

# REPORT 2010


## UNICEF HUMANITARIAN ACTION

Mid-Year Review

Partnering for children in emergencies



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children

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The 28 countries in the Humanitarian Action Report 2010 (with the addition of the Republic of Congo in the Mid-Year Review)

## UNICEF Humanitarian Action Funding Status as per Mid-Year Review

Region/Country	Original HAR 2010 Funding requirements (US\$)	Revised Funding requirements for 2010 (US\$)	Funding received as of mid-year 2010 (US\$)	Funding received as of mid-year 2010 (%)
<b>Global Support for Humanitarian Action</b>	<b>29,000,000</b>	<b>26,216,517</b>	<b>0</b>	<b>0%</b>
EASTERN AND SOUTHERN AFRICA RO	3,650,000	4,500,000	0	0%
Burundi	7,720,000	6,546,599	1,125,599	17%
Eritrea	24,800,000	24,800,000	1,970,421	8%
Ethiopia	68,660,000	68,660,000	17,672,993	26%
Kenya	23,092,245	23,092,245	9,698,146	42%
Madagascar	11,450,000	11,113,565	331,565	3%
Somalia	65,509,100	66,020,900	22,721,441	34%
Uganda	64,600,000	27,096,711	4,129,827	15%
Zimbabwe	100,400,000	108,700,000	16,304,431	15%
<b>TOTAL EASTERN AND SOUTHERN AFRICA</b>	<b>369,881,345</b>	<b>340,530,020</b>	<b>73,954,423</b>	<b>22%</b>
WEST AND CENTRAL AFRICA RO	40,025,300	40,025,300	3,871,060	10%
Central African Republic	12,317,590	15,187,221	3,512,120	23%
Chad	50,395,600	51,237,840	9,830,209	19%
Democratic Republic of the Congo	133,500,000	122,500,000	21,546,397	18%
Guinea	5,320,000	4,525,248	686,327	15%
Mauritania	2,450,000	3,798,044	0	0%
Niger	19,248,200	38,735,292	14,353,786	37%
Republic of Congo	0	5,973,032	1,068,952	18%
<b>TOTAL WEST AND CENTRAL AFRICA</b>	<b>263,256,690</b>	<b>281,981,977</b>	<b>54,868,851</b>	<b>19%</b>
ASIA-PACIFIC RO	1,900,000	1,900,000	767,956	40%
Afghanistan	27,921,000	25,064,484	6,450,165	26%
Democratic People's Republic of Korea	10,000,000	10,000,000	1,229,486	12%
Myanmar	18,000,000	15,899,722	2,414,348	15%
Nepal	7,190,000	7,190,000	0	0%
Pakistan	100,900,000	66,871,298	12,487,824	19%
Philippines	17,890,000	17,890,000	3,480,455	19%
Sri Lanka	23,575,000	20,082,000	4,501,778	22%
<b>TOTAL ASIA-PACIFIC</b>	<b>207,376,000</b>	<b>164,897,504</b>	<b>31,332,012</b>	<b>19%</b>
MIDDLE EAST AND NORTH AFRICA RO	4,000,000	5,000,000	747,052	15%
Iraq	47,991,900	49,857,545	13,356,400	27%
Occupied Palestinian Territory	28,240,000	24,247,910	8,195,250	34%
Sudan	166,373,200	172,025,003	40,224,377	23%
Yemen	19,009,000	9,669,689	3,535,691	37%
<b>TOTAL MIDDLE EAST AND NORTH AFRICA</b>	<b>265,614,100</b>	<b>260,800,147</b>	<b>66,058,770</b>	<b>25%</b>
LATIN AMERICA AND THE CARIBBEAN RO	1,800,000	1,800,000	0	0%
Colombia	6,000,000	6,000,000	503,328	8%
Haiti	13,000,000	63,621,500	3,320,312	5%
<b>TOTAL LATIN AMERICA AND THE CARIBBEAN</b>	<b>20,800,000</b>	<b>71,421,500</b>	<b>3,823,640</b>	<b>5%</b>
CEE-CIS RO	850,000	1,650,000	753,704	46%
Tajikistan	4,000,000	6,200,000	0	0%
<b>TOTAL CENTRAL AND EASTERN EUROPE, COMMONWEALTH OF INDEPENDENT STATES</b>	<b>4,850,000</b>	<b>7,850,000</b>	<b>753,704</b>	<b>10%</b>
<b>Grand TOTAL</b>	<b>1,160,778,135</b>	<b>1,153,697,665</b>	<b>230,791,400</b>	<b>20%</b>

\* Funding received as of 1 June 2010.

\*\* The Republic of Congo was included in the HAR as of mid-year in order to support refugees entering from the Democratic Republic of the Congo.

\*\*\*This figure represents the 2010 figure out of the Haiti 2-year appeal of US\$127,243,000 covering 2010-2011. For more details please refer to the Haiti chapter.

# HUMANITARIAN ACTION REPORT

## MID-YEAR REVIEW

### PARTNERING FOR CHILDREN IN EMERGENCIES

As the 2010 Humanitarian Action Report (HAR) was going to press in January, Haiti was struck by the strongest earthquake it had experienced in more than two centuries. Already the poorest country in the western hemisphere, Haiti was left reeling with more than 3 million people affected, 220,000 dead and some 1.2 million homeless. Just weeks after, a catastrophic 8.8-magnitude earthquake shook Chile on 27 February, affecting more than two million people, making 370,000 houses unliveable, and destroying thousands of schools. Most recently, more than one million people were affected by violent conflict in southern Kyrgyzstan, initially displacing 300,000 persons to neighbouring Uzbekistan. Although the majority of refugees and IDPs have returned to their homes, high tensions persist and larger-scale community-based work is urgent. More than two million children were affected in these three crises alone, showing the critical need for UNICEF to be able to act quickly with partners and governments to respond decisively, prevent further loss of life, and start the very real challenge of putting lives, families and communities on the path of recovery.

UNICEF responds to some 200 emergencies in about 90 countries around the world every year, ensuring all efforts are in place to support millions of children affected by crisis, conflict, disaster and displacement.<sup>1</sup> This mid-year review of the 2010 Humanitarian Action Report provides an update on actions taken to date and planned for the remainder of the year in 29 of these countries and six regions, responding to humanitarian crises which require exceptional support and urgent action to save lives, protect children against the worst forms of violence and abuse, and ensure access to health, water and sanitation, nutrition and education.

#### OVERVIEW

The humanitarian context in Afghanistan and Pakistan deteriorated significantly during the first six months of the year. Threats and direct attacks against schools, teachers, students and health centres in Afghanistan are on the rise, increasing the number of displaced to over 320,000 persons. In Pakistan, military operations resulted in the increase of 200,000 newly displaced, bringing the total number of internally displaced persons (IDPs) to 1.4 million. The first half of 2010 also witnessed a continuation of tensions in the Middle East, including the occupied Palestinian territory, Iraq and Yemen. In Africa, conflict and political instability in Somalia, Madagascar, Sudan, and Zimbabwe continue to pose a threat to the situation of children and women. Armed clashes in the Equateur Province of the Democratic Republic of Congo resulted in the influx of an estimated 114,700 refugees into the Republic of the Congo, prompting its inclusion in the mid-year HAR. Sexual violence against children and women in emergency setting continues to be a major concern in countries such as the Democratic Republic of Congo, Sudan, Colombia, Iraq and many others.

Climate conditions have continued to affect many countries, particularly in Central and Latin America. At the start of the hurricane season, tropical storm Agatha struck many parts of Guatemala from South-West to East, and central parts of El Salvador, leading to major destruction and flooding. With the return of La Niña, there is significant concern that the 2010 hurricane season will be more active than normal.

In addition to climate-induced conditions, many countries are struggling with food, nutrition, and health crises. In the Sahel belt, Chad and Niger are particularly affected, where the severe food and nutrition emergency is aggravated by escalating food prices and recurrent epidemics, including outbreaks of measles and meningitis in Chad. The Horn of Africa and parts of Southern Africa are also severely affected by drought and acute food insecurity, in addition to the deterioration of food security in Djibouti and Yemen.

Despite these new challenges, significant achievements have been made throughout the first six months of the year. Responding to food insecurity and malnutrition, UNICEF has supported the treatment of more than 114,000 severely malnourished children since the beginning of the year in Niger. This major response was made possible through an

<sup>1</sup> Ninety-four UNICEF Country Offices responded to 232 emergencies during 2009. United Nations Children's Fund. Annual Emergency Response Study: 2009.

adequate supply of ready-to-use therapeutic food and essential drugs, increased hospitalization capacity and availability of an extensive network of NGO partners. As of mid-2010, UNICEF and the World Health Organization delivered an essential package of life-saving health and nutrition services to 1.5 million children under five and 1.3 million women of child-bearing age nationwide in Somalia. In response to epidemics outbreaks, UNICEF supported vaccination campaigns in several countries. In Zimbabwe, 5.1 million children were immunized against measles, while in Chad, the measles campaign reached 90 per cent coverage, and meningitis vaccinations reached 94 per cent coverage in several regions.

