 5s suffer from global acute malnutrition, 38.7% of children under five years old are stunted or chronically malnourished and 10% of women are undernourished. An estimated 44% of childhood deaths are attributed to malnutrition.

Liberia is a net food importer especially for rice, the main staple cereal. The rise in food and fuel prices has passed through to Liberia and according to the results of a joint assessment on the impact of food prices on food security in Liberia, urban households are far more affected than rural groups by the price increases. The Liberia Nutrition Cluster has proposed a scaling up of coverage of treatment for acute malnutrition in both urban and rural Liberia. The Ministry of health and Social Welfare has recently adapted the national guidelines for management of severe and moderate acute malnutrition and plan to roll them out in the beginning of 2009.

### Activities

Management of malnutrition among infant and young children

- Support the implementation and scaling up of national policies and guidelines for management of acute malnutrition through an integrated approach from health care facilities to community.
- Support effective management of moderate malnutrition based on the new recommendations and through an appropriate mix of strategies (targeted or blanket) according to vulnerability levels
- Support capacity building for the adequate management of malnutrition; appropriate supply chain management and regular monitoring and reporting of trends and performance indicators.

Prevention of malnutrition among infants and young children and pregnant and lactating women

- Strengthen/expand infant and young child feeding and type 1 and 2 nutrient deficiency control programmes to mitigate the impact of reduced nutrient quality and prevent low birth weight;
- Prevent/control of diarrhoeal diseases through the promotion of hand washing with soap and oral rehydration therapy with zinc supplementation.

Emergency preparedness and response and disaster mitigation

Support national capacity to plan, implement and analyse nutrition surveys (SMART); strengthen nutrition information and early warning systems and disseminate findings and information through effective communication for timely action.

### Outcomes

The Government of Liberia and its humanitarian partners are prepared to address child malnutrition and reduce child mortality in a timely and effective manner.

| <b>United Nations Children's Fund (UNICEF)</b>              |                |
|---|----------------|
| <b>BUDGET items</b>   | <b>\$</b>      |
| Management of acute malnutrition                            | 570,000        |
| Prevention of malnutrition                                  | 197,000        |
| Emergency preparedness and response and disaster mitigation | 160,000        |
| Indirect programme support costs (7%)                       | 64,890         |
| <b>Total</b>  | <b>991,890</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS CHILDREN'S FUND (UNICEF)</b>   |
| <b>Project Title</b>         | Emergency nutrition for child survival in Mali   |
| <b>Project Code</b>          | WES-08/FO/21179  |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION  |
| <b>Objectives</b>            | Care and support for pregnant and lactating women and children suffering from malnutrition   |
| <b>Beneficiaries</b>         | Total:4000000 children under 5 and pregnant and lactating women<br>Children:3000000<br>Women:1000000<br>Other group:20000 Severe acute malnourished children |
| <b>Implementing Partners</b> | Ministry of Health, Commission on Food Security, Early Warning System, ACF, HKI, OMAES, AAG, SCF-US  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$2,258,065</b>   |

### Needs

In Mali, the 2006 DHS survey estimated the acute malnutrition rate at 13%, of which 6 % severe. Over the past year, the average price for e.g. rice, the main staple food, increased by 33%. 66% of the urban population stated in March 2008, that the food price increase was a 'shock' to their household compared to only 18% of the same period in 2007. Coping mechanisms are mainly based on family solidarity, decrease in quantity and quality of the meals and credit. The Malian Child poverty study confirmed the positive impact of belonging to a large family on child hardship and poverty status in Mali. This indicates that already poor urban women and children are particularly vulnerable to the food price crisis. Unicef will therefore scale up its current management and prevention of acute malnutrition programme, focussing on urban women and children through an enlarged partnership, using a mix of strategies, addressing nutrition problems, associated health and WASH issues.

### Activities

Management of malnutrition among infant and young children

- Support the implementation and scaling up of national policies and guidelines for management of acute malnutrition through an integrated approach from health care facilities to community.
- Support effective management of moderate malnutrition based on the new recommendations and through an appropriate mix of strategies (targeted or blanket) according to vulnerability levels
- Support capacity building for the adequate management of malnutrition; appropriate supply chain management and regular monitoring and reporting of trends and performance indicators.

Prevention of malnutrition among infants and young children and pregnant and lactating women

- Strengthen/expand infant and young child feeding and type 1 and 2 nutrient deficiency control programmes to mitigate the impact of reduced nutrient quality and prevent low birth weight;
- Prevent/control of diarrhoeal diseases through the promotion of hand washing with soap and oral rehydration therapy with zinc supplementation.

Emergency preparedness and response and disaster mitigation

Support national capacity to plan, implement and analyse nutrition surveys (SMART); strengthen nutrition information and early warning systems and disseminate findings and information through effective communication for timely action.

Strengthen coordination and partnership for effective implementation

A common framework for assessment, communication, action and coordination will facilitate the understanding of the situation and ensure a harmonised response and alignment to country priorities.

### Outcomes

The Government of Mali and its humanitarian partners are prepared to address child malnutrition and reduce child mortality in a timely and effective manner.

| <b>United Nations Children's Fund (UNICEF)</b>   |                  |
|--|------------------|
| <b>BUDGET items</b>  | <b>\$</b>        |
| Management of malnutrition among infant and young children                                   | 1,000,000        |
| Prevention of malnutrition among infants and young children and pregnant and lactating women | 500,000          |
| Emergency preparedness and response and disaster mitigation and strengthened coordination    | 400,000          |
| Staff Costs  | 200,000          |
| Administrative costs (7%)  | 158,065          |
| <b>Total</b>   | <b>2,258,065</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS CHILDREN'S FUND (UNICEF)</b>  |
| <b>Project Title</b>         | Emergency Nutrition for Child Survival in Mauritania  |
| <b>Project Code</b>          | WES-08/FO/21183   |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION   |
| <b>Objectives</b>            | To provide care and support for children suffering from acute malnutrition in Mauritania  |
| <b>Beneficiaries</b>         | Total:57000 children under 5 with acute malnutrition<br>Other group:9000 children with severe acute malnutrition  |
| <b>Implementing Partners</b> | Ministry of Health, Food Security and Social Protection Commission, Emergency Forum, WFP, WHO, FAO, Counterpart International, Action Contre la Faim, Croix Rouge Francaise and Sante Sud |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$2,889,000</b>  |

### Needs

In Mauritania, a national protocol for Management of acute malnutrition is adopted and disseminated through trainings of health workers in 2007. The effort of partners contributes to decrease the prevalence of global acute malnutrition but the situation remains still vulnerable (consequences of food prices crisis, insecurity, flooding and come back of refugees from Senegal) with high risk of nutritional emergency in 2008. The prevalence of acute under-nutrition increases from 8% during the post harvest of 2006/2007 to 12% during those of 2007/2008. This project aims to responding timely to the nutrition and child survival emergency among under five children that is underway by providing adequate care to 57,000 suffering from acute malnutrition (9,000 with severe malnutrition and 48,000 with moderate malnutrition).

### Activities

#### Emergency Preparedness

Support the implementation and revision the Interagency Contingency Plan.

Ensure regular coordination meetings of nutrition working group under REACH process.

Support national capacity to plan, implement and analyze nutrition and child survival surveys

Strengthen information and early warning mechanisms

Disseminate findings and information about the nutrition situation of children and their mothers

#### Management of Acute Malnutrition:

Support the implementation of national policies and guidelines for the management of acute malnutrition, and the scaling up of screening and management of acute malnutrition strategy.

Ensure an uninterrupted pipeline of therapeutic foods, micronutrient supplements, essential drugs, anthropometric equipment and monitoring and counselling/registration/reporting tools for the management of acute malnutrition.

#### Prevention of Acute Malnutrition:

Promote, support and protect infant and young child feeding

Ensure control of micronutrient deficiencies

Blanket feeding for under five children during the lean season in seven most vulnerable regions

Ensure the prevention and control of diarrhoeal diseases through the intense promotion of hand washing with soap

### Outcomes

The Government of Mauritania and its humanitarian partners are prepared to address child malnutrition and reduce child mortality in the 13 health regions timely and effectively.

| <b>United Nations Children's Fund (UNICEF)</b> |                  |
|--|------------------|
| <b>BUDGET items</b>                            | <b>\$</b>        |
| Emergency Preparedness                         | 150,000          |
| Management of Acute Malnutrition               | 1,000,000        |
| Prevention of Acute Malnutrition               | 1,450,000        |
| Technical assistance                           | 100,000          |
| Indirect programme support costs (7%)          | 189,000          |
| <b>Total</b>                                   | <b>2,889,000</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS CHILDREN'S FUND (UNICEF)</b>  |
| <b>Project Title</b>         | Emergency nutrition for child survival in Niger   |
| <b>Project Code</b>          | WES-08/FO/21186   |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION   |
| <b>Objectives</b>            | To provide care and support for children suffering from acute malnutrition in Niger                                   |
| <b>Beneficiaries</b>         | Total:655000 acutely malnourished children under 5 and pregnant and lactating women<br>Children:635000<br>Women:20000 |
| <b>Implementing Partners</b> | UNICEF, WFP, MoPH, Ministry of Children Protection and NGOs   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$12,039,148</b>   |

### Needs

Changes in GAM and stunting prevalence since 2005 provide evidence of a clear improvement in nutritional status of children under five. In October 2007, none of the eight regions were above the emergency cut off (15%) and three regions were under the intervention level of 10%. Localised surveys carried out in April 2008 by ACF, MSF, Belgium and Helen Keller International (HKI) in four different districts showed prevalence of GAM around 10%. Therefore, the goal for 2008 of improving the coverage to accelerate child survival strategy and achieve a rapid decrease on infant and child mortality remains pertinent, through going to scale with high impact interventions into health facilities and communities. However, there are three concerns at the moment that suggested the update of this project: i) the admission numbers for severely undernourished children under five have been consistently increasing since week 12, and with the impeding implementation of the new WHO standards for admission the number of beneficiaries will rise; ii) the current increase in food prices could be intensified by the worldwide food prices crisis; iii) general aid and support to populations is not yet implemented.

### Activities

Management of acute malnutrition: Sustain the management of moderate and SAM in children and pregnant/lactating women and ensure the ownership by health facilities and communities.

Prevention of malnutrition

- Develop at scale community-based integrated evidence, with low cost evidence based high impact interventions and support community based production of complementary foods;
- Implement community based strategy to fight young child and mother micronutrient deficiencies.

Information systems: Develop and support valid effective capacity to conduct surveys and surveillance and generate sound data for planning and evaluation.

### Outcomes

- 635,000 acutely malnourished children under five were treated;
- Blanket feeding ensured for the whole population of under-three children of the most affected areas;
- The prevalence of GAM reduced under the threshold of 10%,and national objectives for the scaling up of prevention package reached;
- An effective nutritional surveillance system set up through a yearly national nutrition and survival survey, community based nutrition surveillance, sentinel sites with a periodic information bulletin.

The overall impact will be an acceleration of infant and children survival and development towards the Millennium Development Goals in Niger.

| <b>United Nations Children's Fund (UNICEF)</b> |                   |
|--|-------------------|
| <b>BUDGET items</b>                            | <b>\$</b>         |
| Staff (2 regional NOB; 2 L3 regional; 1 NOB)   | 400,000           |
| Inputs, Supplies and logistics                 | 10,651,540        |
| Coordination and supervision and monitoring    | 200,000           |
| Indirect programme support costs (7%)          | 787,608           |
| <b>Total</b>                                   | <b>12,039,148</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS CHILDREN'S FUND (UNICEF)</b>  |
| <b>Project Title</b>         | Prevention of malnutrition and strengthening the treatment of severe and moderate acute child malnutrition in Senegal |
| <b>Project Code</b>          | WES-08/FO/21189   |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION   |
| <b>Objectives</b>            | To prevent malnutrition and provide care and support for children suffering from acute malnutrition in Senegal        |
| <b>Beneficiaries</b>         | Total:50000 acute malnourished children under 5<br>Other group:5000 severe acute malnourished under 5s                |
| <b>Implementing Partners</b> | Ministry of Health, Nutrition Reinforcement program, University, international and national NGOs, WFP, WHO            |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$2,140,000</b>  |

## Needs

The national protocol for management of acute malnutrition adopted in April 2008 by the Ministry of Health in Senegal will be disseminated through far reaching initiatives to build the capacity of nutrition stakeholders. The rapid SMART Survey supported by UNICEF carrying out from August to September, identified prevalence of acute malnutrition was over the critical threshold of 10% in 10 of 13 districts where the assessment was undertaken. The rates of global acute malnutrition among children under five are 17.3% in Matam District, 15% in Bakel district, 12% in Goudiry district, 14.9% in Kidira district, 13.5% Darou Mousty district, 12.5% in Kebemer district, 9.4% in Rufisque, 10.3% in Guinguineo district, 8.4% in Gossas district, 9.4% in Sedhiou district and 11.6% in Goudomp district and 9.9% in Dianke Makha district. Causes for this alarming situation can be partially attributed to increasing food prices in a net food importing country and the two successive poor rain seasons. The project's aim is to provide the necessary information for a timely and appropriate response to help mitigate the potential deterioration of under five child nutrition and health.

## Activities

### Emergency Preparedness

Support regular coordination meetings of nutrition working group.

Strengthen information and early warning mechanisms, improve program monitoring and surveillance systems and support national capacity to undertake nutrition surveys (SMART) and analyze data and disseminate findings and information about the nutrition situation.

### Management of Acute Malnutrition:

Support the implementation of national policies and guidelines for the management of acute malnutrition and the scaling up of screening and management of acute malnutrition strategy;

Ensure an uninterrupted pipeline of therapeutic foods, micronutrient supplements, essential drugs, anthropometric equipment and monitoring and counselling/registration/reporting tools.

### Prevention of Acute Malnutrition:

Promote adequate infant and young child feeding practices, prevent and control of micronutrient deficiencies and prevent low birth weight while ensuring the prevention and the control of diarrhoeal diseases through the promotion of hand washing with soap.

## Outcomes

The Government of Senegal and its humanitarian partners are better prepared to address in a timely and effective manner child malnutrition and reduce child mortality in Senegal; timely and effectively.

| <b>United Nations Children's Fund (UNICEF)</b> |                  |
|--|------------------|
| <b>BUDGET items</b>                            | <b>\$</b>        |
| Emergency Preparedness                         | 100,000          |
| Management of Acute Malnutrition               | 1,000,000        |
| Prevention of Acute Malnutrition               | 750,000          |
| Technical assistance                           | 100,000          |
| Indirect programme support costs (7%)          | 190,000          |
| <b>Total</b>                                   | <b>2,140,000</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | * UNITED NATIONS CHILDREN'S FUND (UNICEF)<br>* WORLD HEALTH ORGANIZATION (WHO)<br>* NGOS (DETAILS NOT YET PROVIDED) (NGOS)                  |
| <b>Project Title</b>         | Nutrition for Child Survival in Togo  |
| <b>Project Code</b>          | WES-08/FO/21194   |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION   |
| <b>Objectives</b>            | To provide care and support for children suffering from acute malnutrition in the three most affected regions of Savanes, Kara and Maritime |
| <b>Beneficiaries</b>         | Total:77000 Acute malnourished children under 5<br>Other group:18500 severe acute malnourished children under 5                             |
| <b>Implementing Partners</b> | WHO, NGOs :Togolese Red Cross, 3ASC, SAR Afrique, GAIN Togo   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$1,916,000</b>  |

### Needs

The MICS 2006 report shows that the prevalence of global acute under-nutrition at the national level is 14.3% and the prevalence of acute under-nutrition is over emergency thresholds in three regions of the country. An appeal for an emergency response was launched in order to curb child mortality attributable to under-nutrition and prevent child under-nutrition. Flooding at the end of August exacerbated the situation for an already vulnerable population and added to the burden of under-nutrition. Moreover, some 91% of the population in the region of Savanes lives below the poverty line. The UNICEF Togo Office needs funds to sustain nutritional emergency actions in the three most affected regions of the country, to scale up the action beyond the initial affected regions, and to develop the capacity of the Government of Togo and communities to prevent under-nutrition in future years.

### Activities

Management of Acute Malnutrition:

- Support the implementation of 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 foods, micronutrient supplements, essential drugs, anthropometric equipment and monitoring and counselling tools for the management of acute malnutrition.

2. Prevention of Acute Malnutrition: this will be based on supplementation and behaviour change

- Infant and young child feeding: protect, promote and support early initiation of exclusive breastfeeding, and adequate complementary foods and feeding practices Nutrition and child survival commodities: vitamin A supplementation, de-worming, insecticide treated nets for all children under-five years of age.

- Health and hygiene: ensure the prevention and control of diarrhoeal diseases through the promotion of hand washing with soap and oral rehydration therapy with zinc supplements.

- Prevention of low birth weight (Maternal anemia control).

### 3. SMART SURVEY

A smart survey will be conducted in 2008 and another one in 2009

This will help to support national capacity to plan, implement and analyze nutrition and child survival surveys and data, strengthen information and early warning mechanisms, improve program monitoring and evaluation systems; disseminate findings and information about the nutrition situation of children and their mothers for timely action and effective communication

### Outcomes

The Government of Togo and its humanitarian partners are prepared to address child malnutrition and reduce child mortality in the Savanes, Kara and Maritime regions timely and effectively

| <b>United Nations Children's Fund (UNICEF)</b>                              |                  |
|---|------------------|
| <b>BUDGET items</b>   | <b>\$</b>        |
| Management of Acute Malnutrition  | 400,000          |
| Prevention of Acute Malnutrition  | 250,000          |
| Communication for behaviour change & Nutrition information system           | 120,000          |
| Supplementation in VA, de-worming and bed nets utilization and SMART survey | 320,000          |
| Indirect programme support costs (7%)                                       | 76,000           |
| <b>Total</b>  | <b>1,166,000</b> |

| <b>World Health Organization (WHO)</b> |                |
|--|----------------|
| <b>BUDGET items</b>                    | <b>\$</b>      |
| Prevention of Acute Malnutrition       | 100,000        |
| Training and capacity building for MoH | 100,000        |
| <b>Total</b>                           | <b>200,000</b> |

| <b>NGOs (details not yet provided) (NGOs)</b> |                |
|---|----------------|
| <b>BUDGET items</b>                           | <b>\$</b>      |
| Management of Acute Malnutrition              | 400,000        |
| Prevention of Acute Malnutrition              | 150,000        |
| <b>Total</b>                                  | <b>550,000</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS CHILDREN'S FUND (UNICEF)</b>   |
| <b>Project Title</b>         | Regional emergency nutrition preparedness and response for child survival  |
| <b>Project Code</b>          | WES-08/FO/21198  |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION  |
| <b>Objectives</b>            | To strengthen regional and country-level capacity to ensure that timely and effective actions are undertaken in nutrition for child survival |
| <b>Beneficiaries</b>         | West Africa countries facing high nutritional vulnerability in the context of high food prices   |
| <b>Implementing Partners</b> | UN agencies, Government counterparts, NGOs, CSOs and CBOs  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$3,156,500</b>   |

### Needs

The West Africa region has some of the highest under-five mortality rates in the world. The mortality rate coupled with an already alarming nutrition situation causes serious implications in regards to food price increases. Several countries in the region are particularly exposed as a result of high levels of food imports, low levels of agricultural productivity, climatic shocks, high rates of urbanisation and in some countries localised conflicts. Poverty rates in West Africa are extremely high and many of the 'non-poor' are subsisting only slightly above the absolute poverty line. The poverty levels are likely to rise further and children will be especially hard hit, as a result of declining household living standards on nutrition, access to health services and harmful coping strategies. In this context, there is a need to better prepare and respond to increasing needs. UNICEF's Regional Office for West and Central Africa will coordinate a regional wide effort to provide quality and timely technical assistance.

### Activities

- Cluster leadership, coordination and partnership: Continue to strengthen inter-agency coordination, synergy and accountability among UN agencies and humanitarian partners in nutrition as per IASC agreements for emergency preparedness and response. A common framework for assessment, communication, action and coordination will facilitate the understanding of the situation and ensure a harmonised response and alignment to country priorities.

- Response capacity: Support the implementation of national protocols and guidelines for the management of acute malnutrition and the roll-out of national strategies to promote improved nutrition and child survival services and practices. Particular attention will be paid to strengthening the response capacity of governments and partners as well as developing a regional human resources surge capacity mechanism to allow rapid deployment of experienced nutrition staff.

- Supply and logistics: Strengthen the capacity of country programmes to ensure an uninterrupted pipeline of therapeutic foods, micronutrient supplements, essential drugs, and anthropometric, monitoring and counselling tools for the management of acute malnutrition, as well as others commodities that can prevent deterioration of the situation.

- Nutrition information systems and communication

Strengthen regional capacity to plan, implement and analyse nutrition surveys (SMART) and support implementation of nutrition information and early warning systems. Disseminate findings and information through effective communication and advocacy for leveraging resources for nutrition.

### Outcomes

UNICEF's support enables West African countries and their humanitarian partners to be prepared for and respond to nutrition crises in a timely and effective manner to save lives.

| <b>United Nations Children's Fund (UNICEF)</b>                                 |                  |
|--|------------------|
| <b>BUDGET items</b>  | <b>\$</b>        |
| Technical support and surge capacity   | 600,000          |
| Coordination, partnership, advocacy and communication                          | 350,000          |
| Regional nutrition rapid response including regional supply and logistic hubbs | 1,200,000        |
| Nutrition information systems  | 800,000          |
| Indirect Programme Support cost (7%)   | 206,500          |
| <b>Total</b>   | <b>3,156,500</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* DANISH REFUGEE COUNCIL (DRC)</b>   |
| <b>Project Title</b>         | Supporting sustainable livelihoods, agricultural production and small scale economic infrastructure in cross borders areas  |
| <b>Project Code</b>          | WES-08/FO/21199   |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION   |
| <b>Objectives</b>            | Respond to the effects of global food crisis by contributing to the restoration and development of livelihood assets and capacities, as well as improvement of infrastructure in borders areas of Liberia, Ivory Coast and Guinea |
| <b>Beneficiaries</b>         | Total:59000 idps, refugees, host communities<br>Children:14000<br>Women:25000<br>Other group:youth 20000  |
| <b>Implementing Partners</b> | N/A   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$1,270,000</b>  |

### Needs

The global food and oil crisis with continuously rising prices of staple food commodities and fossil fuels is already having a negative impact on developing and under-developed countries. The soaring cost of basic food items, insufficient domestic production and dependence on import result in reduced availability of staple food to large segments of population in west Africa, especially in Liberia, Guinea and Ivory Coast. Furthermore the border areas between Liberia/Ivory Coast, Guinea/Liberia and Guinea/Western Ivory Coast are considered to be volatile. Humanitarian needs remain high as income and livelihood opportunities are largely absent. Ethnic strife, unresolved land disputes, lack of rule of law and weak presence of states contribute to instability. The project's objective are to help people in 1) meeting subsistence needs, 2) strengthen and build up livelihood assets and capacities and 3) strengthen local economic infrastructures.

The project will target some of the accessible cross border communities along the borders of Liberia, Guinea and Ivory Coast. Because of the past conflicts in these areas people from either side of the border have been immigrating to momentarily more secure areas on either side. At the same time being too far from the seats of governments they are at the very end of the development prioritisation list by their respective governments. Because of the above-mentioned reasons they ended up being some of the most vulnerable areas of the three countries. Pre and post-project Knowledge, Attitude and Practice (KAP) surveys will be undertaken in each community. These surveys will help in identifying areas in which the rehabilitation and local production and income generation will focus and measure the impact of the project at the project completion. The Danish Refugee Council is already operational in those 3 areas.

### Activities

- a) Rehabilitation of small-scale economic infrastructure (roads, bridges, markets, etc);
- b) Support to restarting local production and income generation in the form of agricultural inputs, support to agro-processing, development of local cooperatives, and small urban business initiatives,
- c) Cash-for-work strategies for short-term employment creation in all activities
- d) Mobilisation and sensitisation of the population

### Outcomes

- Farm to market access improved and access to income generation improved in target areas;
- Capacity of target population in the 3 areas to produce surplus food enhanced and sustained; processing facilities improved and operational, for advanced production, storage and marketing;
- Small scale infrastructure in target areas improved and conducive to free access to markets; links established with organisations / companies interested in purchase;

| <b>Danish Refugee Council (DRC)</b>  |                  |
|--------------------------------------|------------------|
| <b>BUDGET items</b>                  | <b>\$</b>        |
| Staff costs                          | 150,000          |
| Implementing and activities Costs    | 900,000          |
| Cash for work                        | 100,000          |
| Operational and Administrative Costs | 120,000          |
| <b>Total</b>                         | <b>1,270,000</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* FOOD &amp; AGRICULTURE ORGANISATION (FAO)</b>   |
| <b>Project Title</b>         | GUINEA - Emergency agricultural assistance to vulnerable populations affected by food crisis and strengthening of FAO's Emergency Coordination and Food Security Analysis Capacity |
| <b>Project Code</b>          | WES-08/FO/21464  |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION  |
| <b>Objectives</b>            | Improve household food security and nutrition and coordination of agricultural emergency response  |
| <b>Beneficiaries</b>         | Total:75000 small vulnerable farmer households   |
| <b>Implementing Partners</b> | Ministry of Agriculture, NGOs, Rural Development Communities (CRD)   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$1,991,994</b>   |

## Needs

Since the social upheavals of 2007, Guinea has faced an extremely difficult socio-political and economic situation. The international increase of food prices of 2008 is further exacerbating social tensions and worsening vulnerable people's standard of living and food insecurity. Local rice price has regularly increased in 2008 from January (3100GNF/kg) to September (5700 GNF/kg). Compared to September 2007 (4050 GNF/kg) the increase is 30%. Imported rice price also increase from 2400 GNF/kg in September 2007 to 4600 GNF/kg in September 2008 around 49% of increase

Around 35% of household in Conakry face difficulties to access food. In 2005, 6% of the populations were severely food insecure while 18% were in high risk of food insecurity. According to UNICEF ongoing surveys, preliminary results show that the severe chronic malnutrition of children (6 to 59 months) has rose from 15,3% to 17,4% between 2005-2008. The results of the WFP planned surveys for 2009 will be used to complete the mapping of vulnerable populations.

Poorest people are in rural area and 80% are small farmers. Low yields, weak access to training and lacks of cash do not allow investment in their activities. Provision of key agricultural inputs and training of most vulnerable small farmers could boost production. Strengthened coordination of emergency response to humanitarian and agricultural crises is also essential to build the analysis capacity of local agriculture partners on food security and vulnerability to food insecurity, provide training on better cultivation practices, create synergies, avoid duplication of interventions, timely disseminate food security and nutrition information, monitor the vulnerability situation and assess the emergency needs.

## Activities

- Needs assessments and target of vulnerable beneficiaries
- Provision of key agricultural inputs
- Training of beneficiaries on improved cultural practices and training of partners on food security vulnerability.
- Monitoring of crop and livestock production as well as of the food security and nutrition situation
- Establishment of a food security and nutrition information system and chairing of Food Security and Nutrition Cluster meetings

## Outcomes

- Improved planning of emergency interventions and response to food crises
- Partners trained on food security vulnerability and 10 000 households trained on improved agricultural practices.
- Increased production and availability of rice and maize
- Increased household incomes and improved nutrition and diversified diet through vegetable production

| <b>Food &amp; Agriculture Organisation (FAO)</b>                                   |                  |
|--|------------------|
| <b>BUDGET items</b>  | <b>\$</b>        |
| Staff costs (national and international consultants, travel, temporary assistance) | 278,000          |
| Inputs costs, including equipment (vegetable seeds and tools, fertilizers)         | 1,353,904        |
| Training and contracts   | 79,000           |
| General Operating Expenses   | 100,000          |
| Direct Operating Expenses (10% du subtotal)  | 181,090          |
| <b>Total</b>   | <b>1,991,994</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* FOOD &amp; AGRICULTURE ORGANISATION (FAO)</b>  |
| <b>Project Title</b>         | BURKINA FASO - Emergency assistance to affected vulnerable farmers in risk of malnutrition and victims of high food prices and climatic hazards   |
| <b>Project Code</b>          | WES-08/FO/21469   |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION   |
| <b>Objectives</b>            | To increase productive capacity of farmers and food availability in the Country. The project is targeting rural and urban families in risk of malnutrition with high proportion of vulnerable women |
| <b>Beneficiaries</b>         | Total:80000 households including women of malnourished children or in risk of malnutrition, pregnant, etc   |
| <b>Implementing Partners</b> | Ministry of Agriculture, hydraulic and fisheries resources, WFP, UNICEF, Red Cross, OCADES, ACF, Christian Aid, Africare  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$7,986,000</b>  |

## Needs

During the last agricultural season, Burkina Faso faced numerous climatic problems: (i) Drought in the beginning of the agricultural season (June 2007) followed by (i) a severe flood and than subsequent to a premature cessation of rainfall. According to several assessments this has lead to damage of 17,698 hectares of food crops production. According to the recent statistics of the 2007-2008 agricultural campaign, these climatic shocks have lead to a 16% decrease in national agricultural production as compared with the last campaign and an 11% reduction in comparison with the last five years. This year, 15 provinces in five regions were declared in critical deficit.

