West and Central Africa Region

CHOLERA

2005

OCTOBER

FLASH APPEAL

Consolidated Appeals Process (CAP)

UNITED NATIONS

Version date: 14 November 2005

West and Central Africa Region

CHOLERA

2005

OCTOBER

FLASH APPEAL

Pierre Holtz/IRIN/Senegal/2005

Consolidated Appeals Process (CAP)

UNITED NATIONS

Consolidated Appeals Process (CAP)

The CAP is much more than an appeal for money. It is an inclusive and coordinated programme cycle of:

- strategic planning leading to a Common Humanitarian Action Plan (CHAP);
- resource mobilisation (leading to a Consolidated Appeal or a Flash Appeal);
- coordinated programme implementation;
- joint monitoring and evaluation;
- revision, if necessary; and
- reporting on results.

The CHAP is a strategic plan for humanitarian response in a given country or region and includes the following elements:

- a common analysis of the context in which humanitarian action takes place;
- an assessment of needs;
- best, worst, and most likely scenarios;
- stakeholder analysis, i.e. who does what and where;
- a clear statement of longer-term objectives and goals;
- prioritised response plans; and
- a framework for monitoring the strategy and revising it if necessary.

The CHAP is the foundation for developing a Consolidated Appeal or, when crises break or natural disasters strike, a Flash Appeal. Under the leadership of the Humanitarian Coordinator, the CHAP is developed at the field level by the Inter-Agency Standing Committee (IASC) Country Team. This team mirrors the IASC structure at headquarters and includes UN agencies and standing invitees, i.e. the International Organization for Migration, the Red Cross Movement, and NGOs that belong to ICVA, Interaction, or SCHR. Non-IASC members, such as national NGOs, can be included, and other key stakeholders in humanitarian action, in particular host governments and donors, should be consulted.

The Humanitarian Coordinator is responsible for the annual preparation of the consolidated appeal *document*. The document is launched globally each November to enhance advocacy and resource mobilisation. An update, known as the *Mid-Year Review*, is to be presented to donors in July 2006.

Donors provide resources to appealing agencies directly in response to project proposals. The **Financial Tracking Service (FTS)**, managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is a database of donor contributions and can be found on www.reliefweb.int/fts

In sum, the **CAP works to provide people in need the best available protection and assistance, on time.**

ORGANISATIONS PARTICIPATING IN CONSOLIDATED APPEALS DURING 2006:

AARREC	CESVI	GSLG	OCHA	UNAIDS
AASAA	CHFI	HDO	OCPH	UNDP
ABS	CINS	HI	ODAG	UNDSS
Abt Associates	CIRID	HISAN - WEPA	OHCHR	UNESCO
ACF/ACH/AAH	CISV	Horn Relief	PARACOM	UNFPA
ACTED	CL	INTERSOS	PARC	UN-HABITAT
ADRA	CONCERN	IOM	PHG	UNHCR
Africare	COOPI	IRC	PMRS	UNICEF
AGROSPHERE	CORD	IRD	PRCS	UNIFEM
AHA	CPAR	IRIN	PSI	UNMAS
ANERA	CRS	JVSF	PU	UNODC
ARCI	CUAMM	MALAO	RFEP	UNRWA
ARM	CW	MCI	SADO	UPHB
AVSI	DCA	MDA	SC-UK	VETAID
CADI	DRC	MDM	SECADEV	VIA
CAM	EMSF	MENTOR	SFCG	VT
CARE	ERM	MERLIN	SNNC	WFP
CARITAS	EQUIP	NA	SOCADIDO	WHO
CCF	FAO	NNA	Solidarités	WVI
CCIJD	GAA (DWH)	NRC	SP	WR
CEMIR Int'l	GH	OA	STF	ZOARC
CENAP				

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This appeal covers the needs of the vulnerable population in
The Gambia, Guinea Bissau, Mali, Mauritania, Sao Tome & Principe and Senegal
for a period of 6 months following the outbreak of cholera in the West Africa region.


OCHA
West Africa Regional Office
Information Management Unit
Rabat
Morocco
Algeria
Tunisia
Tripoli
Libya
Sahrawi
MAURITANIA
MALI
Nouakchott
NIGER
CHAD
Sudan
Cape Verde
Praia
Dakar
SENEGAL
GAMBIA
Banjul
GUINEA BISSAU
Bissau
Bamako
Niamey
Ouagadougou
BURKINA FASO
N'Djamena
Guinea
Conakry
Sierra Leone
Benin
Nigeria
Togo
Ghana
Cote d'Ivoire
Yamoussoukro
Liberia
Monrovia
Lomé
Accra
Lagos
Central African Republic
Cameroon
Bangui
Malabo
Yaoundé
Equitorial Guinea
Sao Tome & Principe
Libreville
Gabon
Congo
Congo DR
N
Legend
Concerned countries
Capitals
Countries boundaries
0 250 500
Kilometers
The boundaries and names shown and the designations used on this map do no timply official endorsement or acceptance by the United Nations
FLASH APPEAL - CHOLERA
Concerned countries

1. EXECUTIVE SUMMARY

The United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and their national government partners, primarily the ministries of health as well as engaged Non-Governmental Organisations (NGO) in the region are acutely aware of how cholera kills and threatens the already fragile health situation of men, women and children in the affected countries. The current wave of cholera outbreaks in the West and Central Africa region started in June 2005 and has so far affected the ten countries of Burkina Faso, Gambia, Guinea, Guinea Bissau, Liberia, Mali, Mauritania, Niger, Senegal and Sao Tome & Principe. This appeal covers needs that continue to be of concern in The Gambia, Guinea Bissau, Mali, Mauritania, Senegal and Sao Tome & Principe where a total of 51,976 cases and 814 deaths have been registered this year as of 20 October[1]. In addition to the human suffering, cholera outbreaks cause panic, disrupt the social and economic structure of affected communities, put tremendous strain on already precarious health systems and impede the development process. The situation in Burkina Faso, Guinea, Liberia and Niger is under control. There is no need for additional support to address the current situation. The response to the cholera epidemic in Niger has been incorporated into the response to the Niger crisis (Food, Nutrition and Health).

The latest data of UNICEF/WHO on the epidemiological curve by country (see country profiles below) show a general trend towards continued reduction of weekly cholera cases and deaths except for Guinea Bissau. The threat of continued suffering, however, remains very high, as the situation in many countries has worsened by extremely tense humanitarian situations and the current rainy season. Without action, populations face a vicious circle of continued suffering, with inadequate preparedness for a similar outbreak next year.

The various country situations can be summarised as follows:
The Gambia: 17 Cases with 4 deaths occurred between 8 and 23 September representing a high case fatality rate (CFR= 24%). 11 out of the 17 cases are females (65%) between the ages of 22 - 60 years. All the reported cases are from Western Division mostly Brikama Santo Su.

Guinea-Bissau: 21,278 cases including 343 deaths (CFR 1.6%) occurred between 6 June and 26 October in the country. The regions of Bissau and Bimbo account for 77% of cases; cholera has spread to all 11 regions of the country, 82% of the cases have occurred in Bissau, Bjombo and Bijagos. A WHO expert is currently providing technical support to the Ministry of Health for the implementation of the recommendations issued by an earlier WHO mission.

Mali: 158 cases including 20 deaths (CFR 12.65%) have occurred between 20 June and 24 July. Recently there has been a resurgence of cholera cases with 40 cases and 1 death reported from Kayes between 3 and 16 October. Heightened awareness and intensified prevention and preparedness activities are recommended.

Mauritania: A total of 2,930 cases including 49 deaths (CFR 1.7%) have been reported from 6 districts between 20 July and 27 September 2005. Nouakchott accounts for 89% of all the cases. A technical support team is being dispatched by WHO to adapt ongoing control measures.

Senegal: A resurgence of the cholera outbreak, which started early this year, has recently occurred. The capital city, Dakar, is most affected, due to the unusually heavy rains. To date, a total of 27,461 cases including 394 deaths (CFR 1%) have been reported during the outbreak, which began in January and peaked at the end of March.

Sao Tomé & Principe: A resurgence of cholera, which started on 15 April, has occurred in 5 districts (Agua grande, Cantogalo, Lemba, Lobata, MeZochi) due to water and sanitation problems. A total of 132 cases including 4 deaths (CFR 3.3%) have been reported during the outbreak.

This appeal covers needs for the following countries: The Gambia, Guinea Bissau, Mali, Mauritania, Sao Tome & Principe and Senegal. Further, it will cover the needs for providing WHO and UNICEF technical support and coordination, as well as for an inter-country meeting to analyse the response provided and to get prepared for the forthcoming cholera season. A total amount of **US$ 3,241,637** is requested to assist the governments of The Gambia, Guinea-Bissau, Mali, Mauritania, Sao Tomé and Senegal to prevent the epidemic to spread further across countries and within the region.

[1] WHO Global Task Force on Cholera Control 20 October 2005 and UNICEF / WHO AFRO update 26 october 2005

West and Central Africa Region Cholera Flash Appeal 2005
Summary of Requirements - by Sector
as of 31 October 2005
http://www.reliefweb.int/fts

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Sector Name	Original Requirements (US$)
COORDINATION AND SUPPORT SERVICES	350,000
HEALTH	2,891,637
Grand Total	**3,241,637**

West and Central Africa Region Cholera Flash Appeal 2005
Summary of Requirements - By Appealing Organisation
as of 31 October 2005
http://www.reliefweb.int/fts

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Appealing Organisation	Original Requirements (US$)
OCHA	50,000
UNICEF	2,014,094
WHO	1,177,543
Grand Total	**3,241,637**

The list of projects and the figures for their funding requirements in this document are a snapshot as of 31 October 2005. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