In Haiti, UNICEF has been working with partners and the authorities to achieve results in all sectors since the earthquake. Up to 333,000 people are reached daily with safe water, more than 275,000 children have been immunized against major diseases, 2,000 severely malnourished children have been treated, and 185,000 children are reached with basic education materials.

### CORE COMMITMENTS FOR CHILDREN

The Core Commitments for Children in Humanitarian Action – the CCCs – are UNICEF’s core humanitarian policy to uphold the rights of children affected by humanitarian crisis.<sup>2</sup> They constitute a framework for UNICEF humanitarian action, around which UNICEF seeks to engage with partners. Initially developed in 1998 and reviewed in 2004, the revised CCCs were released in April 2010, to reflect changes in humanitarian contexts, including new evidence and best practices, as well as UNICEF’s engagement in the cluster approach.

The intent of the updated CCCs remains to promote predictable, effective and timely collective humanitarian action, putting forth the results where UNICEF can best contribute. They emphasize reliable preparedness and better early recovery, humanitarian principles, a human-rights based approach, gender equality, capacity development and inter-agency commitments.

Importantly, the CCCs also include a stronger results focus with clear measurable benchmarks for UNICEF’s commitments. UNICEF is currently developing tools and a strategy to strengthen performance monitoring in line with the CCCs. The performance monitoring system will track UNICEF performance including in relation to its cluster commitments as well as programme performance with partners. This work focuses on strengthening results-focused monitoring and contributing to stronger humanitarian action by UNICEF and its operational and cluster partners.



### CHALLENGES IN THE CURRENT HUMANITARIAN CONTEXT

#### Grave violations against children’s rights, including sexual violence in armed conflict

The 2010 HAR noted the advance in the international framework to combat sexual violence in conflict through two groundbreaking UN Security Council Resolutions (1882 and 1888), which expanded the triggers of the monitoring and reporting mechanisms (MRM) to also include parties that engage in patterns of killing or maiming and rape or other sexual violence against children.

At the country level, UNICEF monitors and reports on grave violations against children’s rights during conflict in order to enhance the evidence base for accountability, prevention and response purposes. Monitoring and reporting mechanisms are being improved in several countries, with the gradual strengthening of the MRMs in place. In Afghanistan, a new regional MRM taskforce was established in the North.

<sup>2</sup> For more information on the CCCs, please visit [http://www.unicef.org/emerg/index\\_commitments.html](http://www.unicef.org/emerg/index_commitments.html).

A key component in addressing sexual violence is a comprehensive package of support, response, and prevention. In eastern Democratic Republic of the Congo, UNICEF and its partners have identified and provided access to essential medical and psychosocial care and reintegration assistance to approximately 4,200 survivors of sexual violence. In addition, over 18,000 girls and women, boys and men, participated in outreach activities to raise awareness about the consequences of sexual violence and to engage men and boys as allies in the fight against sexual violence.

At the regional level, UNICEF and partners are looking at ways to improve cross-border monitoring, reporting and exchanges of information on regional consequences of grave violations perpetrated by the Lord's Resistance Army (LRA) in Uganda, Sudan, the Central African Republic and the Democratic Republic of Congo. UNICEF is also involved globally in developing tools, guidance and capacity of staff and partners for enhanced and standardised monitoring and reporting methodologies. Some initiatives taken thus far have included developing the MRM Field Manual, Training Tool Kit, and Inter-Agency Training Package. The remainder of the year will focus on piloting and rolling out various trainings at regional and country levels.

### Operating in Highly Insecure Environments

During the first half of 2010, continued high levels of security incidents in Pakistan targeting the aid community hindered programme delivery throughout the country. The security situation, particularly on the border with Afghanistan, is still volatile, with twelve UN workers killed in the province during 2009 and seven staff from two NGOs already in 2010. This has further limited access by the humanitarian community to the affected areas, and poses significant challenges to humanitarian action. Threats from militants in insecure districts restricted access to vaccination activities in several areas, contributing to a spike in polio cases (29 reported so far, compared to 22 in 2009). Despite these restrictions, UNICEF was able to supply more than 873,000 individuals with clean drinking water, as well as vaccinate 1.2 million children against measles.

In Somalia, insecurity and violence intensified in the Central and Southern Somalia (CSZ) region from May 2009 into 2010, spreading beyond Mogadishu as the Transitional Federal Government and insurgent groups struggle for control. This led to the suspension of WFP's activities in January 2010, with a direct impact on UNICEF's work to treat moderate malnutrition and prevent severe malnutrition among children in insurgent-controlled areas of CSZ, where 70 per cent of the population in crisis resides. To cover these gaps, UNICEF will require urgent support to scale up nutrition efforts.

The security situation also remains particularly unstable in north-eastern Central African Republic, The Democratic Republic of Congo, and Ethiopia. In Sudan attacks on peacekeeping forces and abduction of humanitarian workers in West Darfur are adding to volatility, worsening the access to remote areas and impeding the emergency response to the conflict in Jebel Marra. UNICEF is working with partners to ensure programme continuity despite these limitations.

### Ensuring preparedness, strengthening capacities and reducing risks

The newly-revised CCCs clearly articulate UNICEF's commitment to working with partners, authorities and civil society to build capacities in preparedness and response and the need to assist vulnerable populations through risk reduction.

During the first half of the year, national emergency preparedness and response plans were supported in Burundi, Ethiopia and Nepal among others, while a strategy to reduce risks posed by potential cholera outbreaks was developed in Zimbabwe. An education-based disaster risk reduction (DRR) project was initiated in 510 schools in Tajikistan. In Madagascar, UNICEF partnered with WHO to train and strengthen decentralised health clusters in regions most prone to seasonal cyclones, and in Colombia, a national platform on education in emergencies was organised to enhance the capacity of education officials in emergency response and risk reduction.



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UNICEF has also embarked on three specific global initiatives. To better understand the nature of disaster risk faced by children, a study in six countries (Nepal, Philippines, Mozambique, Bolivia, Vietnam, Mexico) will correlate data on disaster losses with indicators of child well-being such as school drop-out levels and health conditions. Building on commitments made at the International Strategy for Disaster Reduction 2009 Global Platform, work is also underway

to scope out a process to map and advance the assessment of school safety. Finally, within the education cluster, UNICEF and Save the Children are partnering with Plan International to develop guidance, good practice and a tool box to address DRR in the context of emergencies.

### PARTNERING FOR HUMANITARIAN ACTION

The theme of the 2010 HAR has been that of partnership, recognizing that innovative collaboration is essential in helping to realize children's rights, strengthen preparedness and response, expand access to essential services in disaster and conflict, and support early recovery. The CCCs reiterate this commitment to build alliances through a principled approach to collaboration and also note UNICEF's specific institutional commitments related to the cluster approach. The first part of 2010 saw the roll-out of a revised Programme Cooperative Agreement (PCA) which creates the opportunity to engage with partners differently at a country level, sharing objectives and risks and building on complementarities.

UNICEF also worked with partners to review progress made to date in humanitarian partnership development, and articulate a medium-term strategy for standby partnerships in particular. Building on inter-agency collaboration within the UN system, UNICEF signed a joint work plan in June with UNHCR to make the global Memorandum of Understanding between the two organisations more operational and strengthen bilateral cooperation in Child Protection, Education, Supply and Logistics, Emergency Preparedness, Resource Mobilization and Standby Partnerships.

### Cluster leadership and partnership

UNICEF remains a major contributor to all pillars of humanitarian reform, through its commitments within the cluster approach, engagement on issues related to humanitarian financing, support to a strengthened Humanitarian Coordinator system, and work to enhance partnerships throughout humanitarian action. UNICEF has been an active supporter of the cluster approach and currently leads two clusters (Water, Sanitation and Hygiene and Nutrition), co-leads the Education Cluster with Save the Children. In addition, UNICEF leads the Child Protection Area of Responsibility and co-leads (with UNFPA) the Gender-Based Violence Area of Responsibility within the Protection Cluster. In addition, UNICEF co-chairs (with World Vision) the cross-cutting Mental Health and Psychosocial Reference Group. The cluster approach is also fully integrated into the revised CCCs, including the commitment to provide strong cluster leadership and support as needed, and to be a predictable partner in all relevant coordination mechanisms.