At the same time, Burkina Faso has not been spared from high food prices for major basic products (such as corn, sorghum, rice, vegetables...) resulting from the combined effect of international price increases for some products, decrease in local agricultural production, commercial speculation and decreased exports the sub-region. This has mainly affected net consumer urban populations and led to violent demonstrations in major cities of Burkina Faso. Rural populations have also been affected by the current surge in food prices. Various surveys and field assessments have revealed the growing hardship suffered by many and the shift towards use of basic survival mechanisms. Indicators include a decrease in number of meals, destocking of livestock and increased budgetary allocations to food to the detriment of primary health and education.

Indeed, the situation in Burkina Faso was dire even before the worst of the alarming food crisis. Records of infant malnutrition reaching 19% (acute malnutrition, Ministry of health statistics of Burkina Faso) were recorded before the crisis and represented the highest level of malnutrition in West Africa. This calls for an urgent and sustained response, especially with the increase of prices that Burkina Faso has registered.

In light of this situation, the FAO proposes to assist vulnerable populations through a vegetable production program in urban/peri-rurban and rural areas which will enable out of season production (including the provision of necessary tools), thereby improving the food rations (vegetables are rich in vitamins, salts and proteins), and increasing the revenue of the populations and their ability to access basic services. FAO also proposes to assist those cereal crop farmers during the rainy season as well as during dry season targeting farmers who have access to potential irrigation sources allowing them to reconstitute their stock. As income generating activity, intervention on livestock towards rural populations through a small ruminant reproduction program which will provide them with goats and sheep, feed and sanitary care allowing them to reconstitute their stock of animals. A regular assessment of vulnerability will be consolidated through sentinel households in the different agro ecological areas in the country

The principal selection criteria of the project will be the origin of the beneficiaries. They will be selected from villages in which the populations have sought assistance from the Center of Health and social promotion (CSPS) or a Center of recuperation and nutritional education (CREN)-respectively supported by the WFP and UNICEF. Information from these Centers provides an indication of which families and populations are in the most precarious food security situations. In urban area, population identified trough the last survey of the impact of soaring food prices on urban and periurban population.

### Activities

- Provision of quality vegetable seeds and potatoes of improved varieties suitable to local conditions and related agricultural tools as well as fertilizers to 30.000 vulnerable urban/peri urban and rural households in the most affected selected provinces;
- With regards to the food crops production, supply of seeds kits of maize, sorghum and millet together with fertilizer and pesticides to 45,000 vulnerable households;
- Provision of 4 small ruminants (sheep or goat) for reproduction supplemented with feed and sanitary products to 5,000 vulnerable households, in the northern regions of Burkina Faso. This will be.
- Assessment of vulnerability in the country, including urban population for more proactivity;
- Training in agricultural production, processing, marketing and nutritional education.

### Outcomes

- Increased production of food crops;
- Amelioration of food insecurity;
- Improvement of the income levels of farmers through the sale of the agricultural products;
- Enhancement of the nutritional status of farm families through increased food consumption.

| <b>Food &amp; Agriculture Organisation (FAO)</b>                                   |                  |
|--|------------------|
| <b>BUDGET items</b>  | <b>\$</b>        |
| Staff costs (national and international consultants, travel, temporary assistance) | 660,000          |
| Implementing costs (including expendable and non expendable equipment, GOE)        | 6,600,000        |
| Administrative Costs   | 726,000          |
| <b>Total</b>   | <b>7,986,000</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* FOOD &amp; AGRICULTURE ORGANISATION (FAO)</b>  |
| <b>Project Title</b>         | TOGO - Reduce the impact of rising prices and strengthen sustainable livelihoods of food insecure populations |
| <b>Project Code</b>          | WES-08/FO/21471   |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION   |
| <b>Objectives</b>            | Improve food security of vulnerable households and to increase food availability in Togo                      |
| <b>Beneficiaries</b>         | Total:24000 vulnerable households   |
| <b>Implementing Partners</b> | Ministry of Agriculture, animal breeding and fisheries, ICAT  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$2,906,640</b>  |

### Needs

During the last agricultural season, Togo was hit by several catastrophes and emergencies compromising the 2007-2008 agricultural and animal production and placing additional stress on food-insecure households. According to an assessment carried out by FAO, floods that occurred in 2007 have devastated over 15.000 hectares of food crops. Apart from the areas directly affected by floods, rural households have suffered erratic rainfall in 2007, and a decrease in agricultural production. A WFP food security assessment mission carried out in March 2008 in the three regions most affected by floods identified 65 000 people at risk of their life, while 300 000 were at risk of their livelihoods.

The problem of food insecurity of rural households is exacerbated by the food price hikes on international and local markets. For example, the price of corn, sorghum, mill and taro have had an annual growth rate surpassing 40% (FAO). Poultry farmers were also affected by high food prices and climatic hazards. Many of them have lost their production capacity when cereals and animal feeding prices increased and because of floods. Furthermore, Poultry has suffered the consequences of avian influenza and substantial animal losses are regularly registered due to Newcastle disease increasing the vulnerability of small poultry farmers. Action is urgently needed to strengthen poultry production and to improve food security among the most vulnerable producers.

### Activities

In light of this situation, the project aims to improve food security of vulnerable households and prevent malnutrition through a provision of seeds and fertilizer and through a vaccination and training program against Newcastle disease.

- Provision of cowpea and soy bean seeds and fertilizer to 11 500 food-insecure households;
- Provision of cereal seeds (corn and rice) and fertilizer to 12 500 vulnerable households;
- Information and training on Newcastle disease and vaccination against Newcastle disease of 15 million birds;
- Information, training and awareness on Newcastle disease.

### Outcomes

- Increase food security of vulnerable households;
- Increase production of food crops;
- Improve the income of vulnerable poultry producers.

| <b>Food &amp; Agriculture Organisation (FAO)</b>                                   |                  |
|--|------------------|
| <b>BUDGET items</b>  | <b>\$</b>        |
| Staff costs (national and international consultants, travel, temporary assistance) | 194,500          |
| Agricultural and veterinary inputs   | 1,808,100        |
| Training and contracts with partners, support to national institutions             | 293,000          |
| General Operating Expenses (fuel, car maintenance, office supplies)                | 346,800          |
| Direct Operating Costs (10% of subtotal)   | 264,240          |
| <b>Total</b>   | <b>2,906,640</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* FOOD &amp; AGRICULTURE ORGANISATION (FAO)</b>   |
| <b>Project Title</b>         | MAURITANIA - Emergency assistance to vulnerable farmers and livestock breeders affected by the rising food prices and climatic hazards     |
| <b>Project Code</b>          | WES-08/FO/21473  |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION  |
| <b>Objectives</b>            | Provide inputs necessary for increasing agricultural and livestock production and incomes of the vulnerable farmers and livestock breeders |
| <b>Beneficiaries</b>         | Total:25000 vulnerable households  |
| <b>Implementing Partners</b> | FAO, MDR, NGOs   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$962,500</b>   |

**Needs**

Soaring food prices over the past year have heavily affected the most vulnerable strata of the Mauritanian population. In spite of the measures already undertaken by the Government authorities, among them the Special Programme of Intervention (PSI – Programme Special d'Intervention), staple food prices have continued to rise, in particular during the toughest months prior to the summer agricultural campaign (hivernage), thus directly affecting food security of the poorest rural households. More specifically, summer 2008 campaign was marked by absence of rainfall in certain regions over more than a month; such inappropriate rainfall distribution would surely have negative consequences on the agricultural production. Particularly affected are agricultural areas in the south and south-east of the country (Hodh Echargui, Hodh El Gharbi, Guidimaka, Assaba). In the areas of Brakna, Trarza and Tagant, impacts of the continuing drought on the expected production are combined with the impacts of the traditional “predators”, such as Sesamia, birds, grasshoppers and others, which would result into considerable losses in forage and cereals production, thus increasing the risks of food insecurity.

The recent price hike of the food stuff has had negative consequences on the populations' well being. As an example, the price of rice has risen from 400 US dollars in January 2007 up to 600 US dollars per ton in March 2008, and that of wheat from 250 to 450 US dollars per ton, respectively. Data collected by ESAM (WFP, CSA, OSA) during March 2008 have shown that this price rise in Mauritania, where 60 percent of the household expense is used for food stuff, has resulted in the risk of food insecurity among the most of the country's communities, of which 10 per cent are characterized by severe food insecurity and 19 percent by moderate food insecurity. The food insecurity is dominant in rural areas with 80 percent of the communities being affected, where the global food insecurity is estimated at 11 percent.

Data collected by UNICEF in March 2008 have shown nutrition degradation among children aged 6 months to 5 years during the period between 2006 and 2007 and even during 2008. Although the data were collected in a month which is normally characterized by favorable conditions, these most recent data have shown prevalence of an unusually high acute malnutrition, and particularly high severe malnutrition. As an example, in the south-eastern regions of the country, weight deficiency has risen from 35 percent in 2007 up to 40 per cent in 2008.

Vegetable production continues to be an important source of farmers' income; however, in addition to the chronic water shortage, insufficient agricultural inputs have been among the major constraints to the agricultural activities. In fact, vegetable production contributes to the efforts for combating food insecurity by its financial impacts as well as its positive effects on the nutritional equilibrium of the poorest people.

The zoo-sanitary situation is characterized by the reappearance of the “dermatose contagieuse bovine” (lumpy skin disease), the “PPR (Peste des Petits Ruminants)” and the “botulisme” (botulism). In addition, the above mentioned absence of rainfall during considerable time over the summer season has had negative impact on forage production which would result in livestock's nutritional deficits.

The present project envisages emergency assistance to the farmers and livestock owners by assisting them in re-launching subsistence activities with the aim of improving their food security. The project would aim at covering the needs of the poorest households whose main source of income is farming and/or livestock breeding.

Particular efforts will be made in the M-E system of the project by involving all stake holders in its implementation (NGOs, Government, FAO, Consultants, socio-professional organisations) with the aim of achieving project objectives and expected outputs.

### **Activities**

- a. support to 15 000 of the vulnerable agricultural households during their 2009 farming season by providing them with 10 tons of phytosanitary products (bulldock, fungicides) and 300 tons of sorghum;
- b. support to 2 000 of the most vulnerable households by setting up a hundred horticultural perimeters each having an average surface of 0.3 ha; the project would provide seeds, horticultural tools and fencing;
- c. contribution to food security of the poorest villages by reactivating seed banks in the areas characterized by limited infrastructure; the project would finance 10 seed banks by providing 10 tons of cereals to each bank;
- d. support to 15 000 of the poorest livestock breeders during 2009 campaign by providing them with the mineral additives, multivitamins and anti-parasites (internal, external and sanguine);
- e. reinforcement of the operational M-E committees at the national level (involving MDR, FAO, NGOs, SPO, etc.) as well as the existing regional and departmental committees (CRD, CODEP).

#### Outcomes

- improved access to seeds for the 2009 farming campaign provided to 15 000 vulnerable households;
- improved vegetable production and additional income sources for 2 000 vulnerable households;
- inputs coverage and food security for 15 000 households of livestock breeders;
- reinforced national capacities for the project's monitoring and evaluation.

| <b>Food &amp; Agriculture Organisation (FAO)</b>                                   |                |
|--|----------------|
| <b>BUDGET items</b>  | <b>\$</b>      |
| Staff costs (national and international consultants, travel, temporary assistance) | 95,000         |
| Inputs (cereal and vegetable seeds, tools, veterinary supplies)                    | 650,000        |
| Training and contracts   | 70,000         |
| General Operating Expenses (secondary transport, loading, fuel)                    | 60,000         |
| Direct Operating Costs (10% of subtotal)   | 87,500         |
| <b>Total</b>   | <b>962,500</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* FOOD &amp; AGRICULTURE ORGANISATION (FAO)</b>  |
| <b>Project Title</b>         | NIGER - Emergency Assistance to Reduce the Impact of Rising Prices and Strengthen Sustainable Livelihoods of Food Insecure Populations  |
| <b>Project Code</b>          | WES-08/FO/21530   |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION   |
| <b>Objectives</b>            | To improve food supply and adjustment capacity of 105.000 vulnerable households facing rising food and agricultural input prices in the most vulnerable area of Niger by supporting cereal production and family gardens. |
| <b>Beneficiaries</b>         | Total:105000 vulnerable households<br>Women:404250<br>Other group:15000 affected pupils in schools  |
| <b>Implementing Partners</b> | MoA, WFP, UNICEF, International NGOs (ACF-E, Oxfam GB, CRS, Africare, Goal, Save the Children-UK, AMURT International) and national-level projects  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$3,844,500</b>  |

### Needs

Food security in Niger is characterized by repetitive gaps between supply and population needs of staple foods (millet, sorghum, rice). The problem of food insecurity is exacerbated by the high costs of basic food products and agricultural inputs combined with rural poverty and other external shocks, such as floods and droughts. Despite many efforts undertaken by the government to lessen the burden, price increases are affecting vulnerable households by making food and agricultural inputs less accessible to them. For instance, compared to the five-year average price (2003-2007), millet price increased 7%, sorghum 13%, maize 31% , imported rice 21% and cowpea 23%, as of May 2008. Furthermore, fertilizers become prohibitive as their prices doubled within a year.

Hence, an increasing number of these households are driven out of the food and agricultural inputs markets. The impact of insufficient rainfall, flash floods and price increases (FEWSNET, FAO, WFP, "Food Security in West Africa "June 2008)" showed an increase in the proportion of households with moderate and severe food insecurity because of soaring prices compared to July 2007. Preliminary results of the study of the impact of soaring food prices on household food security (SIMA, SAP, WFP, FAO, UNDP, FEWS NET, CILSS, CRS, July 2008) have shown that households that are chronically vulnerable to food insecurity, relying largely on the market, are the most affected, mainly for their low purchasing power. It is estimated that price increase has direct effect on the food security of 16.7% of the total population, approximately 2,250,000 people, of which 1,900,000 persons (14.1% of Niger total population) live in the rural area and 350,000 people in the urban area (2.6% of the total population).

The results of nutritional status assessment in June-July 2008 have been published (Government of Niger, UNICEF and WFP). This status remains precarious. Rate of global acute malnutrition is 10.7%. Instead, some densely populated areas (Zinder Region) are, above the emergency threshold of 15%.

This project will help 105.000 vulnerable households to cope with food prices shocks without harmful strategies. An increase in cereal and vegetable production will preserve food security and provide income to protect household purchasing power.

### Activities

- Provision of 500 tons of seeds and 600 tons of fertilizers for 30000 households to cover 30000 ha in the rainy season.
- Provision of vegetables seeds, potatoes, fertilizer, pesticides for 50,000 households to cover 2500 ha for expected production of 55000 metric tons of vegetables.
- Rehabilitation and improvement of 500 ha of market gardens, rice and maize with bore hole well construction, irrigation networks for 25,000 households, mostly women;
- Training and advisory support to field workers and beneficiaries

**Outcomes**

- 30000 ha of crops cultivated in the rainy season.
- 2500 ha cultivated for 55000 metric tons of vegetables produced.
- \* 500 ha of market gardens, rice and maize rehabilitated for 25,000 households, mostly women;
- \* field workers and beneficiaries trained

| <b>Food &amp; Agriculture Organisation (FAO)</b>                     |                  |
|--|------------------|
| <b>BUDGET items</b>  | <b>\$</b>        |
| Staff Costs (technical and administrative assistance)                | 250,000          |
| Agricultural inputs, irrigation facilities, non expendable equipment | 2,770,000        |
| Training and Contracts   | 325,000          |
| General Operating Costs  | 150,000          |
| Direct Operating Costs (10%)   | 349,500          |
| <b>Total</b>   | <b>3,844,500</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* FOOD &amp; AGRICULTURE ORGANISATION (FAO)</b>  |
| <b>Project Title</b>         | NIGER - Emergency Assistance to the Rehabilitation of Sustainable Livelihoods of Vulnerable Pastoralist Households  |
| <b>Project Code</b>          | WES-08/FO/21547   |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION   |
| <b>Objectives</b>            | Protect small stockbreeders' animals from feeding and health risks in order to consolidate household safety nets by creating animal feed shops to make inputs available to the most vulnerable farmers, protecting pastures, and establishing Community Animal Health system to improve the level of health protection of the herd. |
| <b>Beneficiaries</b>         | Total:306000 pastoralist and agro-pastoralist vulnerable households   |
| <b>Implementing Partners</b> | Ministry of Animal Resources, local and international NGOs, and pastoralist associations  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$4,092,000</b>  |

### Needs

The persistent vulnerability of the stockbreeder households results mainly from destocking and animal losses due to climate, feeding and health risks (recurring droughts, floods, animal diseases). In recent years, many small stockbreeder households lost their production capacity and live without a minimum number of animals to restart their activities. And a national survey on household vulnerability (INS, SAP, FAO, WFP, UNICEF, FEWSNET, CILSS, December 2007) showed that these households without livestock are among those in severe food insecurity. Moreover, preliminary results of a study on the impact of soaring food prices on household food security (SIMA, SAP, WFP, FAO, etc. July 2008) have shown that households that are chronically food insecure are the most affected by increasing food and inputs prices.

In livestock sector, prices of meat from different animal species have increased quite significantly with a kilogram of boneless beef rising from 1500 to 2500 F, and 1600 to 2200 F for sheep meat. Local milk price increased from 230 F per liter to 400 F and eggs from 75 F to 100 F. Moreover, animal feed, especially cotton seeds and wheat bran, have undergone rising prices which doubled since the 2007 campaign from 90 000 F CFA to 180 000 F CFA per ton.

Small breeder households' vulnerability is also exacerbated by the persistence of animal diseases such as Contagious Bovine PeriPneumonia (CBPP), sheep pox, foot and mouth disease, alongside with other enzootic animal diseases such as anthrax, bovine and small ruminants' pasteurellosis, and so on. At the same time, levels of immunization achieved as a result of vaccination campaigns remain very low (0,37 to 12,6%).

In order to alleviate the impact of agricultural products and inputs prices on small breeder households, livestock productivity should be increased. Hence, the project envisions to restock with small ruminants, create animal feed shops to sell animal feed in remote pastoral areas and promote community animal health systems.

### Activities

- Restocking with the provision of 18,000 small ruminants to vulnerable household, with priority given to those having recorded animal losses due to floods;
- Pastures protection through 2,500 km of fire break construction in order to improve small ruminants feeding;
- Constitution of six community animal health networks with six veterinarians and three hundred (300) community animal health workers (CAHW).
- Setting up one hundred and fifty (150) animal feed shops (wheat bran and cotton seeds) managed by livestock producers;

### Outcomes

- 6,000 vulnerable household with improved livestock production capacity;
- Protection of 390 000 km<sup>2</sup> of pastures for the benefit of 200 000 small livestock owners;
- Livestock sanitary protection for 250 000 households in the project area is improved;
- 1500 tons of animal feed traded for the benefit of 50 000 livestock owners.

| <b>Food &amp; Agriculture Organisation (FAO)</b>                            |                  |
|---|------------------|
| <b>BUDGET items</b>   | <b>\$</b>        |
| Staff Costs (technical and administrative assistance)                       | 185,000          |
| Animal feeding, Livestock reconstitution, Veterinary inputs, non expendable | 3,175,000        |
| Training and contracts with partners  | 260,000          |
| General Operating Expenses  | 100,000          |
| Direct Operating Costs (10% of the total)                                   | 372,000          |
| <b>Total</b>  | <b>4,092,000</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* WORLD FOOD PROGRAMME (WFP)</b>   |
| <b>Project Title</b>         | Assistance to Flood/Drought-affected Populations and Vulnerable Groups Affected by High-Food Prices in Northern Ghana                       |
| <b>Project Code</b>          | WES-08/FO/21570   |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION   |
| <b>Objectives</b>            | To protect the nutritional status of at-risk populations and enhance the resilience of targeted households in the face of high food prices. |
| <b>Beneficiaries</b>         | Total:215000 most vulnerable people in the three northern regions<br>Children:120000  |
| <b>Implementing Partners</b> | Ghana Health Service, Ghana Education Service, Ghana Department of Social Welfare   |
| <b>Project Duration</b>      | Dec 2008 - Apr 2009   |
| <b>Funds Requested</b>       | <b>\$5,267,391</b>  |

### Needs

Dramatic food and fuel price increases over the past year have impacted negatively on the poorest people in Ghana, especially the most vulnerable households in Northern Ghana who have been faced with the triple challenge of high malnutrition and mortality rates of children under-5, decreased agricultural productivity due to recurrent natural disasters and the rapidly escalating food and fuel prices. The food price increases have been markedly more dramatic in the three Northern regions of the country as compared to the Center- South. These issues have resulted in reduced household resilience following the floods and drought of 2007.

Over the past year, Ghana has had to contend with national price increases in all major commodities: the price of maize has increased by 71%, pulses (soybean) by 87%, rice by 74% and wheat by 114%. Over the same period in the food-deficit Northern regions of the country the price increases were sharper: maize increased by 275%, rice by 92% and pulses by 275%.

The June 2008 Food Security Monitoring System Bulletin reported that a significant percentage of households responded to the food crisis by reducing their food consumption to one meal a day, and, through the sale of productive assets, such as female livestock and farming tools. The June 2008 Bulletin also reported depreciating terms of trade; specifically that in June 2007, a day's casual labor could buy enough maize for two weeks, whereas in June 2008 it could only provide enough maize for two days.

These findings are especially worrying since the three northern regions rank the lowest in all developmental indicators and are already prioritized for special interventions by both government and development partners. The most recent Multiple Indicator Cluster Survey , launched June 2008, confirmed that children in the northern regions are the most underweight, stunted and wasted. The Northern Region has the highest prevalence of chronic malnutrition in the country, between 34%-48%, depending on the district. More than 20% of all pregnant women in the Upper West and Northern regions are malnourished – also the highest rate in the country. The northern regions have above 50% maternal anemia in all three regions.

### Activities

This project will provide food-based safety nets for 215,000 of the most vulnerable people in the three northern regions under the following components:

- Component 1: Emergency take-home rations delivered through schools in areas worst-affected by the food price crisis. This will target 20,000 schoolchildren and their families in areas with the highest food price spikes and the lowest educational and nutritional indicators in the three northern regions. Family rations will be distributed as take-home dry rations during the first term of the school year, to contribute to household food security and serve as an incentive for families to keep children in school.

- Component 2: Nutritional support for underweight pregnant /lactating women and malnourished children under 5 years. Provision of support to national nutritional safety net programmes targeting 100,000 children under- 5 and pregnant/lactating mothers in rural districts with the lowest maternal mortality and child malnutrition indicators. Micronutrient-rich supplements will be made available to cover populations affected by the high food prices. Supplements will be in the form of dry take-home rations and are intended to complement beneficiary household stocks in order to enable families to maintain nutritional status at an acceptable level.

- Component 3: Vulnerable Group Feeding

Provision of food rations to 15, 000 households pre-selected by the GoG to receive an emergency government cash transfer intended to mitigate the effects of the high food prices on incapacitated poor households. Eligible beneficiaries will be low-income at-risk households already targeted by the Government's Livelihood Empowerment Against Poverty (LEAP) cash transfer scheme. WFP will provide food rations to supplement Government of Ghana disbursement of US\$8/month to the targeted families.

#### Outcomes

- Family rations provided to 115,000 needy individuals equivalent to 4,932mt of mixed commodities
- Provision of 3,450mt of fortified, micro nutrient-rich commodities to 100,000 mothers and malnourished children under-5

| <b>World Food Programme (WFP)</b>                                 |                  |
|---|------------------|
| <b>BUDGET items</b>   | <b>\$</b>        |
| WFP direct costs to distribute 8,382 mt of mixed food commodities | 4,661,114        |
| Indirect support costs (7%)                                       | 606,277          |
| <b>Total</b>  | <b>5,267,391</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* WORLD FOOD PROGRAMME (WFP)</b>   |
| <b>Project Title</b>         | Support to vulnerable populations and reinforcement of national food insecurity response mechanisms in Mauritania                                     |
| <b>Project Code</b>          | WES-08/FO/21598   |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION   |
| <b>Objectives</b>            | To strengthen the livelihoods of food insecure populations and reduce the impact of food insecurity and rising food prices on vulnerable communities. |
| <b>Beneficiaries</b>         | Total:831150 vulnerable people affected by high food prices   |
| <b>Implementing Partners</b> | Ministries of Health and Agriculture, FAO, UNICEF, WHO, NGOs (National and International)   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$38,291,799</b>   |

## Needs

Mauritania has been identified as one of the countries most vulnerable to higher food prices. A Sahelian country, Mauritania needs to import 70% of its food requirements. Some staple foods cost up to 40% more than they were the same time last year. Higher food prices are expected to continue into 2009. This prolonged access crisis will negatively impact those that are already vulnerable, and without targeted programs, may continue to impact those groups who were previously only marginally affected.

Directly linked to the rising food prices is the worsening overall picture of food security in Mauritania. The number of households that are judged to be either moderately or severely food insecure has increased over the past year. The results of a joint food security survey (ESAM) conducted in March 2008 indicate that compared to the July 2007 survey there has been a 30% rise in the number of rural households living in food insecurity. Food insecurity in Mauritania is higher in March 2008 than it was at the peak of the "hunger season" in July 2007. The ESAM survey confirms that this is due in large part to a rise in prices of basic food items in all areas including urban communities (12% rate of food insecurity).

According to the results of the Multiple Indicators Cluster Survey (MICS) conducted by the Ministry of Health and UNICEF in the second semester of 2007, the level of malnutrition in the country remains high: global acute malnutrition is 12.6 percent, with peaks exceeding 15 percent in some regions, hinting at localized nutritional crises. Results of the rapid nutritional survey conducted by the Ministry of Health and UNICEF in March 2008 established the global acute malnutrition rate at 12 percent. This prevalence obtained in a post-harvest period is close to the MICS which were conducted in a period of low food availability (June – September). These levels remain above the 10 percent World Health Organization alarm threshold.

This situation has led WFP to expand its operations and reinforce its community-based nutrition programme for moderately malnourished children and pregnant and lactating women.

## Activities

WFP is targeting the most food insecure and malnourished regions of Mauritania. Joint activities will:

- Provide supplementary feeding activities to children under five, pregnant and lactating women, and other vulnerable groups.
- Assist vulnerable populations protecting their means of subsisting and reinforcing their ability to resist shocks.
- Assist refugees by providing assistance in the form of return packages and the promotion of income-generating activities through food-for-work.
- Cash-transfer activities will form an additional financial support base for poor families in rural and peri-urban areas in order to supplement income and facilitate the purchase of diversified nutritional foodstuffs among vulnerable households.
- Reinforce the capacity of the Government and cooperating partners to establish response mechanisms and carry out essential interventions adapted to immediate needs of the populations in the case of food insecurity and malnutrition.

## Outcomes

- Improved nutrition status and health of children under five, pregnant and lactating women, and other vulnerable groups.
- Improved household food status for vulnerable populations.
- Improved government capacity for nutrition surveillance, evaluation, and response to food insecurity and malnutrition.

| <b>World Food Programme (WFP)</b>                       |                   |
|---|-------------------|
| <b>BUDGET items</b>                                     | <b>\$</b>         |
| WFP Direct Costs to distribute 33,600 MT of commodities | 35,786,728        |
| Indirect Support Costs (7%)                             | 2,505,071         |
| <b>Total</b>  | <b>38,291,799</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* WORLD FOOD PROGRAMME (WFP)</b>   |
| <b>Project Title</b>         | Urban and Peri-Urban Safety Net Interventions in Response to Rising Food Prices in Sierra Leone   |
| <b>Project Code</b>          | WES-08/FO/21628   |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION   |
| <b>Objectives</b>            | To mitigate the impact of rising food prices on poor urban and peri-urban households  |
| <b>Beneficiaries</b>         | Total:719640 vulnerable groups in rural areas of the South and East and poor urban and peri-urban households<br>Children:150960<br>Women:394825 |
| <b>Implementing Partners</b> | Government of Sierra Leone and NGO partners   |
| <b>Project Duration</b>      | Nov 2008 - Jun 2009   |
| <b>Funds Requested</b>       | <b>\$19,832,457</b>   |

### Needs

Since January 2008, the price of rice, the main staple food in Sierra Leone has seen a steady increase of about 60 percent on average throughout the country . Prices of other food commodities have also recently shown a robust upward trend. Before the food price crisis, approximately one million (or 70 percent) of the population in Freetown and surrounding areas were living below the poverty line . According to the World Bank, an additional 200,000 people, mostly in urban and peri-urban areas are expected to have been pushed below the poverty line by the increased costs of food commodities.