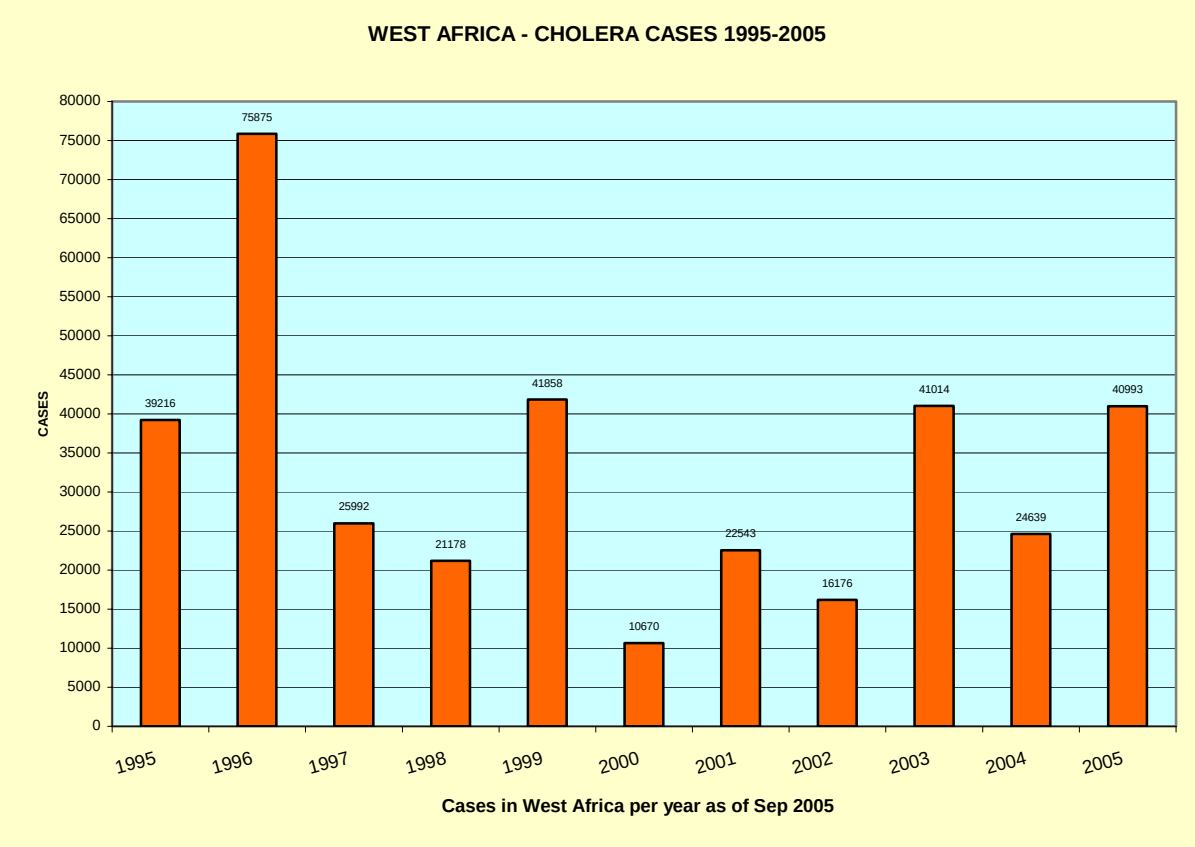
2. CONTEXT AND HUMANITARIAN CONSEQUENCES

Cholera occurs mainly where access to water and inadequate sanitation and basic infrastructure is deficient. Seasonal factors, such as the rainy season, contribute to this unusually high incidence of cholera. The outbreak in Guinea Bissau is expanding and outbreaks in Mauritania, Guinea, Senegal, Burkina Faso and Niger are not yet under control while resurgence is occurring in Mali.

Cholera can be prevented provided that adequate control programmes are in place. However, limited resources impede support for a more comprehensive and coherent approach at the local and sub-regional level. The ongoing socio-political situation within the region requires a better preparedness and an appropriate response to avoid increasing cholera fatality rate among the vulnerable population.

Among the ten countries in the region affected by cholera this year, six are currently requesting assistance: The Gambia, Guinea Bissau, Mali, Mauritania, Sao Tome & Principe and Senegal.

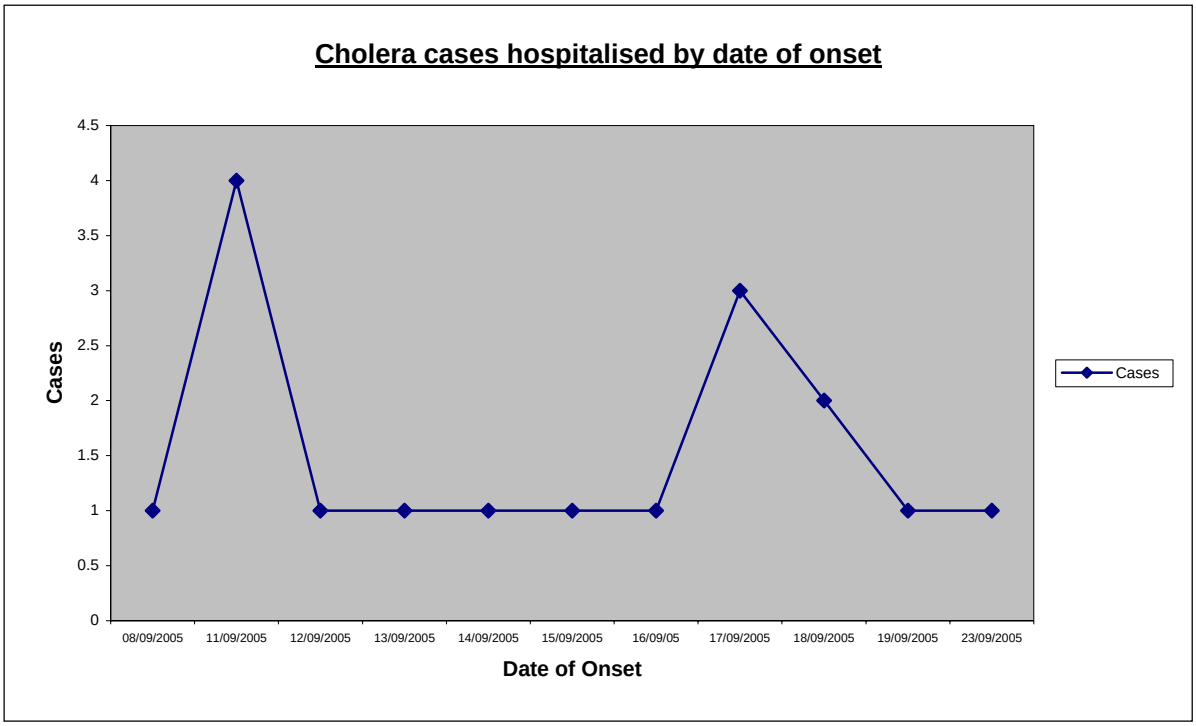
So far WHO and UNICEF, working with international and national health partners, are providing support at the country and sub-regional level, including strengthening surveillance activities. Supplies for case management and chlorination of water have been dispatched to some of the countries. But much more is needed to bring the outbreak under control.



2.1 The Gambia

Country-Specific Objective:
Targeted activities mainly in the high-risk zones of Basse, Farafenni, Soma and Essau

Context
From 8 to 23 September 2005, 17 cholera-infected people have been hospitalised, four of which died, representing a high CFR of 24%. A formal declaration on cholera was made on 27 September 2005 by the government, assuring the public that appropriate control measures had been taken.



Given the overcrowded nature of towns within this urban and semi-urban area, poor access to sanitary facilities and the recurrent episodes of floods, there is an obvious potential for a massive epidemic especially if control measures are not adequate and timely put in place. So far, the disease has spread within the border towns of the Western district where half of the county's population is living. Poor access to sanitary facilities and recurrent floods increase the vulnerability of people. Although the current border blockade between the Gambia and Senegal has tremendously reduced population movements, there are indications that the outbreak is still likely to sweep through poor urban communities especially in the major town of Sere Kunda where access to regular clean water supply is since long an unresolved problem.

Capacity description and gap analysis
Human resources on the ground are very thin: the number of trained nurses is inadequate even in the major health facilities. This has serious implications for the quality of care and the overall outcome of the patients' illness and may explain the high fatality rates so far seen in the current outbreak in the Gambia. Training of health staff is a real need.

The surveillance system is generally weak and needs to be strengthened and adequately equipped.

Supervision from the Communicable Disease Control Unit has been hampered by inadequate logistical support. Thus, very little information is filtering through to the central level in terms of cases. This could imply that the number of cases currently reported may just be the tip of the iceberg. Information collection and data analysis have to be strengthened.

Communication can play an important role in the control of an epidemic. There is a strong need to put a communication strategy for prevention and positive behavioural change in place. The involvement of the Gambia Radio and Television Services (GRTS) for mass electronic media to increase more air time on both radio and television at peak periods is crucial to raise the awareness of cholera among the vulnerable population.

Coordination mechanisms in place

The Ministry of Health has constituted a task force to oversee the management of the epidemic. The task force, chaired by the Director of Health Services (DoHS) consists of unit heads from the Health Department, UNICEF, WHO and the Gambia Red Cross Society and meets on a weekly basis. As the epidemic increases in magnitude, overall coordination of the national response will be done by the national disaster management committee located at the Vice President's office. The committee comprises of key government sectors, UN agencies, and bilateral donors as well as national and international NGOs.

Emergency response activities completed to date

During the previous epidemic of cholera between March and June 2005, there was a quick response from the Department of Health and Social Welfare, UNICEF, WHO, the media, and the Gambia Red Cross Society. The following actions were taken:

- Guidelines on all aspects of cholera control were updated and distributed;
- Pre-positioning of emergency supplies – UNICEF procured emergency supplies in March at the start of the first outbreak. These supplies, pre-positioned in strategic locations countrywide, were used to respond to the outbreak and have been utilised and are in need of replenishment;
- WHO, at the request of the DoSH, provided support to the Disease Control Unit to strengthen surveillance countrywide. WHO also provides technical support to improve case management and health education;
- Case investigation, contact tracing and treatment;
- De-contamination of water supply points in selected towns. Fourteen water points, used by approximately 25,000 people, were treated;
- Weekly radio programmes to inform the public.

No.	Partners (MoH, donors, NGOs, UN)	Funding (US$)	Supplies, Drugs, IEC, Human Resources, Water and Sanitation
1	MoH	25,000	Fuel, vehicles, human resources (health workers, though mainly nurses and lab assistants)
2	UNICEF	50,000	Intravenous fluids (IV), antibiotics, Oral Rehydration Salt (ORS), gloves, disinfectants
3	WHO	33,000	Laboratory equipment and reagents, antibiotics, IV sets, canula
4	Gambia Red Cross	10,000	Community sensitisation activities

As a result of these activities a massive epidemic as seen in other countries within the sub region has been prevented. Communities have been sensitised and practiced positive behaviours. The availability of case definition and drugs facilitated the early detection and initiation of appropriate treatment of cases by health workers, thus saving lives and reducing vulnerability.