In 2010, UNICEF is leading 26 country-based Education clusters (of which 10 are co-led by Save the Children); 27 WASH clusters; 23 Nutrition clusters; and 19 Child Protection sub-clusters. The cluster approach has become 'the way we do business' in most chronic crises and rapid on-set emergencies, and has proved valuable for preparedness, as well as serving as an entry point for strengthening of national capacities.

Significant progress has been made on a global level across the clusters in the development of standards, policies, guidance documents and tools to strengthen humanitarian response at the country level. So far in 2010, a GBV coordination handbook and an Education Cluster Coordinator handbook have been developed. The Inter-Agency Child Protection Assessment Toolkit has been developed, and a Joint Education Needs Assessment Toolkit was piloted in Haiti and Yemen this year. The Global Clusters played a critical support role to Haiti country-level Cluster Coordination, including: development of strategy documents (Mental Health and Psychosocial Support in Emergency Settings Reference Group) and advocacy for the promotion of standards (Child Protection Sub-Cluster). The Nutrition Cluster also provided strong support in leveraging technical inputs from strategic partners globally, particularly for supply procurement, data analysis and technical staffing. In the DRC, as WASH Cluster lead and together with cluster partners, UNICEF has worked with cluster partners to reach more than 2.1 million affected persons in North and South Kivu and in Katanga. In Kenya, UNICEF has been coordinating the nutrition sector with specific efforts to strengthen information management; 65 per cent of districts are now reporting on nutrition indicators, up from 44 per cent last year. In Niger, a joint Government/UN vulnerability assessment survey was conducted in April 2010 and the UNICEF-led Nutrition Cluster contributed to the government response plan to the nutrition crisis, based on a consensus reached in the Cluster meetings. In Ethiopia, the Education Cluster has succeeded in having the requirements for education in emergency situations recognized and included into the national appeal document for the first time in 2010.

## Standby arrangements

During the first six months of the year, UNICEF worked with 14 partners to facilitate the deployment of a total of 78 standby personnel in 22 offices, including 36 staff deployed to Haiti alone. Nearly twenty per cent of these staff (12 persons) were deployed to specifically support the cluster approach. Compared to figures as of mid-year 2009, the number of overall deployments has increased more than 30 per cent, largely due to the Haiti crisis.

In the first half of the year, UNICEF and its standby partners completed a strategic review of the standby arrangements and partnership models. The review noted the unique models which are emerging from these partnerships, in support of UNICEF's Strategic Framework on Partnerships. The review process has led to the development of a joint vision with a strong desire by all partners to build upon the strong foundation of the partnership to move toward more meaningful relationships and strategic engagement.

UNICEF has signed two new standby agreements this year, one with Save the Children Sweden to support child protection coordination, and a second one with the UN Institute for Training and Research Operational Satellite Applications Programme (UNOSAT) for the provision of mapping and information management services during emergencies.

### FUNDING SITUATION OF THE 2010 HAR AT MID-YEAR

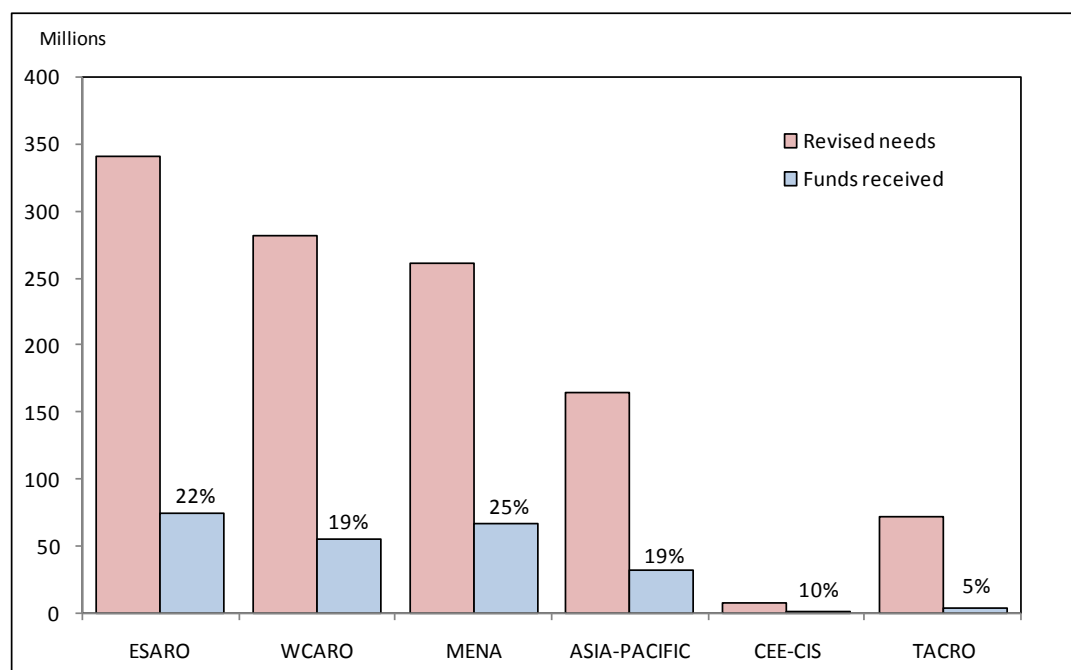
As of mid-year, the total requirements against the Humanitarian Action Report (HAR) have been reduced by 0.6 per cent to **US\$1,153,697,665**. Funding requirements in countries such as Uganda and Yemen have been reduced by 58 and 49 per cent respectively, due to re-prioritization of needs and adjustments as per mid-year reviews. However, funding needs in Mauritania, Niger, and Tajikistan have increased by over 50 per cent, due to high malnutrition levels (Mauritania and Niger), polio outbreak and immediate response (Tajikistan), and the increased number of IDPs (CAR). If funding does not come through, many countries will face difficulties in providing humanitarian assistance to children in need. For example, in the Democratic People's Republic of Korea, given the dilapidated condition of WASH infrastructure, lack of donor support could have an impact on increased occurrence of diarrhoea in children. Furthermore, the occupied Palestinian territory requires urgent resources to ensure leadership in cluster coordination for WASH, Education and Child Protection, in order to provide a dedicated effective, coordinated and systematic multi-partner approach to respond to needs of children. Similarly, restricted funding in Pakistan could challenge UNICEF's ability to supply water and sanitation and health and nutrition services in camps and host communities beyond the summer. The funding gap in the Republic of the Congo is becoming increasingly important, as conditions for a safe and secure return of refugees are likely to take at least the rest of year 2010 before being met, yet Central Emergency Response Fund (CERF) grants made provision for immediate response. Similarly, in Sri Lanka, the present funding gap in education will restrict UNICEF's ability to provide 75 per cent of planned temporary learning spaces, leaving approximately 145,000 children without proper school shelter and learning materials. As for Haiti, an inter-agency Flash Appeal was launched after the 12 January earthquake, covering the main humanitarian needs, including US\$222,757,000 for UNICEF's immediate response. The funding requirements included in the HAR mid-year review reflect the needs above the ones outlined in the Flash Appeal, linking preparedness, recovery, disaster risk reduction and residual humanitarian needs for the medium response in Haiti with additional needs of US\$127,243,000 for a two-year period.

As of early June, **only 20 per cent** of the revised needs for the CAP and the Non-CAP countries in the HAR have been funded for the year.<sup>3</sup> The funding level is lower compared to the situation at mid-year in 2009, when 24 per cent funding was secured at mid-year. In absolute terms, amounts received at mid-year 2010 are at **US\$230,791,400** versus US\$276,174,045 in 2009.

UNICEF still needs over **US\$923** million or 80 per cent of its revised yearly requirements in order to help meet life-saving needs, fulfil children's and women's rights, and to improve resilience and reduce future risks. UNICEF is grateful for the donor support received so far and looks forward to increased commitments for its humanitarian actions. The funding level varies significantly across the regions as illustrated by the below graph. The Middle East region, for example, is funded at 25 per cent, while Latin America and the Caribbean are funded at only 5 per cent.