In June 2008, FAO and WFP jointly conducted a situational assessment of the impact of rising food prices in Sierra Leone. The study concluded that low-income urban and peri-urban households, who are largely dependent on the market to access food products, are hardest hit by the recent food price inflation. Within the households, primary school pupils, children under five years, pregnant women, lactating mothers, and those suffering from illnesses including HIV/AIDS are the worst affected. In the case of school children, high food prices have resulted in a reduction in school attendance and an increase in the drop out rates, which requires the urgent attention of Government and development partners.

As part of the national response to the rising food prices, WFP in collaboration with the Government initiated the Urban and Peri-Urban Safety Net Interventions including: School Feeding, Mother-and-Child Health and Nutrition (Supplementary Feeding), Food for Work, Cash for Work, Food for Training, and support to People Living with HIV/AIDS and Other Vulnerable Groups. The total cost of these interventions is about US\$12.8 million. So far, funding in the scope of US\$ 9.0 million has been confirmed, including 4.0 million from the European Commission and US\$ 5.0 million from the Emergency Management Application (EMMA) funds in response to the food price crisis, leaving a funding gap of US\$3.8 million. Most of this funding gap is for School Feeding and Food for Training activities.

### Activities

- School Feeding
- Mother-and-Child Health and Nutrition (Supplementary Feeding)
- Food for Work, Food for Training
- Support to People Living with HIV/AIDS and Other Vulnerable Groups

### Outcomes

- Distribution of approximately 3,000 tonnes of assorted food commodities.
- 124,000 beneficiaries, including 116,000 primary school students and 8,000 people, mostly women and adolescent girls who attend skills training.

| <b>World Food Programme (WFP)</b> |                   |
|-----------------------------------|-------------------|
| <b>BUDGET items</b>               | <b>\$</b>         |
| Cost US \$                        | 18,535,007        |
| Indirect Support Costs (ISC)      | 1,297,450         |
| <b>Total</b>                      | <b>19,832,457</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* FOOD &amp; AGRICULTURE ORGANISATION (FAO)</b>  |
| <b>Project Title</b>         | LIBERIA - Emergency assistance to Protect and Increase Rice Production of Food Insecure Smallholder Farmers   |
| <b>Project Code</b>          | WES-08/FO/21695   |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION   |
| <b>Objectives</b>            | To protect those most vulnerable to food price shocks from nutritional deprivation resulting in acute malnutrition and loss of livelihoods, by increasing rice production in uplands and swamps |
| <b>Beneficiaries</b>         | Total:22500 smallholder farmers with particular emphasis on vulnerable female headed households   |
| <b>Implementing Partners</b> | I/NGOs  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$4,901,778</b>  |

### Needs

Rice is the main staple food and accounts for 37% of the value of food consumption and 50% of daily calorific intake of the average Liberian household which spends 25% of their cash expenditures on rice. The 2007 Liberia Demographic and Health Survey reports 38.7% children less than five years stunted or chronically malnourished and 10% of women are undernourished or have a BMI<18.5. Approximately 44% of child deaths are attributed to malnutrition. A survey conducted by Action le Faim in January 2008 reveals similar findings reporting 17% acute malnutrition in Greater Monrovia. The surveys point to a strong deterioration of the nutritional situation of the population.

The FAO lead Post Harvest Crop Assessment (PHCA) 2007/8 indicates potential crop losses of 60% to 70% owing to a lack of critical inputs and pest management supplies; putting at further risk food insecure small landholders that are presently confronted with unprecedented price shocks. About 91% of crops suffered from pest attacks, while only 19% farmers had access to improved seeds, 2% of farmers had access to fertilizers while only 5% have access to storage facilities. The study however shows that rice yields can be increased considerably from the current average of 0.74 Mt/Ha for upland ecological areas and 0.82 MT for non-developed swamplands. Proper drainage and irrigation structures along with improved seed, fertilizer, weed and pests control may double or even triple rice yields. Furthermore the rejuvenation of existing swamplands may allow an additional rice crop and vegetable crop cycle and thus make a very significant improvement in the food security of the targeted communities.

The project aims at protecting and enhancing productive capacity and food security for 22,500 Liberian smallholder farmers (over 112,500 individuals) - The project seeks to sustainably boost yields and make available sufficient quantities of rice for household consumption and marketable surpluses – The project will link to WFP and the Purchase for Progress Project (P4P)

### Activities

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### Outcomes

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- Rice yields increase by almost 300% from the present average of 775kg/ha to 2,300kg/ha by distributing superior certified seeds varieties, quality fertilizers, enhanced crop husbandry techniques and improved pest management practices
- Post harvest food security ensured for 22,500 small landowners (112,500 individuals) vulnerable to food price shocks
- 2,500 swamps revitalized with 300% increase in yields from present levels
- Availability of locally produced rice for both seeds and consumption purposes
- Improvement in the nutritional status of farm families.

| <b>Food &amp; Agriculture Organisation (FAO)</b>                                   |                  |
|--|------------------|
| <b>BUDGET items</b>  | <b>\$</b>        |
| Staff costs (national and international consultants, travel, temporary assistance) | 560,000          |
| Expendable and Non Expendable Equipment (agricultural inputs, equipment)           | 2,366,762        |
| Contracts  | 1,455,000        |
| General Operating Expenses   | 74,400           |
| Direct Operating Costs (10% of subtotal)   | 445,616          |
| <b>Total</b>   | <b>4,901,778</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* FOOD &amp; AGRICULTURE ORGANISATION (FAO)</b>   |
| <b>Project Title</b>         | LIBERIA - Emergency assistance to improve urban and peri-urban vegetable and eggs production   |
| <b>Project Code</b>          | WES-08/FO/21716  |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION  |
| <b>Objectives</b>            | To protect those most vulnerable to food price shocks from nutritional deprivation resulting in acute malnutrition and loss of livelihoods, by improved vegetable and egg production for a better balanced diet and food intake. |
| <b>Beneficiaries</b>         | Total:12500 vulnerable urban/peri- urban households (over 62,500 persons) emphasis on female-headed households and households with children < 5 years of age   |
| <b>Implementing Partners</b> | NGO's  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$3,207,382</b>   |

### Needs

Vegetables and pulses are not only a source of income generation for 17,6% Liberian farming households but also critical in ensuring food security for these families. The Comprehensive Food Security and Nutrition Survey 2007 indicate 7.8% children under five to be acutely malnourished. The 2007 Liberia Demographic and Health Survey reports 38.7% of under 5s (273,000 children) stunted or chronically malnourished and 10% of women are undernourished or have a BMI<18.5. Approximately 44% of child deaths are mainly attributed to malnutrition. The surge in food prices has forced many households to change food consumption patterns by compromising on the quality, quantity even frequency of food intake. There is a marked absence of livestock products in the diet resulting in many people receiving 60% less than the recommended protein intake.

### Activities

- Identification of IP (s) and selection of beneficiaries based on criteria.
- Procurement, transportation and distribution of inputs to targeted beneficiaries
- Setting up of a small scale pilot poultry feed production unit
- Facilitate construction of poultry houses in households
- Technical support and training to IPs and women groups in vegetable production, nutrition education, poultry rearing, disease control, eggs marketing and budget management
- Inter-agency and inter-institutional collaboration
- Timely and effective M&E activities and support to the coordination of all actors in FSN.

### Outcomes

The project seeks to enhance food security, promote diet diversity and support income generation of 12,500 households vulnerable to food price shocks in urban and peri-urban areas and supply the local markets with safe and nutrient-rich foods and strengthen livelihoods of food insecure households. The expected outputs are:

- 2 500 families manage an egg production unit (30 hens per unit)
- 10,000 families assisted with each cultivating 1 acre of assorted vegetables and/or pulses.
- Nutrition status and income levels improved through the consumption and sale of crop and poultry products and value added processing.

| <b>Food &amp; Agriculture Organisation (FAO)</b>                                   |                  |
|--|------------------|
| <b>BUDGET items</b>  | <b>\$</b>        |
| Staff costs (national and international consultants, travel, temporary assistance) | 465,200          |
| Expendable and Non Expendable Equipment (agricultural inputs, equipment)           | 2,185,250        |
| Contracts with partners  | 230,500          |
| General Operating Costs  | 34,852           |
| Direct Operating Costs (10% of subtotal)   | 291,580          |
| <b>Total</b>   | <b>3,207,382</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* WORLD FOOD PROGRAMME (WFP)</b>  |
| <b>Project Title</b>         | Emergency Response to High Food Prices in Liberia  |
| <b>Project Code</b>          | WES-08/FO/21724  |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION  |
| <b>Objectives</b>            | To mitigate the impact of high food prices on urban poor population in Liberia by maintaining access to food among vulnerable households through nutrition interventions, school feeding and Food/Cash for work programmes |
| <b>Beneficiaries</b>         | Total:187200 poor and vulnerable women, children and youth in urban and rural communities<br>Children:157000<br>Women:17000<br>Other group:13200 youth   |
| <b>Implementing Partners</b> | Ministry of Education, Ministry of Health, NRC, ACF, ANDP, CRS and SP  |
| <b>Project Duration</b>      | Jul 2008 - Jun 2009  |
| <b>Funds Requested</b>       | <b>\$26,807,943</b>  |

### Needs

Recent increases in food and fuel prices have worsened the already volatile food security status of poor households particularly in urban communities in Liberia. Liberia is particularly vulnerable to the global food and fuel price increase because of its heavy dependence on imports to meet its food needs. It is estimated that only a quarter of the annual requirement of the nation's main staple food rice is produced locally. The World Bank's CWIQ survey of 2007 revealed that up to 99 percent of the rice consumed in Greater Monrovia which host nearly one third the country's estimated 3.5 million people is imported. In Monrovia, the price for a 50 kg bag of rice increased from USD 28 in January to USD 47 in September 2008, this is an increase of about 68 percent in dollar terms in less than 9 months – since May 2008, the price increased by about 50 percent. Rice purchased by cup is about 30 percent more expensive than by bag per month which provides an extra burden to poor households that cannot afford the purchase by bag. The price is expected to increase further, as the current level remains below the import parity. The population groups most at risk as a result of the impact of this global crisis are vulnerable women and children

To address the foreseen potential problems of malnutrition among population groups at risk, WFP has scaled up nutrition intervention activities to cover additional 17,000 vulnerable pregnant and lactating women and 5,000 children under 5 years through Mother and Child Health and Supplementary and Therapeutic feeding activities targeting mainly urban slum communities and areas likely to be affected by soaring food prices. The initiative will include the provision of on-site school meals to 150,000 primary school children who risk dropping out of school to engage in activities to help meet the family daily food needs. A scale-up of Food/Cash for Work component targeting additional 13,200 youths is being introduced to provide cash transfer for the highly unemployed youths in mainly in urban communities.

### Activities

- Provide daily school meals for 150,000 primary school children in urban communities;
- Support the improved nutrition and health status of 26,000 children, mothers and other vulnerable people through nutrition intervention activities;
- Scale-up activities to reach additional 13,200 beneficiaries mostly youths with opportunity for assets creation, increasing agriculture production and income generation through Food/cash for Work activities.

### Outcomes

- 150,000 urban primary school children provided with 5,285 Mt of food as daily school meals during the period;
- 17,000 pregnant and lactating women and 7,000 children under-5 provided food assistance;
- 13,200 youths in urban and rural communities provided short-term employment through food/cash for work activities;

| <b>World Food Programme (WFP)</b>                                 |                   |
|---|-------------------|
| <b>BUDGET items</b>   | <b>\$</b>         |
| WFP direct costs to distribute food commodities and cash transfer | 25,054,152        |
| Indirect support costs (7%)                                       | 1,753,791         |
| <b>Total</b>  | <b>26,807,943</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* FOOD &amp; AGRICULTURE ORGANISATION (FAO)</b>   |
| <b>Project Title</b>         | SENEGAL - Emergency assistance to vulnerable households in risk of food insecurity and/or malnutrition affected by soaring of food prices and climatic hazards   |
| <b>Project Code</b>          | WES-08/FO/21725  |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION  |
| <b>Objectives</b>            | Overall objective: Protect, restore and strengthen the livelihoods of the most vulnerable rural, peri-urban and urban households affected by food insecurity and/or malnutrition through increasing food availability and revenue.<br>Specific objectives: (i) to increase revenue of women and youth vegetable producers through support to dry season gardening; (ii) to improve rain fed crop production and productivity through timely provision of agricultural inputs for the 2009/2010 campaign; (iii) to increase production and productivity of small scale herders. |
| <b>Beneficiaries</b>         | Total:75000 vulnerable households (ca. 525,000 individuals) including women of food insecurity or malnourished children or in risk of malnutrition, pregnant and breast feeding; youth   |
| <b>Implementing Partners</b> | Ministries of Livestock, Women, Family and Micro-Enterprise and Agriculture, International and Local NGOs  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$4,400,000</b>   |

### Needs

Senegal has experienced two successive years of agricultural production shortfalls due to irregular rainfall, which resulted in a 25% reduction in cereal production. The result is that Senegal is producing just 34% of its cereal needs at a time when prices for imported cereals, such as rice and wheat, have reached record highs within an international context of soaring of food and fuel prices and financial crisis. In Dakar, according to government data for August 2008, the price of imported broken rice is approximately 113% higher than the previous year. Cooking oil and fresh vegetables have increased over 16%. The living conditions of the poorest households are deteriorating and eroding traditional livelihoods. A total of 35% of households had to sell more cattle than usually, and 18% had to reduce the area they cultivate because they cannot afford agricultural inputs. In the most vulnerable areas, the migration of able bodied family members as the only viable coping strategy families have. Beside, malnutrition situation remains at stake as Global Acute Malnutrition rate Global Acute Malnutrition (GAM) rates for children six to 59 months is over the 10% alert thresholds in the health districts of Matam (17.3%), Bakel (15.3%), Kidira (14.9%), Louga (12.8%), Goudomp (12.9%), Goudiry (12%) and Guinguiné (10.3%). This alarming situation demands urgent action in order to better understand the causes of the malnutrition and to address them.

### Activities

The project will link and complement the ongoing agricultural emergency and development interventions and will initiate measures to prevent or mitigate the effects of the soaring of food prices and climate change. The project will target the most vulnerable families, and, where possible, link with WFP and UNICEF to coordinate support to these beneficiaries.

This will be done through three main activities: (i) expansion of dry season gardening activities to increase the revenue of women and youth vegetable producer groups; (ii) support to livestock production and productivity for vulnerable households, and (iii) improved preparation of the rain fed agricultural campaign of 2009/2010 through the timely provision of seeds and fertilizer. Activities are likely to include:

- Supply of high quality, improved varieties of vegetable seeds suitable to local conditions along with small agricultural tools and fertilizers to 25,000 women and youth rural and urban/peri-urban vegetable producer group members in the most affected areas;
- Supply of agricultural kits of rice, millet, sorghum, cowpea or maize certified seeds and fertilizers to selected 25,000 vulnerable farming households;
- Supply of animal feed, improved fodder seeds, veterinary supplies (including vaccinations, de-worming pills, anti-parasite medication, insemination materials, etc) and small ruminants to 25,000 vulnerable herders;
- Training in vegetable production, improved food crop production and animal husbandry techniques, processing, marketing, conservation, cereal banks, and nutritional education; and support to on-going and future coordination of activities.

### Outcomes

- Improved access to agricultural inputs for vulnerable households
- Increased and diversified production of food crops and vegetables
- Amelioration of food security and enhancement of the nutritional status of vulnerable households through increased and diversified food consumption
- Improvement of the income levels of vulnerable households through the sale of the agricultural production

| <b>Food &amp; Agriculture Organisation (FAO)</b>                                      |                  |
|---|------------------|
| <b>BUDGET items</b>   | <b>\$</b>        |
| Staff costs (national and international expertise, travel, administrative assistance) | 400,000          |
| Inputs (agricultural and animal production inputs, non expendable equipment)          | 3,200,000        |
| Training, contracts with partners and support to individual institutions              | 250,000          |
| General Operating Expenses  | 150,000          |
| Direct Operating Costs (10% of the subtotal)  | 400,000          |
| <b>Total</b>  | <b>4,400,000</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* WORLD FOOD PROGRAMME (WFP)</b>   |
| <b>Project Title</b>         | Assistance to people affected by High food prices - Togo  |
| <b>Project Code</b>          | WES-08/FO/21260   |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION   |
| <b>Objectives</b>            | Safety nets interventions geared to mitigating effects of poor food supply (general food distribution to targeted communities, nutritional support, food for seed protection, food-for-work, lean season distribution, cereal banks). |
| <b>Beneficiaries</b>         | Total:65000 65,000 people in the northern part of Togo experiencing a poor food access<br>Children:13000<br>Women:26520   |
| <b>Implementing Partners</b> | Ministry of Agriculture, Ministry of Development, Ministry of Education, Ministry of social affairs, local and international NGOs   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$3,160,000</b>  |

### Needs

In Togo, several factors undermine food security and nutritional status, especially in the Northern regions (Savanes and Kara). Risk factors include low food production and rising poverty, limited diversity of staple food and poor access to food, especially during the lean season.

The food security situation has been aggravated by the increasingly high cereal prices, particularly threatening small farmers, livestock herders, craftsmen, and youth with no employment in the North. In Togo, cereals are the most produced and consumed commodities in Togo with maize representing 65% of all cereals being produced locally. Before the high food crisis, accessibility was already a major problem due to floods and country structural weakness. This situation has been exacerbated by the high food prices since 2008. In Kara and Savanes regions, the prices represent the highest levels of the last five years with a 200% increase compared to 2004 and 100 % increase compared to 2005, 2006 and 2007.

Higher food prices remain a major challenge for Togo in their resilience to shocks as well as to the humanitarian community to respond appropriately. Although Government of Togo are taking strong measures to reduce taxes or control the price of food and other basics (including export bans) while using buffer stocks as a subsidy through the national food security agency (OSAT), strong response has yet to be established for potential humanitarian responses. In particular, WFP is increasingly facing the challenge of responding to the impacts of rising food prices on household food security.

While people have adopted coping strategies in terms of increasing consumption of other locally produced commodities, adjusting spending patterns, reallocating part of their purchasing power to food at the expense of other costs (education, health) and shifting for more employment opportunities, there is still a high risk of an increased food vulnerability to some 65,000 people in the northern part of Togo experiencing a poor food access.

### Activities

WFP will design safety nets interventions aiming at mitigating the consequences of high food prices thus improving food access for most vulnerable particularly during the lean season.

- Supplementary feeding will benefit malnourished children and their mothers screened through health care in the intervention area
- Food-for-work will target communities assets geared to rehabilitating agricultural production and improving food availability
- General Food Distribution to severe food insecure households
- Cereals banks will be installed in food producing communities that have the capacity to sustain the strategy.
- Food for seed protection will cover the acute food insecure up North to enable farmers to launch the agricultural season with a view to securing FAO and Government improved seeds.

**Outcomes**

- Improved food security for small scale farmers prone to food vulnerability
- Improved health and nutritional status for children and other vulnerable groups (lactating and pregnant mothers)
- Augmented crop production capacity through agricultural assets and infrastructure rehabilitation

| <b>World Food Programme (WFP)</b> |                  |
|-----------------------------------|------------------|
| <b>BUDGET items</b>               | <b>\$</b>        |
| Direct Operational Costs          | 2,950,000        |
| Indirect Support Costs (7%)       | 210,000          |
| <b>Total</b>                      | <b>3,160,000</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* WORLD FOOD PROGRAMME (WFP)</b>   |
| <b>Project Title</b>         | Emergency Response to High Food Prices in Burkina Faso Main Cities  |
| <b>Project Code</b>          | WES-08/FO/21263   |
| <b>Sector</b>                | FOOD SECURITY AND NUTRITION   |
| <b>Objectives</b>            | To protect the livelihoods of the "very poor" households in Ouagadougou and Bobo Dioulasso which are the most affected by the High Food Prices crisis and prevent undernutrition among 6-24 months old children |
| <b>Beneficiaries</b>         | Total:294000 Urban households confronted with a drastic drop in their purchasing power.<br>Women:204500   |
| <b>Implementing Partners</b> | Ministry of Social Affairs, Ministry of Health, Red Cross   |
| <b>Project Duration</b>      | Oct 2008 - Sep 2009   |
| <b>Funds Requested</b>       | <b>\$20,530,618</b>   |

### Needs

Since the beginning of 2008, Burkina Faso has been confronted with an unprecedented rise in the prices of imported staples such as rice, cooking oil and sugar. The impact has been especially hard on the urban households in the capital city Ouagadougou and second main city Bobo-Dioulasso. As a result, large segments of the urban population are confronted with a drastic drop in their purchasing power and income losses. A rapid assessment on the impact of High Food Prices was jointly conducted by the Government, UNCT and SCF-UK in late June 2008. The assessment concluded that the poorest households are in an extremely difficult situation. Having almost exhausted all their coping mechanisms, food intakes have been deteriorating both in quality and quantity. These households are highly exposed to the risk to fall into a state of complete destitution as they rely on a shrinking limited income while their only source of food is from market.

Given the urban context and the market good supply despite persistent soaring food prices, cash transfer and/or subsidies for the poorest households were recommended as the most suitable, short-term response.

Considering that WFP is already actively intervening in the rural area, this emergency operation will concentrate in the country's two largest cities: Ouagadougou and Bobo-Dioulasso. While the Ministry of Social Affairs will provide the necessary and continuous assistance to the most destitute caseloads (handicapped, elderly, etc.) through the provision of in kind food aid, WFP assistance will target the very poor and poor households to protect their livelihoods, reduce hunger and undernutrition.

### Activities

- Some 30,000 very poor households (180,000 people) will receive monthly cash transfers to make up for their purchasing power and income losses. Cash transfers will be provided through vouchers to be exchanged in selected shops for a basket of locally produced commodities which includes maize, cooking oil and soap
- Plumpy doz and fortified foods will be distributed to 76,000 children under two and 74,000 pregnant women and lactating mothers living in very poor and poor households
- The operation includes the implementation of a solid capacity building and handover strategy of the urban voucher scheme to the Ministry of Social Affairs

### Outcomes

- Cash transfer to households equivalent to 13,292 Mt of local cereals
- Distribution of 4,962 Mt of RUSF and micro-nutrient rich food items

| <b>World Food Programme (WFP)</b> |                   |
|-----------------------------------|-------------------|
| <b>BUDGET items</b>               | <b>\$</b>         |
| Direct Operational Costs (DOC)    | 18,015,908        |
| Direct Support Costs (DSC)        | 893,385           |
| Indirect Support Costs (ISC)      | 1,621,325         |
| <b>Total</b>                      | <b>20,530,618</b> |

## HEALTH

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* WORLD HEALTH ORGANIZATION (WHO)</b>                                  |
| <b>Project Title</b>         | Response to epidemics in the vulnerable region in North Mali              |
| <b>Project Code</b>          | WES-08/HE/22077   |
| <b>Sector</b>                | HEALTH  |
| <b>Objectives</b>            | Reduction of morbidity and mortality through early respond to epidemics   |
| <b>Beneficiaries</b>         | Total:700000 700,000 vulnerable persons in the Northern districts of Mali |
| <b>Implementing Partners</b> | Ministry of Health , UNICEF and WFP                                       |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$796,829</b>  |

### Needs

Mali is a vast country of 12,3 million inhabitants, subdivide to 9 regions of which the Bamako capital. Its vulnerability is reflected in its bad health indicators even before the Food Price crisis (maternal mortality is 464 per 100 000 live birth, infant mortality: 96 per 1000 new born, child mortality 191 per thousand and access to potable water 56%, access to PHC: 11.4% with major discrepancies between urban and rural areas.. The infectious diseases and malnutrition constitute major causes of morbidity and mortality. According to the statistics of Ministry of healthy, malaria, acute respiratory infections, diarrheal diseases and acute malnutrition represent 74% of all the mortality under 5 in 2007. Epidemic prone diseases represent major threats in Mali. Meningitis outbreak in Bamako in 2007, cholera in the since the seventees. Floods in the Niger basen is another threat to health and is affecting lives and losses in housing and properties. This project aims at enforcing the disease surveillance system among vulnerable groups to prevent and control diseases outbreaks that will complicate the health situation in M;ali as consequence of the Food Price crisis.

### Activities

- 1.Re-enforcement ogf epidemuiological survelance for detection and response to epidemics
- 2.Provision of drugs and equipment to health centres
- 3.Health education against priority disease
- 4.Support MOH capacity to ensure coordinated management of outbreaks

### Outcomes

This project will equally benefit women and men. It reduces vulnerability of the most vulnerable population in the country and subsequently the morbidity and mortality resulting from the food price crisis

| <b>World Health Organization (WHO)</b>                           |                |
|--|----------------|
| <b>BUDGET items</b>  | <b>\$</b>      |
| Support to surveillance, early warning and response to epidemics | 185,000        |
| Supplies and essential drugs for health centres in the north     | 212,000        |
| Health education   | 30,000         |
| Technical support and MOH coordination                           | 250,000        |
| Project Monitoring and Reporting and Program Support Cost        | 119,829        |
| <b>Total</b>   | <b>796,829</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* WORLD HEALTH ORGANIZATION (WHO)</b>  |
| <b>Project Title</b>         | Surveillance of nutritional status and case management of severe under-nutrition reinforcement  |
| <b>Project Code</b>          | WES-08/HE/22078   |
| <b>Sector</b>                | HEALTH  |
| <b>Objectives</b>            | -To reinforce health facilities capacities for case management of severe under-nutrition<br>- To reinforce the national nutritional surveillance system |
| <b>Beneficiaries</b>         | Total:2700000 Under five children (2 700 000 children in 2009)  |
| <b>Implementing Partners</b> | Ministry of Public Health, WFP, UNICEF and NGOs   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$536,730</b>  |

### Needs

Niger is a chronic food insecurity country with acute escalation happening during drought and floods seasons. The food and nutritional situation in Niger remains unstable as a consequence of frequent drought and recent increase in food prices. The rates of under-nutrition of under five children are alarming. According to the last national Nutrition and Child Survival of July 2008, the global acute under-nutrition rate at national level is 10, 7%. Five regions of Niger Zinder, Diffa, Dosso and Tillabéri are the most affected with the highest rates of acute under-nutrition above 10%. These figures indicate a worrying nutritional situation, requiring an appropriate response to avoid unnecessary deaths and all nutritional and health consequences to the health status of the population.

WHO and UNICEF have agreed at country level to present two complementary projects on nutrition. Through this project, WHO will improve surveillance of nutritional status and management of acute under nutrition cases with focus on:

1. Monitoring the health and nutritional status of most vulnerable population groups through existing health and nutrition surveillance systems. Such monitoring will help guide intervention efforts as well as enable estimation of efficiency of action.
2. Strengthening the local health system to cope with the increased number of cases of severe acute malnutrition with medical complication. This would include refresher course and on-site supervision in health facilities as well as continuous supply of essential paediatric drugs to medical treatment in district and regional hospital.

### Activities

- Provide to health facilities the paediatric drugs for medical treatment;
- Reinforcement of nutritional data collection, compilation and analysis;
- Refresher course on management of medical complication of severe under-nutrition for 100 health workers at district and regional hospital levels;
- Conduct sensitization campaigns of the population on health and nutrition;
- Support to supervision of nutrition activities by District Health Teams;

### Outcomes

- Reduced mortality related to under nutrition cases treated in district and regional hospitals;
- Better managed and shared health and nutrition information with all stakeholders.

| <b>World Health Organization (WHO)</b>  |                |
|---|----------------|
| <b>BUDGET items</b>   | <b>\$</b>      |
| Staff and office costs  | 50,000         |
| Refresher course on management of severe under-nutrition and Conduct sensitization campaigns of the | 90,000         |
| Reinforcement of nutritional data collection, compilation, analysis and transmission and Support su | 110,000        |
| Purchase Paediatric drugs for medical treatment   | 200,000        |
| Program Management Reporting and Program Support Cost   | 86,730         |
| <b>Total</b>  | <b>536,730</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* WORLD HEALTH ORGANIZATION (WHO)</b>   |
| <b>Project Title</b>         | Response to cerebrospinal meningitis epidemic in Burkina Faso                                      |
| <b>Project Code</b>          | WES-08/HE/21839  |
| <b>Sector</b>                | HEALTH   |
| <b>Objectives</b>            | To respond early and effectively to any cerebrospinal meningitis epidemic outbreak in Burkina Faso |
| <b>Beneficiaries</b>         | Total:2,633,000 About 2,633,000 General population   |
| <b>Implementing Partners</b> | Ministry of Health, WHO, UNICEF, MSF, UNFPA, Red Cross, NGOs                                       |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$3,602,378</b>   |

### Needs

Burkina Faso is a country which is fully located in the meningitis belt and pays heavy tribute to meningitis epidemics on a regular basis. The largest epidemic occurred in 1996 caused 42,967 cases of which 4,363 deceases. From 2006, we can observe the resurgence of new epidemic outbreaks, with respectively in 2006, 19,134 cases of which 1,674 deceases, in 2007, 25,678 cases of which 1,721 deceases and in 2008, 9,420 cases of which 920 deceases and a case fatality rate of 9.77%. In 2008 out of the 63 country health districts 19 districts have passed over the epidemic threshold (which is 10 cases for 100,000 inhabitants), and 17 the alert threshold (5 cases for 100,000 inhbt). Neisseria meningitidis A (NmA) was the cause of those epidemics at more than 80%.