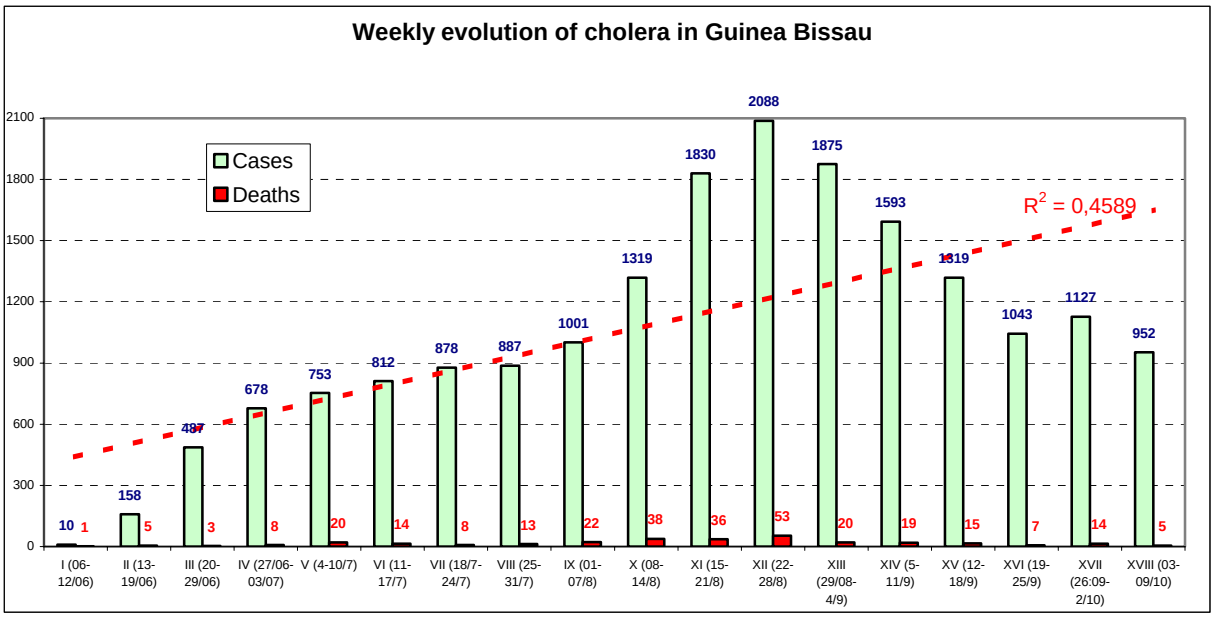
The total amount sought for the Gambia is US$ **157,940**.[2] 1,5 million people (including 1.03 million women and under five children) will be targeted by Information, Education and Communication (IEC) activities to improve behaviour practice, environmental control, surveillance and case management.

[2] Please refer to the response plans for detailed information on funding needs per country.

2.2 Guinea Bissau

Country-Specific Objective:
Targeted activities to strengthen preventive measures in the water and sanitation sector mainly in the high-risk zones of Sao Domingos, Cacheu, Oio, Quinará, and Tombali regions.

Context
The first laboratory confirmed case of cholera was registered on 16 June 2005. Retrospectively, a compatible first suspected case on 11 June 2005 was also considered cholera. On 21 June, the government declared the cholera epidemic a crisis. A steady increase in cases and deaths was observed from the week starting on 6 June 2005 up to the week ending 28 August 2005. Since then, a steady decline in cases and deaths has been noted from 29 August 2005 up to the week ending 9 October 2005. Not untill October did the weekly incidence of new cases, fall below 1,000 cases.



In spite of the decline in the epidemiological curve, there still is a high transmission rate occurring among the vulnerable population, mostly in over-populated semi-urban settlements with poor sanitary conditions and limited access to potable water (Bissau, BIombo), and among rural communities (Bijagos and Oio) that have cultural beliefs and traditional practices that negatively affect sanitary and hygienic practices.

Currently, a total of 21,278 cases and 343 deaths have been registered with a 1.6% mortality rate.

The fear is that in addition to the present person-to-person transmission, contaminated water sources will also become a major way of transmission, which could thus lead to a longer outbreak.

Capacity description and gap analysis
In general, the Ministry of Health (MoH) has a limited medical stock to face the epidemic. The country is used to an annual cholera outbreak and has trained technical staff in management and treatment of cholera cases. To better manage and strengthen epidemiological vigilance, this staff is in need of constant refresher training. The International Federation of Red Cross and Red Crescent Societies (IFRC) has 100 volunteers in the field to sensitise vulnerable population and distribute sanitation materials in the most affected areas like Bissau, Biombo, Quinara, San Domingos and Oio. Volunteers visit 300 homes each day in the affected areas. The Federation activities are continuing well and a post campaign assessment is planned for mid October 2005.

Coordination mechanisms in place
Under the leadership of the MoH, UNICEF, WHO, the Office for the Coordination of Humanitarian Affairs (OCHA), the United Nations Population Fund (UNFPA), the National Red Cross, PLAN International, the International Committee of the Red Cross (ICRC), European Commission Humanitarian Office – European Union (ECHO-EU), Médecins Sans Frontières (MSF), and the World Bank have conducted regular meetings to date to discuss emergency preparedness and response measures and to coordinate the defined response according to mandates and capacities on the ground.

Emergency response activities completed to date
The following actions were undertaken:

- The Epidemiological Services, with WHO support, has updated the guidelines on all aspects of cholera control, and distributed it to all health facilities;
- Pre-positioning of emergency supplies – UNICEF procured emergency supplies in March at the start of the first outbreak. These supplies, pre-positioned in a strategic location in Bissau and Bafata Region have been fully used to respond to the outbreak. Supplies include IV, antibiotics, as well as gloves;
- The Ministry of Health has distributed disinfectants to all health facilities across the country;
- WHO/UNICEF, at the request of the Epidemiological Services, provided support to the Disease Control Unit to strengthen surveillance at all levels;
- De-contamination of water supply points in all affected regions;
- Campaign of disinfections of houses;
- Campaign of information and sensitisation carried on in communities by volunteers of the National Red Cross;
- Médicos do Mundo has opened two centres for treatment of cases of cholera in Biombo;
- UNICEF/WHO support the efforts of the MoH through spots on the radio;
- The Municipal Council has started campaigns to increase tidiness of the city.

No.	Partners	Funding (Euro)	Supplies, Drugs, IEC, Human Resources, Water and Sanitation
1	MoH	50,305 (US$ 60,463)	Drugs
2	Prime Minister's Office	7,622 (US$ 9,161)	Drugs
3	UNICEF	68,067 (US$ 81,811)	Drugs, IEC materials, fuel, water and sanitation
4	WHO	35,000 (US$ 42,067)	Drugs
5	WFP	20,648 (US$ 24,817)	Food
6	OCHA		Information, advocacy
7	UNFPA	610 (US$ 733)	Logistic support
8	World Bank	34,299 (US$ 41,225)	IEC
9	PLAN	24,400 (US$ 29,327)	IEC
10	ECHO	268,400 (US$ 322,596)	Drugs, IEC, water and sanitation
11	Portugal	140,000 (US$ 168,269)	Drugs
12	France	32,000 (US$ 38,462)	Drugs and logistic support

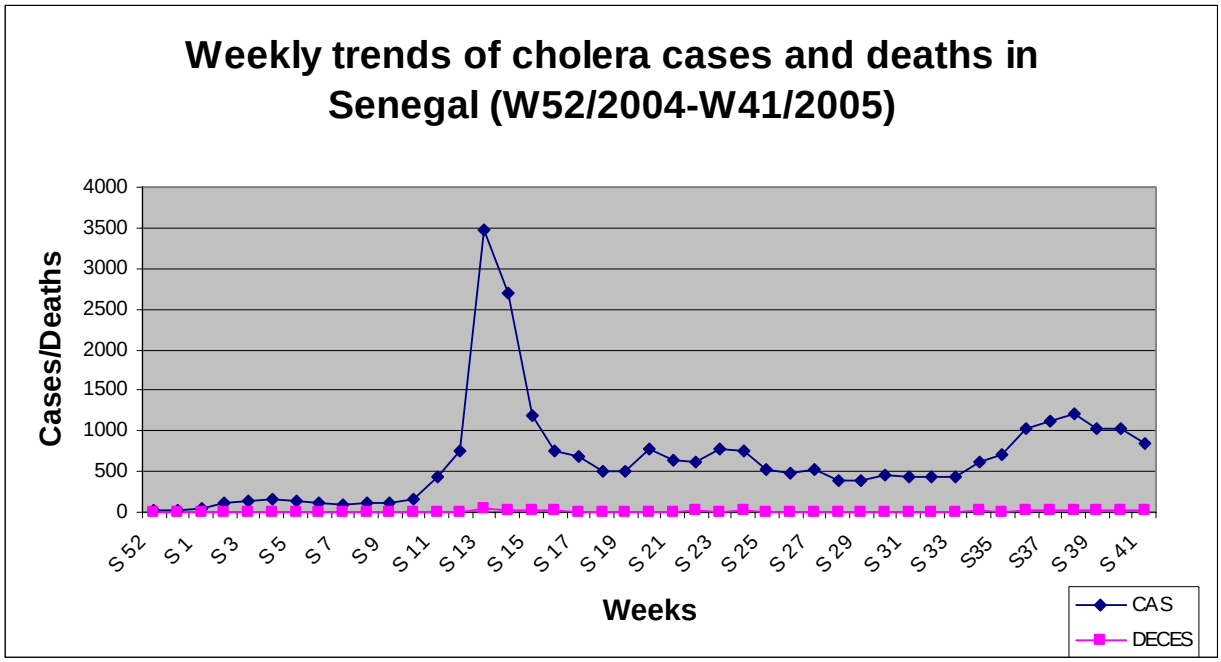
No.	Partners	Funding (Euro)	Supplies, Drugs, IEC, Human Resources, Water and Sanitation
13	China	16,667 (US$ 20,232)	Logistic support
14	Senegal	5,579 (US$ 4,640)	Drugs
15	National Red Cross	6,733 (US$ 6,706)	IEC
16	Rotary Club de Bissau/Rotary Stuttgart		Drugs
17	NGO Central Social/Igreja Evangélica		Drugs
18	GuinéTel/Guiné Telecom	4,573 (US$ 5,496)	Logistic support
19	Senegalese community	381 (US$ 458)	Drugs, food
20	Conakry community	6,638 (US$ 7,978)	Drugs, food

The total amount sought for Guinea Bissau is **US$ 1,663,097**, covering a total population of 1.4 million people (1 million being women and under five children) that will be targeted by IEC activities, drugs and sanitation procurement, and improved surveillance and case management.