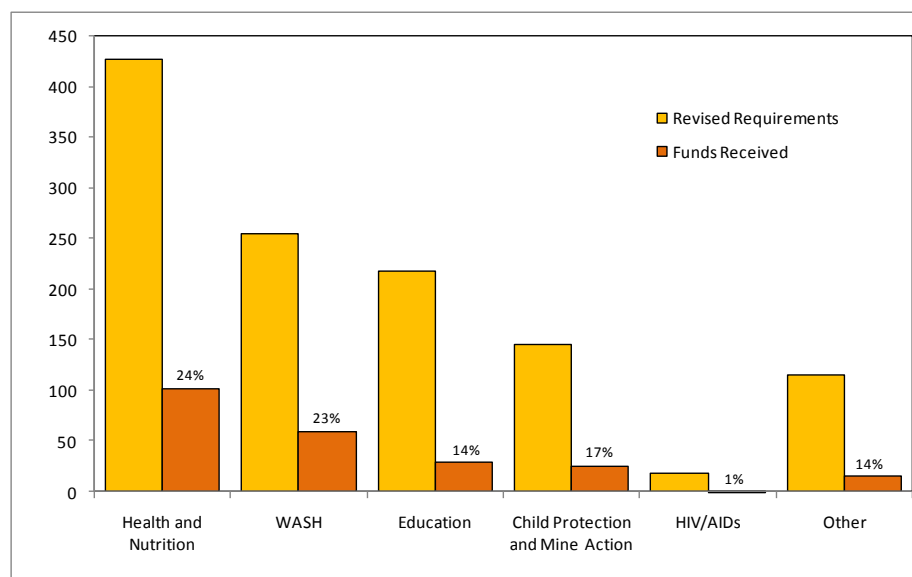
<sup>3</sup> Note that some country and regional offices have used non-emergency funding or carry-overs in order to meet urgent humanitarian needs. These funds are reflected in the "Additional Funding" column in applicable chapters.

Table 1. Funding received against the 2010 HAR by region



In terms of sector funding, the major part of the overall requirements is for the health and nutrition sector (36 per cent), followed by the water, sanitation and hygiene (WASH) sector (22 per cent), and the education sector (18 per cent). As illustrated by the below table, the allocations received for Health and Nutrition and WASH are currently the highest with 24 per cent and 23 per cent respectively against requirements, while allocations for HIV/AIDS are the lowest, equalling only 1 per cent against requirements.

Table 2. Funding received against the 2010 HAR by sector

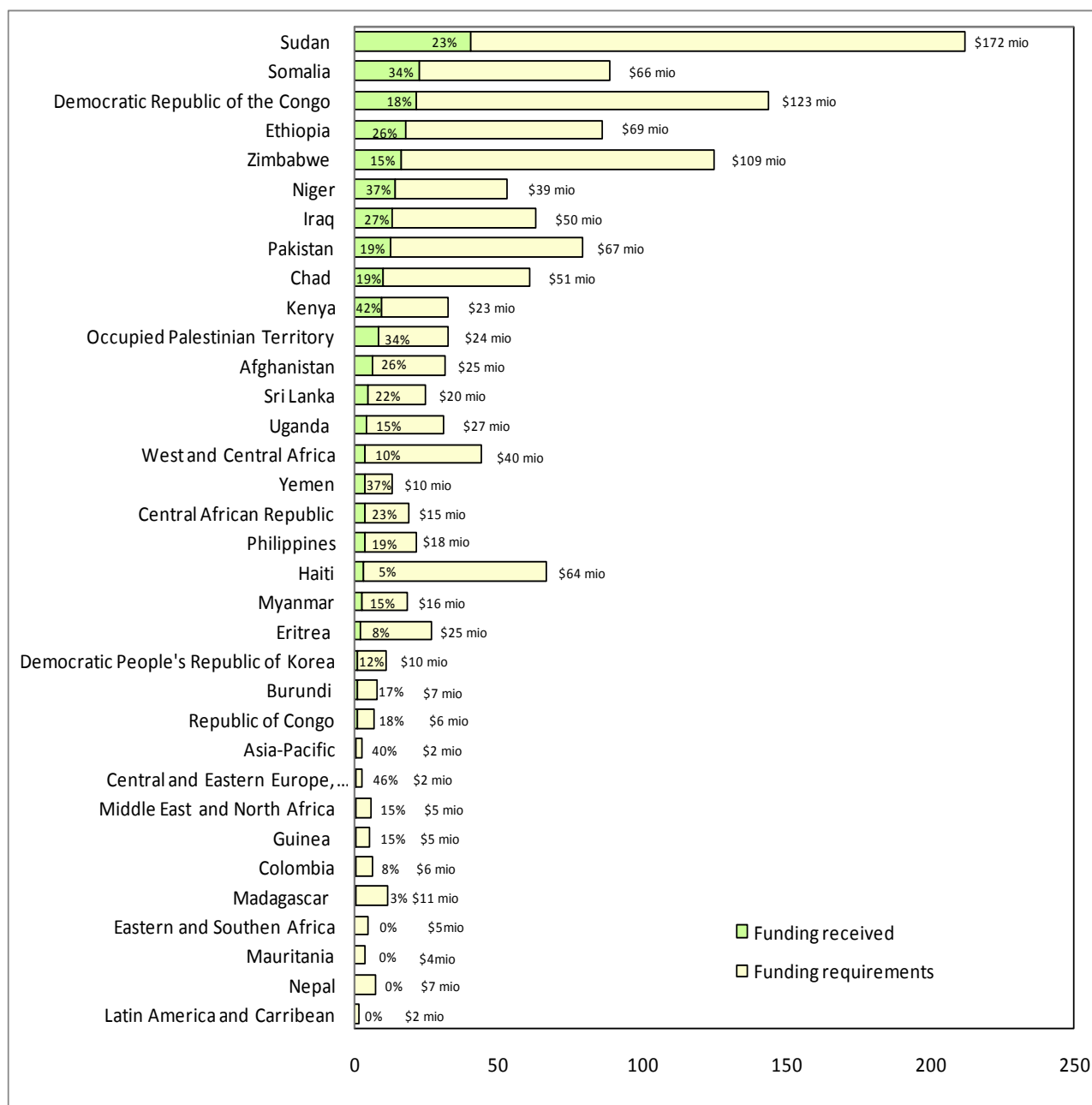


The six largest humanitarian operations for UNICEF included in the mid-year review of the HAR in terms of funding needs are Sudan, Democratic Republic of the Congo and Zimbabwe, followed by Somalia, Ethiopia and Pakistan. Through the HAR, Haiti is requesting US\$64 million<sup>4</sup> in addition to its Flash Appeal. The HAR portion of the funding request is 5 % funded as of mid-year.

<sup>4</sup> This figure represents the 2010 figure out of the Haiti 2-year appeal of US\$127,243,000 covering 2010-2011. For more details please refer to the Haiti chapter.

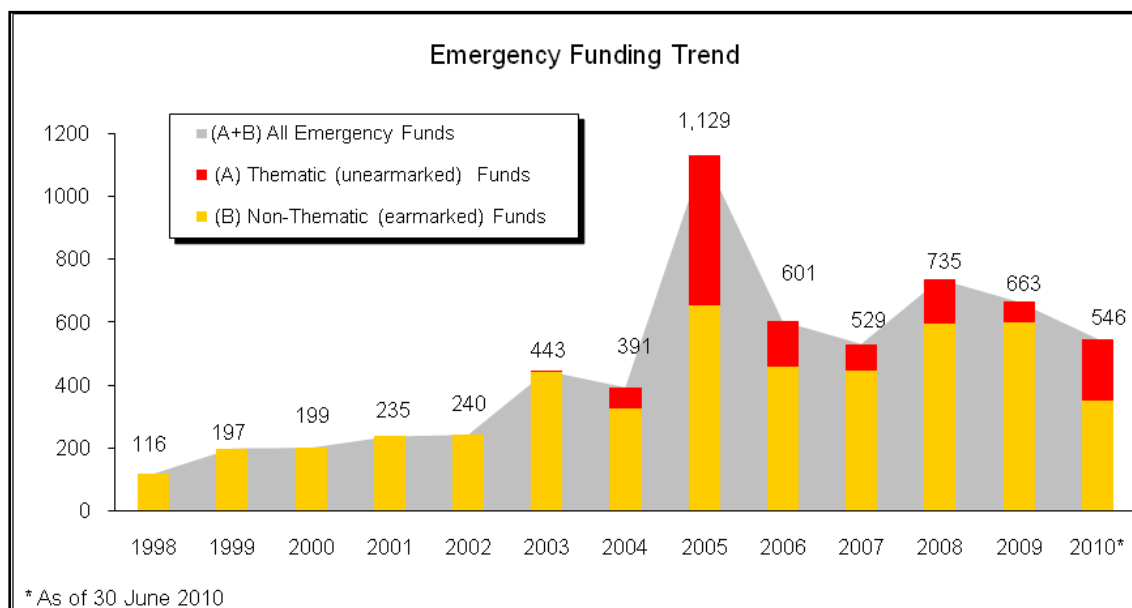
In absolute terms, countries who have received most funding as per mid-year are Sudan, Somalia, Democratic Republic of the Congo and Ethiopia, accounting for 45 per cent of all funding received. None of the countries has received over 50 per cent of its revised requirements. Country offices with the highest percentage of funds received are Kenya (42 per cent), Yemen and Niger (37 per cent), Somalia and the Occupied Palestinian Territory (34 per cent), as well as the Asia-Pacific and CEE-CIS regional offices (40 and 46 per cent, respectively). Simultaneously, Nepal and Mauritania have received no funding to date.