Following a situation analysis, 13 districts are considered at risk for 2008-2009 season, with a population estimated at 2,633,000 inhabitants. These cerebrospinal meningitis epidemics generally break out in the first semester of the year at the beginning of harmattan (relatively cold and very dry weather).

This project objective is to contribute to the response to meningitis epidemic outbreak in order to reduce the morbidity and mortality due to cerebrospinal meningitis during 2008-2009 epidemic season in a context of high cost of food stuffs, poor economic income of the population and the lack of government resources directed to health making difficult access to medicines which is weakening populations nutritional status and causing their resistance to diseases.

### Activities

- Purchasing drugs and medical consumables for appropriate care to cases;
- Purchasing antimeningococcal vaccine (A, C) for the reactive immunization campaign;
- Organizing mass reactive immunization campaigns for the 2-30 year-old target group ;
- Organizing follow-up and management of the adverse events following immunization (AEFI) ;
- Supporting supervision, monitoring and assessment of the immunization campaign
- Providing support to laboratories (reagents, material and consumables)

### Outcomes

- Morbidity and mortality due to meningitis are reduced;
- Epidemiological surveillance system is strengthened;
- Epidemic outbreak is brought under control.

| <b>World Health Organization (WHO)</b>   |                  |
|--|------------------|
| <b>BUDGET items</b>  | <b>\$</b>        |
| Purchasing drugs, medical consumables and lab reagents   | 117,900          |
| Purchasing antimeningococcal vaccine (AC), injection material and safety boxes                   | 2,586,744        |
| Vaccine response operational cost (local staff, vehicle rental, logistics, supporting items)     | 251,000          |
| Investigation, supervision, monitoring, vaccine coverage survey, assessment and AEFIs management | 105,000          |
| Project Monitoring and Reporting and Program Support Cost  | 541,734          |
| <b>Total</b>   | <b>3,602,378</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* WORLD HEALTH ORGANIZATION (WHO)</b>   |
| <b>Project Title</b>         | Cholera outbreaks prevention and response among vulnerable populations in floods affected areas in Burkina Faso                                |
| <b>Project Code</b>          | WES-08/HE/21841  |
| <b>Sector</b>                | HEALTH   |
| <b>Objectives</b>            | Reduce mortality of cholera by providing health assistance to vulnerable populations affected by floods in 30 health districts in Burkina Faso |
| <b>Beneficiaries</b>         | Total:60000 60,000 vulnerable populations  |
| <b>Implementing Partners</b> | Ministry of Health, Ministry of Social Affairs, UNICEF, WFP, MSF, Red Cross,   |
| <b>Project Duration</b>      | Jun 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$989,292</b>   |

### Needs

Burkina Faso is, on a regular basis, undergoing floods during the rainy season. In 2007, we numbered 146,202 human victims with 83 deaths. In 2008 about 20,000 persons were declared disaster-stricken people of whom 10 people died. According to meteorological forecasting, due to climate change, the sub-region countries will be affected by flooding over the coming years. In terms of health, floods are periods favourable to spreading of diarrhoea diseases like cholera. This situation is generally made worse by a general food-deficiency condition of the populations due to gap between harvests, loss of food banks and destruction of crops. In the current context characterized by the increase of food stuffs costs, the households' financial resources will be more directed to food to the detriment of health. With the aim to face the impacts of floods in the country in 2009, Burkina Faso has developed a multi-risk contingency plan of preparedness and response to natural disasters and humanitarian crisis including health sector constituent. This plan predicts that flooding would affect 300,000 vulnerable people of whom 60,000 would be in need humanitarian assistance. This project is in line and part of this contingency plan developed and agreed upon by various actors like WATSAN.

### Activities

- Strengthening epidemiological surveillance for early detection of cholera outbreak
- Purchasing and distribution of cholera kits and essential drugs,
- Supporting drinking water sources disinfection
- Supporting sensitization sessions within affected populations
- Supporting supervision at all levels (regions, districts)

### Outcomes

The mortality due to cholera outbreak in the vulnerable populations affected by floods is reduced to less than 1%

| <b>World Health Organization (WHO)</b>  |                |
|---|----------------|
| <b>BUDGET items</b>   | <b>\$</b>      |
| Inputs supply (cholera kits, essential drugs)   | 576,352        |
| Mobile teams management   | 67,560         |
| Epidemiological surveillance (data collection and analysis, assessment and supervision) | 132,828        |
| Information, Education of the community and psychosocial support                        | 63,780         |
| Project Monitoring and Reporting and Program Support Cost                               | 148,772        |
| <b>Total</b>  | <b>989,292</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | * <b>WORLD HEALTH ORGANIZATION (WHO)</b><br>* <b>UNITED NATIONS CHILDREN'S FUND (UNICEF)</b>  |
| <b>Project Title</b>         | Emergency preparedness for vulnerable populations affected by commodity prices, cholera and meningitis epidemics in Niger                           |
| <b>Project Code</b>          | WES-08/HE/21894   |
| <b>Sector</b>                | HEALTH  |
| <b>Objectives</b>            | 1.Prevention, early detection and control of cholera and meningitis outbreak<br>2. Better coordination of the medical emergencies by health cluster |
| <b>Beneficiaries</b>         | Total:5951000 5 951 000 inhabitants (Population of cholera and meningitis outbreak high-risk districts)   |
| <b>Implementing Partners</b> | Ministry of Public Health, Districts Health Teams and NGOs  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$2,595,000</b>  |

### Needs

Niger is among the poorest countries in the world with 63 % living on less than \$1/day and high under five mortality (256/1000). The country is confronted by cholera and meningitis epidemic on a yearly basis and in 2009, more than 50% of health districts are at high-risk of cholera and meningitis outbreak. In the context of the recent increase of food prices, families have had to adapt their expenditure patterns to meet up the rising costs of food, resulting in reduced access to health basic services. It is feared that the morbidity and the case fatality of meningitis and cholera rate would increase as a consequence of lack of financial resources to pay for the health services (cost recovery) and the weak access to safe drinking water, and inappropriate hygiene and sanitation practices. The Government of Niger has already weak capacities to develop service delivery based programmes in these regions and response to emergencies when they occur. The purpose of this WHO-UNICEF joint and consolidated project is to support the prevention, response to the cholera and meningitis outbreaks, to improve the integrated coordination with health and WASH sector and thus reduce attack rates, morbidity and case fatality rates related to these diseases in exposed populations disadvantaged who is experiencing limited access to basic services delivery namely health and better environmental hygiene.

### Activities

- 1 Set up of national and mobile cholera control emergency teams, development of an emergency action plan and providing guidelines and other emergency preparedness and response (EPR) tool
2. Community based cholera awareness on safe hygiene practices and cholera treatment techniques
3. Improve drinking water quality and availability in high risk communities;
4. Support mass vaccination campaigns and public awareness campaigns and provision of drugs, vaccines and medical consumable for care activities,
5. Support epidemic investigations and monitoring /evaluation of response activities,
6. Produce regular reports on health situation.

### Outcomes

- Reduced attack rates and case fatality rate related to cholera and meningitis outbreak,
- Communities in high risk districts namely in Tahoua and Maradi District adopt safe practices;
- National and local contingency plans for cholera are adopted and functional and cholera monitoring mechanisms for early warning, prevention and response are implemented
- Coordination of the health cluster reinforced in Niamey and established in sub offices

| <b>World Health Organization (WHO)</b>  |                  |
|---|------------------|
| <b>BUDGET items</b>   | <b>\$</b>        |
| Set up of national and mobile cholera control emergency teams , staff, logisitcs and office costs | 260,000          |
| Support mass vaccination and public awareness campaigns   | 42,000           |
| Supplies drugs, vaccines and medical consumable   | 1,260,000        |
| Support epidemics investigation and M&E of response   | 40,000           |
| Project Monitoring and Reporting and Programme Support Cost                                       | 283,000          |
| <b>Total</b>  | <b>1,885,000</b> |

| <b>United Nations Children's Fund (UNICEF)</b>  |                |
|---|----------------|
| <b>BUDGET items</b>   | <b>\$</b>      |
| Set up of national and mobile cholera control emergency teams , staff, logisitcs and office costs | 180,000        |
| mprove drinking water quality and availability,community based cholera awareness                  | 370,000        |
| Supplies drugs, vaccines, medical consumables and support for mass campaign                       | 130,000        |
| Epidemics investigations and M&E of response  | 10,000         |
| Project management and reporting and indirect programme support cost (7%)                         | 20,000         |
| <b>Total</b>  | <b>710,000</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* WORLD HEALTH ORGANIZATION (WHO)</b>  |
| <b>Project Title</b>         | Surveillance of nutritional status and reinforcement of case management of severe under-nutrition in Niger  |
| <b>Project Code</b>          | WES-08/HE/21902   |
| <b>Sector</b>                | HEALTH  |
| <b>Objectives</b>            | -To reinforce health facilities capacities for case management of severe under-nutrition<br>- To reinforce the national nutritional surveillance system |
| <b>Beneficiaries</b>         | Total:2700000 Under five children (2 700 000 children in 2009)  |
| <b>Implementing Partners</b> | Ministry of Public Health, WFP, UNICEF and NGOs   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$576,730</b>  |

### Needs

Niger is a chronic food insecurity country with acute escalation happening during drought and floods seasons. The food and nutritional situation in Niger remains unstable as a consequence of frequent drought and recent increase in food prices. The rates of under-nutrition of under five children are alarming. According to the last national Nutrition and Child Survival of July 2008, the global acute under-nutrition rate at national level is 10, 7%. Five regions of Niger Zinder, Diffa, Dosso and Tillabéri are the most affected with the highest rates of acute under-nutrition above 10%. These figures indicate a worrying nutritional situation, requiring an appropriate response to avoid unnecessary deaths and all nutritional and health consequences to the health status of the population.

Through this project in consultation with others partners, WHO will improve surveillance of nutritional status and management of acute under nutrition cases with focus on:

1. Monitoring the health and nutritional status of most vulnerable population groups through existing health and nutrition surveillance systems. Such monitoring will help guide intervention efforts as well as enable estimation of efficiency of action.
2. Strengthening the local health system to cope with the increased number of cases of severe acute malnutrition with medical complication. This would include refresher course and on-site supervision in health facilities as well as continuous supply of essential paediatric drugs to medical treatment in district and regional hospital.

### Activities

- Provide to health facilities the paediatric drugs for medical treatment;
- Reinforcement of nutritional data collection, compilation and analysis;
- Refresher course on management of medical complication of severe under-nutrition for 100 health workers at district and regional hospital levels;
- Conduct sensitization campaigns of the population on health and nutrition;
- Support to supervision of nutrition activities by District Health Teams

### Outcomes

- Reduced mortality related to under nutrition cases treated in district and regional hospitals;
- Better managed and shared health and nutrition information with all stakeholders.

| <b>World Health Organization (WHO)</b>  |                |
|---|----------------|
| <b>BUDGET items</b>   | <b>\$</b>      |
| Staff and office costs  | 50,000         |
| Refresher course on management of severe under-nutrition and Conduct sensitization campaigns of the | 90,000         |
| Reinforcement of nutritional data collection, compilation, analysis and transmission and Support su | 150,000        |
| Purchase of Paediatric drugs for medical treatment  | 200,000        |
| Project Monitoring and Reporting and Program Support Cost   | 86,730         |
| <b>Total</b>  | <b>576,730</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS POPULATION FUND (UNFPA)</b>   |
| <b>Project Title</b>         | Strengthening reproductive health services in Trarza and Brakna regions of Mauritania.  |
| <b>Project Code</b>          | WES-08/HE/21903   |
| <b>Sector</b>                | HEALTH  |
| <b>Objectives</b>            | To improve access to quality reproductive health services for returnees and most vulnerable populations affected by the food crisis in Mauritania. Essential and emergency services will be strengthened and competencies of service providers improved through refresher courses and the community mobilisation carried out to improve access to the services. |
| <b>Beneficiaries</b>         | Total:590000 pregnant and lactating mothers, women and all men  |
| <b>Implementing Partners</b> | Ministry of Public Health, UNHCR, WFP, UNICEF   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$444,050</b>  |

### Needs

Since January 2007, Mauritanian refugees in Senegal enjoyed their rights of settling back home in their home country and since then up to 4780 have returned and at least 20000 more are expected to follow suite. However, these populations are returning to regions of Mauritania with poor basic social services available including primary schools and primary health facilities in place. Mauritania, one country in the sahel region already has suffered from political instability and the drastic effects of drought and flooding combined. The food and fuel crisis has all but worsened the precarious situation for the vulnerable regions around the country some of which the returnees are going back to. The two regions combined have health facilities which are ill-equipped to provide quality services. These health facilities have seen reduced accessibility because valuable resources have been diverted by government to mitigate the food crisis and the families have also diverted resources to improve their purchasing power on foodstuffs. There have been rumours of returnees attempting to go back to their previous locations because of lack of basic social services. Pregnant women who comprise up to 20% of the population have to walk long distances (about 15 to 20 kilometres) in difficult and harsh conditions to avail of preventive and curative care at health facilities who in turn do not offer quality essential/ emergency RH services. This gap in service delivery may also discourage future returnees from going back home. It is therefore important to ensure that the existing 125 health facilities including two referral hospitals, 8 health centres and 115 health posts have the capacity to provide quality basic and emergency obstetrical services. The improved capacity will make services more accessible, affordable and available to the host populations and returnees thus mitigating some of the negative effects the food crisis has had on the health of communities.

Earlier surveys by the World Food Programme in 2007 in the regions of Brakna and Trarza had shown that the most vulnerable populations including women and girls in terms of food security were 17% and 4% respectively, and these figures are expected to have deteriorated with the crisis. Supporting reproductive health services to entire populations is more beneficial than to the returnees only since the latter will be located in 34 scattered sites in the two vast regions.

The project aims to strengthen existing reproductive health facilities to reduce the negative impact the fuel and food crisis in these regions of Mauritania has had on a population who, besides live under harsh climatic conditions and political instability. Essential and emergency services will be strengthened and competencies of service providers improved through refresher courses and the community mobilisation carried out to improve access to the services.

UNFPA is therefore requesting USD \$ 444050 to assist the Ministry of public health as well as other partners ensure that returnees as well as the host population enjoy their basic health care rights.

### Activities

- Provide medical supplies and equipment including reproductive health kits
- Carry out awareness raising in the communities on availability of RH services and reproductive health rights.
- Capacity building to RH service providers, where gaps are identified to improve competence
- Supervision of the activities

**Outcomes**

- 65 % pregnant women receive quality preventive and curative obstetrical care
- 250 health care service providers trained
- 40% health structures in rural and/or semi urban setting offering a complete set of the basic reproductive health standards and package
- Reduced maternal morbidity and mortality

| <b>United Nations Population Fund (UNFPA)</b>                              |                |
|--|----------------|
| <b>BUDGET items</b>  | <b>\$</b>      |
| Staff costs  | 15,000         |
| Medical supplies and equipment including reproductive health kits          | 300,000        |
| Training (refresher) health workers on essential/ emergency obstetric care | 50,000         |
| Monitoring and reporting   | 50,000         |
| indirect costs 7%  | 29,050         |
| <b>Total</b>   | <b>444,050</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS POPULATION FUND (UNFPA)</b>  |
| <b>Project Title</b>         | HIV/AIDS Prevention for Cross Border Mobile Population in the MANO River Union Countries (Guinea, Liberia, Sierra Leone and Côte d'Ivoire)                                 |
| <b>Project Code</b>          | WES-08/HE/21907  |
| <b>Sector</b>                | HEALTH   |
| <b>Objectives</b>            | Reduce HIV/AIDS vulnerability to effects of the food crisis on mobile populations and host communities along common borders in the Mano River Union (MRU) countries.       |
| <b>Beneficiaries</b>         | Total:1800000 PLWHIV, sex workers, fishermen, transporters, seafarers, migrant farmers, traders, uniform officers, pregnant women, refugees                                |
| <b>Implementing Partners</b> | Ministry of Public Health (central and regional level), ILO, UNAIDS, UNICEF, UNHCR, WHO, UNDP, WFP, IOM, UNIFEM and non-Governmental actors (NGOs and local associations). |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$834,000</b>   |

### Needs

Cross border movements and trade have always been a way of life and survival for many in the sub region where most of the countries are recovering from man-made decades of conflict. In the wake of the food and fuel crisis countries in the sub-region did impose export ban of staple food items but this measure has not per se affected cross border movements. In an interagency joint assessment report on "the impact of high prices on food security in Liberia" of July 2008, where over 60% of the population is rural it was revealed that food commodities prices have increased even more, the further you were from Monrovia because of the poor road infrastructure associated with the rainy season. Up to 14% of the rural population is classified as poor. Rice, a staple commodity, is 56% more expensive in the south east of the country and in Nzerekore across the border in Guinea, the 50kg bag sells at USD 16 higher than in Monrovia.

The Mano River Union HIV & AIDS Project is a Sub-Regional intervention set up in the four countries of Côte d'Ivoire (Danane), Guinea (Nzerekore) , Liberia (Nimba County) and Sierra Leone (Kenema) at the initiative of the Mano River Union Secretariat after broad dialogue and consultations with the intended beneficiaries and other stakeholders, Government of the four countries, the African Development Bank, UNAIDS, UNFPA, UNDP, WHO and NGOs and Community-based Organizations working on HIV/AIDS among refugees and displaced people in the area. The project aimed to prevent the spread of new infections of Sexually Transmitted Infections (STI)/HIV/AIDS among refugees, internally displaced populations, and their host communities, thus contributing to meeting the sixth Millennium Development Goal which seeks to stop and begin to reverse the spread of HIV/AIDS by 2015. The HIV-MRU has supported 418 people living with AIDS (PLHIV) and 165 foster families in the sub-region notably in Kenema (Sierra Leone), Danane (Cote d'Ivoire), Nzerekore (Guinea) and Nimba County (Liberia). The project also supports 388 orphans and vulnerable children to HIV out of 1,706 (from all four countries) identified for food, and reintegrated into schools and livelihood activities. All these gains along the common borders can sudden evaporate and allow border populations because of the persistent poverty and biting effects of the excess food and fuel prices increases except the project is supported financially to continue. The governments of these fragile states just recovering from conflict and some still having to deal with IDPs and returnees along the borders are faced with more urgent tasks the capitals and urban towns leaving the rural and border towns unattended to or with minimal basic services.

It is imperative that prevention services be provided until national health systems are strengthened to integrate these populations into their HIV/AIDS programmes. The total estimated population of the four countries put together is about 37 million people, with an estimated 5% or approximately 1.8 million classified as mobile, for whom additional funds are requested to ensure that the activities are sustained the year round.

Current data indicates that HIV prevalence within the general population is high in Liberia (5.2%), 4.7% in Côte d'Ivoire, 1.8% in Sierra Leone and 2.8% in Guinea for age 15-24.

UNFPA thus is requesting the USD 834,000.00 to add to existing USD 450000 to ensure that the project continues.

**Activities**

- Adapt, reproduce and distribute existing IEC/ Behavioral Change Communication (BCC) materials for mobile populations and cultural communities along the borders;
- Identify and strengthen existing Voluntary Confidential Counseling and Testing centers and establish new ones for delivery of Voluntary Confidential Counseling Testing (VCCT) services to mobile populations and cultural communities along the borders
- Identify and strengthen existing Prevention Mother To Child Transmission (PMTCT) centres and establish new ones for service delivery to mobile populations and cultural communities along the borders
- Promote condom use and distribute male and female condoms
- Conduct peer education and awareness raising workshops on RH/HIV/GBV issues

**Outcomes**

1. Increase from 60 to 75% the positive behavior for the prevention of HIV/AIDS among mobile populations along the borders of the four countries;
2. increase from 55 to 75% the access to and use of condom among the mobile populations in the four countries
3. Increased HIV VCCT services in the identified border areas by how much
4. 25% improvement in the comprehensive management to prevent mother-to-child transmission for pregnant mothers from 35%

| <b>United Nations Population Fund (UNFPA)</b> |                |
|---|----------------|
| <b>BUDGET items</b>                           | <b>\$</b>      |
| Staff costs                                   | 150,000        |
| operations and supplies                       | 575,620        |
| administrative costs                          | 50,000         |
| indirect costs 7%                             | 58,380         |
| <b>Total</b>                                  | <b>834,000</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* WORLD HEALTH ORGANIZATION (WHO)</b>  |
| <b>Project Title</b>         | Improved accessibility of vulnerable populations to basic health services in Agadez region, Niger |
| <b>Project Code</b>          | WES-08/HE/21908   |
| <b>Sector</b>                | HEALTH  |
| <b>Objectives</b>            | To improve the access of the vulnerable populations of Agadez to the basic health services        |
| <b>Beneficiaries</b>         | Total:400000 400.000 persons of Agadez region   |
| <b>Implementing Partners</b> | Ministry of Public Health and NGOs  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$623,810</b>  |

### Needs

Since February 2007 for security reasons an estimated population of 20 000 persons have been displaced. They left their villages of origin and are hosted by families in villages which are more secure. Moreover since the beginning of 2008, in a critical health context, Agadez region is a transit area of expelled population from Algeria and Libya. This movement of internally displaced populations and expelled populations continue to worsen the already alarming health situation. Socio-economic activities are drastically reduced and health services availability is very low due to lack of essential drugs and equipment. Major health indicators are declining resulting in a recrudescence of transmissible diseases in the region. The health facilities are experiencing stock out of essential drugs on a regular basis. This health situation is negatively impacting on nutritional status of the population of Agadez who is suffering from the effects of food price crisis than any other region in Niger.

The project aims to reinforce the capacity of the health facilities by providing essential drugs equipments and medical consumable to ensure adequate treatment of major diseases in health facilities and thus to improve the health status of the vulnerable populations. The project will also support the national health authorities to improve the coordination of health interventions in Agadez region and the epidemiologic surveillance of major diseases

### Activities

- Purchase inputs (rapid tests, drugs and medical consumable) for the treatment of major diseases in the region;
- Train the health staff on the integrated disease surveillance and response (IDSR);
- Support to the regional Laboratory for medical equipment and consumable;
- Support epidemic investigations;

### Outcomes

- Improved basic care services available to the displaced population
- Reduced of morbidity and mortality reliable to frequent pathologies in the region;
- Better managed and shared health information.

| <b>World Health Organization (WHO)</b>   |                |
|--|----------------|
| <b>BUDGET items</b>  | <b>\$</b>      |
| Staff cost and office costs  | 50,000         |
| Purchases of drugs, medical consumables, laboratory equipments, reagents and health kits | 390,000        |
| Health staff training on the integrated disease surveillance and response                | 60,000         |
| Epidemic investigations and monitoring/evaluation of activities;                         | 30,000         |
| Project Monitoring and Reporting and Program Support Cost                                | 93,810         |
| <b>Total</b>   | <b>623,810</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* WORLD HEALTH ORGANIZATION (WHO)</b>  |
| <b>Project Title</b>         | Integrated response to natural disasters in disaster-prone districts(Koinadugu, Pujehun, Bonthe and Western area) of Sierra Leone |
| <b>Project Code</b>          | WES-08/HE/21909   |
| <b>Sector</b>                | HEALTH  |
| <b>Objectives</b>            | To strengthen the cholera outbreak response in disaster-prone districts   |
| <b>Beneficiaries</b>         | Total:250000 250,000 affected general population; under-five: 80,000; 100,000 women; 70,000 men<br>Children:80000<br>Women:100000 |
| <b>Implementing Partners</b> | Ministry of Health, UNICEF and NGOs   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$794,475</b>  |

### Needs

The coastal slums of the city with about 15000 inhabitants are the areas mostly affected by the heavy torrential rains and the floods that follow. The southern province and the north western districts of the northern province are usually also affected by floods causing over 50000 people to be displaced.

Koinadugu district(Kabala being the district headquarter) in the uppermost region of the northern province is usually hit by heavy wind storms displacing over 85000 people mostly children under five years. This region has nomads who rear cattle and are peasant farmers while wild fires usually cause disasters in the farmlands and towns especially in the island of Bonthe with a population of about 75000 people.

Disease outbreaks like diarrhea and vomiting, and a variety of water-borne illnesses have been reported in the affected areas. There is no adequate drinking water and sanitation is deplorable; the rivers are used as toilets and for bathing and washing. The need for an emergency supply of safe drinking water is of utmost importance.

Hunger is glaringly visible in the worst affected communities with high incidence of malnutrition, especially among children and mothers. The situation is exacerbated with the hike in food prices while local production is hampered by changes in the weather conditions.

Through this project, WHO aims to strengthen the health system capacity in responding to humanitarian crisis in disaster-prone districts of Sierra Leone.

### Activities

- Scaling up health workers knowledge on outbreaks response at health facility level
- Provision of drugs and supplies for management of outbreaks
- Supervision and evaluation activities

### Outcomes

- Surveillance and early warning system established
- 100% Cholera outbreaks and cases detected, managed timely
- Reduced morbidity and mortality due to water-borne diseases under 1%

| <b>World Health Organization (WHO)</b>                    |                |
|---|----------------|
| <b>BUDGET items</b>                                       | <b>\$</b>      |
| Staff costs   | 80,000         |
| Training of 150 health workers in malnutrition management | 60,000         |
| Provision of cholera kits                                 | 310,000        |
| Reinforcement of Epidemiological surveillance system      | 225,000        |
| Project Monitoring and Reporting and Program Support Cost | 119,475        |
| <b>Total</b>  | <b>794,475</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS POPULATION FUND (UNFPA)</b>  |
| <b>Project Title</b>         | Reproductive Health for Refugee/IDP returnees and vulnerable groups in West Africa   |
| <b>Project Code</b>          | WES-08/HE/21915  |
| <b>Sector</b>                | HEALTH   |
| <b>Objectives</b>            | To provide emergency RH services for populations most affected by the food and fuel crisis in West Africa  |
| <b>Beneficiaries</b>         | Total:2000000 pregnant, lactating and husehold women<br>Women:1500000<br>Other group:500000 women of reproductive age, demobilised personnel, women/girls associated with armed forces |
| <b>Implementing Partners</b> | WHO, UNHCR, IRC  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$1,177,000</b>   |

### Needs

Although progress towards peace had recently been made in West African countries, decades of conflict and instability, continues to have devastating impact on vulnerable populations. Reproductive Health (RH), HIV/AIDS and gender based violence remained major problems in the chronic and acute situations in the region which have been exacerbated by the consequences of the rising food prices. Evidence shows that as food resources become scarcer products in post-crisis situations, there is greater likelihood for communities and individuals to adopt coping mechanisms that put women and adolescent girls at higher risk of maternal mortality and experiencing sexual and gender based violence. Families and households divert valuable resources from basic social services for food purchase to ensure survival. The west African sub-region has been plagued by poverty for decades which unfortunately is feminised with dramatic consequences on they access to basic social services, including life saving reproductive health services.. Many of the rural women also find themselves in situations where either the level of services is poor or unaffordable. The countries recovering from conflict and its neighbours still have to deal with displaced people and returnees as well as demobilized personnel and women/young girls associated with armed forces as in the case of CI and Liberia.

Recent surveys in West Africa revealed: (i) a worsening nutritional situation in Cote d'Ivoire, Guinea, Liberia, and Sierra Leone, Niger, Burkina Faso, Nigeria (Northern), Mauritania and Mali; (ii) 46% of the population is food insecure with 26% of them described as highly insecure in post-armed conflict areas. Where food is available, poor families, including women household tend to use up their income for meeting basic food needs to the detriment of basic social services, including RH. In responding to the food crisis in West Africa region, UNFPA is requesting \$913,000 to support affected countries to improve access to life-saving emergency RH services for vulnerable women and adolescents girls.