2.3 Senegal

Country specific Objective:
Targeted activities in the most affected areas in Dakar

Context
In October 2004, the first confirmed case of cholera was reported to the Senegalese health authorities marking the beginning of the first cholera outbreak since 1996. At the end of January/beginning of February 2005, new cases of cholera were reported in Touba district of Diourbel region. The first week of March 2005 several new cases were reported in Dakar. During the week of 28 March – 4 April 2005 all 11 regions in Senegal had reported at least one cholera case, making the outbreak a national epidemic. A combination of factors could be responsible for the outbreak, such as poor sanitation, problems with the water supply, and inadequate hygiene behaviour, as well as population movements due to pilgrimages. During the month of August 2005, Senegal has experienced heavy rainfalls and, as a result, several areas in Dakar and countrywide were flooded. Subsequently, the Senegalese government had to adapt four sites to temporary resettlement of the affected people. The potential for an outbreak of cholera in these shelters and in flooded areas is extremely high and it is of vital importance for all relevant actors to constantly carry out preventive measures.[3]



Capacity description and gap analysis
The government has ensured treatment of all cases at peripheral and central level through adequately trained and supervised health staff. The pre-positioning and continuous supply of drugs have been ensured as well as providing free of charge care to patients. The epidemiological monitoring system has undertaken regular data collections, allowing for an adequate follow-up of the evolution of the epidemic. This strategy made it possible to maintain the mortality rate at a relatively low level. Nevertheless, the persistence and intensification of the epidemic caused by the heavy rainy season and inundations increase the need of drugs supply. Disinfection and sanitation activities have been undertaken by the epidemiological service, but the lack of disinfection products and logistics over the last few months has often worked as a constraint. The persistence of the epidemic is revealing the fact that the information and sensitisation activities did not reach a sufficient level of intensity.

WHO and UNICEF continue to support the government through technical support. The supply of drugs and disinfectants, the financial support for IEC and the supervision provided during the past months have stopped due to lack of resources. Additional resources are needed to continue the fight against the epidemic. These resources will be primarily used for information and sensitisation activities, the supply of drugs and disinfectants in seriously affected areas.

[3] Rapid Appraisal of Cholera Outbreak in Senegal, OXFAM GB, West Africa Office, September 2005

The Senegalese Red Cross (SRC) is present in all 11 Regions of Senegal and involved in preventive activities in the following five regions: Dakar, Kaolack, Ziguinchor, Saint Louis and Diourbel. The main objective is to help diminishing cholera-related morbidity. The SRC is planning to replicate these activities in the remaining six regions.

World Vision is providing the population, either directly or through the authorities, with bleach, soap, detergent and antiseptic. The NGO also provides fuel for back-up generators. World Vision is active in Kaffrine (6 Area Development Programmes (ADPs)), Fatick (8 ADPs) and Velingara (8 ADPs).

Coordination mechanisms in place

The government of Senegal put a coordination mechanism in place from the onset of the cholera epidemic that hit Dakar in 2004. The Prime Minister organised a regular inter-ministerial coordination session with the National Outbreak Management Committee, which further involved the relevant ministries, services and partners, such as WHO, UNICEF, and the Red Cross Movement. The monthly health sector donor's coordination meeting is lead by WHO. Joint field visits have been organised and weekly cholera epidemic updates are prepared and shared by the MoH and WHO.
A special cholera follow up committee has been organised by the MoH, which involves the ministerial divisions, the Institute Pasteur, WHO and UNICEF.

Emergency response activities completed to date

From the very beginning of the cholera epidemic (September/October 2004) there has been a quick and strong response from the Ministry of Health and their partners. The following actions were taken:

- Organisation of National surveillance committees by the Ministry of Health in cooperation WHO and UNICEF;
- Elaboration of a National Plan of action;
- Organisation of a joint mission with the Ministers of Health, Prevention, and Hydraulics;
- Pre- positioning of ORS, Ringer Lactate, drugs, and regular supplies;
- Reinforcement of epidemiological surveillance and publication of a weekly information bulletin;
- Updating of guidelines and reinforcement of health worker capacities;
- Organisation of camps for treatment of cases;
- Chlorination of all water distribution systems;
- Treatment of sewers, septic tanks, and rubbish dumps;
- Information activities (radio and television programmes; proximity information activities).

No.	Partners (donors, NGOs, UN)	Funding	Supplies, Drugs, IEC, Human Resources, Water and Sanitation
1	MoH	700,000,000 Fcfa (US$ 1,282,624)	Antibiotics, ringer lactate, ORS, fuel, disinfectants, operational costs
2	UNICEF	71,600 US$.	Ringer lactate 500ml (1,000 pieces of 20), ORS 100pcs of 1,000, disinfectants, water supply, support to hygiene education as well as sanitation equipment and materials provided from available stocks
3	WHO	15,000,000 Fcfa (US$ 27,485)	Drugs, sanitation equipment and materials
4	Republic of China embassy	120,000 US$	Drugs, IEC support
5	France embassy	23,000 Euro (US$ 27,644)	Drugs transportation, disinfectants, fuel, laboratory supplies

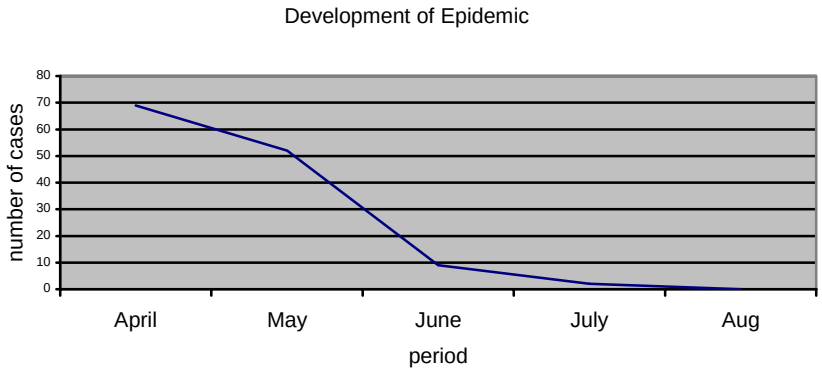
The total amount needed for Senegal is **US$ 212,000**, which is covering a total vulnerable population of 2 million people (including 1.4 women and under five children) that will be targeted by IEC activities, distribution of drugs and sanitation items, and improved surveillance and case management.

2.4 Sao Tome & Principe

Country specific Objective:
Targeted activities in the District of Agua Grande

Context
Since 15 April 2005, 132 cholera cases have been reported with 4 deaths (CFR 3.3%), threatening the inhabitants of which only 19% has access to proper sanitary facilities. Intensive rural to urban migration has imposed enormous pressure on already inadequate or non-existent municipal social services such as easily available potable water, sanitation, adequate housing, health and education. This situation further jeopardises the control of the epidemic.

Cholera cases by date of onset



The government issued a formal declaration on the cholera outbreak on 20 April 2005. The epidemic is present in the districts of Agua Grande, Cantagalo, Lemba, Lobata, Me Zochi. The specific zone to focus activities is the district Agua Grande, home to the capital Sao Tomé.

Capacity description and gap analysis
Sao Tomé provides resources for the management of the epidemic and plans to improve the water and sanitation quality, and to build 100 toilets to improve the hygiene condition of the population in affected areas. The additional response focuses on Information, Education and Communication activities foreseen for community mobilisation through media support.

Coordination mechanism in place
A task force lead by the Director of Primary Health Care of the Ministry of Health coordinates the management of the epidemic through regular meetings being held twice a week. These meetings include the department of Epidemiological Surveillance, the department of Finances and Planning of the MoH, the department of Water and Sanitation, the National Funds of Medicine, the National Centre of Endemic Diseases, the District Health Delegation, and Agua Grande City Council.

Emergency response activities completed to date

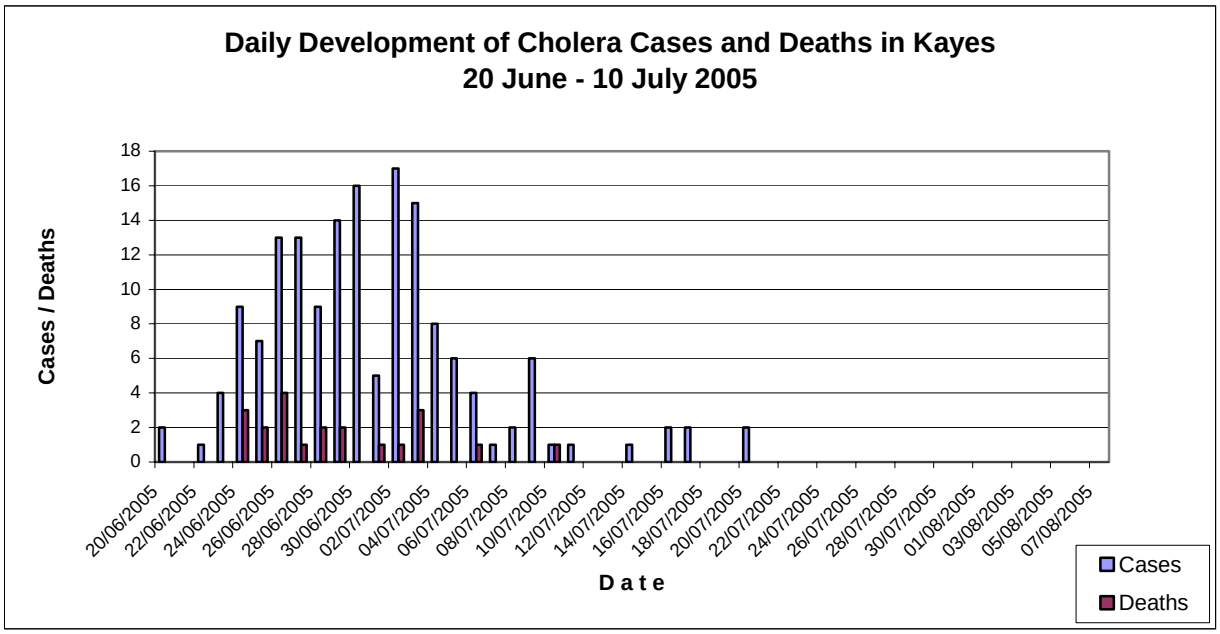
No.	Partners (MoH, donors, NGOs, UN)	Funding US$	Supplies, Drugs, IEC, Human Resources, Water and Sanitation
1	MoH	NA	IEC, human resources
2	UNICEF	53,000	Supplies, drugs, equipment needs for community mobile teams
3	UK National Committee	58,000	Water and sanitation
4	Portuguese National Committee	28,000	Water and sanitation
5	UNDP	50,000	IEC
6	WHO	-	Human resources
7	Embassy of Portugal	NA	Supplies, drugs
8	NGO Red Cross	-	Human resources
9	Other bilateral government partners	-	Transport, supplies,

The total amount sought for Sao Tomé is **US$ 238,500**, covering 217,000 people (including 140,000 women and under five children) for sanitation activities and IEC

2.5 Mali

Context

The first two suspected cases occurred in Mali on 20 June 2005 in the village of Fégui, and cholera was finally confirmed on 24 June. On 25 June, the government declared the epidemic in Kayes district. The cholera outbreak reached 12 villages of Kayes, with 166 cases and 24 deaths (CFR=14.5%), largely explained by the lack of sufficient drinking water. Wells are not functioning in Féqui and the functional well in Goundiam did not provide enough drinking water, compelling the population to use river water despite warnings from Health Authorities. Despite the fact that investigations confirm that the Falemé River is the source of the epidemic, people continue to use the river water because they believe it contributes to their well-being.