Table 3. Funding received against the 2010 HAR by field office.



## UNICEF'S OVERALL FUNDING SITUATION AND FUNDING TRENDS

As of 30 June 2010, UNICEF has received US\$546 million for all its emergency activities<sup>5</sup>, more than 50 per cent more than the same period in 2009, due to the outpouring of support in response to the earthquake in Haiti. Although the funds received indicate a significant increase in absolute terms, out of the total of US\$546 million received, US\$249.2 million (46 per cent) was provided for the Haiti response, with only the remaining US\$296.7 million (54 per cent) directed toward UNICEF's emergency operations in other countries. Compared to 2009, this figure represents a decrease of 15 per cent in funding for the remaining emergency countries, excluding Haiti.



In 2010, UNICEF has provided emergency assistance to 16 CAP countries, 6 Flash Appeals, 21 non-CAP countries in the HAR, and 6 other appeals, requiring a budget of US\$1.52 billion.

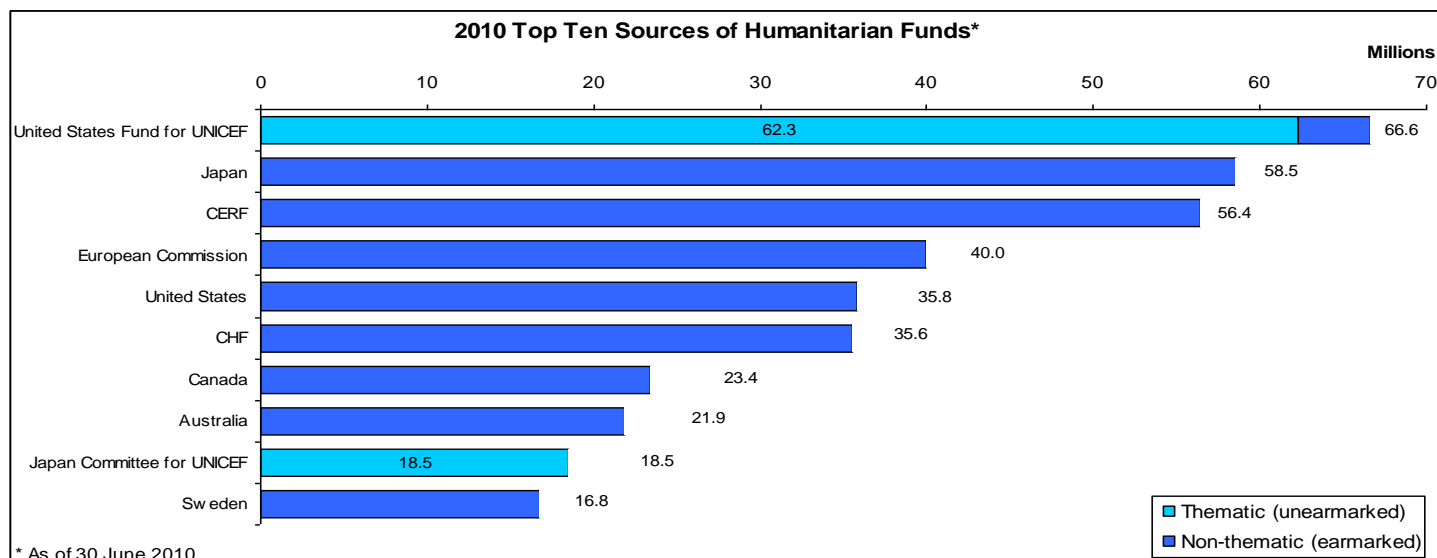
To date, UNICEF has received a lower proportion of funding for the 2010 CAPs compared to the same period in 2009, with only 28 per cent of UNICEF's CAP funding needs met so far, compared to the 33 per cent funding level of 2009. The non-CAP countries in the HAR have only received 18 per cent of their funding needs to-date, compared to 22 per cent during the same period in 2009. Flash Appeals in contrast have received 90 per cent of their funding needs. Despite the high level of funding against the Haiti Flash Appeal, as of 30 June 2010, all appeals<sup>6</sup> have received an average of 35 per cent of their funding needs.

UNICEF would like to acknowledge the contributions of its public and private sector donors in supporting UNICEF in its mission to reach the children and women affected by humanitarian crises and natural disasters throughout the world. Despite the fact that UNICEF has received the largest proportion of its humanitarian funding from government donors thus far in 2010, the United States Fund for UNICEF was the largest funding source for UNICEF providing US\$66.6 million, 98 per cent of which was for the emergency operations in Haiti. Japan was the second largest source of humanitarian funding, providing US\$58.5 million. Sudan, Haiti, Somalia, and the Democratic Republic of Congo were among the top recipients of Japan's generous contributions. CERF provided US\$56.4 million through its Rapid Response (US\$26.5 million) and Under-Funded Windows (US\$29.9 million), which provides significant support to underfunded countries, as collectively prioritized by UN agencies, funds and programmes. As illustrated in the chart below, the top ten sources of humanitarian funding are: the United States Fund for UNICEF, the Government of Japan, CERF, European Commission, the United States, Common Humanitarian Funds (CHFs), the Government of Canada, the

<sup>5</sup> This includes the funding received by the 28 countries in six regions featured in the Humanitarian Action Report 2010

<sup>6</sup> All Appeals include CAPs, non-CAP countries in the HAR, Flash Appeals, Immediate Needs Documents etc.

Government of Australia, the Japan Committee for UNICEF, and the Government of Sweden respectively. These top ten donors account for more than two-thirds of the humanitarian contributions received by UNICEF so far for its emergency operations.



Out of the total humanitarian contribution of US\$546 million, US\$197.2 million (36 per cent) has been received as thematic funds as of 30 June 2010. This represents a significant increase compared to the 2009 figure of US\$35.1 million (10 per cent), as a majority of funds received for Haiti were thematic. UNICEF acknowledges the generosity of its donors in providing funding this type of funding, as it allows UNICEF to respond with flexibility to evolving needs. However, so far in 2010, more than 90 per cent of thematic funds have been provided for Haiti, with only US\$18.2 million provided for the remaining countries and regions. UNICEF continues to urge its donors to provide flexible humanitarian funding for all countries in 2010.

# GLOBAL SUPPORT FOR HUMANITARIAN ACTION

## SITUATION UPDATE

The global response to the 12 January earthquake in Haiti impacted operations worldwide, with many emergency staff focused on direct or indirect support to the response. For many parts of headquarters – such as the Office of Emergency Programmes, Programme Division, Supply Division and the Division of Human Resources – this entailed engaging directly in the response, and ensuring surge capacity was in place as quickly as possible. Global support to this response will continue to engage the organization for the next 12 to 18 months and beyond, as the country transitions to recovery. The massive response and many challenges specific to this operation are also contributing valuable learning to the organization to strengthen its systems and processes for humanitarian action and address some of the gaps that emerged.

In addition, global support has been provided to responses to other rapid-onset crises, such as the earthquakes in Chile and China, to the deteriorating food and nutrition security situations in the Sahel and the Horn of Africa, the violent conflict in southern Kyrgyzstan and to the ongoing prolonged and chronic emergencies such as Democratic Republic of the Congo, Somalia, Sudan, and Pakistan. Attention to these protracted crises will be critical for the remainder of 2010 due to the challenging humanitarian situation matched by the declining levels of humanitarian funding globally.

## KEY RESULTS FOR CHILDREN

UNICEF's Headquarters maintained its vital support role to protracted and sudden onset emergencies in 2010. **Humanitarian response** (including to Haiti) included: deployment of Emergency Response Team staff to four countries totalling 321 days; 78 deployments from Standby Partners, including 12 for cluster coordination; and facilitating 55 CERF grants (28 for under-funded and 27 for rapid response) for \$52 million to support 24 country offices; processing of \$39 million in Emergency Programme Funds to support 16 offices.

Following the Haiti earthquake in January 2010, a Human Resources Emergency Unit was re-structured to devote full time support to countries in crisis and enable UNICEF to respond effectively to emergencies based on its internal capacity and external partners. During the first six months of 2010, over 400 surge capacity assignments were requested from Haiti alone.