### Activities

- Establishing of criteria for selection, identification of beneficiary groups and awareness campaigns on their RH needs ;
- Supply of essential RH medical commodities, including hygiene/sanitary kits;
- Conduct trainings for health care personnel on the utilization of RH kits
- Ensure M&E, with supervision of trained workers, data collection, service provision

### Outcomes

- Increase awareness and capacity of NGOs, health facilities and government bodies to respond to RH needs of women and adolescent girls affected by the food crisis ;
- Increased access to reproductive health services by most vulnerable groups
- Reduce maternal and new born morbidities and mortality with the increase of availability and use of RH supplies and services by target populations.

| <b>United Nations Population Fund (UNFPA)</b>                            |                  |
|--|------------------|
| <b>BUDGET items</b>  | <b>\$</b>        |
| medical supplies procurement and distribution including hygiene supplies | 700,000          |
| Training and sensitisation activities                                    | 250,000          |
| Coordination, Data collection, M&E and other operational costs           | 150,000          |
| administrative support costs 7%  | 77,000           |
| <b>Total</b>   | <b>1,177,000</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS POPULATION FUND (UNFPA)</b>   |
| <b>Project Title</b>         | Averting maternal and infant morbidity and mortality in three regions of Guinea   |
| <b>Project Code</b>          | WES-08/HE/21916   |
| <b>Sector</b>                | HEALTH  |
| <b>Objectives</b>            | To contribute to the reduction of maternal and neonatal mortality and morbidity in Haute Guinea, Moyenne Guinea and Guinea Forestière |
| <b>Beneficiaries</b>         | Total:550000 pregnant and lactating mothers, newborns<br>Children:50000<br>Women:500000   |
| <b>Implementing Partners</b> | Ministry of Public Health, UNICEF and WHO   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$648,420</b>  |

## Needs

Guinea is facing a situation of instability exacerbated by food insecurity due to a hike in food and fuel prices, population growth, lack of access to resources and gender inequality. Family resources have been diverted from other basic social services to mitigate the deepening food crisis, leaving families in a more precarious situation... Maternal mortality is among the highest in the world. Only 35% deliveries are attended by skilled personnel and nearly one in 14 women dies during pregnancy.. The contraceptive prevalence rate is only 9%.At 1.5%, the prevalence of HIV is relatively low compared to neighbouring countries, but the aggravation of poverty and the low status of women have generated the feminization of the epidemic. There are increasingly vulnerable communities in Guinea, particularly youth and women in Haute Guinea, Moyenne Guinea and Guinea Forestière..

According to the most recent WFP analysis on food security in Guinea, 16 % of households are in precarious situation when it comes to food security and 6% of households are in dire situation especially in Haute and Moyenne Guinea and in the Forest Region. These households eat mainly rice, cassava and fish but can barely afford one to two meals a day.

Recent increases in price on essential products such as rice and gasoline, compounded by rising unemployment and stagnating wages have only helped to worsen poverty levels and food insecurity in the most vulnerable strata of society (women, young girls and children). Severe malnutrition amongst young girls, pregnant and lactating women and children under 5 will have serious consequences. The persistent food crisis will also increase their vulnerability to sexual exploitation and abuse, i.e. sex food) and child trafficking, thereby further increasing the risk of HIV/AIDS..

This project therefore aims at reaching the most vulnerable in the community in the three abovementioned regions with a combination of priority life-saving interventions by supporting 360 health centers in order to fill existing gaps in maternal and neonatal care, in particular: increased risk of malnutrition, unsafe delivery and increased risk of sexual violence.

## Activities

- Provision of medical supplies and equipment including Reproductive health (RH) kits for quality RH care
- Carry out refresher training for service providers in essential and emergency obstetric care as well as the clinical care for victims of sexual violence.
- Social mobilization activities on the benefit of reproductive health services with a focus on prenatal care sites within communities
- Nutrition prevention activities with pregnant women during prenatal visits in the health centers
- Coordinate, supervise and report on progress in implementation.

## Outcomes

1. Increase from 78 to 90% attendance at quality antenatal care
2. 220 service providers trained
3. increase from 38 to 45% delivery by skilled birth attendants
4. 219 health facilities providing quality reproductive health services
5. 10 RH sensitisation campaigns in communities

| <b>United Nations Population Fund (UNFPA)</b>    |                |
|--|----------------|
| <b>BUDGET items</b>                              | <b>\$</b>      |
| medical supplies and equipment including RH kits | 450,000        |
| Staff costs                                      | 6,000          |
| Retraining of 360 health personnel               | 50,000         |
| Operations                                       | 100,000        |
| Administrative support costs 7%                  | 42,420         |
| <b>Total</b>                                     | <b>648,420</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* WORLD HEALTH ORGANIZATION (WHO)</b>   |
| <b>Project Title</b>         | Reinforcing capacities of health structures to better respond to potential new crises victims afflux in Guinea   |
| <b>Project Code</b>          | WES-08/HE/21919  |
| <b>Sector</b>                | HEALTH   |
| <b>Objectives</b>            | Support public health facilities and the National blood transfusion Center (CNTS) to better respond to potential crises victims' afflux and prevent excess mortality |
| <b>Beneficiaries</b>         | Total:3500 3500 victimes of violence   |
| <b>Implementing Partners</b> | Ministry of Public Health and Hygiene, Guinean Red Cross, Hammer Forum and ASWAR   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$588,500</b>   |

### Needs

Guinea is beset by a deep socio-economic and political crisis which has triggered several general strikes and mutiny in 2006, 2007 and this year. The last mutiny in the military camps and cantonments occurred on the 23rd of May 2008 and lasted to the 1st of June 2008. Many victims were registered and notified as well as by the public health structures, as by private and military ones. In June 2008, policemen entered also in a kind of rebellion, which has been harshly managed by the national Army. These two armed crises of the public forces generated a chaos in the big cities with camps and / or cantonments and resulted in numerous wounded and deaths.

In addition, because of the effects of the food prices crisis, the increase of petrol cost and the ongoing financial crisis, Guinea has had to shift resources from other sectors including basic social service such as health into food imports.

Now, families have also to adapt their expenditure patterns to meet up the rising costs of food; decreasing the quantity and quality of food intake. This situation will potentially generate social and political protests, such as general strikes and insurrectionary movements.

It is feared such strikes movement can resume on riots once followed by several corporations, as it was observed in January and February 2007. Also, the country is preparing for a big elections' process that will start in January 2009 and may resume in big crises once the elections' results are not accepted or considered as not credible.

The purpose of this project is to to prepare the health structures to better respond to potential new crises victims afflux in order to reduce avoidable losses of human lives, suffering and bullet injuries after-effects.

### Activities

?Purchase 20 trauma kits, 20 common health kits and specific drugs

?Provide blood transfusion supplies

?Provide tests/ reagents and other supplies for laboratory and radiology

?Organize training or briefing sessions for health personnel on the correct case management of bullets injuries

### Outcomes

Targeted health facilities provided with necessary drugs for mass casualty management

| <b>World Health Organization (WHO)</b>                  |                |
|---|----------------|
| <b>BUDGET items</b>                                     | <b>\$</b>      |
| Staff costs   | 120,000        |
| Provision of kits, specific drugs and other consumables | 340,000        |
| Health personnel briefing and supervision               | 40,000         |
| Project Monitoring and Reporting                        | 50,000         |
| Program Support Cost                                    | 38,500         |
| <b>Total</b>  | <b>588,500</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* WORLD HEALTH ORGANIZATION (WHO)</b>   |
| <b>Project Title</b>         | Timely response to cholera epidemics in Guinea Bissau  |
| <b>Project Code</b>          | WES-08/HE/21921  |
| <b>Sector</b>                | HEALTH   |
| <b>Objectives</b>            | To prepare for a timely response and quick control of cholera epidemic in order to reduce avoidable losses of human lives and suffering. |
| <b>Beneficiaries</b>         | Total:2500000 Host communities, IDPs and locally integrated refugees (approximately 2,500,000 people)                                    |
| <b>Implementing Partners</b> | Ministry of Health, UNICEF, International Federation of the Red Cross, the Guinean Red Cross, UNHCR                                      |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$669,713</b>   |

## Needs

Since April 2005, Guinea is facing a recurrent cholera epidemic evolving now in an endemic mode. From May 2007 to December 2007 Conakry and many localities of the Basse and the Moyenne Guinée notified unprecedented weekly cholera data. The situation critically worsened and there were not enough resources to address the epidemics and a funds request as been introduced by WHO to CERF accordingly. The grant from CERF and other donors permitted to tackle this big cholera epidemic. In total there was 8 988 cholera cases including 310 death cases.

In April 2008 a cholera epidemic occurred in Boko district in Basse Guinea. The neighbouring district of Boffa has been affected too. For the two localities in total 137 cholera cases have been notified with 6 deaths. In September 2008 cholera cases have been reported in Pita prefecture in Moyenne Guinea.

In addition, because of the effects of the food prices crisis, the increase of petrol cost and the ongoing financial crisis, Guinea has had to shift resources from other sectors including basic social service such as health into food imports. This is also translated into fewer resources available to procure basic environmental services, such as safe water provision, hygiene and sanitation.

So, in the actual environmental conditions, it is possible to face a recurrent cholera epidemic in 2009.

The purpose of this project is to prepare for a timely response and a quick control of cholera epidemic in order to reduce avoidable losses of human lives and suffering among the most vulnerable communities.

This health project is complementary to those submitted by the Watsan cluster acting in prevention. Here the health cluster according to its mandate will setup a early warning system in order to improve the epidemiological surveillance and to address cholera case management.

## Activities

- Provide specific drugs, medical equipment and other supplies;
- Rebrief health personnel on diagnosis, cases management and CCC related to cholera
- Improve epidemiological surveillance

## Outcomes

- Cholera kits propositioned in districts' health structures
- Cholera epidemics' outbreak timely managed and controlled
- Mortality rate and suffering reduced

| <b>World Health Organization (WHO)</b>               |                |
|--|----------------|
| <b>BUDGET items</b>                                  | <b>\$</b>      |
| Personnel costs                                      | 144,000        |
| Provision of drugs, specific supplies and equipments | 330,000        |
| Training, supervision, assessments and surveillance  | 95,000         |
| Project Monitoring and Reporting                     | 56,900         |
| Programme Support Cost                               | 43,813         |
| <b>Total</b>   | <b>669,713</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* WORLD HEALTH ORGANIZATION (WHO)</b>   |
| <b>Project Title</b>         | Improving hospital case management of acute severe malnutrition among under five children in Haute Guinea and in Guinée forestière |
| <b>Project Code</b>          | WES-08/HE/21922  |
| <b>Sector</b>                | HEALTH   |
| <b>Objectives</b>            | Reduce excess mortality due to severe malnutrition among children under five years' age in the affected areas                      |
| <b>Beneficiaries</b>         | Total:4000 4,000 under five children suffering from severe malnutrition with complications<br>Children:4000                        |
| <b>Implementing Partners</b> | Ministry of Health, Guinean Red crest, Hammar Forum, local NGOs  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$497,871</b>   |

### Needs

The exploratory nutritional survey conducted in Conakry area (Matoto and Ratoma) by MoH with support from UNICEF and WHO in March 2007 and the joint UN inter-agencies, government and other partners' humanitarian needs assessment related to the impact of the January and February 2007 general strike and realized in the same period, revealed a worsening nutritional situation in Guinea, involving as result a high mortality rate among the children under 5. The recent survey in March- April 2008 conducted by the Ministry of Health with WHO, UNICEF and ACF support revealed for the Guinea forestière and Haute Guinea 15% as acute malnutrition and 35% as chronic malnutrition rates. Among these cases at least 3% represent severe malnutrition (kwashiorkor, marasm...)

The severe malnutrition, as known, is a serious disease which involves specific hospital care. The hospital mortality data indicates that the severe malnutrition constitutes one of the main important death causes in the two last years in Guinea forestière and Haute Guinea, due to appropriate drugs' shortages.

In addition, because of the effects of the food prices crisis, the increase of petrol cost and the ongoing financial crisis, families have to adapt their expenditure patterns to meet up the rising costs of food; decreasing the quantity and quality of food intake, with as direct effect the increase of severe malnutrition cases.

Through this project, WHO Guinea and partners intend to reduce the excess mortality due to severe malnutrition among the children less than 5 years of age by providing appropriate support to hospital intensive care services.

This health project will be complementary to the preventive activities being carried out by the nutrition cluster.

### Activities

- 1.Update the severe malnutrition case management protocols;
- 2.Provide appropriate drugs and capacity building to 8 hospitals;
- 3.Reinforce hospital care division's capacity on coordination and supervision of activities;

### Outcomes

- Severe malnutrition case management reinforced;
- Hospital health workers trained or briefed on severe malnutrition case management;
- Essential medical drugs provided and available in the hospitals.

| <b>World Health Organization (WHO)</b>                      |                |
|---|----------------|
| <b>BUDGET items</b>   | <b>\$</b>      |
| Personnel costs   | 150,000        |
| Capacity building, surveillance, supervision and evaluation | 73,000         |
| Provision of essential medicines                            | 200,000        |
| Project Monitoring and Reporting                            | 42,300         |
| Programme Support Cost                                      | 32,571         |
| <b>Total</b>  | <b>497,871</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* WORLD HEALTH ORGANIZATION (WHO)</b>   |
| <b>Project Title</b>         | Prevention and control of cholera and diarrheal diseases in Togo   |
| <b>Project Code</b>          | WES-08/HE/21926  |
| <b>Sector</b>                | HEALTH   |
| <b>Objectives</b>            | Improve the surveillance, early detection and control of cholera and diarrheal diseases in high risk areas and vulnerable populations in Togo. |
| <b>Beneficiaries</b>         | Total:1350000 Vulnerable populations in high risk areas whose household economies have become very fragile due to                              |
| <b>Implementing Partners</b> | Ministry of Health, NGOs   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$913,900</b>   |

### Needs

Since 1998 Togo is regularly subject to outbreaks and epidemics of cholera particular in densely populated areas of Lome Commune, Maritime, Plateaux and Savanes. Some 2,573 cholera cases have been registered from January 2005 to September 2008. The situation is being aggravated by recurrent occurrence of flood. In 2008, floods affected more than 20 000 people resulting in many deaths and injuries and displaced people. Floods destroyed hundreds of hectares of crop, 2000 houses, 20 bridges leading to many consequences including shortage of food and increase in food prices. Consequences of the flood and high food prices will have serious health implications on the population of Togo because of the high malnutrition rates, weak health systems and infrastructure. Further, the weak health system, reduced food intake due to high food prices and displacement on the account of the flood will translate into increase of water borne diseases including cholera, which is already endemic in the country. This project aim to strengthening national capacities in the surveillance, prevention and control of cholera and diarrheal diseases among vulnerable populations.

### Activities

- Support the Ministry of health in updating its epidemic disease preparedness plan
- Provide technical and logistic support to the district and regional health teams for timely and effective diseases surveillance;
- Ensure capacity building of health workers on Integrated disease surveillance and response at district level;
- Ensure capacity building of health workers in the hold in charge of the cases of cholera/diarrheal and decontamination
- Ensure security stock of drugs, vaccines and reagents for adequate response to epidemics;
- Strengthen the communication system network;
- Support dissemination of health information.

### Outcomes

- An emergency preparedness plan is developed and implemented
- An early warning system is in place and followed up regularly
- 100% of districts health facilities are able to timely respond to cholera outbreaks;
- 100% of cholera cases detected and diagnosed;

| <b>World Health Organization (WHO)</b>   |                |
|--|----------------|
| <b>BUDGET items</b>  | <b>\$</b>      |
| Technical assistance (staff and supervision)   | 90,000         |
| Purchase of medical kits, laboratory materiel and equipment and Logistic support to districts health | 350,000        |
| Disease surveillance (early warning system) and dissemination of health information                  | 200,000        |
| Capacity building of health staff  | 150,000        |
| Project Monitoring and Reporting and Program Support Cost  | 123,900        |
| <b>Total</b>   | <b>913,900</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* WORLD HEALTH ORGANIZATION (WHO)</b>   |
| <b>Project Title</b>         | Prevention and control of diseases outbreaks in flood affected areas in Liberia  |
| <b>Project Code</b>          | WES-08/HE/21927  |
| <b>Sector</b>                | HEALTH   |
| <b>Objectives</b>            | To assist Ministry of Health and Social Welfare and partners to reduce morbidity and mortality due to diseases outbreaks in flood affected areas |
| <b>Beneficiaries</b>         | Total:250000 250000 General population   |
| <b>Implementing Partners</b> | Ministry of Health, UNICEF and NGOs  |
| <b>Project Duration</b>      | Jul 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$500,000</b>   |

## Needs

As a country in transition from humanitarian assistance to recovery and development, Liberia faces huge infrastructural challenges that affect access to basic social services. Liberia continues to experience periodic floods and disease outbreaks, which affected some areas in the country.

In 2007, at least 2,000 people were affected in Monrovia alone. Again at end of August 2008, another 2,200 people were affected in Monrovia and in September 2009, another 130 families were affected in Tappita district, Nimba County. It is anticipated that more floods might continue probably displacing many people. Effects of the flood are bound to increase vulnerability in communities trying to rebuild their livelihood.

In March 2008, Liberia reported an outbreak of yellow fever in Nimba County. In addition, the country continues to report Lassa fever and cholera outbreaks.

Among the epidemic reported in Liberia, Lassa fever, yellow fever, cholera, etc are also reported among countries bordering Liberia. The cross-border surveillance system is weak with potential of cross border importation of epidemic prone diseases contributing to regular outbreaks if integrated surveillance is not strengthened to ensure timely detection and response.

With worsening nutritional status on account of the high food prices and low food intake, morbidity and mortality due to epidemic prone diseases will increase. Liberia is hardly hit with the global high food prices as 69% of the staple food is imported. According to the Liberia Demography and Health Survey (LDHS, 2007), 39% of the population is stunted. In Monrovia for example, a nutritional survey conducted in 2008, showed global acute malnutrition rate of 17%. With the global food crisis, it is likely that malnutrition rates will increase, including micro nutrient deficiencies and this will increase vulnerability of the displaced population.

Disease outbreaks coupled with decreased food intake and high malnutrition rate on the account of the high food prices will contribute to increased illnesses and deaths and will consequently reverse the gains attained so far.

Therefore this short proposal is to support the Ministry of Health and Social Welfare to control outbreaks of water borne diseases and strengthened coordination and surveillance to provide timely response and reduce avoidable illness and deaths as a result of high food prices and global food crises.

## Activities

- Recruit one international staff
- Provide surveillance follow up training to strengthen cross border activities;
- Conduct health assessment and outbreak investigation;
- Provide nurse barrier materials;
- Strengthen community based surveillance in the hard to reach areas;
- Conduct community mobilization and sensitisation;
- Provide logistical support for information gathering and compilation;
- Procure emergency health and laboratory diagnostic kits;
- Monitor and supervise implementation of activities;

**Outcomes**

- Reduce communicable diseases avoidable illnesses and deaths

| <b>World Health Organization (WHO)</b> |                |
|--|----------------|
| <b>BUDGET items</b>                    | <b>\$</b>      |
| Staff cost                             | 60,000         |
| Implementation and or operating costs  | 364,808        |
| Project Monitoring and Reporting       | 42,482         |
| Programme Support Cost                 | 32,710         |
| <b>Total</b>                           | <b>500,000</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS POPULATION FUND (UNFPA)</b>  |
| <b>Project Title</b>         | Strengthening reproductive health services in regions worst affected by the Food crisis in Senegal                                   |
| <b>Project Code</b>          | WES-08/HE/20725  |
| <b>Sector</b>                | HEALTH   |
| <b>Objectives</b>            | To support Reproductive health needs and gender concerns among vulnerable groups of Tambacounda, Kolda and Matam regions in Senegal. |
| <b>Beneficiaries</b>         | women, children and men in the poorest and remote regions of Senegal<br>Children:100000<br>Women:250000<br>Other group:350000 girls  |
| <b>Implementing Partners</b> | Ministry of Public Health, Ministry of Agriculture, Community Based Organisations, WFP   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$208,650</b>   |

### Needs

In Senegal, 50% of the population is rural and over 85% depend on farming as a main source of income. In recent years climate change with a tendency to drought has adversely affected food production all over the country, accounting for over 25% reduction in mainly of cereals and peanuts. The food and fuel crisis of 2008 has aggravated the already precarious situation of many households who have had to resolve to coping mechanisms including reduction in the quality of food intake and rations per day to barely one or two(1). Household financial resources have also had to be diverted towards food security and some families have survived because of borrowing from parents and fellow community members. Diverting valuable resources to mitigate the crisis has not only been at the rural level but government has also had to do likewise to meet up with importation of relevant foodstuffs for its populations. This has resulted in other social sectors having to suffer, many people being unable to afford for quality primary health care services including reproductive health. In some areas of the country, the women bare the grunt of household care besides procreation and also carry out the main farming activities for family income and therefore need to enjoy good health in order to ensure family survival. The diversion of resources has however been translated into family being unable to avail of primary preventive and curative health care services including reproductive health.

In responding to the consequences of the food and fuel crisis in the rural poor areas, the present project aims to improve access to essential and emergency reproductive health services for the most vulnerable groups within communities; with a special attention to women and girls who are at a higher risk of deteriorating reproductive health and gender concerns The project will cover three of the poorest and rural regions (Tambacounda, Kolda and Matam) of the country. These regions represent half of the country surface with the most alarming health and socioeconomic indicators with more than 60% of households declared poor by the 2007 National Study on the trend of poverty.

### Activities

- Provide medical supplies including emergency reproductive health kits,
- Improve the live saving skills of health care services providers through training in the use of the medical supplies.
- Deliver essential information and service packages on RH-HIV/AIDS and GVB to target groups (People Living with HIV/AIDS, pregnant, young girls), through partnerships with NGOs and CBOs
- supervision of activities and Continuing to monitor, jointly with Government and partners, the implications of the food and fuel crisis on availability of and accessibility to RH services

### Indicators:

- % of targeted vulnerable citizens who received quality emergency obstetrical care services
- % of targeted health facilities offering subsidised emergency obstetric care services
- % of targeted health facilities who received medical supplies and commodities.

**Outcomes**

- Increased percentage of pregnant women accessing preventive care services (antenatal care, safe delivery and post natal)
- Increased percentage of pregnant mothers accessing emergency care
- 100% Health facilities provide quality RH services
- 100% Health facilities provide RH services at subsidised rates to the vulnerable groups of society

| <b>United Nations Population Fund (UNFPA)</b>                     |                |
|---|----------------|
| <b>BUDGET items</b>   | <b>\$</b>      |
| Provision of medical supplies including RH kits and mosquito nets | 100,000        |
| Awareness raising and Capacity building                           | 60,000         |
| Coordination and M&E  | 35,000         |
| administrative costs  | 13,650         |
| <b>Total</b>  | <b>208,650</b> |

**PROTECTION**

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS POPULATION FUND (UNFPA)</b>   |
| <b>Project Title</b>         | Prevention and Response to Gender-based Violence (GBV) and HIV/AIDS among Conflict-Affected Populations           |
| <b>Project Code</b>          | WES-08/PR/20752   |
| <b>Sector</b>                | PROTECTION  |
| <b>Objectives</b>            | Strengthening Prevention and Response to Gender-based Violence among Conflict-Affected Populations                |
| <b>Beneficiaries</b>         | Total:500000 Women and children who have experienced or are vulnerable to SGBV among conflict affected population |
| <b>Implementing Partners</b> | UNAIDS, UNHCR, OCHA, WFP, MRU secretariat, NGOs   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$775,750</b>  |

**Needs**

The current food crisis has exacerbated already-poor economic conditions and laid bare underlying socio-economic inequalities, significantly increasing the vulnerability of women and children to sexual exploitation, sexual abuse, and other forms of gender-based violence (GBV). Cote d'Ivoire, Liberia, Guinea, and Sierra Leone are recently emerging from conflict and most continue to experience political insecurity and acute poverty. Each of these countries is also suffering from wide-spread GBV.

Indeed, a recent study conducted in Liberia by UNFPA and the Centers for Disease Control revealed a high prevalence of sexual violence perpetrated both during and post-conflict: 30.9% of the women sampled said that they were raped (vaginal, oral, or anal); 35.6% of the respondents were compelled to engage in sex for goods or services such as food, water, or protection. According to UNHCR, up to 18,250 refugees will be returning to Togo, Sierra Leone and Liberia in the coming months. In Liberia today, a third of all protection-related cases that have been reported to UNHCR are GBV.

There is growing concern that the increasing pressure on food and energy commodities will result in increased GBV. Culturally, women play a significant role in the food security chain, with the expectation that they will take primary responsibility for obtaining and cooking foodstuffs for their families. With diminished access to even the staple foods, and prices increasing beyond reach of the vast majority of families, many women will inevitably resort to trading sex for money or food; others will suffer increased domestic abuse by partners who cannot accept the diminished food supplies, and/or who feel increasingly powerless in their diminished economic capacity.

Additionally, as food stocks continue to diminish, many communities who have been supporting refugees, IDPs and returnee populations will find it more difficult to tolerate and support these groups, thus exposing them to a multitude of protection concerns, including GBV.

The humanitarian crises that have gripped West Africa over the past decades have included serious human rights violations, particularly versus displaced populations. Women and children have been systematically attacked and had their sexual integrity violated as a method of war. Mass displacement of populations within country borders and beyond have undermined human dignity and created conditions favourable to the transmission of Sexually Transmitted Infections (STIs) and HIV.

Yet, despite all that we know or have heard about the widespread nature of sexual violence in the region, data collection, sharing, management and analysis remain a massive challenge. To date, outside of the CDC-managed population-based study mentioned above and limited data coming from reporting sources, few, if any, quantifiable statistics exist. In large part this is due to the nature of the issue: information sharing around GBV is an extremely complicated issue, and few, if any, inter-agency coordination bodies have developed sustainable systems in this regard.

Indeed, good coordination is the key. Concerted efforts are needed to promote a comprehensive approach to GBV prevention and case management through a regional strategy and involvement of communities and governments. Until all humanitarian actors understand their roles in addressing this issue, until impunity for perpetrators comes to an end, and until governments and communities recognize GBV as a serious threat to long-term development, even the best intentioned actors will continue to provide nothing more than a band-aid to address this complex issue.

In that regard, UNFPA is requesting \$775,750 to strengthen and support national efforts to develop and implement effective prevention activities and to engage in comprehensive case management and advocacy to support survivors and reduce GBV amongst those most vulnerable populations in post-conflict areas.

#### **Activities**

- • Assist post-conflict countries in mapping the capacity of communities and institutions to address social and legal prevention and response efforts for at-risk and vulnerable groups. (women, children, adolescents, displaced populations, People Living With HIV - PLWHIV);
- Train staff in the clinical management of rape, including to provide appropriate post-rape care, administer Post Exposure Prophylaxis (PEP) and Emergency Contraception (EC), collect forensic evidence and in proper referral techniques.
- Strengthen GBV coordination systems at the regional and national level to support better data collection, sharing, and analysis systems and improve information sharing and joint action
- Assist countries to document and disseminate best practices and lessons learned on GBV prevention and response, especially in the context of the food crises.

**Outcomes**

- Reinforced capacity of communities, government and humanitarian partners to prevent and respond to GBV in emergencies
- Best practices on GBV prevention and response in food crisis situations enriched with recent good practices to be used for programming and advocacy.

| <b>United Nations Population Fund (UNFPA)</b>                             |                |
|---|----------------|
| <b>BUDGET items</b>   | <b>\$</b>      |
| Procurement of equipment and supplies                                     | 220,000        |
| Support to countries for mapping and best practices                       | 170,000        |
| Training of health and community workers, support to community structures | 255,000        |
| M&E, reporting and other operating costs                                  | 80,000         |
| Indirect costs  | 50,750         |
| <b>Total</b>  | <b>775,750</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS HIGH COMMISSION FOR REFUGEES (UNHCR)</b>                                  |
| <b>Project Title</b>         | Sustainable reintegration of Liberian returnees.in Liberia                                    |
| <b>Project Code</b>          | WES-08/PR/20814   |
| <b>Sector</b>                | PROTECTION  |
| <b>Objectives</b>            | To sustain the reintegration of Liberians returnees in their respective areas of return.      |
| <b>Beneficiaries</b>         | Total:36000 Liberian returnees in returnees areas in Liberia<br>Children:21960<br>Women:19800 |
| <b>Implementing Partners</b> | GoL (LRRC, MOH, MOJ), LSL, SLI, LOIC, SEARCH, CDA, ADEN                                       |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$8,968,000</b>  |

### Needs

One of the objective set by the National Poverty Reduction Strategy is to achieve sustainable reintegration of returned populations. With the completion of repatriation of most Liberian refugees from asylum countries

to their home areas, UNHCR and partners shall concentrate on contributing to stabilization of communities through their sustainable reintegration within receiving communities. This efforts will contribute to the inter agency and Government response to the PRS and the food prices increase where farming, livelihoods including youth employment and women's livelihoods, primary health care and protection capacities have been identified as some of the core issues in need of attention. The reintegration programme seeks to prevent 1) further population movement and 2) additional burdens to the local communities already facing serious hardship and high level of poverty intensified by the current food crisis and soared prices. It is a joint effort to build up capacities of institutions and communities, including the returnees together with the local population.

Both youth employment and the support to women in generating income have been identified as key components in the prevention and reduction of exploitation, violence and abuse, and in the promotion of food security.

### Activities

- In coordination with other actors, promote livelihood activities for vulnerable populations in rural and urban areas

(micro-credit, vocational training and agriculture), with special attention to women and youth.