Existing Coordination mechanisms

Under the leadership of the Ministry of Health, a cholera task force has been put in place with the participation of WHO/Centre for Disease Control (CDC) Atlanta, UNICEF, PASEI2 (Embassy of Canada) and MSF. At the national level, a working group on epidemic surveillance and response meets on a monthly basis with involvement of technical and financial partners. At the regional level, weekly meetings have been taking take place since 20 June 2005.

Emergency response activities completed up to date

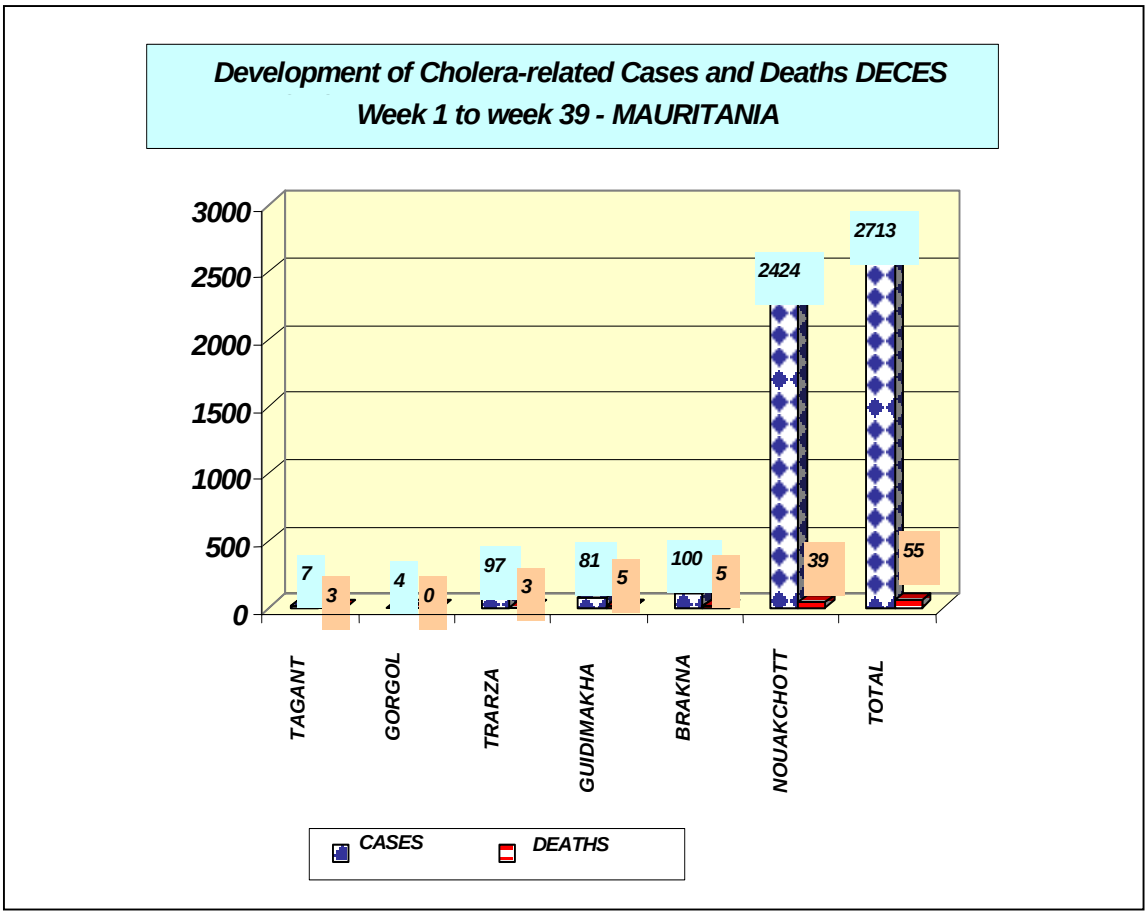
No.	Partners (MoH, donors, NGOs, UN)	Funding US$	Supplies, Drugs, IEC, Human Resources, Water and Sanitation
1	MoH	400,000	Drugs, consumables, disinfectants and technical material, funds for epidemic control and disasters
2	PASEI2	36,000	Financial contribution to the regional plan
3	UNICEF	5,000	6,000 packets ORS, 4,000 erythromycin, 2 tanks of disinfectant (Crésyl, 200 litres), 20 gloves, 40 shoes, 2,500 packets chlorine tab
4	WHO	ND	Kit for water testing Mission of technical support and advocacy
5	MSF	ND	7000 units Ringer lactate
6	Ordre des Pharmaciens de Kayes	1,000	Support Kayes DRS in epidemic management
7	Min. Social Development	200	Support Kayes DRS in epidemic management
8	One economist of Kayes	12,000	Preparation of one well
9	Ministry of Water & Power	ND	Setting up or rehabilitation of a well

The total amount sought for Mali is **US$ 392,200**, which is covering 1.5 million people in the Kayes region (including 1 million women and under five children for IEC, sanitation activities, and improved case management and surveillance.

2.6 Mauritania

Context
The first case of cholera was confirmed on 30 April 2005 in Keur Macene in Trarza region on the border with Senegal border. Six out of thirteen regions are currently affected by the cholera outbreak, with 89% of cases reported in the Nouakchott periphery. On 22 September 2005 a total of 2,713 cases were reported and 55 deaths (CFR 2.03%). Even though the outbreak was never officially declared, the government maintains a strong surveillance, organises coordination meetings headed by the anti-cholera directorate, with the participation of all partners, among them WHO and UNICEF, and release regular data update to media.

The late and abundant rainy season worsened the precarious health status, with insufficient safe water supply in suburban areas on the one hand, and rural populations usually fully dependant on the river on the other hand. The border region with intense commercial traffic with Senegal is another threat for a rapid spread requiring increased vigilance. Efforts will focus on safe water supply, IEC, hygiene measures, drugs supplies, and refresher training for health staff.



Capacity description and gap analysis
National stocks of IV and consumables have been maintained with the support of MSF Belgium, which is running a treatment centre.

Major actions have been undertaken by the government and Nouakchott city, in collaboration with MSF, to control and clean-up drinking water fountains, to evacuate rubbish from the contaminated neighbourhoods. Public sanitation is still the major weakness of the eradication plans, with particular concern on the local markets.

Coordination mechanisms in place
Regular coordination meetings are organised and chaired by the Anti-Cholera Direction of the Health and Social Affairs Ministry. An inter-ministerial commission has been created to coordinate activities of all the ministries involved, as cholera control requires a multi-sectorial policy approach.

Emergency Response activities completed up to date

Since the beginning of this cholera epidemic, the following actions have been taken:

- Provision of safe water at the periphery of Nouakchott;
- Disinfection of septic tanks and latrines in the houses of the sick persons;
- Request for emergency medical supplies by UNICEF;
- Provision of oral dehydration solutions by MFS Belgium and cholera kits by WHO.

No.	Partners (MoH, donors, NGOs, UN)	Funding US$	Supplies, Drugs, IEC, Human Resources, Water and Sanitation
1	Mauritanian Government	322,543	Medication, chlorine, septic system digester, team motivation, water supply, disinfection gear (sprays).
2	Médecins Sans Frontières Belgium	NA	Organisation of the treatment centre: managing the site, giving medical care and supervising the medical treatments by specialised foreign personnel (doctors, nurses), overseeing the complete logistics of water sanitation in the lazaret and contaminated neighbourhoods, providing medical gear (solutes, chlorine, antibiotics) and equipment (beds, tents and kidney trays), preparing meals for the patients
3	Mauritanian Red Crescent	NA	IEC in neighbourhoods and treatment centre
4	French Red Cross	NA	IEC in neighbourhoods and treatment centre
5	Médicos del Mundo	NA	IEC, disinfection products (chlorine and soap).
6	UNICEF	50,000	Medication and paediatric medical equipment
7	WHO	NA	Expertise, epidemiological monitoring, logistic support
8	AMAMI (national NGO)	NA	Preparation of meals for patients, provides cooking personnel
9	WFP	2,000	Food distributions in the treatment centre to the affected persons and their suite
10	OCHA	NA	Coordination of the different actions through participation to the meetings and distribution of information

The total amount sought for Mauritania is **US$ 227,900,** covering 1 million people (including 700,000 women and under five children).