Through UNICEF's Copenhagen-based **Supply** Division, headquarters provided extensive humanitarian support, especially to Haiti where 18 staff were deployed and set up the supply chain in country. During the Haiti response, the emergency response strategy in support of the CCCs allowed supply division to begin providing the Haiti Country Office with essential supplies at the onset of the emergency. In support of the global strategy which also includes pre-positioning of emergency stocks in different locations, supply division has also increased its emergency stock levels in the Panama hub and transferred all its stocks to the United Nations Humanitarian Resource Depot (UNHRD) warehouse in Panama. For the Haiti response alone, supply division provided emergency supplies with a total value of \$38 million, compared to \$56 million for the whole of 2009.

The **Core Commitments for Children in Humanitarian Action** (CCCs) were issued in April 2010 and are being rolled out to all regional and country offices. This revised version brings UNICEF's principal humanitarian policy up to date with changes in humanitarian contexts, including the cluster approach. For the first time, the CCCs integrate global benchmarks and are relevant to all offices with accountabilities for preparedness and explicit early recovery actions. Fulfilment of the CCCs will depend on many factors, including the contributions of partners.

Global level action in support of the **cluster approach** in the first half of the year has primarily focused on the provision of support to the Haiti earthquake response. Across the clusters, technical resources, staffing and guidance to the Country Office have been provided. Of particular note was the prompt adaptation and dissemination of standards to Haiti country clusters, especially in the Nutrition sector. This support to Haiti has resulted in strengthened response, more effective cluster coordination and strengthened government and partner capacity. Global cluster support missions providing technical oversight and capacity development were also undertaken to Chile and Yemen, including cluster coordination training by the Child Protection Working Group coordinator in Yemen.

Significant support was provided by **Programmes** to Haiti, through both remote technical assistance and surge missions - in all 26 technical specialists were deployed to support the response for a total of 877 days. Global sector advisors

have also provided support to a number of ongoing emergencies, including Child Protection support to Chad, Sudan, Ethiopia, Occupied Palestinian Territory, Nepal, Thailand and Yemen; surge support to the Health Cluster in Yemen and the WASH response in Kyrgyzstan; as well as WASH in emergencies training for partners, government and all staff in the India country office. A major priority for 2010 is to undertake analyses of the emergency preparedness of country offices, in order to guide decision-making for prioritising support.

UNICEF developed a **Technical Note on engaging effectively with integrated UN presences**. The note provides practical advice to UNICEF staff working in countries where there is a UN peacekeeping, peace-building or special political mission. It outlines key concepts and recent developments at the policy level, and identifies entry points and opportunities for UNICEF to influence and leverage the resources of an integrated presence for the benefit of children and women.

In response to the demand from country offices for a Conceptual Framework and Technical Guidance on **developing national capacities** for preparedness and response (including early recovery), UNICEF has developed the “Technical Guidance – Systemic Capacity Development for the Core Commitments of Children”, to be finalized in August. The draft is consistent with discussions around a policy on capacity development for UNICEF as a whole, and it emphasizes the need for a systemic approach to obtain sustainable results. The Technical Guidance will be tested through application in 2 -3 countries, following which amendments will be done based on those country's practical experience in assessing capacities, designing, implementing and evaluating capacity development interventions. This will help ensure that the Technical Guidance can respond to country office needs, and represent adequately successful strategies as well as challenges.

In the context of the Enterprise Risk Management policy, UNICEF has spearheaded the **Harmonized Emergency Risk Management Initiative** to streamline the various emergency risk informed planning and programming processes (Disaster Risk Reduction, Emergency Preparedness, with Business Continuity Management and Security) within the regular programming cycle of each Country Office. The fundamental difference for UNICEF in the field will be that all programmes will be emergency risk informed, yielding more consistent, sustainable synergies in risk prevention, mitigation and preparedness and a more successful response to achieve the CCCs.

In **disaster risk reduction**, UNICEF is completing Programme Guidance on disaster risk reduction to provide a conceptual framework, mainstream disaster risk reduction in all programmes, and advance community resilience particularly for high risk countries. In order to strengthen advocacy about the growing impact that disasters have on children, UNICEF together with its NGO partners began a research project focused on six disaster-prone countries. The research will examine the relationship between child welfare and disasters and will help UNICEF and its partners to work with young people to reduce their risk. The study is expected to be published in the ISDR flagship publication, The Global Assessment of Risk report, in 2011.

## KEY CHALLENGES

UNICEF continues to pursue the securing of predictable funding for all the clusters to maintain its cluster leadership role and the institutional capacity to ensure consistent quality interventions, provide technical support and strengthen predictable humanitarian action. Lack of predictable funding presents serious challenges for the sustainability and effectiveness of global support to regional and country offices.

In capacity development there is a need to ensure that the application of the Technical Guidance actually improves and elevates the sector work of country offices as it is expected to enhance collaboration with strengthened national counterparts. One challenge is therefore how to qualitatively and quantitatively measure how national capacity development enhances the targeted national capacities and improves the quality of programming. Close collaboration with the evaluation office is therefore expected in 2010.

## FUNDING REQUIREMENTS

As of 30 June, UNICEF has allocated more than \$22 million from regular and other resources (RR and OR) to cover the costs of the associated activities, reducing the funding gap from \$29 million to \$26.2 million. No targeted funding has yet been received against this appeal.

<b>Funds received against the HAR 2010 (US\$)</b>			
<b>Sector</b>	<b>Original HAR requirements</b>	<b>Funds received</b>	<b>UNICEF allocated funds **</b>
Young child survival and development	18,843,267	0	4,590,100
Basic education and gender equality	11,348,786	0	9,690,262
HIV/AIDS and children	1,391,832	0	547,788
Child protection from violence, exploitation and abuse	8,029,801	0	4,893,763
Policy Advocacy and partnerships for children's rights	8,886,313	0	2,561,570
<b>Total Requirements*</b>	<b>48,500,000</b>		
<b>Funded**</b>	<b>19,500,000</b>		<b>22,283,483</b>
<b>Total unfunded</b>	<b>29,000,000</b>		<b>26,216,517</b>

\*The figures include a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

\*\* Additional funds utilised in 2010 include allocations of regular resources (RR) and other resources (OR).

## EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

For the remainder of 2010, capitalizing on progress achieved last year, a main priority is to advance UNICEF's cluster accountability framework, clarifying roles, accountabilities and responsibilities, and to roll this out across the organization. This will help guide decision-making on support needs and necessary preparedness action. Major priorities identified for 2010 also include: developing a critical mass of reliable humanitarian response capacity, including through further strengthening capacity for cluster coordination, standby partnerships and internal surge deployment arrangements; and strengthening institutionalised learning from humanitarian contexts, including Haiti, to improve UNICEF's humanitarian action.

In capacity development for preparedness and response, work will focus on application of the Technical Guidance in a first phase of roll out in 2-3 country offices in 2010, paving the way for an extensive roll out plan in 2011.

As part of the Harmonized Emergency Risk Management Initiative, work is underway on the revision of the Programme Policy and Procedure Manual and training to incorporate emergency and crisis risk management.

To further support Disaster Risk Reduction work at country level, work is also underway with the Education Cluster to develop guidance, tools and good practice, a global Community of Practice is being developed on the UNICEF website and a strategic review of DRR in East and Southern Africa will be underway in the second quarter.

UNICEF is currently reviewing its human resource processes and systems to enable the organization to respond to crises in maximum speed. Further development of the Global WEB roster will focus on expanding its search through traditional and non-traditional sourcing to attract the best talent for countries in crisis and protracted emergencies. Based on the Haiti experience, the HR emergency administrative instruction and the Fast-Track recruitment process for emergencies will be finalized during the third quarter of 2010.

## UNICEF Humanitarian Action 2010

**EASTERN AND SOUTHERN AFRICA****SITUATION UPDATE**

In the first half of 2010, eight out of the 20 UNICEF country offices in the Eastern and Southern Africa region have responded to civil conflict or natural disaster emergencies and appealed for assistance.<sup>1</sup> In Kenya, Namibia, Zambia, Botswana, and Tanzania, heavy rains caused flooding and landslides temporarily displacing more than 55,000 people. Heavy flooding and landslides displaced 10,000 and killed 320 in Eastern and Western Uganda. Flooding and poor sanitation among displaced people led to an outbreak of cholera and acute watery diarrhoea in a number of countries in eastern and southern Africa. Uganda, Kenya, Somalia, and Ethiopia have cumulatively reported more than 3,200 cholera cases and over 25 deaths between January and April 2010. The highest numbers of cases were recorded in Zambia with 4,421 cases of cholera and 72 deaths (case fatality rate of 1.6 per cent). The impact of natural disasters and political crisis in countries in the Southern Africa region were complicated by the high levels of HIV/AIDS prevalence. 35 per cent of all new infections and 38 per cent of all AIDS deaths globally occur in nine of the 12 southern Africa countries.<sup>2</sup> The average adult HIV prevalence rate in the region is 10.8 per cent, although many countries have rates that are higher than 12 per cent, with Swaziland having the highest at 33.4 per cent. Unprecedented measles outbreaks occurred in Southern Africa (Malawi, Zimbabwe, Swaziland and Lesotho), Tanzania and Ethiopia. The situation of armed conflict presented an acute threat to children and women in Southern Somalia, threatening the delivery of essential services and other forms of assistance. The food security situation in the Greater Horn of Africa sub-region remains unchanged with 12 million people in need of humanitarian assistance. In Madagascar and Zimbabwe, political instability, deteriorating physical infrastructure and the public sector's inability to deliver basic social services led to further decline in the overall health and well-being of the population.