- support delivery of primary health care in the critical areas as a pillar of food security measures.

- Enhance legal and judicial institutions capacities (including Protection Core Groups in the field and national institutions

responsible for human rights and the rule of law) to manage asylum within the broader migration and to safeguard the

interests of ex-refugees in the framework of a rights-based legal framework.

These projects shall contribute to collective stakeholders' efforts to revive services and local economy, improve retention of girls in schools, and identify opportunities for youth employment. All such activities aim at sustainably reintegrating former refugees in their areas of return.

### Outcomes

- 36,000 former refugees have been successfully reintegrated and contribute to the socio -economic life and food security of their family and community.

- Returnees have unhindered access to the entire range of social services (health, education, water, sanitation, economic opportunities), judicial and legal services and other privileges accorded to and enjoyed by other Liberians in their respective communities, including the restoration of property.

- Returnees made tangible progress towards achieving a reasonable level of self-reliance

- \* Key infrastructure for social and economic response rehabilitated.

- Liberian national and local institutions are ready to take over full responsibility for returnees-former refugees.

- \* Households and Communities have the capacities to prevent and address protection needs of their more vulnerable members.

| <b>United Nations High Commission for Refugees (UNHCR)</b> |                  |
|--|------------------|
| <b>BUDGET items</b>  | <b>\$</b>        |
| Programme  | 5,372,600        |
| Programme support cost                                     | 3,595,400        |
| <b>Total</b>   | <b>8,968,000</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS HIGH COMMISSION FOR REFUGEES (UNHCR)</b>  |
| <b>Project Title</b>         | Regional local integration programme for Liberian, Sierra Leonean and Togolese refugees in West Africa, and reintegration of returnees in Togo.                     |
| <b>Project Code</b>          | WES-08/PR/20841   |
| <b>Sector</b>                | PROTECTION  |
| <b>Objectives</b>            | Local integration of 85900 Liberian, Sierra Leonean and Togolese refugees as a durable solution in 9 countries of asylum in West Africa.                            |
| <b>Beneficiaries</b>         | Total:85900 Sierra Leone, Guinea, Liberia, Ghana, Côte d'Ivoire, Nigeria, The Gambia, Benin and Togo.<br>Children:52399<br>Women:47245                              |
| <b>Implementing Partners</b> | The Government and the UNCT in Liberia, Sierra Leone, Guinea, Ghana, Côte d'Ivoire, Nigeria and The Gambia, Benin and Togo.ECOWAS, national and international NGOs' |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$30,615,548</b>   |

### Needs

Organized large-scale voluntary repatriation to Sierra Leone and Liberia ended successfully in 2004 and 2007 respectively, and assisted return to Togo will end in 2008. Since third country resettlement is available only to individuals with specific protection concerns, UNHCR is focusing on local integration of residual groups of refugees as durable solution. Despite political, social and economic challenges, governments and local population in the region are open to local integration of refugees. Ethnic affinities between refugees and host populations play a key role in this context. The ECOWAS Treaty and domestic legislation also offer a range of secure legal status possibilities for the residual groups of refugees. However, the recent food and fuel crisis has not only drawn on capacities and willingness of countries and receiving communities to support local integration of refugees but has also impacted on refugees' own resources to become self-reliant and to access basic services. Refugees lack socio economic safety nets and networks and, in most cases, have to pay more than nationals to access services such as health or education. This increases their socio-economic vulnerability and the protection related risks. To avoid losing progresses accomplished in the past few years and avoiding seeing a degradation of refugee rights situation and discrimination because of the general socio-economic pressure, there is a need to not only reinforce refugees livelihoods but also build capacities of local communities and institutions to fulfill the commitment made for the local integration of refugees.

### Activities

- Develop a regional, field-driven, rights-based and community-based local integration programme, consistent with the countries national priorities and specific agenda for implementation.
- Promote livelihoods of refugees and vulnerable groups of their host communities (self-reliance, capacity-building etc.), contributing to National efforts in response to the food crisis, ensuring refugees are taken into account in national plans.
- Build a legal framework using national legislations and ECOWAS protocols and build capacities of communities and institutions.
- Enhance capacities of social services - health and education in particular - as key elements of food security and protection,
- Ensure sustainability through intensive inter-agency approach.
- Carry out environmental rehabilitation in refugee-affected areas and improve living conditions.

### Outcomes

- A regional strategy taking into account countries national priorities as well as the rights of refugees and communities.
- Refugees are not perceived as a burden by local communities
- Refugees are self-reliant and able to bring a meaningful contribution to the economic life of the host country.
- Refugees are included in national responses to address the food crisis.
- Refugees in the above-mentioned nine countries have been granted a wider range of rights and entitlements commensurate with those enjoyed by the citizens in the host country. These rights shall include freedom of movement, access to education and to labour market, access to property, and access to valid travel and identity documents.
- National and local institutions have the capacities to address the legal, social and economic needs related to the local integration of refugees.

| <b>United Nations High Commission for Refugees (UNHCR)</b> |                   |
|--|-------------------|
| <b>BUDGET items</b>  | <b>\$</b>         |
| Programme  | 20,855,573        |
| Programme support cost                                     | 9,759,975         |
| <b>Total</b>   | <b>30,615,548</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS HIGH COMMISSION FOR REFUGEES (UNHCR)</b>  |
| <b>Project Title</b>         | Durable solutions for Mauritanian refugees: Return and Sustainable Reintegration in Mauritania or Local integration in Senegal and Mali.          |
| <b>Project Code</b>          | WES-08/PR/20856   |
| <b>Sector</b>                | PROTECTION  |
| <b>Objectives</b>            | Durable solutions for Mauritanian refugees in Senegal and Mali (Repatriation - reintegration or local integration)                                |
| <b>Beneficiaries</b>         | Total:39,000 24,000 Mauritanian returnees ; 15,000 Mauritanian refugees for local integration in Senegal or Mali<br>Children:21350<br>Women:19250 |
| <b>Implementing Partners</b> | Mauritania: ALPD, MINT, ANAIR, GoM- Senegal : OFADEC, GoS;  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$8,942,134</b>  |

### Needs

After living 18 years as refugees mainly in Senegal and Mali, most of them in rural areas, Mauritanian refugees now have an opportunity to return home. Despite the recent political challenges in Mauritania, many refugees still want to go back .

Indeed, despite the welcoming attitude of the respective asylum Governments and communities, refugees are still facing some cultural, legal and social challenges and differences that prevent them to attain their full rights to land, documentation, services and livelihoods. Women, children and youth are particularly affected and the recent increase of prices has made them even more vulnerable. As more household income is put into food, children and youth have been taken out school and put at work . Families reduce their spending on health care and education, and selling key productive assets including farm animals, equipment and tools.

The preliminary results of a recent profiling exercise, conducted by UNHCR and government agencies in Senegal, indicate that some 24,000 Mauritanian refugees living in over 250 different locations in Senegal wish to return home to some 50 communities in four regions in Mauritania. In addition, amongst the few thousand Mauritanian refugees in Mali, up to 2000 have expressed their wish to return to their country. Some 4400 have already been repatriated in 2008.

The poor socio-economic situation in Mauritania (up to 40% of Mauritians live below the poverty line) has also been compounded by recent trends of rising prices and by shorter rainy seasons. The return of refugees will have legal and socio-economic implications for receiving communities already affected by the food crisis and returnees and will require the improvement of social infrastructures and the strengthening of livelihoods in return areas so as to promote a smooth and durable reintegration of returnees.

The remaining 10,000 refugees in Senegal and some 5000 in Mali have opted for local integration. The programme will need to ensure they have the relevant identity documents and that they can access services and livelihood opportunities at par with nationals. Woman and youth will be particularly targeted as well as vulnerable households and communities so as to prevent a rise in the protection and food security problems. The challenge will be in particular in the livelihood sector where the current socio-economic environment poses additional challenges.

### Activities

- Registration of refugees opting to repatriate by UNHCR, ensuring relevant documentation and followed by confirmation of nationality by the Government of Mauritania.
- Provide transportation of refugees and facilitate crossing to Mauritania and provision of necessary documentation by the authorities to ensure their access to civil rights, land and property in a dignified manner.
- Transport to return sites in Mauritania and delivery of immediate assistance and implementation of projects to benefit all communities (water, health, agriculture, livelihoods, education, etc).
- Monitor the absorption capacity of host communities to ensure the harmonious reintegration of returnees in home villages.
- Advocate that returnee areas are included in the development plans of the government, bilateral donors and other UN Agencies.
- Legal documentations for refugees locally integrating
- Community-based support for social services and livelihoods
- Partnership with development actors and advocacy for the integration of refugees in development programmes and programmes addressing food security in particular.

### Outcomes

24,000 refugees returned in safe and dignified conditions and restarted their lives in their country of origin.

15,000 refugees settled locally in Senegal and Mali and able to access services, respond to the basic needs of their

family and contribute to the food security and socio-economic life of their community.

| <b>United Nations High Commission for Refugees (UNHCR)</b> |                  |
|--|------------------|
| <b>BUDGET items</b>  | <b>\$</b>        |
| Programme  | 6,776,300        |
| Programme support cost                                     | 2,165,834        |
| <b>Total</b>   | <b>8,942,134</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)</b>  |
| <b>Project Title</b>         | Humanitarian Assistance to Stranded Migrants from or within West Africa  |
| <b>Project Code</b>          | WES-08/PR/20863  |
| <b>Sector</b>                | PROTECTION   |
| <b>Objectives</b>            | To provide protection to vulnerable stranded migrants displaced by conflicts or disasters in West Africa, by offering options for return and reinstallation in their communities |
| <b>Beneficiaries</b>         | Total:2000 children, women, elderly, disabled, men without resources   |
| <b>Implementing Partners</b> | IOM – UNHCR – ILO - NGOs – Ministries of Interior, Ministries dealing with protection (Women and Family, Human Rights) – Ministries covering nationals living abroad             |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$4,365,608</b>   |

### Needs

Soaring prices and a drawn out food crisis are exerting a significant pressure on already vulnerable individuals and families, pushing some of them to migrate in difficult circumstances, using increasingly dangerous routes and methods. The number of stranded migrants is on the rise, and there is a pressing need to provide for the protection of these especially vulnerable populations.

Contributing factors for the increase of uncontrolled movements and irregular migration are: persistent post-conflict instability, unmet health and educational needs, lack of economic prospects, absence of regular migration opportunities and erroneous information regarding living conditions in developed countries.

There is an urgent need to address the issue of irregular migration through a framework of voluntary return and reintegration assistance. Assisted return programmes not only respond to important emotional needs of individual migrants who find themselves in distress, but also provide support to countries of origin unable to assist their nationals returned from host countries.

The project meets the strategic objectives by providing immediate protection to vulnerable migrants in order to facilitate their return home or reinstallation. The possibility for return will alleviate the burden and pressure placed on host communities. The project will also provide for community-based reintegration mechanisms benefiting the communities of return. This will act as a stabilization factor in those communities.

### Activities

IOM will provide the following assistance to stranded migrants requesting voluntary return assistance:

i) conduct a needs assessment of the migrants (shelter, food, health requirements etc.) in liaison with other service providers such as NGOs and local partners; ii) Carry out a registration of the migrant caseload ; iii) provide information and counselling to the migrants. IOM will take note of the migrants' immediate concerns and planned intentions, and will provide them with information on their rights under national and international laws and of the options that may be available to them, including options for voluntary return assistance and reintegration in their countries of origin.

For those migrants opting for voluntary return, IOM will provide individual counseling on the process including on the services available to the migrants; it will assist with identification and documentation, and refer asylum seekers to UNHCR. In addition to assisting with the migrants' care and maintenance pending departure, IOM will provide fit for travel medical assessments, interpretation when necessary, return travel arrangements, including travel documentation, escorting and embarkation and transit assistance.

Pre-departure counselling also includes planning for the reintegration of the migrant back home; include identification of the individual migrants' most immediate socio-economic needs and priorities upon their return home, and provision of information on the type of assistance they are eligible for once back in their country of origin.

IOM will carry out counselling of returned migrants in order to identify: their immediate concerns and planned intentions and discuss their reintegration options. Special assistance services for vulnerable persons such as the elderly, those with health needs and other vulnerable cases will be referred to appropriate service providers. Further to the provision of information to stranded migrants about the possibilities and modalities of the reintegration assistance, IOM will provide a range of services to those stranded migrants considering and applying for reintegration assistance, which can include:

- Individual orientation counselling aimed at clarifying the beneficiary's needs
- Transit accommodation
- Secondary transportation to destination
- Vocational Training
- Preparation of micro-business plan
- Referral to appropriate medical facilities for referred cases.

As far as reinstallation is concerned, the project will focus on community-based initiatives, especially socio economic projects which build resilience through activities such as business development and employability skills trainings, provision of materials (equipment, tools, seeds, etc.), economic relationship-building (linking producers with appropriate corporate organisations), and capacity building of local structures. Families and individuals facing extreme socio economic hardship are less likely to be able to participate in the community life and be reintegrated into the local decision-making process as well as into the information flow on the community's activities and support system; they thus need to be supported for a full reintegration.

### **Outcomes**

Vulnerable migrants stranded and in need of protection are provided options for a safe and dignified return to their communities of origin, while becoming a factor for development through community-based reintegration assistance. The livelihood of the most vulnerable returnees is improved, which encourages a better integration into the society and thus a stronger participation in the community

| <b>International Organization for Migration (IOM)</b> |                  |
|---|------------------|
| <b>BUDGET items</b>                                   | <b>\$</b>        |
| Staff costs   | 310,400          |
| Office Costs and Overhead                             | 105,208          |
| Operational costs (fee per assisted person)           | 3,900,000        |
| Contingency   | 50,000           |
| <b>Total</b>  | <b>4,365,608</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* DANISH REFUGEE COUNCIL (DRC)</b>  |
| <b>Project Title</b>         | Protection of rights and livelihood support to forced migrants and host communities  |
| <b>Project Code</b>          | WES-08/PR/21146  |
| <b>Sector</b>                | PROTECTION   |
| <b>Objectives</b>            | Support the institutionalization of regional protection mechanism for refugees and forced migrants in 3 WEST AFRICAN Countries (Liberia, Guinee, Cote d'Ivoire, with coverage in Senegal & Burkina Faso) |
| <b>Beneficiaries</b>         | Total:100 000 Refugees, IDP's, forced migrants(part. Youth, women, minorities), host communities; duty bearers;  |
| <b>Implementing Partners</b> | WARIPNET   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$1,000,000</b>   |

### Needs

Over the past decade, West Africa has witnessed immense population movements due to conflict, natural disasters and more recently, economic push, rather than pull factors. Conservative estimate the number of refugees and IDP's in Liberia, Guinee and Cote d'Ivoire at 846,350, although figures are known to be higher. The distinction between refugees, internally displaced and migrants became blurred, as the profile of the displaced often changes outside their home countries. Forced migrants are marginalized and are the most food insecure, the least protected and as a rule have little access to land or other local livelihood solutions. In this context, forced migrant populations remain mobile. Officially, over 18.000 irregular West African migrants were intercepted off the coast of Spain during 2007, while Italy reports similiary numbers. Hundreds perished, and continue to do so on a daily basis. In West Africa, one of the root causes of conflict, fragile statehood, impeded recovery and the perpetuation of the forced migration cycle are today directly related to food security. Although ECOWAS progresses to address displacement issues, results remain relatively moderate in face of the global food crisis and the increasing humanitarian causes of forced migration. According to WFP statistics, the populations of all West African countries suffer from undernourishment with rates of up to 50%. It is evident, that the soaring prices for staple foods and seeds, particularly affect displaced communities and forced migrants. They are the least well off, often have no access to land and are usually seen as competitors on limited markets, including labour markets. Thus, hunger, no prospect for economic improvement or perspectives to rights based durable local solutions, as well as increasing xenophobia and hostile host communities, pushes thousands of forced migrants further towards the west or regional urban centres. The effect of forced migration on women, children and marginalized groups (PLWA) is largely underestimated. Increasing instabilty, which is a result of increasing food prices, lead to forced migrant communities, as well as host communities which have to be assisted as a priority to avert humanitian crises and conflict

### Activities

Activities are three-fold and will address 1) information gathering 2) support to local solutions in the area of food security and livelihood development 3) protection issues, advocacy and capacity building of duty-bearers. Through its long-term regional implementing partner WARIPNET, and in coordination with other projects in the region, DRC will:

- conduct a rapid regional migration profiling exercise to identify key causes, "threshold" indicators, demographics and dynamics for forced migration
- complement existing and initiate 50 new community based food security and livelihood projects in line with local needs and rights based approach (supply of agro-inputs, trainings-including on protection issues-, participatory community projects, cash-for-work infrastructure rehabilitation projects and other)- overall activity focus on women and vulnerable groups, incl. nutrition
- use the existing WARIPNET infrastructure to monitor national protection gaps; provide legal advise and referrals on protection issues; conduct information campaigns; WARIPNET will train 100 national and local duty bearers

### Outcomes

- Improved contextual understanding of regional forced migration profile is basis for developing regionally specific and appropriate local solutions; the report will serve as a basis to advocate and coordinate with other aid organisations
- 50 forced migrant and host communities are food secure, have improved diets and access to livelihood opportunities; Community based projects improve community cohesion, reduce the potential for conflict and stabilize forced migrant populations;
- Increased awareness, advocacy and direct assistance will improve local protection regimes; 100 local lawyers and duty-bearers are better informed and accountable

| <b>Danish Refugee Council (DRC)</b>                  |                  |
|--|------------------|
| <b>BUDGET items</b>                                  | <b>\$</b>        |
| Staff costs  | 200,000          |
| Implementing costs                                   | 600,000          |
| Operational and administrative costs and other costs | 200,000          |
| <b>Total</b>   | <b>1,000,000</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS HIGH COMMISSION FOR REFUGEES (UNHCR)</b>  |
| <b>Project Title</b>         | Protection, assistance and livelihood support to protracted refugees, urban refugees and asylum-seekers   |
| <b>Project Code</b>          | WES-08/PR/20902   |
| <b>Sector</b>                | PROTECTION  |
| <b>Objectives</b>            | The projects aims at mitigating the impact of the food crisis on refugees and asylum seekers through: <ul style="list-style-type: none"> <li>- the provision of protection and legal support to asylum seekers and refugees.</li> <li>- the strengthening of livelihoods and socio-economic integration for protracted and urban refugees.</li> <li>- the enhancement of protection capacity of host governments and partners.</li> </ul> |
| <b>Beneficiaries</b>         | Total:194840 Women, Children and Men who are refugees or asylum seekers<br>Children:118800<br>Women:107100 Refugees and Asylum Seekers  |
| <b>Implementing Partners</b> | Government ministries, NGOs, ILO, Implementing Partners of UNHCR, UNCT  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$3,930,000</b>  |

**Needs**

Refugees in asylum are more vulnerable to socio-economic and legal turmoil as many of them do not have access to the same support mechanisms and services than nationals. They are therefore more subject to abuse and exploitation. Women and children are particularly affected. The search for durable solutions is therefore crucial and voluntary repatriation is one of them. Large scale repatriation movement, with the exception of the repatriation to Mauritania, have been completed in the region. This project aims at responding to the repatriation needs of smaller vulnerable groups of refugees with the aim of reintegrating them into a more supportive environment that will help them to become more self-reliant.

While the two major repatriations to Sierra Leone and Liberia have drastically reduced the refugee population in West Africa, a substantial refugee population is still in need of protection, assistance and livelihoods activities in particular in urban areas where the number of refugees and asylum seekers has considerably increased in recent years. The populations found in urban areas include a diverse range of people from multiple nationalities and backgrounds, some but not all of whom are genuine refugees. Most of urban refugees and even more, asylum seekers experience systematic forms of legal, social, economic and racial discrimination. They have limited access to public services and have limited social and economic support. In addition, landlords and gray market employers often exploit urban refugees and asylum

seekers who do not have the necessary legal protection in their respective country of asylum. Marginalized and often desperate, urban refugees at times resort to prostitution, child labor and other exploitative means of survival. Widespread poverty among the local population in urban areas where refugees live such as Bissau, Dakar or Bamako worsened by the current food crisis and soared price further hinders access to employment, income generation education, health care and self-reliance for urban refugees who also add to the burden of already over-stretched services and infrastructures.

Furthermore, the lack of registration and of documentation of refugee population makes difficult the identification and the profiling of those most vulnerable and in need of protection. In such context, those populations cannot realistically be

expected to attain a reasonable degree of self reliance and the most vulnerable require specific support for livelihoods and

access to documentation and basic social services in the host country.

Although search for durable solutions for the protracted refugee situations will intensify with specific emphasis on local

integration and self reliance activities, assistance programmes will continue for some refugees in 2009. In total more than

125,000 refugees shall benefit from provision of basic assistance. However, the program shall ensure that, from the

outset, assistance programmes for refugees integrate strategies for self-reliance and develop self-reliance activities based

on a participatory and integrated approach aimed also at reinforcing the capacity of local communities and refugees

hosting areas. The program will also focus on the capacity building of host governments and partners to enhance the

quality of protection of existing refugees, especially the vulnerable groups.

## **Activities**

The project will provide the most vulnerable refugees with basic services in the sectors of community services, food, water, sanitation, health and nutrition and household needs, promoting integration into national services. The programme will also provide support for self reliance and livelihoods through income generation activities and vocational trainings and search for synergies with other food security and livelihood programs. If vulnerability is such that a refugee is unable to provide for him/herself, the program will rather build capacities of members of their family or community. While basic assistance will provide a short-term relief, emphasis on livelihoods activities shall ensure their sustainable self-reliance instead of resorting

to exploitative means of survival. The project in a joint effort with the hosted government will also provide adequate documentation to refugees aiming at securing their social and economic rights in their asylum country. Protection monitoring and coordination of protection operations shall ensure physical safety of refugees in active coordination with host governments. Protection training initiatives will be launched to strengthen and upgrade the capacity of stakeholders directly and indirectly responsible for refugee operations in the various countries of West Africa. These stakeholders will also be trained to identify refugees at heightened risks through specific protection tools by linking community-based

assessments and individual assessment methodologies.

In addition, the project will provide resources and coordination of voluntary repatriation of vulnerable refugees through established procedures.

### Outcomes

- Physical safety of all refugees and asylum seekers is safeguarded.
- All refugees enjoy social, health and economic welfare benefits in their country of asylum.
- The most vulnerable refugees are identified by the stakeholders and provided with adequate self-reliance opportunities (vocational training or/and income generating activities).
- Refugees are included in national services and national or local strategies and programs enhancing food security.
- All recognized refugees have adequate documentation.
- Some 30 host government staffs are trained enhancing protection environment favorable to immediate and long –term needs of refugees.
- Refugees return in safe and dignified conditions and resume new life in their countries of origin.

| <b>United Nations High Commission for Refugees (UNHCR)</b> |                  |
|--|------------------|
| <b>BUDGET items</b>  | <b>\$</b>        |
| Programme  | 3,930,000        |
| <b>Total</b>   | <b>3,930,000</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS CHILDREN'S FUND (UNICEF)</b>  |
| <b>Project Title</b>         | Socio economical protection of vulnerable households in Liberia   |
| <b>Project Code</b>          | WES-08/PR/20910   |
| <b>Sector</b>                | PROTECTION  |
| <b>Objectives</b>            | The project seeks to strengthen social protection interventions at household and community levels to support the most vulnerable and at-risk children and linder the adverse consequences the rise of food prices is having on them |
| <b>Beneficiaries</b>         | Total:6000 Child and women headed households/ Street and working children/ Commercially sexual exploited girls<br>Children:5000<br>Women:1000   |
| <b>Implementing Partners</b> | Ministry of Gender and Development, Ministry of Health and Social Welfare, Don Bosco, THINK, Save the Children UK, ANPPCAN and NAFAD  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$1,171,000</b>  |

### Needs

This project aims to support the Government of Liberia's effort in responding to the soaring food prices and cash famine crisis by "maintaining access to food and improved nutritional well-being for vulnerable households through safety nets". The humanitarian action will also address threats and risks to an estimated 6,000 children that are vulnerable and exposed to abuse and violence, increased child labour and sexual exploitation.

The socio-economic impact of the rise in food prices in Liberia is of concern as the country is heavily import dependent and has a high incidence of poverty. The World Bank, using CWIQ data, has estimated that the poverty rate in Liberia will increase from 63.6 to 67.9% should the price of rice increase by 20%. Soaring food prices in a fragile post-conflict environment imply that the poorest households will have difficulties to cope with the shock. A recent inter-agency assessment conducted in 2008 indicates that the poorest households have less disposable income and are now resorting to drastic actions to meet their food needs. Families are putting their children to work, reducing spending on child health care, and selling key productive assets including farm animals, equipment and tools

### Activities

- Strengthen community monitoring and surveillance mechanisms to better identify and respond to children's nutritional needs, putting in place monitoring and reporting mechanisms;
- Identify and document households headed by children and women, including street and working children and affected by commercial sexual exploitation ;
- Support the Ministry of Gender and Development, the Ministry of Health and Social Welfare and NGOs in training their staff on the prevention of sexual exploitation and abuse and putting in place reporting mechanisms in their organizations and impact areas;
- Provide cash grants and income generating assets to 2,000 vulnerable households with depleted livelihoods, giving priority to households headed by children and those caring for orphans in four counties

### Outcomes

- Vulnerable and at-risk household welfare improved through the provision of productive assets and cash transfers targeted to help address food gaps and prices;
- Empower and enhance community-based initiatives, structures and capacity to protect the most vulnerable children.
- Reduction in the incidence rate of child abuse, violence and exploitation associated with increase in food prices

| <b>United Nations Children's Fund (UNICEF)</b>   |                  |
|--|------------------|
| <b>BUDGET items</b>  | <b>\$</b>        |
| Community monitoring, reporting and response to increase in food prices                              | 25,000           |
| Monitoring and evaluation/Technical support cost/Documentation of street and working children, child | 200,000          |
| Training of counterparts to address cases of child abuse, violence, neglect and exploitation         | 20,000           |
| Cash grants and income generating assets to vulnerable households including child headed households  | 850,000          |
| Indirect program cost (7%)   | 76,000           |
| <b>Total</b>   | <b>1,171,000</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS CHILDREN'S FUND (UNICEF)</b>  |
| <b>Project Title</b>         | Improved care and support to vulnerable children affected by the food prices crisis in Togo |
| <b>Project Code</b>          | WES-08/PR/20913   |
| <b>Sector</b>                | PROTECTION  |
| <b>Objectives</b>            | Improved care and support to vulnerable children affected by the food prices crisis in Togo |
| <b>Beneficiaries</b>         | Total:1.245.495 vulnerable and at risk children<br>Children:1.245.495                       |
| <b>Implementing Partners</b> | Ministry of Social Affairs, NGOs  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$224,700</b>  |

### Needs

In 2006, 42.9 % of Togolese children living in poor households were engaged in child labour. 61.9% of the population live below the poverty line, in the north poverty affects over 90% of the population.

This situation is being further compounded by the sharp rise in prices of essential products resulting in increase of violence, abuse and exploitation against children. More and more children are sent by their parents to the streets to work and earn money to support families, the number of abandoned children has increased and according to NGO workers a greater number of children appear to be exploited in prostitution.

Several anecdotal situations were reported to UNICEF by structures caring for vulnerable children. For Example the Bethel Orphanage which has seen a 20 % increase in abandoned children since the beginning of the crisis this year. However there is no quantitative or qualitative data available to illustrate the situation.

The project consists of putting a system in place to monitor, document, analyze and respond to the impact of price rises on vulnerable children at risk and to find appropriate strategies to mitigate the impacts.

### Activities

- Conduct an assessment on the impact of the prices rise on vulnerable children
- Set-up an emergency action plan for assistance to children affected by the explosion of prices
- Form and train community based child protection networks for early warning, mapping and caring for vulnerable children
- Develop and disseminate IEC materials for children, families and communities;
- Increase assistance provided to vulnerable children through support to community based organizations working with vulnerable children and closely monitor their situation.
- Help the government to set up and implement a functioning child protection surveillance system that covers all the 6 regions

### Outcomes

- Evidence based needs of vulnerable children due to prices rise are assessed and addressed
- Community capacity for mapping and caring for vulnerable children is strengthened
- A functioning child protection surveillance system is set up

| <b>United Nations Children's Fund (UNICEF)</b>                 |                |
|--|----------------|
| <b>BUDGET items</b>  | <b>\$</b>      |
| Technical assistance and monitoring and evaluation             | 65,000         |
| Assessment of the impact of prices rise on vulnerable children | 25,000         |
| Community capacity development                                 | 40,000         |
| Increased support to vulnerable children                       | 80,000         |
| Indirect program costs (7%)                                    | 14,700         |
| <b>Total</b>   | <b>224,700</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)</b>   |
| <b>Project Title</b>         | Emergency Return and Reintegration Assistance for Children Victims of Trafficking in or from West Africa  |
| <b>Project Code</b>          | WES-08/PR/20921   |
| <b>Sector</b>                | PROTECTION  |
| <b>Objectives</b>            | The overall objective of this programme is to set up a fund in order to protect children victims of trafficking and facilitate their return and reintegration into their communities for origin |
| <b>Beneficiaries</b>         | Total:500 Children victims of trafficking from or within West Africa<br>Children:500  |
| <b>Implementing Partners</b> | IOM – IOs - governments in West Africa – civil society organizations working on child protection  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$1,000,000</b>  |

### Needs

Patterns of migration in West Africa are strongly rooted in socio-economic, political and cultural factors. According to the ILO, Africa has the highest percentage of child labourers in the world, with 41% of African children working; 200,000 to 300,000 children are trafficked every year for forced labour and sexual exploitation in West and Central Africa. The current rising costs of fuel and food is having pervasive effects on West African economies, impoverishing entire regions and pushing families to make their children work. There are increasing reports of young children in several countries who have been taken out of school to work as street beggars in order to bring money home, or have been sold to exploiters. Local media have also reported an extraordinary rise in the number of child beggars in Nigerian and Malian cities, and it is expected that the phenomenon will reach the whole region. There is an increasing number of reports of young children in several countries who have been taken out of school to work as street beggars in order to bring money home, or have been sold to exploiters.