3. RESPONSE PLANS

Country	Objectives	Activities	Costs in US$*
GAMBIA	To accelerate comprehensive surveillance in order to **reduce vulnerability**	• Training health officers at district level; • Involve health community workers on the cholera case identification; • Monitoring the reporting system on a weekly basis.	**(WHO)** WCA/GAM-05/H01A **16,960** **(UNICEF)** WCA/GAM-05/H01B **5,300**
	To contribute and provide continued and accurate diagnosis and treatment of cholera fever to the most vulnerable populations in the country in order to save lives	• Updating Health officers on cholera management case; • Providing laboratory test as well as drugs (AB, Ringer lactate, ORS, Gloves etc…) to the MoH.	**WHO** WCA/GAM-05/H02A **21,200** **UNICEF** WCA/GAM-05/H02B **73,140**
	To strengthen clinical management to contain caseload and prevent further distribution of epidemic	• Provide disinfectant and water supply; • Hygiene education material; • Transportation support.	**WHO** WCA/GAM-05/H03A **14,840** **UNICEF** WCA/GAM-05/H03B **2,120**
	To support intensified community-based education (information, education and communication – IEC) and environmental control to improve behaviour practices and prevent broadening of epidemic	• Organise sensitisation campaigns on cholera through medias (Radio, Television, Newspapers, etc.); • Social mobilisation on cholera prevention at the community level; • Sensitisation of religious and traditional leaders on regular basis on the preventive measures; • Develop leaflets and pamphlets on cholera; • Transportation support.	**UNICEF** WCA/GAM-05/H04 **24,380**
	Total		**157,940**

* Includes programme support costs

Country	Objectives	Activities	Costs in US$*
	To accelerate comprehensive surveillance in order **to reduce vulnerability**	• Training > 40 health officers in 4 districts; • Involve health community workers on the cholera case identification; • Equip 4 districts health structures with communication tools (Bicycle, Radios, etc.).	**WHO** WCA/GBS-05/H01 **235,750**
	To contribute and provide continued and accurate diagnosis and treatment of cholera to the most vulnerable populations **in the country in order to save lives**	• Updating > 40 health officers on cholera case management; • Providing laboratory tests as well as drugs (AB, Ringer lactate, ORS, Gloves etc…) to the MoH; • Nutritional supplements; • Supervision.	**WHO** WCA/GBS-05/H02A **150,806** **UNICEF** WCA/GBS-05/H02B **163,982**
	To strengthen clinical management **to contain caseload and prevent further distribution of epidemic**	• Training >health workers at different levels in all regions; • Community sensitisation on cholera; • Sensitisation of the population at the cholera centres; • Provide chlorine, buckets, protective gear and other needed materials to improve the quality of water and sanitation in district health centres; • Transportation and distribution of materials; • Monitoring and evaluation.	**UNICEF** WCA/GBS-05/H03A **624,917** **WHO** WCA/GBS-05/H03B **160,442**
	To support *intensified* community-based education (information, education and communication – IEC) and environmental control **to improve behaviour practices and prevent broadening of epidemic**	• Organise sensitisation campaigns on cholera through media (Radio, Television, Newspapers, etc); • Social mobilisation on cholera prevention at the community level through the House to House strategy with focus on the 4 districts; • Sensitisation of religious and traditional leaders on regular basis on preventive measures; • Develop leaflets and pamphlets on cholera; • Transportation support.	**UNICEF** WCA/GBS-05/H04 **313,055**
	Total		**1,663,097**

* Includes programme support costs

Country	Objectives	Activities	Costs in US$*
MALI	To accelerate comprehensive surveillance in order to **reduce vulnerability**	• Training health officers at district level; • Involve health community workers on the cholera case identification; • Equip districts Health structures with communication tools (Bicycle, Radios, etc.); • Monitoring the reporting system on a weekly basis.	**WHO** WCA/MLI-05/H01A **15,900** **UNICEF** WCA/MLI-05/H01B **5,300**
	To contribute and provide continued and accurate diagnosis and treatment of cholera fever to the most vulnerable populations in the country **in order to save lives**	• Updating Health officers on cholera management case; • Providing laboratory test as well as drugs (AB, Ringer lactate, ORS, Gloves etc…) to the MoH.	**WHO** WCA/MLI-05/H02A **26,500** **UNICEF** WCA/MLI-05/H02B **84,800**
	To strengthen clinical management **to contain caseload and prevent further distribution of epidemic**	• Community sensitisation on cholera; • Sensitisation of the population at the cholera centres; • Provide disinfectant and water supply; • Hygiene education material; • Transportation support	**WHO** WCA/MLI-05/H03A **74,200** **UNICEF** WCA/MLI-05/H03B **127,200**
	To support intensified community-based education (information, education and communication – IEC) and environmental control to **improve behaviour practices and prevent broadening of epidemic**	• Organise sensitisation campaigns on cholera through medias (Radio, Television Newspapers, etc.); • Social mobilisation on cholera prevention at the community level; • Sensitisation of religious and traditional leaders on regular basis on the preventive measures; • Develop leaflets and pamphlets on cholera; • Transportation support.	**WHO** WCA/MLI-05/H04A **5,300** **UNICEF** WCA/MLI-05/H04B **53,000**
	Total		**392,200**

* Includes programme support costs

Country	Objectives	Activities	Costs in US$*
MAURITANIA	To accelerate comprehensive surveillance in order to **reduce vulnerability**	• Training health officers at district level; • Involve health community workers on the cholera case identification; • Equip districts Health structures with communication tools (Bicycle, Radios, etc.); • Monitoring the reporting system on a weekly basis.	**WHO** WCA/MAU-05/H01A **15,900** **UNICEF** WCA/MAU-05/H01B **15,900**
	To contribute and provide continued and accurate diagnosis and treatment of cholera fever to the most vulnerable populations in the country **in order to save lives**	• Updating Health officers on cholera management case; • Providing laboratory test as well as drugs (AB, Ringer lactate, ORS, Gloves etc…) to the MoH.	**WHO** WCA/MAU-05/H02A **26,500** **UNICEF** WCA/MAU-05/H02B **26,500**
	To strengthen clinical management **to contain caseload and prevent further distribution of epidemic**	• Training health workers at different levels; • Community sensitisation on cholera; • Sensitisation of the population at the cholera centres; • Provide chlorine, buckets, protective gear and other needed materials to improve the quality of water and sanitation; • Transportation support.	**WHO** WCA/MAU-05/H03 **90,100**
	To support intensified community-based education (information, education and communication – IEC) and environmental control to **improve behaviour practices and prevent broadening of epidemic**	• Organise sensitisation campaigns on cholera through medias (Radio, Television, Newspapers, etc.); • Social mobilisation on cholera prevention at the community through the House-to-House strategy; • Sensitisation of religious and traditional leaders on regular basis on the preventive measures; • Develop leaflets and pamphlets on cholera; • Transportation support.	**WHO** WCA/MAU-05/H04A **15,900** **UNICEF** WCA/MAU-05/H04B **37,100**
	Total		**227,900**

* Includes programme support costs

Country	Objectives	Activities	Costs in US$*
SENEGAL	To accelerate comprehensive surveillance in order to **reduce vulnerability**	• Involve Dakar and Diourbel health community workers on the cholera case identification; • Monitoring the reporting system on a weekly basis.	**WHO** WCA/SEN-05/H01A **5,300** **UNICEF** WCA/SEN-05/H01B **5,300**
	To contribute and provide continued and accurate diagnosis and treatment of cholera to the most vulnerable populations in the country **in order to save lives**	• Updating health officers on cholera management case; • Providing laboratory test as well as drugs (AB, Ringer lactate, ORS, Gloves etc…) to the MoH. •	**WHO** WCA/SEN-05/H02A **31,800** **UNICEF** WCA/SEN-05/H02B **42,400**
	To strengthen clinical management to contain caseload and prevent further distribution of epidemic	• Community sensitisation on cholera; • Sensitisation of the population at the cholera centres; • Provide disinfectant and water supply; • Hygiene education material; • Transportation support.	**WHO** WCA/SEN-05/H03A **26,500** **UNICEF** WCA/SEN-05/H03B **42,400**
	To support intensified community-based education (information, education and communication – IEC) and environmental control **to improve behaviour practices and prevent broadening of epidemic**	• Organise sensitisation campaigns on cholera through medias (Radio, Television, Newspapers, etc.); • Social mobilisation on cholera prevention at the community level; • Sensitisation of religious and traditional leaders on regular basis on the preventive measures; • Develop leaflets and pamphlets on cholera; • Transportation support.	**WHO** WCA/SEN-05/H04A **37,100** **UNICEF** WCA/SEN-05/H04B **21,200**
	Total		**212,000**

* Includes programme support costs

Country	Objectives	Activities	Costs in US$*
SAO TOMÉ & PRINCIPE	To accelerate comprehensive surveillance in order to **reduce vulnerability.**	• Training health officers at district level; • Involve health community workers on the cholera case identification; • Monitoring the reporting system on a weekly basis;	**WHO** WCA/STP-05/H01A **10,600** **UNICEF** WCA/STP-05/H01B **10,600**
	To contribute and provide continued and accurate diagnosis and treatment of cholera fever to the most vulnerable populations in the country **in order to save lives.**	• Updating Health officers on cholera management case; • Providing laboratory test as well as drugs (AB, Ringer lactate, ORS, Gloves etc…) to the MoH;	**WHO** WCA/STP-05/H02A **10,600** **UNICEF** WCA/STP-05/H02B **10,600**
	To strengthen clinical management **to contain caseload and prevent further distribution of epidemic**	• Training health workers at different levels; • Community sensitisation on cholera; • Sensitisation of the population at the cholera centres; • Provide chlorine, buckets, protective gear and other needed materials to improve the quality of water and sanitation; • Build 100 San Plat toilets in three districts; • Transportation support.	**UNICEF** WCA/STP-05/H03A **143,100** **WHO** WCA/STP-05/H03B **10,600**
	To support intensified community-based education (information, education and communication – IEC) and environmental control **to improve behaviour practices and prevent broadening of epidemic**	• Organise sensitisation campaigns on cholera through medias (Radio, Television, Newspapers, etc.); • Social mobilisation on cholera prevention at the community; • Develop leaflets and pamphlets on cholera; • Transportation support.	**WHO** WCA/STP-05/H04A **10,600** **UNICEF** WCA/STP-05/H04B **31,800**
	Total		**238,500**
	Sub regional needs (monitoring /coordination/ surge capacity,)	• Joint assessment missions in GB and Senegal; • Joint evaluation after implementation of response plans; • Assisting Country implementing the response plans.	**OCHA** WCA-05/CSS01A **50,000** **WHO** WCA-05/CSS01B **150,000** **UNICEF** WCA-05/CSS01C **150,000**
	GRAND TOTAL		***3,241,637***

* Includes programme support costs

Table II: West and Central Africa Region Cholera Flash Appeal 2005

List of Projects - By Sector

as of 31 October 2005

http://www.reliefweb.int/fts

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Project Code	Appealing Agency	Sector/Activity	Original Requirements (US$)
COORDINATION AND SUPPORT SERVICES			
WCA-05/CSS01A	OCHA	Sub regional needs (monitoring /coordination/ surge capacity)	50,000
WCA-05/CSS01B	WHO	Sub regional needs (monitoring /coordination/ surge capacity)	150,000
WCA-05/CSS01C	UNICEF	Sub regional needs (monitoring /coordination/ surge capacity)	150,000
Subtotal for COORDINATION AND SUPPORT SERVICES			**350,000**