<sup>1</sup> Ethiopia, Kenya, Madagascar, Malawi, Somalia, Uganda, Mozambique and Zimbabwe.

<sup>2</sup> Refers to UNAIDS classification of southern Africa, which includes Angola, Botswana, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Mauritius, South Africa, Zambia and Zimbabwe.

## KEY RESULTS FOR CHILDREN

UNICEF's Eastern and Southern Regional Office (ESARO) did not receive emergency funds against the HAR 2010 during the reporting period. However, other resources have been used to continue support to strengthening the emergency preparedness and response capacity of all 20 countries in the region. Countries that have thus far benefited from the above listed capacity-building activities include: South Africa, Zimbabwe, Malawi, Swaziland, Kenya, Burundi, Comoros, Eritrea and Uganda. Training was also made available to governments and partners on disaster preparedness in Uganda and South Africa. To combat the increasing number of measles and cholera cases in the region, the regional health team supported measles outbreak responses in all 14 countries affected during the end of 2009 and beginning of 2010. South Africa and Zimbabwe were supported to conduct nationwide measles campaigns in response to the outbreaks. UNICEF has reached over 1,200 frontline responders with capacity development workshops on emergency preparedness, response and risk reduction in education. WASH cholera preparedness and response trainings were undertaken in Tanzania and Zimbabwe. In addition, the regional WASH in Emergencies team provided surge support to Uganda, Zambia, Comoros, Madagascar, Swaziland, Lesotho, Namibia and Botswana. UNICEF supported country offices in the implementation of Security Council Resolution 1612, Monitoring and Reporting on Child Rights violations in Burundi, Somalia and Uganda, through regional coordination, launching of field tools, and review of good practices in the MRM application. In addition, support was provided to the development of Policy Guidance for Protection of Civilians in conflict, in partnership with the AU.

## KEY CHALLENGES

The implications of the financial crisis for humanitarian action were progressively evident as overall funding for UNICEF emergency appeals in the region averaged 20-30 per cent below 2008 figures. In addition, ESARO did not receive funding against HAR 2010 to date. It is critical to provide better support to country offices in resource mobilization strategies and capacities, also taking into account costs related to preparedness, cluster support, and expansion of the national capacity development strategy for education and other key sectors in emergencies to all priority districts/provinces in the East and South Africa region. Secondly, there is a lack of clarity on the role of clusters in transition and early recovery processes. Finally, a continued need exists for advocacy for education and protection as a priority frontline response.

## INTER-AGENCY COLLABORATION

The UNICEF regional office covering eastern and southern Africa continues to advocate for inter- and multi-country humanitarian coordination through a Nairobi-based regional humanitarian partnership team for the east African countries, and a Johannesburg-based Regional Inter-Agency Coordination Unit for the southern Africa countries, both comprising United Nations agencies and NGOs. The regional office has undertaken inter-agency missions to Comoros and Burundi. A new partnership was developed with the Swedish Civil Contingencies Agency (standby partners) under which a WASH in Emergency Specialist has been deployed to support mainly the Southern African countries. ESARO continues to collaborate with Save the Children on capacity development for enhanced emergency preparedness, response and risk reduction in education across the region. In 2010, the UNICEF regional office has also promoted improved regional coordination with UNHCR, RET, the Inter-Agency Network for Education in Emergencies (INEE) and UNESCO. A cross-border regional meeting was held on the Lords' Resistance Army (LRA); developing a multi-country strategic response to human rights violations committed against children and women. A cross-border inter-agency meeting was also conducted in Juba as a part of the cross-regional contingency preparedness planning and emergency preparedness and planning, looking towards elections and the referendum in Sudan and its impact on cross border population movements.

## FUNDING REQUIREMENTS

The UNICEF Regional Office covering Eastern and Southern Africa has not received any funds against the HAR 2010, leaving critical funding gaps for a range of emergency interventions and positions. Carried over emergency and Young Child Survival and Development funding allowed the RO to continue emergency support to the countries. UNICEF's 2010 HAR appeal has been adjusted to US\$4,500,000 as per mid-year.

Funds received against the HAR 2010 (US\$)				
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap
Emergency Preparedness and Response	800,000	1000,000	0	1000,000
Health	300,000	500,000	0	500,000
Nutrition	1,600,000	1,600,000	0	1,600,000
Water, Sanitation and Hygiene	300,000	600,000	0	600,000
Education	350,000	400,000	0	400,000
Child Protection	300,000	400,000	0	400,000
<b>Total*</b>	<b>3,650,000</b>	<b>4,500,000</b>	<b>0</b>	<b>4,500,000</b>

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

## EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

### Emergency Preparedness and Response

- Country offices will have improved levels of preparedness and a minimum level of readiness to respond to emergencies.
- Country offices and partner agencies will develop a core foundation of emergency knowledge in the region for improved rapid emergency response through training in preparedness and response, assessments, monitoring and evaluation in emergencies, sectoral humanitarian action and resource mobilization plans, as well as the completion of supply and human resources needs assessments.
- Country office capacities will be better prepared to meet organization commitments to achieve ‘the resilience of nations and communities’ as set out in the HFA and UNICEF’s Disaster Risk Reduction draft conceptual framework through a baseline review.

### Health

- In collaboration with the World Health Organization and other health partners, existing health guidelines for emergencies will be updated as necessary, along with monitoring tools to increase response efficiency, especially for communicable diseases like cholera and acute watery diarrhoea.

### Nutrition

- Together with Nutrition Cluster partners, UNICEF will support nutrition preparedness and response, with particular attention to those countries using the inter-agency nutrition cluster approach.
- Country offices, especially those with UNICEF-led Nutrition Clusters, will more effectively respond to acute nutrition needs during an emergency through provision of assessment tools to collect, analyse and report on the nutrition situation, and through training in how to best use nutrition information for early warning, emergency preparedness and contingency planning and programme monitoring.
- The inter-agency HoA food security strategy (drafted by FAO, WFP and Oxfam) will be developed and implemented.

### Water, Sanitation and Hygiene

- Country offices will be better prepared to respond to outbreaks of waterborne diseases, such as cholera and acute watery diarrhoea, through training of WASH Cluster coordinators and national and international partners in contingency planning, capacity mapping and coordination mechanisms at both the regional and country levels.

### Education

- Collaboration with regional Protection, Health, WASH and Nutrition Clusters will promote integrated and comprehensive support to country offices dealing with education in emergencies.
- All 20 Eastern and Southern Africa country offices will have a more coordinated response to the need for education in emergencies through the establishment or reinforcement of Education Clusters led or co-led by UNICEF (or similar structures as applicable), in collaboration with Save the Children and other partners.

### Child Protection

- The United Nations Secretary-General’s Sexual Exploitation and Abuse Code of Conduct will be integrated into all emergency preparedness and response plans in all countries in the region to reduce vulnerabilities of emergency-affected boys and girls to exploitation.
- As co-leader of the Gender-based Violence Cluster, UNICEF will ensure improved coordination through capacity building among partners in gender-based violence issues and response.
- Countries will be supported in the implementation of SC Resolutions 1812 and 1888.

## UNICEF Humanitarian Action 2010

# BURUNDI

### SITUATION UPDATE

Burundi is embarking on a long electoral process (from May to September) and some child protection issues have been raised with regards to the risk of the participation of children and youths during the electoral campaigns. As the peace process ended last December, and the last ex-rebel group converted into a political party in March 2009, this particular election process can be considered as a test for the democratisation process in Burundi. Risks are quite high, mainly with regard to the use of weapons and light arms still in circulation in the country, as well as the instrumentalisation of young people who have spent the last number of years with ex-rebels or have been enrolled by political parties. The results of the ballots will be particularly sensitive. The first round of elections (communal elections in May) has already led to political debate about the results and the opposition has decided to withdraw their candidacy by boycotting the presidential elections planned for 28 June.