Several forms of exploitation can be defined within the region. Children are trafficked for exploitation in mines, quarries and agricultural fields in Cote d'Ivoire, Burkina Faso, Ghana, Niger, Nigeria and Senegal. Children victims of trafficking are also exploited in the informal sector, predominant in West Africa countries. The exploitation of trafficked victims for domestic work is a traditional and widespread practice in the region. Girls who work as domestic servants are often considered as the property of their exploiter and suffer verbal, physical and psychological abuse. In addition, local traditions, such as confiage, can be corrupted for the purpose of exploitation: according to a ILO-UNICEF-World Bank survey, around 7600 children are forced into street begging in the Dakar area, with more victims in Saint-Louis, Bamako, Bissau and Ouagadougou.

While direct assistance initiatives exist in the field of counter trafficking, those remain informal, scattered and limited to a few countries. However, with the rapid expansion of trafficking routes and modalities today, there is a need to pursue efforts to reinforce a mechanism providing rapid and cost-effective responses to ad hoc requests for helping stranded trafficked victims whose requirements - due to their location, lack of referral or other reasons - fall outside the framework of other dedicated counter-trafficking activities currently being carried out in the region.

This project will respond to the increasing requests for assistance from governments and NGOs in order to protect children victims of trafficking in a comprehensive and coordinated manner.

### Activities

1. Providing assistance options to child victims who choose to return to their communities of origin

Trafficked children in need of protection and voluntary return assistance can apply for the required support either directly at a local IOM office or through referral by a governmental agency or an NGO. IOM will receive cases either directly or through referral, contact the affected victim(s), interview and refer to relevant support agencies, as well as verify identity, country of origin and circumstances of the case in cooperation with Embassies.

Crucial services which need to be provided for include the organization of the pre-departure phase (safe shelter, appropriate counselling, medical assistance, clothing or hygiene items), the transport phase (documentation processing and safe transport arrangements), and the arrival phase modalities (including where possible embarkation, transit and reception assistance). When needed, the programme will cover the costs of food and board for victims, and provide a small fund for shelters destined to pedagogic and artistic materials, basic medicine supplies and non-food items such as bedding.

In order to maximize assistance opportunities to the benefit of the target group and avoid duplication with parallel assistance programmes, IOM will check that no other funds for direct assistance are available

2. Offering tailored reintegration assistance and monitoring/follow-up to assisted victims to prevent them from being re-trafficked.

The programme gives special attention to reintegration of trafficked victims. The experience acquired during previous projects has shown the crucial importance of a successful reintegration to avoid re-trafficking and ensure long-term sustainability of returns. It has been proven that return measures without prior family mediation and subsequent reintegration and monitoring only provide at most short term relief for trafficked victims. Counter trafficking efforts are an ongoing process, where a range of assistance strategies may be required to facilitate reintegration into society.

The programme will thus especially focus its efforts on providing reintegration choices for victims returned to their community. The return of trafficked victims will thus not be perceived as a failure by their community but as a chance to escape from trafficking and start a chosen added-value activity that will benefit both the victim and its community. In order to prevent re-trafficking, reintegration arrangements will be made available to returned child victims: health care as appropriate; schooling (traditional and formal); chosen vocational training/apprenticeship and referrals to employment; income-generating projects for individually identified communities and families.

The reintegration of each returned victim of trafficking will be monitored and evaluated periodically. All service providers responsible for the reintegration of victims will be required to follow up on their progress either through direct visits or telephone contact. Where required, IOM country offices involved in the programme will also be able to monitor and follow up on the progress of reintegration.

In order to prevent further cases of (re)trafficking in the communities of origin of the victim(s), reintegration assistance will be coupled with grass roots information sessions in selected communities of origin to make aware and inform the populations on the realities and dangers of human trafficking.

### **Outcomes**

In the framework of this project, return assistance and reintegration will be provided to 500 children victims (male and female) of trafficking. The monitoring and follow-up capacity of local NGOs will be reinforced; communities of origin will be aware of the trafficking risks and realities through grass root information sessions carried out in the communities of origin of the returned victims;

Extensive data will be collected on the profiles of the beneficiaries. All assisted cases will be registered in the Counter-Trafficking Module (CTM) of the IOM MiMOSA database. The CTM allows for the reconstruction of the trafficking process of each victim and centrally monitors the IOM direct assistance, movement and reintegration process.

| <b>International Organization for Migration (IOM)</b> |                  |
|---|------------------|
| <b>BUDGET items</b>                                   | <b>\$</b>        |
| Staff costs   | 200,000          |
| Office costs and overhead                             | 100,000          |
| Operational costs                                     | 700,000          |
| <b>Total</b>  | <b>1,000,000</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)</b>  |
| <b>Project Title</b>         | Protection at the Borders: Collecting, Processing and Sharing Migration Data as a Tool for Migrant Protection                                  |
| <b>Project Code</b>          | WES-08/PR/20922  |
| <b>Sector</b>                | PROTECTION   |
| <b>Objectives</b>            | To provide protection through a typology of vulnerable migrant populations and a regional referral network of service providers in West Africa |
| <b>Beneficiaries</b>         | Direct: West Africa governments affected by population movements, indirect: vulnerable migrants  |
| <b>Implementing Partners</b> | IOM - ECOWAS – IOs, incl. UNHCR - NGOs – Governments statistics services and concerned Ministries – national counterparts                      |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$2,050,000</b>   |

## Needs

Pressures resulting from the food crisis and soaring prices are pushing populations to migrate using increasingly dangerous channels, and often integrating already existing migration flows. There is an urgent need to provide a clear understanding of the different categories of migrants in order to ensure that those who are vulnerable receive the adequate protection, especially at the borders. Contributing factors for the increase of uncontrolled movements and irregular migration are: persistent post-conflict instability, unmet health and educational needs, lack of economic prospects, absence of regular migration opportunities and erroneous information regarding living conditions in developed countries.

A key challenge that governments West Africa face is how to manage the rapid growth of regular and irregular migration in the region while ensuring migrant protection. The lack of adequate information and analysis of the actual and potential factors driving migration in the region more generally limit the ability of governments to devise appropriate migration policies.

With these socioeconomic pressures, the motivations and typology of migrants identified at the borders is changing and becoming more diverse. Populations migrating for socioeconomic reasons are identified alongside with rejected asylum seekers, potential refugees, victims of trafficking, and other types of migrants. It is crucial to ensure that vulnerable migrants are awarded the protection they need, despite the increasingly complex panorama at the borders.

West Africa needs to be adequately equipped to deal with these increasingly diverse flows and provide the necessary protection to vulnerable migrants, be it in terms of policies and direct assistance. There is a need to build the capacity of officials and organizations present at the borders in order to allow them to properly identify the migrants in need of protection amongst mixed migration flows.

## Activities

The project will support the strategic priorities by collecting and processing timely, reliable and unbiased information on population movements, as well as sharing it with Governments and humanitarian actors. The overarching goal will be to find durable solutions for migrant populations in need of protection, as well as host communities and vulnerable migrants affected by the food crisis.

The project will work towards the obtention of precise information on categories of migrants for developing adapted responses to specific needs according to their migration profile.

- o Definition of migrant profile within mixed migration flows at borders in West Africa;
- o Identification, appointment and training of focal points in target states;
- o Establishment of regular data collection models and analysis system;
- o Processing and analysis of the collected data on individual migrants to allow referring them to appropriate direct humanitarian support and services;
- o Support to service providers to ensure standardized delivery to migrants per category.

## Outcomes

The project will ensure appropriate delivery of support by service providers to various types of migrants in need of protection according to specific categories. It will also produce a reliable and regularly updated database of mixed migrant population in West Africa, in order to allow for the delivery of quick impact humanitarian support through a regional network of local partners.

| <b>International Organization for Migration (IOM)</b> |                  |
|---|------------------|
| <b>BUDGET items</b>                                   | <b>\$</b>        |
| Staff costs   | 350,000          |
| Office costs and overhead                             | 100,000          |
| Operational costs                                     | 1,500,000        |
| Contingency   | 100,000          |
| <b>Total</b>  | <b>2,050,000</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS CHILDREN'S FUND (UNICEF)</b>  |
| <b>Project Title</b>         | Assistance and protection for women and children victims of violence in Guinea Bissau       |
| <b>Project Code</b>          | WES-08/PR/21065   |
| <b>Sector</b>                | PROTECTION  |
| <b>Objectives</b>            | To provide a social and judicial assistance to 1.000 women and children victims of violence |
| <b>Beneficiaries</b>         | Total:1000 victims o violences<br>Children:500<br>Women:500                                 |
| <b>Implementing Partners</b> | UNFPA, Ministry of Justice, Ministry of Solidarity, Ministry of Interior and NGO            |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$395,000</b>  |

### Needs

In Guinea-Bissau, women and children's rights violation is hidden under more large violence spectrum against them. The phenomenon remains badly recognized and known. Nevertheless, in the last years and with households facing financial and food difficulties, we can observe an increase in the number of girls leaving or/and working in the street, which increases the risks and exposition to all types of violence. This constitutes only the visible top of the iceberg. 7% of girls are forcibly married before 15 years old and 27.3% before 18. Some 51% of women between 15 and 19 believe that their husband have the right to administrate corporal punishment. 80% of children from 2 to 14 have been exposed to at least one type of psychological or physical punishment by the mother or the care giver. The violence's causes against women and children are multiple and generally interdependent. The most frequent are: (i) population impoverishment increase (ii) important number of household with single mother or a child as the family head, (iii) the weakness of social protection mechanisms and legal framework, in particular for children and women victims of violence (iv) the lack of victims care services. These add on to additional factors such as the culturally weak social status of women in the country as well as heavy pressure of customs, different taboo and religion practices

### Activities

- A study on violence against women and girls and the link with the impoverishment occurring these last years – considering rise prices of food and basic produces.
- Implementation of a judicial clinic in Bissau and other big cities with a « green phone number », temporary care house for protection and orientation to appropriate services: medical assistance, psychosocial support and legal/mediation assistance.
- Capacity reinforcement of public regional structures and NGOs to receive, treat and orient victims.
- Data collection material support to these structures
- Advocacy for law reinforcement against impunity

### Outcomes

1. 100% of victims identified receive psychosocial, medical and legal support.
2. Analysis on violence phenomenon against women and children are available.
3. Data of victims are collected, analyzed and treated.
4. Public structures and NGO involved in children and women protection against violence are functioning in Bissau and other big cities

| <b>United Nations Children's Fund (UNICEF)</b>   |                |
|--|----------------|
| <b>BUDGET items</b>  | <b>\$</b>      |
| Staff capacity building and project follow-up  | 75,000         |
| Implementation and reinforcement of child's protection structures in Bissau and other big cities | 150,000        |
| Study on forms violence against women and girls and links with empowerishment                    | 50,000         |
| Care for vicitms   | 80,000         |
| Indirect program costs (7%)  | 40,000         |
| <b>Total</b>   | <b>395,000</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* DANISH REFUGEE COUNCIL (DRC)</b>  |
| <b>Project Title</b>         | Integrated livelihood and protection support project for conflict affected women in the border areas between Liberia, Guinee and Cote d'Ivoire                         |
| <b>Project Code</b>          | WES-08/PR/21166  |
| <b>Sector</b>                | PROTECTION   |
| <b>Objectives</b>            | Empower displacement-affected women in border areas of Liberia, Guinee and Cote d'Ivoire and engage in sustainable livelihood, peacebuilding and protection activities |
| <b>Beneficiaries</b>         | Total:500 women groups, idps refugees, host communities<br>Women:100   |
| <b>Implementing Partners</b> | N/A  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$1,000,000</b>   |

### Needs

The border area between Liberia, Guinée and Côte d'Ivoire is a potential source of sub-regional conflicts. It consists of Nimba County in Liberia, Région de Guinée Foréstiére in Guinée, and Région du Moyen Cavally and Région des 18 Montagnes in Côte d'Ivoire. Against the background of weak statehood and rule of law, the presence of large numbers of ex-combatants, rebel groups and small arms threatens peace and stability in the entire region. Growing poverty and unrest caused by soaring food prices and harvest failures could be a potential trigger for local conflicts. In Liberia, 63.8% of the population live below the poverty line, and 51% of the population are either food insecure or highly vulnerable to food insecurity. In Guinée 53.6% of the population now live below the poverty line, while 29.8% are food insecure or highly vulnerable to food insecurity. Côte d'Ivoire included, the populations of all three countries suffer from undernourishment and as prices for rice have increased by up to 55% in 2008, there is reason for concern.

Women are the main food producers and traders. 53%-75% of food crop production is done by women, and in Liberia 80% of all rural trade is estimated to be carried out by women, while in Guinée it is 52%. Hence trade provides a major source of income for women in the sub-region, but it also subjects women to a number of risks in such a volatile region. DRC carried out market assessments in 2007 and 2008 in Nimba and Guinée Forestière: 61.25% of women interviewed in Liberia and 77% of women interviewed in Guinée indicate that they have faced problems crossing the border. 100% of the women interviewed in Guinée reported that they had faced sexual harassment or violence, while for Liberia the figure was 'only' 13.75%. Women are in need of agricultural assistance to reduce food insecurity in the region, and women need to be empowered to realize and protect their rights. Similar DRC activities in the region have proven the effectiveness of combining food security interventions with community based protection projects targeted at women

### Activities

- 40 women groups receive agricultural inputs (cassava cuttings, marketable legumes and vegetables, tools, relevant trainings)
- 200 women receive nutrition & hygiene, literacy and basic marketing and business skill trainings
- Training of 100 women farmers, 20 market women and up to 20 members of existing cooperatives in group management techniques
- Existing regional women (peace-)committees strengthened through human/ women's rights and UNSCR 1325 trainings and supported to identify, develop and implement response strategies to protection violations together with local duty-bearers, particularly immigration officials
- 10 Cross-border peace-building initiatives are supported

### Outcomes

- Increased food-intake through increased access to staple foods in most food insecure households and communities; increased incomes and improved nutrition from selling at market
- Improved dietary status of vulnerable HH and communities; increased self-reliance through empowerment and application of new skills and knowledge
- Women's participation increased and communities capacitated to address and transform conflicts peacefully, as well as to maximise profits and manage assets jointly
- Communities' duty bearers informed about women's rights and protection issues; community owned mechanisms deal with protection issues appropriately and effectively; increased accountability
- Experiences and issues of common concern are exchanged in cross-border exchanges and events

| <b>Danish Refugee Council (DRC)</b>                  |                  |
|--|------------------|
| <b>BUDGET items</b>                                  | <b>\$</b>        |
| Staff costs  | 200,000          |
| Implementing activities ( iga+training               | 650,000          |
| Operational and administrative costs and other costs | 150,000          |
| <b>Total</b>   | <b>1,000,000</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS CHILDREN'S FUND (UNICEF)</b>   |
| <b>Project Title</b>         | Monitoring school drop-out due to commodity price increases in Sahelian countries  |
| <b>Project Code</b>          | WES-08/PR/21264  |
| <b>Sector</b>                | PROTECTION   |
| <b>Objectives</b>            | Within the challenging context of the global food crisis, organize a sub regional conference to renew the engagement of Sahel countries' and their development partners towards increased access to quality basic education and completion of the primary education cycle through the provision of a package of complementary interventions. |
| <b>Beneficiaries</b>         | Sahel Countries  |
| <b>Implementing Partners</b> | WFP, UNESCO, UNICEF, Save the Children, Plan, ECOWAS   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$230,000</b>   |

### Needs

The Sahel Alliance on Access to Quality Basic Education was established by a handful of regional partners and the Sahel Countries' Ministries of Education with the aim to address the particular challenges faced by the education sector due to the particularly vulnerable situation with regards to food security. Partnerships have been established around the deliverance of an Essential Learning Package that includes important elements to address health, hygiene, nutrition and child protection needs. The significant health and nutritional problems that affect school-age children lead to low enrolment, absenteeism, early drop-out and poor classroom performance. Also there is a potential risk that within the context of an escalated food crisis, governments may choose to redirect their priorities from education to other sectors.

### Activities

- Document progress and achievement made at the country level in the context of the Sahel;
- Organize a regional high level conference to present each country's status and renew the commitment of Sahel countries' governments towards basic education in the global food crisis context
- Through regional multi-partners support enhance country led partnerships in support of implementing and monitoring the national plans
- Develop national capacity and partnership mechanisms to monitor the impact of the global food crisis on the education sector.

### Outcomes

- Lessons learned are shared and effective and efficient strategies for going to scale and reaching all children have been identified;
- National ownership is enhanced through reinforced commitment by lead Ministers;
- The particular interest of the situation of Sahel countries is better known and understood by international partners and their commitment is renewed towards increased financial investment in education in the Sahel region;
- A multi-sectoral monitoring system is established in each country to document the impact of the food crisis to guide decision making.

| <b>United Nations Children's Fund (UNICEF)</b>                |                |
|---|----------------|
| <b>BUDGET items</b>   | <b>\$</b>      |
| Consultant and technical missions to countries                | 70,000         |
| Organization of Ministerial and donor conference              | 80,000         |
| Public Information activities                                 | 25,000         |
| Tools and capacities for monitoring impact of the food crisis | 40,000         |
| Indirect project costs (7%)                                   | 15,000         |
| <b>Total</b>  | <b>230,000</b> |

## WATER, SANITATION AND HYGIENE

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | * UNITED NATIONS CHILDREN'S FUND (UNICEF)<br>* POPULATION SERVICES INTERNATIONAL (PSI)                      |
| <b>Project Title</b>         | Benin. Development of response plan to cholera and other diarrhoeal diseases for the vulnerable populations |
| <b>Project Code</b>          | WES-08/WA/21215   |
| <b>Sector</b>                | WATER, SANITATION AND HYGIENE   |
| <b>Objectives</b>            | Reduce the incidence of diarrhoeal diseases and improve emergency response plans                            |
| <b>Beneficiaries</b>         | Total:800000 in key districts<br>Children:160000  |
| <b>Implementing Partners</b> | PSI   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$770,400</b>  |

### Needs

The increase of the food prices have worsened the living conditions of the poorest vulnerable communities in several districts in Benin, including Porto-Novo, Seme-Podji, Abomey-Calavi, So-Ava, Malanville, Karimama, Djougou, Bassila, Cotonou and surroundings. It is anticipated that the crisis has dramatically impacted on the capacity of these populations to meet their needs in term of latrine construction, use of hygiene commodities and has increased the risk of water related diseases outbreaks. This project is integrated into a regional approach to fight against cholera and diarrhoeal disease in the West Coastal African Countries. It aims to reduce the occurrence of cholera outbreaks and other diarrhoeal diseases within these areas by developing targeted action plans in hotspot communities via simple water sanitation and hygiene measures.

### Activities

- (a) Identification of most vulnerable communities
- Carry out a retrospective analysis of cholera and mapping of vulnerable communities;
  - Identify reservoirs and priority geographic areas where an integrated WASH strategy could have a significant impact in reducing the risk of outbreaks;
- (b) Identification of environmental health and behavioral risks
- Carry out detailed KAP surveys in selected communities;
  - Gather available information on water quality, sanitation facilities, food preparation and distribution practices and basic hygienic practices;
  - Rank environmental health and behavioral risks and identify priority actions to mitigate them.
- (c) Development of key risk mitigation activities in identified vulnerable communities
- Develop a household water treatment and safe storage programme;
  - Develop a programme to enhance handwashing and promote sanitation
- (d) Development of a WASH contingency plan
- Establish a roster of WASH emergency response teams;
  - Set-up sectoral objectives and response strategies;
  - Carry out a sector vulnerability and capacity mapping, Identify needs, analyse gaps, and pre-position essential equipment and train WASH emergency response teams;

### Outcomes

- Hotspot communities and reservoirs are identified;
- A detailed action plan to reduce the risk of diarrhoeal outbreaks is developed;
- A WASH contingency plan is developed in Benin.

| <b>United Nations Children's Fund (UNICEF)</b>   |                |
|--|----------------|
| <b>BUDGET items</b>                              | <b>\$</b>      |
| Identification of most vulnerable communities    | 105,000        |
| Identification of risk                           | 120,000        |
| Develop risk reduction action plans              | 100,000        |
| Develop a preparedness contingency plan in Benin | 55,000         |
| Administrative costs (7%)                        | 26,600         |
| <b>Total</b>                                     | <b>406,600</b> |

| <b>Population Services International (PSI)</b> |                |
|--|----------------|
| <b>BUDGET items</b>                            | <b>\$</b>      |
| Develop risk reduction action plans            | 340,000        |
| Administrative costs (7%)                      | 23,800         |
| <b>Total</b>                                   | <b>363,800</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS CHILDREN'S FUND (UNICEF)</b><br><b>* PLAN INTERNATIONAL (PLAN)</b>   |
| <b>Project Title</b>         | Burkina Faso. Development of a WASH response to communities affected by the prices crisis in the framework of the REACH initiative                                 |
| <b>Project Code</b>          | WES-08/WA/21225  |
| <b>Sector</b>                | WATER, SANITATION AND HYGIENE  |
| <b>Objectives</b>            | Improve children and women health conditions of vulnerable communities by improving water supply and sanitation conditions and reducing behavioural risk practices |
| <b>Beneficiaries</b>         | Total:150000 in the region of Centre Nord<br>Children:28200  |
| <b>Implementing Partners</b> | UNICEF, Plan International   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$1,010,080</b>   |

### Needs

The combination of food shortage and prices increase as well as the alarming economic situation is the most pressing issues impacting on child well-being in Burkina Faso. The project intends to contribute to the reduction of the high prevalence of acute malnutrition and diarrhoeal diseases in the most vulnerable communities in the Centre North region of Burkina Faso and consequently reduce the mortality rates of children under five and pregnant women. It aims to enhance in the most vulnerable communities hygiene practices by providing a minimum of 2 litres per day of safe drinking water for the children between 6 and 24 months old and ensuring that adequate hygiene practices related to handwashing, household water treatment and excreta management are adopted by the communities. It is part of a regional approach to integrate sustainable WASH activities in the REACH initiative for Sahelian countries.

### Activities

#### 1. Inception activities

- Agree with National Directorate of Nutrition, National Directorate of Hygiene and Health Education, Plan International and regional relevant services to select hotspot communities with high under nutrition and low-level WASH indicators in the Center North region ;
- Agree on action plan (role, responsibilities, contribution)
- Agree on coordination;
- Agree on monitoring and evaluation processes and tools;

#### 2. Interventions at community level:

- Increase of water availability (quantity per person);
- Develop household water treatment and safe storage with at least a pot of clean water specifically reserved for the children in the family over 6 m. o.
- Promote sanitation with at least the bury of the faeces to prevent open defecation
- Promote hand-washing with soap at critical times
- Include systematically key WASH messages in the nutrition prevention packages

#### 3. Interventions at acute malnutrition treatment centres:

- Increase water, soap and latrines availability / coverage

#### 4. Evaluation of the impact of the strategy and development of a road map to scale it up.

### Outcomes

- The WASH action plans is developed and implemented in the villages/communities of the Center North region where acute malnutrition prevalence is high;
- WASH interventions are efficiently integrated in nutrition response in the concern region.

| <b>United Nations Children's Fund (UNICEF)</b> |                |
|--|----------------|
| <b>BUDGET items</b>                            | <b>\$</b>      |
| Coordination/ capacity building                | 90,000         |
| Input and interventions                        | 364,000        |
| Monitoring and evaluation                      | 40,000         |
| Administrative costs (7%)                      | 34,580         |
| <b>Total</b>                                   | <b>528,580</b> |

| <b>Plan International (Plan)</b> |                |
|----------------------------------|----------------|
| <b>BUDGET items</b>              | <b>\$</b>      |
| Input and interventions          | 450,000        |
| Administrative costs (7%)        | 31,500         |
| <b>Total</b>                     | <b>481,500</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS CHILDREN'S FUND (UNICEF)</b>   |
| <b>Project Title</b>         | Liberia. Prevention and control of cholera in Greater Monrovia communities affected by the food price increase |
| <b>Project Code</b>          | WES-08/WA/21191  |
| <b>Sector</b>                | WATER, SANITATION AND HYGIENE  |
| <b>Objectives</b>            | Reduce the incidence rate of cholera and other diarrhoeal diseases in Monrovia                                 |
| <b>Beneficiaries</b>         | Total:213000 persons   |
| <b>Implementing Partners</b> | UNICEF, INGOs, LNGOs and key GoL Ministries  |
| <b>Project Duration</b>      | Apr 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$369,150</b>   |

### Needs

Monrovia has a population of one million people (almost 1/3 of the country's total population), and a persistent history of endemic cholera going back over a decade. With the recent escalation of the food prices, most vulnerable families living in urban and peri-urban areas are being put in an increasingly precarious situation. The reduction of their purchasing power and their coping strategies contribute to reduce their resilience capacity, exposing them to an increased risk of cholera outbreak. The project will use admissions data from Monrovia's Cholera Treatment Unit (CTU) to identify the most vulnerable households and communities in the city. It links preventative and curative WASH health interventions, and by using admissions data to target interventions, it aims to maximise the efficient use of resources allocated. This project is integrated into a regional approach to fight against cholera and diarrhoeal disease in the West African Coastal Countries.

### Activities

- (a) Set up of mobile cholera control emergency teams based at JFK Cholera Treatment Unit
- Identification of the team and training of the teams on conducts GPS mapping, disinfection, hygiene promotion, and demonstration and donation of household hygiene kits in homes of patients admitted to the CTU within 24 hours of admission
  - Purchasing of equipment
  - Development of an emergency action plan
- (b) Community based cholera awareness on safe hygiene practices and cholera treatment techniques
- Development of appropriate communication material for cholera control and prevention
  - Development of an awareness and hygiene promotion campaign including door-to-door, public place based and school based activities
  - Organisation of community clean-up campaigns in affected areas

### Outcomes

#### Expected Outcomes

- Reduction in the incidence rate of cholera/AWD (and other diarrhoeal diseases) in Monrovia.
- Mapping of origin of homes of patients and identification of vulnerable areas using GPS data collected by mobile cholera control team, allowing improved targeting of prevention and control activities.
- Improved knowledge of safe hygienic practices amongst target population.
- Strengthened NGO and MoH community outreach structures and capacity.

| <b>United Nations Children's Fund (UNICEF)</b> |                |
|--|----------------|
| <b>BUDGET items</b>                            | <b>\$</b>      |
| Project Staff and Transport (including fuel)   | 175,000        |
| Project activities - activity 1                | 15,000         |
| Project activities - activity 2                | 115,000        |
| Monitoring and evaluation                      | 40,000         |
| Administrative costs (7%)                      | 24,150         |
| <b>Total</b>                                   | <b>369,150</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | * UNITED NATIONS CHILDREN'S FUND (UNICEF)<br>* ACTION CONTRE LA FAIM (ACF)   |
| <b>Project Title</b>         | Mali. Development of a WASH response for communities affected by the commodity price crisis in the framework of the REACH initiative     |
| <b>Project Code</b>          | WES-08/WA/21185  |
| <b>Sector</b>                | WATER, SANITATION AND HYGIENE  |
| <b>Objectives</b>            | Improve health conditions of most vulnerable communities by reducing risk practices and improving water supply and sanitation conditions |
| <b>Beneficiaries</b>         | 270'000 people, including 55 000 children in the regions of Gao  |
| <b>Implementing Partners</b> | UNICEF, ACF  |
| <b>Project Duration</b>      | Jan 2009 - Jan 2009  |
| <b>Funds Requested</b>       | <b>\$2,150,700</b>   |

### Needs

The combination of food price increases and the alarming economic situation are the most pressing issues impacting on child well-being in Mali, one of the poorest countries in the world. Despite some economic growth increases in the past years, the recent price increase will significantly worsen the living conditions of the most vulnerable communities. The project intends to contribute to the reduction of the high prevalence of acute malnutrition and diarrhoeal diseases in the most vulnerable communities in Mali and consequently reduce the mortality rates of children under five and pregnant women. It aims to enhance in the most vulnerable communities hygiene practices by providing a minimum of 2 litres per day of safe drinking water for the children between 6 and 24 months old and ensuring that adequate hygiene practices related to handwashing, household water treatment and excreta management are adopted and maintained by the communities. It is part of a regional approach to integrate sustainable WASH activities in the REACH initiative for Sahelian countries.