The list of projects and the figures for their funding requirements in this document are a snapshot as of 31 October 2005. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table II: West and Central Africa Region Cholera Flash Appeal 2005

List of Projects - By Sector

as of 31 October 2005

http://www.reliefweb.int/fts

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Project Code	Appealing Agency	Sector/Activity	Original Requirements (US$)
HEALTH			
WCA/GAM-05/H01A	WHO	To accelerate comprehensive surveillance in order to reduce vulnerability	16,960
WCA/GAM-05/H01B	UNICEF	To accelerate comprehensive surveillance in order to reduce vulnerability	5,300
WCA/GAM-05/H02A	WHO	To contribute and provide continued and accurate diagnosis and treatment of cholera fever to the most vulnerable populations in the country in order to save lives	21,200
WCA/GAM-05/H02B	UNICEF	To contribute and provide continued and accurate diagnosis and treatment of cholera fever to the most vulnerable populations in the country in order to save lives	73,140
WCA/GAM-05/H03A	WHO	To strengthen clinical management to contain caseload and prevent further distribution of epidemic	14,840
WCA/GAM-05/H03B	UNICEF	To strengthen clinical management to contain caseload and prevent further distribution of epidemic	2,120
WCA/GAM-05/H04	UNICEF	To support intensified community-based education (information, education and communication – IEC) and environmental control to improve behavior practices and prevent broadening of epidemic	24,380
WCA/GBS-05/H01	WHO	To accelerate comprehensive surveillance in order to reduce vulnerability	249,895
WCA/GBS-05/H02A	WHO	To contribute and provide continued and accurate diagnosis and treatment of cholera fever to the most vulnerable populations in the country in order to save lives	150,806
WCA/GBS-05/H02B	UNICEF	To contribute and provide continued and accurate diagnosis and treatment of cholera fever to the most vulnerable populations in the country in order to save lives	163,982
WCA/GBS-05/H03A	UNICEF	To strengthen clinical management to contain caseload and prevent further distribution of epidemic	624,917
WCA/GBS-05/H03B	WHO	To strengthen clinical management to contain caseload and prevent further distribution of epidemic	160,442
WCA/GBS-05/H04	UNICEF	To support intensified community-based education (information, education and communication – IEC) and environmental control to improve behavior practices and prevent broadening of epidemic	313,055
WCA/MAU-05/H01A	WHO	To accelerate comprehensive surveillance in order to reduce vulnerability	15,900
WCA/MAU-05/H01B	UNICEF	To accelerate comprehensive surveillance in order to reduce vulnerability	15,900
WCA/MAU-05/H02A	WHO	To contribute and provide continued and accurate diagnosis and treatment of cholera fever to the most vulnerable populations in the country in order to save lives	26,500
WCA/MAU-05/H02B	UNICEF	To contribute and provide continued and accurate diagnosis and treatment of cholera fever to the most vulnerable populations in the country in order to save lives	26,500

The list of projects and the figures for their funding requirements in this document are a snapshot as of 31 October 2005. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table II: West and Central Africa Region Cholera Flash Appeal 2005

List of Projects - By Sector

as of 31 October 2005

http://www.reliefweb.int/fts

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Project Code	Appealing Agency	Sector/Activity	Original Requirements (US$)
HEALTH			
WCA/MAU-05/H03	WHO	To strengthen clinical management to contain caseload and prevent further distribution of epidemic	90,100
WCA/MAU-05/H04A	WHO	To support intensified community-based education (information, education and communication – IEC) and environmental control to improve behavior practices and prevent broadening of epidemic	15,900
WCA/MAU-05/H04B	UNICEF	To support intensified community-based education (information, education and communication – IEC) and environmental control to improve behavior practices and prevent broadening of epidemic	37,100
WCA/MLI-05/H01A	WHO	To accelerate comprehensive surveillance in order to reduce vulnerability	15,900
WCA/MLI-05/H01B	UNICEF	To accelerate comprehensive surveillance in order to reduce vulnerability	5,300
WCA/MLI-05/H02A	WHO	To contribute and provide continued and accurate diagnosis and treatment of cholera fever to the most vulnerable populations in the country in order to save lives	26,500
WCA/MLI-05/H02B	UNICEF	To contribute and provide continued and accurate diagnosis and treatment of cholera fever to the most vulnerable populations in the country in order to save lives	84,800
WCA/MLI-05/H03A	WHO	To strengthen clinical management to contain caseload and prevent further distribution of epidemic	74,200
WCA/MLI-05/H03B	UNICEF	To strengthen clinical management to contain caseload and prevent further distribution of epidemic	127,200
WCA/MLI-05/H04A	WHO	To support intensified community-based education (information, education and communication – IEC) and environmental control to improve behavior practices and prevent broadening of epidemic	5,300
WCA/MLI-05/H04B	UNICEF	To support intensified community-based education (information, education and communication – IEC) and environmental control to improve behavior practices and prevent broadening of epidemic	53,000
WCA/SEN-05/H01A	WHO	To accelerate comprehensive surveillance in order to reduce vulnerability	5,300
WCA/SEN-05/H01B	UNICEF	To accelerate comprehensive surveillance in order to reduce vulnerability	5,300
WCA/SEN-05/H02A	WHO	To contribute and provide continued and accurate diagnosis and treatment of cholera to the most vulnerable populations in the country in order to save lives	31,800
WCA/SEN-05/H02B	UNICEF	To contribute and provide continued and accurate diagnosis and treatment of cholera to the most vulnerable populations in the country in order to save lives	42,400
WCA/SEN-05/H03A	WHO	To strengthen clinical management to contain caseload and prevent further distribution of epidemic	26,500
WCA/SEN-05/H03B	UNICEF	To strengthen clinical management to contain caseload and prevent further distribution of epidemic	42,400

The list of projects and the figures for their funding requirements in this document are a snapshot as of 31 October 2005. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table II: West and Central Africa Region Cholera Flash Appeal 2005

List of Projects - By Sector

as of 31 October 2005

http://www.reliefweb.int/fts

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Project Code	Appealing Agency	Sector/Activity	Original Requirements (US$)
HEALTH			
WCA/SEN-05/H04A	WHO	To support intensified community-based education (information, education and communication – IEC) and environmental control to improve behavior practices and prevent broadening of epidemic	37,100
WCA/SEN-05/H04B	UNICEF	To support intensified community-based education (information, education and communication – IEC) and environmental control to improve behavior practices and prevent broadening of epidemic	21,200
WCA/STP-05/H01A	WHO	To accelerate comprehensive surveillance in order to reduce vulnerability	10,600
WCA/STP-05/H01B	UNICEF	To accelerate comprehensive surveillance in order to reduce vulnerability	10,600
WCA/STP-05/H02A	WHO	To contribute and provide continued and accurate diagnosis and treatment of cholera fever to the most vulnerable populations in the country in order to save lives	10,600
WCA/STP-05/H02B	UNICEF	To contribute and provide continued and accurate diagnosis and treatment of cholera fever to the most vulnerable populations in the country in order to save lives	10,600
WCA/STP-05/H03A	UNICEF	To strengthen clinical management to contain caseload and prevent further distribution of epidemic	143,100
WCA/STP-05/H03B	WHO	To strengthen clinical management to contain caseload and prevent further distribution of epidemic	10,600
WCA/STP-05/H04A	WHO	To support intensified community-based education (information, education and communication – IEC) and environmental control to improve behavior practices and prevent broadening of epidemic	10,600
WCA/STP-05/H04B	UNICEF	To support intensified community-based education (information, education and communication – IEC) and environmental control to improve behavior practices and prevent broadening of epidemic	31,800
Subtotal for HEALTH			**2,891,637**
Grand Total			**3,241,637**

The list of projects and the figures for their funding requirements in this document are a snapshot as of 31 October 2005. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table III: West and Central Africa Region Cholera Flash Appeal 2005

List of Projects - By Appealing Organisation

as of 31 October 2005

http://www. reliefweb.int/fts

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Project Code	Sector Name	Sector/Activity	Original Requirements (US$)
OCHA			
WCA-05/CSS01A	COORDINATION AND SUPPORT SERVICES	Sub regional needs (monitoring /coordination/ surge capacity)	50,000
Sub total for OCHA			**50,000**

The list of projects and the figures for their funding requirements in this document are a snapshot as of 31 October 2005. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table III: West and Central Africa Region Cholera Flash Appeal 2005

List of Projects - By Appealing Organisation

as of 31 October 2005

http://www. reliefweb.int/fts

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Project Code	Sector Name	Sector/Activity	Original Requirements (US$)
UNICEF			
WCA/GAM-05/H01B	HEALTH	To accelerate comprehensive surveillance in order to reduce vulnerability	5,300
WCA/GAM-05/H02B	HEALTH	To contribute and provide continued and accurate diagnosis and treatment of cholera fever to the most vulnerable populations in the country in order to save lives	73,140
WCA/GAM-05/H03B	HEALTH	To strengthen clinical management to contain caseload and prevent further distribution of epidemic	2,120
WCA/GAM-05/H04	HEALTH	To support intensified community-based education (information, education and communication – IEC) and environmental control to improve behavior practices and prevent broadening of epidemic	24,380
WCA/GBS-05/H02B	HEALTH	To contribute and provide continued and accurate diagnosis and treatment of cholera fever to the most vulnerable populations in the country in order to save lives	163,982
WCA/GBS-05/H03A	HEALTH	To strengthen clinical management to contain caseload and prevent further distribution of epidemic	624,917
WCA/GBS-05/H04	HEALTH	To support intensified community-based education (information, education and communication – IEC) and environmental control to improve behavior practices and prevent broadening of epidemic	313,055
WCA/MAU-05/H01B	HEALTH	To accelerate comprehensive surveillance in order to reduce vulnerability	15,900
WCA/MAU-05/H02B	HEALTH	To contribute and provide continued and accurate diagnosis and treatment of cholera fever to the most vulnerable populations in the country in order to save lives	26,500
WCA/MAU-05/H04B	HEALTH	To support intensified community-based education (information, education and communication – IEC) and environmental control to improve behavior practices and prevent broadening of epidemic	37,100
WCA/MLI-05/H01B	HEALTH	To accelerate comprehensive surveillance in order to reduce vulnerability	5,300
WCA/MLI-05/H02B	HEALTH	To contribute and provide continued and accurate diagnosis and treatment of cholera fever to the most vulnerable populations in the country in order to save lives	84,800
WCA/MLI-05/H03B	HEALTH	To strengthen clinical management to contain caseload and prevent further distribution of epidemic	127,200
WCA/MLI-05/H04B	HEALTH	To support intensified community-based education (information, education and communication – IEC) and environmental control to improve behavior practices and prevent broadening of epidemic	53,000