### Activities

#### (a) Inception activities

- Identify the most vulnerable communities affected by the commodity price increase;
- Map and select hotspot communities with high undernutrition and low WASH indicators;
- Set up a WASH intervention package for the most vulnerable communities at community and nutrition rehabilitation centre levels;
- Develop software tools and procurement of hardware equipment;
- Implement detailed field surveys in the affected communities to gather baseline data on WASH services, and knowledge, attitude and practices;

#### (b) Interventions at community level:

- Increasing of water availability (quantity per person);
- Developing household water treatment and safe storage with at least a pot of clean water specifically reserved for the children in the family over 6 m. o.
- Promoting sanitation with at least the bury of the faeces to prevent open defecation
- Promoting hand-washing with soap at critical times
- Including systematically key WASH messages in the nutrition prevention packages

#### (c) Interventions at acute malnutrition treatment centres:

- Increasing of water, soap and latrines availability / coverage

#### (d) Evaluation of the impact of the strategy and development of a road map to scale up the strategy.

### Outcomes

- The WASH action plans is developed and implemented in the communities where the crisis has the most critical impact and in the acute malnutrition treatment centres.
- WASH interventions are efficiently integrated in nutrition response for emergency situations.

| <b>United Nations Children's Fund (UNICEF)</b>    |                  |
|---|------------------|
| <b>BUDGET items</b>                               | <b>\$</b>        |
| Coordination                                      | 140,000          |
| Inputs and interventions                          | 1,250,000        |
| Monitoring and evaluation                         | 40,000           |
| Technical assistance (staff cost and supervision) | 180,000          |
| Administrative costs (7%)                         | 140,700          |
| <b>Total</b>                                      | <b>1,750,700</b> |

| <b>Action Contre la Faim (ACF)</b>                |                |
|---|----------------|
| <b>BUDGET items</b>                               | <b>\$</b>      |
| Coordination                                      | 20,000         |
| Inputs and interventions                          | 350,000        |
| Monitoring and evaluation                         | 10,000         |
| Technical assistance (staff cost and supervision) | 20,000         |
| <b>Total</b>                                      | <b>400,000</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | * UNITED NATIONS CHILDREN'S FUND (UNICEF)<br>* WORLD HEALTH ORGANIZATION (WHO)<br>* RED CROSS (RED CROSS)<br>* MÉDECINS DU MONDE (MDM)<br>* NGOS; RED CROSS (DETAILS NOT YET PROVIDED) (NGOS;<br>RED CROSS) |
| <b>Project Title</b>         | Guinea Bissau. Improve cholera emergency preparedness for vulnerable populations affected by the prices crises  |
| <b>Project Code</b>          | WES-08/WA/21202   |
| <b>Sector</b>                | WATER, SANITATION AND HYGIENE   |
| <b>Objectives</b>            | Reduce the occurrence and incidence of cholera outbreaks and improve emergency response in hotspot areas  |
| <b>Beneficiaries</b>         | Overcrowded areas in capital Bissau and border regions  |
| <b>Implementing Partners</b> | UNICEF, WHO, Red Cross (CR), CREPA, Médicos do Mundo (MDM)  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$1,688,000</b>  |

### Needs

As again underlined by the recent cholera epidemic, the frequent cholera outbreaks represent a persistent threat to public health in Guinea Bissau, affecting firstly peri-urban poor people without any access to infra-structures. The socio-political instability in Guinea Bissau combined with the increase of food and commodity prices have worsened the living conditions of the most vulnerable urban populations, which have drastically limited their "non essential" needs such as the use of safe water from supply system, construction of latrines, the use of soap or detergents. The risk factors remain high in Bissau capital city, where only 20% of the population has access to reliable drinking water sources. This project is integrated into a regional approach to fight against cholera and diarrhoeal disease in the West African Coastal Countries. It aims at reducing the risks and improving the emergency preparedness for cholera in Guinea Bissau.

### Activities

(a) Development of an integrated cholera mitigation strategy

- Carry out an anthropologic study to identify barriers for behaviour changes
- Develop a strategy based on the analysis of the experiences from other countries of the region, which includes :1) Development of communication material; 2) cholera community awareness using on door-to-door, public place and in-school promotion techniques; 3) household water treatment and safe storage promotion based on social marketing
- Implementation and monitoring of pilot project in selected areas of Bissau city, including an integrated water quality monitoring in hotspots areas of Bissau city

(b) Development of integrated cholera response plan

- Improvement of the surveillance system, information management and case investigation, logistic and coordination;
- Development of a multi-sector / multi-partner response strategy
- Set up and training of mobile cholera control emergency teams
- Purchase and pre-positioning of essential emergency drugs and supplies, laboratory equipment and development of cooperation agreements

### Outcomes

- Readiness in response to cholera for most vulnerable populations
- Risk of spread of cholera cases reduced for most vulnerable populations.

| <b>United Nations Children's Fund (UNICEF)</b>   |                |
|--|----------------|
| <b>BUDGET items</b>  | <b>\$</b>      |
| Anthropologic study  | 30,000         |
| Cholera community awareness building & development and of communication material, Implementing and | 60,000         |
| Implementation/monitoring of monitoring system   | 490,000        |
| Emergency supplies   | 50,000         |
| Indirect programme support costs (7%)  | 44,000         |
| <b>Total</b>   | <b>674,000</b> |

| <b>World Health Organization (WHO)</b>       |                |
|--|----------------|
| <b>BUDGET items</b>                          | <b>\$</b>      |
| Improvement of the surveillance              | 300,000        |
| Development of response strategy             | 50,000         |
| Set-up emergency team, training counterparts | 30,000         |
| Emergency supplies                           | 100,000        |
| Indirect program costs                       | 33,000         |
| <b>Total</b>                                 | <b>513,000</b> |

| <b>Red Cross (Red Cross)</b>                 |                |
|--|----------------|
| <b>BUDGET items</b>                          | <b>\$</b>      |
| Cholera community awareness building         | 40,000         |
| Implementation / monitoring of pilot project | 100,000        |
| Indirect program costs (7%)                  | 9,000          |
| <b>Total</b>                                 | <b>149,000</b> |

| <b>Médecins du Monde (MDM)</b>       |               |
|--------------------------------------|---------------|
| <b>BUDGET items</b>                  | <b>\$</b>     |
| Cholera community awareness building | 40,000        |
| indirect program cost (7%)           | 2,000         |
| <b>Total</b>                         | <b>42,000</b> |

| <b>NGOs; Red Cross (details not yet provided) (NGOs; Red Cross)</b> |                |
|---|----------------|
| <b>BUDGET items</b>   | <b>\$</b>      |
| Cholera community awareness building                                | 40,000         |
| Implementation / monitoring of pilot project                        | 250,000        |
| )Indirect program costs (7%)  | 20,000         |
| <b>Total</b>  | <b>310,000</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | * UNITED NATIONS CHILDREN'S FUND (UNICEF)<br>* ACTION CONTRE LA FAIM (ACF)<br>* CARE (CARE)                                       |
| <b>Project Title</b>         | Niger. Development of a WASH response for communities affected by the food prices crisis in the framework of the REACH initiative |
| <b>Project Code</b>          | WES-08/WA/21236   |
| <b>Sector</b>                | WATER, SANITATION AND HYGIENE   |
| <b>Objectives</b>            | Improve the impact of the nutrition and WASH interventions towards vulnerable communities   |
| <b>Beneficiaries</b>         | Total:10000 in Zinder region<br>Children:2100<br>Women:5200   |
| <b>Implementing Partners</b> | UNICEF, Line Ministries, ACF, CARE  |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$802,500</b>  |

### Needs

60% percent of the population of Niger lives below the poverty line and 34% live in extreme poverty. Survey carried out on June 2008 shows that Zinder is the region having the worst nutrition indicators. It's expected that the food and fuel prices crisis is to worsen the situation. The health situation in Zinder is fairly a disaster with the water related diseases outbreaks such as cholera outbreaks, diarrhoeal diseases, malnutrition that weakens the wellbeing of vulnerable group. The project aim at implementing emergency actions related to water, sanitation and hygiene to mitigate the current situation in Zinder for a total number of 10,000 vulnerable population affected by the food and fuel prices crisis

### Activities

#### (a) Inception activities

- Set-up WASH intervention package for the most vulnerable communities at community and nutrition rehabilitation centre levels;
- Develop software tools and procurement of hardware equipment;
- Implement detailed field surveys in the affected communities to gather baseline data on WASH services, and knowledge, attitude and practices.5789

#### (b) Community-based interventions

- Increase water availability (quantity per person) and develop household water treatment and safe storage promotion strategy to specifically reserve and provide in each affected family 2 litres / child over 6 m. o. / day of safe drinking water;
- Promote sanitation with at least the bury of the faeces to prevent open defecation;
- Promote hand-washing with soap at critical times;
- Include systematically key WASH messages in the nutrition prevention packages,

#### (c) Interventions at acute malnutrition treatment centres:

- Increasing of water, soap and latrines availability / coverage

#### (d) Evaluation of the impact of the strategy and development of a road map to scale it up.

### Outcomes

- A joint WASH – Nutrition action plans is carried out in Niger specially for Districts with high risk and/or under nutrition and low-level and bad WASH indicators;
- A joint WASH – nutrition guidelines are drafted, will be tested, consolidated and used as a baseline document for a joint cluster approach in complex emergencies.

| <b>United Nations Children's Fund (UNICEF)</b>  |                |
|---|----------------|
| <b>BUDGET items</b>                             | <b>\$</b>      |
| Inception activities                            | 150,000        |
| Community –based interventions                  | 50,000         |
| Interventions at malnutrition treatment centres | 50,000         |
| Administrative costs (7%)                       | 52,500         |
| <b>Total</b>                                    | <b>302,500</b> |

| <b>Action Contre la Faim (ACF)</b>              |                |
|---|----------------|
| <b>BUDGET items</b>                             | <b>\$</b>      |
| Community –based interventions                  | 250,000        |
| Interventions at malnutrition treatment centres | 100,000        |
| <b>Total</b>                                    | <b>350,000</b> |

| <b>CARE (CARE)</b>             |                |
|--------------------------------|----------------|
| <b>BUDGET items</b>            | <b>\$</b>      |
| Community –based interventions | 150,000        |
| <b>Total</b>                   | <b>150,000</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | * UNITED NATIONS CHILDREN'S FUND (UNICEF)<br>* ACTION CONTRE LA FAIM (ACF)<br>* NGOS (DETAILS NOT YET PROVIDED) (NGOS)<br>* UN AGENCIES, NGOS AND RED CROSS (DETAILS NOT YET PROVIDED) (UN AGENCIES, NGOS AND RED CROSS) |
| <b>Project Title</b>         | Mauritania. Development of a WASH response for communities affected by the prices crisis in the framework of the REACH initiative.   |
| <b>Project Code</b>          | WES-08/WA/21238  |
| <b>Sector</b>                | WATER, SANITATION AND HYGIENE  |
| <b>Objectives</b>            | Reduce the impact of water borne diseases and respiratory infections by improving WASH at community and malnutrition centre levels   |
| <b>Beneficiaries</b>         | Total:20000 children in Hodh-el Gharbi and Hodh-el-Charghi<br>Children:20000   |
| <b>Implementing Partners</b> | UNICEF, Line Ministries, ACF, LNGO   |
| <b>Project Duration</b>      | Nov 2008 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$449,400</b>   |

### Needs

Mauritania depends on imported food and on foreign aid for at least 70% of its food needs. The increase in food prices created an ever growing crisis has worsened food insecurity among many families and a nutritional insecurity among young children. The nutritional status of U-5 children has become precarious now due to increased poverty, particularly for the most vulnerable population. On the other hand U-5 children suffer from around 4 to 5 debilitating bouts of diarrhoea per year. Handwashing, safe sanitation, household water treatment were proved to be most cost-effective in reducing the incidence of diarrhoea and the prevalence of water-based helminthiasis, both diseases identified as strong limiting factors for optimal child survival and development. The project aims to enhance in the most vulnerable communities hygiene practices by providing a minimum of 2 litres per day of safe drinking water for the children between 6 and 24 months old and ensuring that adequate practices are adopted by the communities. This project is part of a regional approach to integrate sustainable WASH activities in the REACH initiative for Sahelian countries and complement other initiatives taken in Mauritania.

### Activities

#### 1. Inception activities

- Agree with relevant national and international institutions on a WASH intervention package for the most vulnerable communities at community and nutrition rehabilitation centre levels;
- Agree with relevant national institutions and international / national NGOs, map and select hotspot communities with high undernutrition and low-level WASH indicators;
- Development of software tools and procurement of hardware equipment;
- Implementation of detailed field surveys in the affected communities to gather baseline data on WASH services, and knowledge, attitude and practices;

#### 2. Interventions at community level:

- increasing of water availability (quantity per person);
- Developing household water treatment and safe storage with at least a pot of clean water specifically reserved for the children in the family over 6 m. o.
- Promoting sanitation with at least the bury of the faeces to prevent open defecation
- Promoting hand-washing with soap at critical times
- Including systematically key WASH messages in the nutrition prevention packages

#### 3. Interventions at acute malnutrition treatment centres:

- Increasing of water, soap and latrines availability / coverage

#### 4. Evaluation of the impact of the strategy and development of a road map to scale it up

### Outcomes

1. The Mauritania WASH – Nutrition strategy and guidelines developed and disseminated ;
- 2.WASH & Nutrition interventions implemented in most vulnerable regions and good practices shared for the scaling up.

| <b>United Nations Children's Fund (UNICEF)</b> |                |
|--|----------------|
| <b>BUDGET items</b>                            | <b>\$</b>      |
| 1. Development of strategy                     | 40,000         |
| 2. Address needs in communities                | 100,000        |
| 3. Coordination                                | 20,000         |
| Administrative costs (7%)                      | 11,200         |
| <b>Total</b>                                   | <b>171,200</b> |

| <b>Action Contre la Faim (ACF)</b> |                |
|------------------------------------|----------------|
| <b>BUDGET items</b>                | <b>\$</b>      |
| 2. Address needs in communities    | 100,000        |
| Administrative costs (7%)          | 7,000          |
| <b>Total</b>                       | <b>107,000</b> |

| <b>NGOs (details not yet provided) (NGOs)</b> |               |
|---|---------------|
| <b>BUDGET items</b>                           | <b>\$</b>     |
| 2. Address needs in communities               | 50,000        |
| Administrative costs (7%)                     | 3,500         |
| <b>Total</b>                                  | <b>53,500</b> |

| <b>UN Agencies, NGOs and Red Cross (details not yet provided) (UN Agencies, NGOs and Red Cross)</b> |                |
|---|----------------|
| <b>BUDGET items</b>   | <b>\$</b>      |
| 1. Development of strategy  | 50,000         |
| 2. Address needs in communities   | 50,000         |
| 3. Coordination   | 10,000         |
| Administrative costs (7%)   | 7,700          |
| <b>Total</b>  | <b>117,700</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | * <b>NGOS; RED CROSS (DETAILS NOT YET PROVIDED) (NGOS; RED CROSS)</b><br>* <b>UNITED NATIONS CHILDREN'S FUND (UNICEF)</b><br>* <b>WORLD HEALTH ORGANIZATION (WHO)</b>                |
| <b>Project Title</b>         | Prevention and preparedness of cholera in communities most at risk and affected by commodity price increases in Guinea   |
| <b>Project Code</b>          | WES-08/WA/21241  |
| <b>Sector</b>                | WATER, SANITATION AND HYGIENE  |
| <b>Objectives</b>            | Identify the communities most at risk due to the increase in commodity price increases and reinforce their capacity to prevent and respond to cholera and other water-borne diseases |
| <b>Beneficiaries</b>         | communities and populations most at risk   |
| <b>Implementing Partners</b> | WHO, Red Cross   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$1,818,000</b>   |

### Needs

The recent dramatic increase in essential commodity prices is reinforcing what is already a critical situation in Guinea. The price increases coupled with the ongoing economic and social crisis, will significantly worsen the living conditions of the most vulnerable urban populations, leading them to drastically limit their "non essential" needs such as the use of safe water from supply system, construction of latrines, the use of soap or detergents. The risk factors remain high in Guinea where cholera is endemic. In 2007 some 8,546 cases were registered. Due to a concerted mobilization of all actors the number of cases registered in 2008 has been contained to 256. Populations remain vulnerable and the level of commitment must be maintained. The project aims to eliminate cholera and reduce the incidents of other water-borne diseases in both rural and urban communities most affected by the commodity price increase.

### Activities

- Identification of areas and communities at risk
- Training of community agents to be able to respond to a cholera outbreak
- Reinforce specific community sensitization campaigns, door-to-door programs in the most vulnerable communities to promote hygiene, sanitation and household water treatment
- Organize sanitation campaigns in collaborations with community leaders
- Organize contingency planning activities with the most vulnerable communities

### Outcomes

- High risk areas are monitored and contingency plans developed
- Communities use chlorine for drinking water, vegetables and fruits and maintain individual and community sanitation measures
- Cholera surveillance is strengthened in areas at risk and borders
- Reinforces coordination between all actors working for fight against cholera

| <b>NGOs; Red Cross (details not yet provided) (NGOs; Red Cross)</b> |                |
|---|----------------|
| <b>BUDGET items</b>   | <b>\$</b>      |
| Operational costs   | 400,000        |
| Program communication sensitization campaign                        | 100,000        |
| Indirect operational cost (7%)                                      | 35,000         |
| <b>Total</b>  | <b>535,000</b> |

| <b>United Nations Children's Fund (UNICEF)</b> |                |
|--|----------------|
| <b>BUDGET items</b>                            | <b>\$</b>      |
| Operational costs                              | 200,000        |
| Supplies                                       | 300,000        |
| Program communication sensitization campaign   | 200,000        |
| Coordination                                   | 50,000         |
| Indirect operational cost (7%)                 | 52,000         |
| <b>Total</b>                                   | <b>802,000</b> |

| <b>World Health Organization (WHO)</b>       |                |
|--|----------------|
| <b>BUDGET items</b>                          | <b>\$</b>      |
| Operational costs                            | 150,000        |
| Surveillance                                 | 200,000        |
| Program communication sensitization campaign | 100,000        |
| Indirect operational cost (7%)               | 31,000         |
| <b>Total</b>                                 | <b>481,000</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | * UNITED NATIONS CHILDREN'S FUND (UNICEF)<br>* WORLD HEALTH ORGANIZATION (WHO)<br>* NGOS; RED CROSS (DETAILS NOT YET PROVIDED) (NGOS;<br>RED CROSS)                                  |
| <b>Project Title</b>         | Prevention and preparedness of cholera in populations most at risk and affected by commodity price increases in Senegal  |
| <b>Project Code</b>          | WES-08/WA/21252  |
| <b>Sector</b>                | WATER, SANITATION AND HYGIENE  |
| <b>Objectives</b>            | Identify the communities most at risk due to the increase in commodity price increases and reinforce their capacity to prevent and respond to cholera and other water-borne diseases |
| <b>Beneficiaries</b>         | Total:503000 populations at risk in peri-urban areas   |
| <b>Implementing Partners</b> | WHO, Red Cross   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$1,089,750</b>   |

### Needs

The price increases is only serving to further strain the situation of vulnerable populations in Senegal, where cholera is endemic with some 35,465 cumulative cases since 2005. Senegalese living in the poorest peri-urban areas are the most affected as their resilience remains limited. The project aims to eliminate cholera and reduce the incidents of other water-borne diseases in both peri-urban communities most affected by the commodity price increase.

### Activities

Mobilization of communities at risk due to the increase in commodity prices

- Identification and mobilization of community leaders in peri-urban areas. Complete community sensitization plans for the fight against cholera with an emphasis on hand washing, household water treatment, food hygiene and sanitation
- Reinforce dynamics of the local public health committees and organization of sanitation and sensitization campaigns with local community leaders and authorities

Reinforce surveillance in urban areas

- Support to collectives for the monitoring and disinfection of drinking water sources
- Training of community agents to be able to respond to a cholera outbreak
- Reinforce early warning systems, particularly in central urban assembly areas

Reinforce community response plans in areas most at risk

- Establish cholera mobile response teams
  - Purchase and distribution of emergency cholera stocks in high risk areas
- Develop community contingency plans

### Outcomes

- Vulnerable populations are sensitized and can respond to prevent cholera outbreak
- Registered cases are rapidly and effectively treated
- Number of cholera case are reduced and mortality rates are below 1%

| <b>United Nations Children's Fund (UNICEF)</b> |                |
|--|----------------|
| <b>BUDGET items</b>                            | <b>\$</b>      |
| Capacity Building                              | 30,000         |
| Supplies                                       | 375,000        |
| Program communication sensitivation campaign   | 75,000         |
| Technical assistance                           | 130,000        |
| Indirect program cost (7%)                     | 58,000         |
| <b>Total</b>                                   | <b>668,000</b> |

| <b>World Health Organization (WHO)</b> |                |
|--|----------------|
| <b>BUDGET items</b>                    | <b>\$</b>      |
| Capacity Building                      | 15,000         |
| Surveillance                           | 155,000        |
| Indirect program cost (7%)             | 11,000         |
| <b>Total</b>                           | <b>181,000</b> |

| <b>NGOs; Red Cross (details not yet provided) (NGOs; Red Cross)</b> |                |
|---|----------------|
| <b>BUDGET items</b>   | <b>\$</b>      |
| Capacity Building   | 25,000         |
| Program communication sensitivation campaign                        | 200,000        |
| Indirect program cost (7%)  | 15,750         |
| <b>Total</b>  | <b>240,750</b> |

|                              |  |
|------------------------------|--|
| <b>Appealing Agency</b>      | <b>* UNITED NATIONS CHILDREN'S FUND (UNICEF)</b>   |
| <b>Project Title</b>         | Regional emergency WASH preparedness and response  |
| <b>Project Code</b>          | WES-08/WA/21159  |
| <b>Sector</b>                | WATER, SANITATION AND HYGIENE  |
| <b>Objectives</b>            | To strengthen regional and country-level capacity to ensure that actions are undertaken in WASH for child survival |
| <b>Beneficiaries</b>         | WASH Cluster partners and Government   |
| <b>Implementing Partners</b> | WASH Cluster partners and Government   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009  |
| <b>Funds Requested</b>       | <b>\$1,872,500</b>   |

### Needs

The West Africa region has some of the highest under-five mortality rates in the world. The water and sanitation coverage is among the lowest in the World. Unsafe drinking water, lack or inadequate water for hygiene, lack of sanitation and poor vector control dramatically increase the risks of epidemic outbreaks and contributes to a high prevalence of water-related diseases and exacerbate children's under nutrition. Hence, high-risk environmental health conditions and hygienic practices continue to threaten populations and increase their vulnerability when they are exposed to external shocks. The mortality rate coupled with an already fragile situation causes serious implications in regards to food price increases, above all in West Africa where poverty rates are extremely high and many of the 'non-poor' are subsisting only slightly above the absolute poverty line. The poverty levels are likely to rise further and children will be especially hard hit, as a result of declining household living standards on hygiene, nutrition, access to water, sanitation and health services, and harmful coping strategies. In this context, it is necessary to better prepare and respond to increasing needs. UNICEF's Regional Office for West and Central Africa will coordinate a regional wide effort to provide quality and timely support to reduce environmental and behavioural risk threatening child survival.

### Activities

- Cluster leadership and coordination: Continue to strengthen inter-agency coordination, synergy and accountability among UN agencies and humanitarian partners in WASH as per IASC agreements for emergency preparedness and response;
- Response capacity and programming: Continue to strengthen the WASH response capacity and support the development of strategies in countries and at regional levels as well as developing a regional human resources surge capacity mechanism to allow rapid deployment of experienced WASH staff.
- Supply and logistics: Implement a strategy to increase the level of relevant WASH emergency stocks in countries and improve the supply chain.

### Outcomes

The support of the WASH cluster enables West African countries and their humanitarian partners to be prepared for and respond to outbreaks of diarrhoeal diseases in a timely and effective manner and respond in a more integrated manner to the nutrition crisis

| <b>United Nations Children's Fund (UNICEF)</b>        |                  |
|---|------------------|
| <b>BUDGET items</b>                                   | <b>\$</b>        |
| Technical support and surge capacity                  | 500,000          |
| Coordination, partnership, advocacy and communication | 250,000          |
| Regional supply and logistic hubs                     | 1,000,000        |
| Indirect Programme Support cost (7%)                  | 122,500          |
| <b>Total</b>  | <b>1,872,500</b> |

|                              |   |
|------------------------------|---|
| <b>Appealing Agency</b>      | * UNITED NATIONS CHILDREN'S FUND (UNICEF)<br>* NGOS; RED CROSS (DETAILS NOT YET PROVIDED) (NGOS; RED CROSS)<br>* CENTRE RÉGIONAL POUR L'EAU POTABLE ET L'ASSAINISSEMENT À FAIBLE COÛT (CREPA) |
| <b>Project Title</b>         | Togo. Cholera emergency preparedness plan targeting in priority most vulnerable urban populations affected by the commodity prices crises   |
| <b>Project Code</b>          | WES-08/WA/21259   |
| <b>Sector</b>                | WATER, SANITATION AND HYGIENE   |
| <b>Objectives</b>            | Reduce the incidence of cholera epidemics to zero in at risk zones of Togo  |
| <b>Beneficiaries</b>         | Total:1350000 Vulnerable populations in urban and semi urban areas (49% children)   |
| <b>Implementing Partners</b> | NGOs, CREPA   |
| <b>Project Duration</b>      | Jan 2009 - Dec 2009   |
| <b>Funds Requested</b>       | <b>\$1,230,000</b>  |

### Needs

Only 27% of the Togolese population has access to appropriate water source and adequate sanitation . Since 1998, Togo has been afflicted by regular cholera outbreaks, in particular in Lome and the Maritime, Plateau and Savannes regions, which represents some 1.3 million people. Since 2005, Togo has registered 2,573 cumulative cases of cholera. The increase in commodity prices is further stretching the limited means and rendering more vulnerable families living peri-urban areas. The project aims to eliminate cholera and reduce the incidents of other water-borne diseases through WASH interventions in both peri-urban communities most affected by the commodity price increase.

### Activities

(a) Reinforce emergency response capacity of partners in the WASH sector

- Establish a multi-partner and multi-sector task team
- Establish cooperation agreements for the establishment of WASH infrastructure
- Update and maintain a WASH surveillance system
- Pre-positioning of essential supplies and material

(b) Sensitization on hygiene and cholera treatments practices

- Develop communication material for family/community based WASH interventions to prevent cholera
- Undertake a hygiene promotion campaign, including media, door-to-door, public spaces and schools
- Hand washing and water treatment campaigns in the affected communities

(c) Improve access to quality water

- Develop of a monitoring and water testing system in areas at risk
- Establish a strategy for the household water disinfection
- Design and test a strategy for the protection and chlorination of water sources (urban system and wells)

### Outcomes

- An early warning system is established and monitored regularly
- Urban and peri-urban capacity for prevention and the management of a cholera outbreak is reinforced

| <b>United Nations Children's Fund (UNICEF)</b>     |                |
|--|----------------|
| <b>BUDGET items</b>                                | <b>\$</b>      |
| Reinforced emergency response capacity of partners | 100,000        |
| Sensitization campaign                             | 100,000        |
| Improved access to quality water                   | 350,000        |
| Coordination                                       | 80,000         |
| Indirect program costs (7%)                        | 44,000         |
| <b>Total</b>                                       | <b>674,000</b> |

| <b>NGOs; Red Cross (details not yet provided) (NGOs; Red Cross)</b> |                |
|---|----------------|
| <b>BUDGET items</b>   | <b>\$</b>      |
| Reinforced emergency response capacity of partners                  | 60,000         |
| Improved access to quality water                                    | 170,000        |
| Indirect program costs (7%)   | 16,000         |
| <b>Total</b>  | <b>246,000</b> |

| <b>Centre Régional pour l'Eau Potable et l'Assainissement à faible coût (CREPA)</b> |                |
|---|----------------|
| <b>BUDGET items</b>   | <b>\$</b>      |
| Reinforced emergency response capacity of partners                                  | 50,000         |
| Sensitization Campaign  | 200,000        |
| Coordination  | 40,000         |
| Indirect program costs (7%)   | 20,000         |
| <b>Total</b>  | <b>310,000</b> |