The list of projects and the figures for their funding requirements in this document are a snapshot as of 31 October 2005. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table III: West and Central Africa Region Cholera Flash Appeal 2005

List of Projects - By Appealing Organisation

as of 31 October 2005

http://www. reliefweb.int/fts

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Project Code	Sector Name	Sector/Activity	Original Requirements (US$)
UNICEF			
WCA/SEN-05/H01B	HEALTH	To accelerate comprehensive surveillance in order to reduce vulnerability	5,300
WCA/SEN-05/H02B	HEALTH	To contribute and provide continued and accurate diagnosis and treatment of cholera to the most vulnerable populations in the country in order to save lives	42,400
WCA/SEN-05/H03B	HEALTH	To strengthen clinical management to contain caseload and prevent further distribution of epidemic	42,400
WCA/SEN-05/H04B	HEALTH	To support intensified community-based education (information, education and communication – IEC) and environmental control to improve behavior practices and prevent broadening of epidemic	21,200
WCA/STP-05/H01B	HEALTH	To accelerate comprehensive surveillance in order to reduce vulnerability	10,600
WCA/STP-05/H02B	HEALTH	To contribute and provide continued and accurate diagnosis and treatment of cholera fever to the most vulnerable populations in the country in order to save lives	10,600
WCA/STP-05/H03A	HEALTH	To strengthen clinical management to contain caseload and prevent further distribution of epidemic	143,100
WCA/STP-05/H04B	HEALTH	To support intensified community-based education (information, education and communication – IEC) and environmental control to improve behavior practices and prevent broadening of epidemic	31,800
WCA-05/CSS01C	COORDINATION AND SUPPORT SERVICES	Sub regional needs (monitoring /coordination/ surge capacity)	150,000
Sub total for UNICEF			**2,014,094**

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Table III: West and Central Africa Region Cholera Flash Appeal 2005

List of Projects - By Appealing Organisation

as of 31 October 2005

http://www. reliefweb.int/fts

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Project Code	Sector Name	Sector/Activity	Original Requirements (US$)
WHO			
WCA/GAM-05/H01A	HEALTH	To accelerate comprehensive surveillance in order to reduce vulnerability	16,960
WCA/GAM-05/H02A	HEALTH	To contribute and provide continued and accurate diagnosis and treatment of cholera fever to the most vulnerable populations in the country in order to save lives	21,200
WCA/GAM-05/H03A	HEALTH	To strengthen clinical management to contain caseload and prevent further distribution of epidemic	14,840
WCA/GBS-05/H01	HEALTH	To accelerate comprehensive surveillance in order to reduce vulnerability	249,895
WCA/GBS-05/H02A	HEALTH	To contribute and provide continued and accurate diagnosis and treatment of cholera fever to the most vulnerable populations in the country in order to save lives	150,806
WCA/GBS-05/H03B	HEALTH	To strengthen clinical management to contain caseload and prevent further distribution of epidemic	160,442
WCA/MAU-05/H01A	HEALTH	To accelerate comprehensive surveillance in order to reduce vulnerability	15,900
WCA/MAU-05/H02A	HEALTH	To contribute and provide continued and accurate diagnosis and treatment of cholera fever to the most vulnerable populations in the country in order to save lives	26,500
WCA/MAU-05/H03	HEALTH	To strengthen clinical management to contain caseload and prevent further distribution of epidemic	90,100
WCA/MAU-05/H04A	HEALTH	To support intensified community-based education (information, education and communication – IEC) and environmental control to improve behavior practices and prevent broadening of epidemic	15,900
WCA/MLI-05/H01A	HEALTH	To accelerate comprehensive surveillance in order to reduce vulnerability	15,900
WCA/MLI-05/H02A	HEALTH	To contribute and provide continued and accurate diagnosis and treatment of cholera fever to the most vulnerable populations in the country in order to save lives	26,500
WCA/MLI-05/H03A	HEALTH	To strengthen clinical management to contain caseload and prevent further distribution of epidemic	74,200
WCA/MLI-05/H04A	HEALTH	To support intensified community-based education (information, education and communication – IEC) and environmental control to improve behavior practices and prevent broadening of epidemic	5,300
WCA/SEN-05/H01A	HEALTH	To accelerate comprehensive surveillance in order to reduce vulnerability	5,300

The list of projects and the figures for their funding requirements in this document are a snapshot as of 31 October 2005. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table III: West and Central Africa Region Cholera Flash Appeal 2005

List of Projects - By Appealing Organisation

as of 31 October 2005

http://www. reliefweb.int/fts

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Project Code	Sector Name	Sector/Activity	Original Requirements (US$)
WHO			
WCA/SEN-05/H02A	HEALTH	To contribute and provide continued and accurate diagnosis and treatment of cholera to the most vulnerable populations in the country in order to save lives	31,800
WCA/SEN-05/H03A	HEALTH	To strengthen clinical management to contain caseload and prevent further distribution of epidemic	26,500
WCA/SEN-05/H04A	HEALTH	To support intensified community-based education (information, education and communication – IEC) and environmental control to improve behavior practices and prevent broadening of epidemic	37,100
WCA/STP-05/H01A	HEALTH	To accelerate comprehensive surveillance in order to reduce vulnerability	10,600
WCA/STP-05/H02A	HEALTH	To contribute and provide continued and accurate diagnosis and treatment of cholera fever to the most vulnerable populations in the country in order to save lives	10,600
WCA/STP-05/H03B	HEALTH	To strengthen clinical management to contain caseload and prevent further distribution of epidemic	10,600
WCA/STP-05/H04A	HEALTH	To support intensified community-based education (information, education and communication – IEC) and environmental control to improve behavior practices and prevent broadening of epidemic	10,600
WCA-05/CSS01B	COORDINATION AND SUPPORT SERVICES	Sub regional needs (monitoring /coordination/ surge capacity)	150,000
Sub total for WHO			**1,177,543**
Grand Total:			**3,241,637**

The list of projects and the figures for their funding requirements in this document are a snapshot as of 31 October 2005. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

ANNEX I.

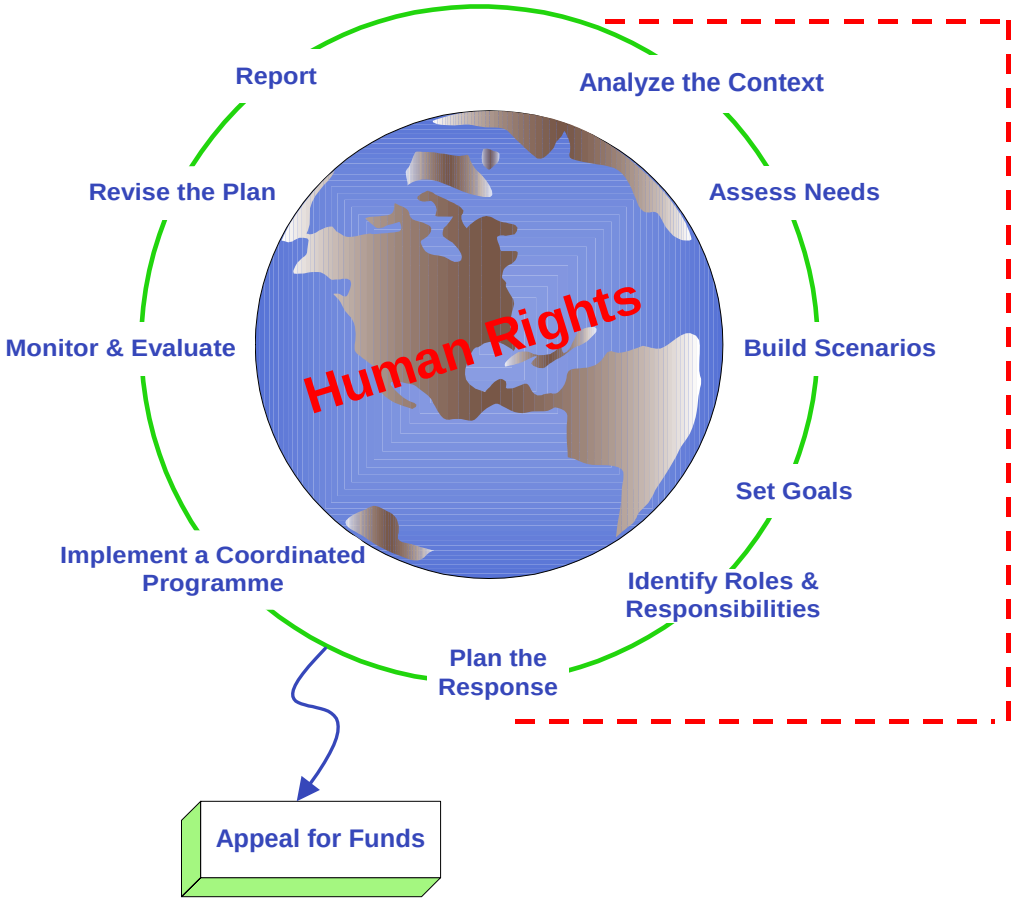
ACRONYMS AND ABBREVIATIONS

ADP	Area Development Programmes
CDC	Centre of Disease Control
CFR	Case Fatality Rate
CICES	Centre International pour le Commerce et l'Echange du Sénégal
DoHS	Director of Health Services
ECHO-EU	European Commission Humanitarian Office – European Union
GRTS	Gambia Radio and Television Services
ICRC	International Committee of the Red Cross
IEC	Information, Education And Communication
IFRC	International Federation of Red Cross and Red Crescent Societies
IV	Intravenous Fluids
MoH	Ministry of Health
MSF	Médecins Sans Frontières
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
ORS	Oral Rehydration Salt
SNU	Système des Nations Unies
SRC	Senegalese Red Cross
TF	Task Force
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

NOTES:

The Consolidated Appeals Process:

an inclusive, coordinated programme cycle in emergencies to:



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