The country has suffered from a long civil conflict which led to massive movements of refugees and an increase of poverty and social despair. However, with the signing of the peace agreement in 2008, refugees have come back to Burundi and the return process is not considered as a humanitarian issue anymore. However, about 1,000 households who returned from Tanzania in 2008 and found themselves with no land have been resettled in "Peace Villages" (new villages for Burundian refugees who had previously been living in Tanzania) in order to avoid any bottleneck at the borders and to solve the problem of access to land and property. A national strategy of reintegration of returnees and IDPs has been formulated and is being implemented.

Aside from the political context, the social indicators cause great concerns mainly with regard to child mortality (129 per 1000) and chronic malnutrition (46 per cent) which are extremely high. Moreover, at the beginning of 2010, a measles outbreak was reported in two provinces (Bujumbura Rural, Bujumbura Mairie), where 25 measles cases were reported between January and April 2010. Since 2009, the country continues to keep cholera under control in the two provinces of Bubanza and Cibitoke. Since April, many parts of the country have experienced rain deficits, particularly in the lower plains of the country. Fortunately, due to the abundance of rains between late February and March, the start of the agricultural season has been assessed to be satisfactory. However, heavy rainfalls in March, in northern Kirundo, accompanied by violent winds and hail storms have damaged some crops and fields, impacting on an estimated 8,000 households.

### KEY RESULTS FOR CHILDREN

A national emergency preparedness and response plan was formulated in March 2010 by the Government with UNICEF support, focusing on main threats such as flood and drought effects, food insecurity, cholera outbreaks, and socio-political instability (such as population displacements) linked to the electoral process. In the WASH sector, 710 latrines were constructed and 107 hand-washing devices and 73 aqua tanks installed in 41 schools within the environs of Kirundo and Muyinga. The community-led total sanitation approach which entails around 1,200 households was implemented in eight communes of eight provinces.

UNICEF contributed to the measles vaccination campaign in the two provinces, targeting 474,651 children from nine months to fourteen years old by providing vaccines and technical support to the Ministry of Health.

An ongoing needs assessment is underway, examining the emergency maternal and neonatal care status at national level. Results of this survey will be used to revise the roadmap on maternal and neonatal mortality reduction. Since the beginning of the year, over 8,000 severely malnourished children have received therapeutic care in UNICEF supported nutritional services using the community-based management approach on malnutrition (CMAM/CTC). UNICEF has also been closely supporting the Ministry of Health to develop harmonised and standard management and monitoring tools based on the new protocol on the management of acute malnutrition.

Against plans to provide more equitable access to education opportunities, school materials for at least 500,000 pupils in the most vulnerable provinces have been procured with UNICEF and the Department for International Development (DFID) funding. Preparatory activities have been carried out for implementation of provincial training workshops, with the purpose of establishing emergency response units at a decentralised level. Information and Education Communication materials are being developed on how to prevent disaster and reduce risk at school. The monitoring of the reintegration of 626 children formerly associated with armed forces and armed groups is ongoing in coordination with the Technical Coordination Team (government structure for the Disarmament, Demobilisation and Reintegration

programme). Considering the sensitive period of elections, the members of the Child Protection Working Group (CPWG) have produced information material to sensitise communities with key messages in order to prevent the risk of violence towards children.

### KEY CHALLENGES

UNICEF faced several challenges:

- The implementation of activities has been delayed due to the late endorsement by the Government of the agreed Action Plan for the year.
- The capacity of local health workers to carry out community-based nutritional screening needs to be reinforced.
- The Ministry of Health disease surveillance system needs reinforcement in monitoring potential epidemic diseases.
- An extended teacher strike has disrupted planned activities for the year. During the strike, most public schools were closed and the students were on “vacation”. In order to solve this problem, the Government has officially extended the school year 2009-2010 through to the end of July, and exams for primary school students have been delayed. In addition, the lack of an active decentralised structure of the Ministry of Social Development at community level limits community participation. It also diminishes efforts to strengthen the role of community-based child protection networks to prevent situations of abuse, exploitation, violence and neglect.
- The unpredictability of the current electoral process could largely affect the implementation of UNICEF activities.

### INTER-AGENCY COLLABORATION

The Burundi UN Country Team (UNCT) has adopted the cluster approach since 2008 and UNICEF is leading the Education and Water, Sanitation and Hygiene Clusters as well as the Nutrition and the Child Protection Sub-Clusters.

UNICEF has collaborated with the World Health Organization in re-initiating the Health and Nutrition Cluster at the national level with partners. While WHO takes the overall lead of the Health and Nutrition Cluster, UNICEF leads the Nutrition Sub-Cluster. The Nutrition Sub-Cluster is a component of the Health and Nutrition Cluster but specifically addresses nutrition issues. UNICEF continues to contribute to the “Groupe de Sécurité Alimentaire et de Nutrition” led by the Food and Agriculture Organisation and participates in the Integrated Phase Classification process to analyse and determine the level of food insecurity and humanitarian risk in the different provinces of the country.

A mapping of the capacities of the Education Cluster was developed along with the Government, national and international NGOs and UN agencies. The Child Protection Working Group (CPWG) has been reactivated including UN agencies, local and international NGOs. The coordination and preparedness of key actors of Child Protection in Emergencies has been improved with the finalisation of the mapping of partners and the validation of tools for rapid assessment, reporting and Family Tracing and Reunification.

### FUNDING REQUIREMENTS

As of mid-year, only 17 per cent of the requested funding has been received with no funding for health and nutrition, education and child protection sectors. With regards to the humanitarian situation in Burundi, the funding gap in the Health and Nutrition sector could have a serious impact on child survival. Other UNICEF resources have had to be diverted to finance emergency vaccination campaigns. Moreover, the sensitive situation for children during the electoral campaign demands an urgent set-up of activities to prevent children from abuse. The funding gap may delay the implementation of such activities.

Funds received against the HAR 2010 (US\$)				
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap
Health and Nutrition	3,050,000	2,000,000	0	2,000,000
Water, Sanitation and Hygiene	500,000	1,625,599	1,125,599	500,000
Education	3,697,000	2,448,000	0	2,448,000
Child Protection	473,000	473,000	0	473,000
<b>Total*</b>	<b>7,720,000</b>	<b>6,546,599</b>	<b>1,125,599</b>	<b>5,421,000</b>

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

**EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010****Health**

- The Cholera National Protocol as well as a Contingency Plan will be revised and a communication plan developed and implemented. Disease surveillance data is used to ensure timely notification of potential epidemic disease cases.

**Nutrition**

- Between July and December 2010, the treatment of severely malnourished children will continue, reaching the total yearly target of over 14,500 children.
- Eleven priority provinces will have increased their capacity to manage acute malnutrition according to the new national protocol.
- In collaboration with NGO partners, it is planned that in the next semester, community health workers (CHWs) will be trained and equipped to conduct screening and reference of malnourished cases, CHWs will also receive regular field support and follow-up on the field by local health authorities and partners.

**Water, Sanitation and Hygiene**

- Ten thousand children living in “Peace Villages” will have access to safe drinking water with a minimum of 15 litres daily per person through the rehabilitation of five water supply systems.
- Five communities and 12 schools will be trained in hygiene promotion to prevent diarrheal diseases, cholera, dysentery, etc. An additional 2,400 families living in the Peace Villages will receive NFIs including 24,000 soaps and 3,000 jerry cans.

**Education**

- Seven provinces will have enhanced emergency and response capacities. At least 500,000 vulnerable children, up from a planned 350,000 as per 2010 HAR, will receive basic learning materials during the Back to School campaign in September.

**Child Protection**

- Fifty partners and members of the Child Protection Working Group have improved knowledge and skills on preparedness and response to emergencies and are able to use common tools for assessments, monitoring and reporting and data gathering and sharing. Five community-based child protection networks are strengthened to be able to prevent situations of abuse, exploitation, violence and neglect in Bujumbura, Muyinga, Kirundo, Gitega and Ruyigi.

## UNICEF Humanitarian Action 2010

# ERITREA

### SITUATION UPDATE

The overall operating environment in Eritrea during the first half of 2010 has been challenging, with the imposition of UN sanctions in late 2009 following allegations that Eritrea was supporting insurgents fighting against the Somali Transitional Federal Government. The sanctions include an arms embargo, the inspection and seizure of Eritrean cargo in UN member states, travel bans and asset freezes against specified government and military leaders. Asmara has condemned the sanctions decision, reinforcing the country's position of self-sufficiency. While it is difficult to prove direct attribution of the impact of sanctions on UNICEF operations, relations between the Government of Eritrea and development and humanitarian partners have been strained, with continued restrictions on field movement for routine monitoring and supervision.

Issues concerning food security remain paramount, with food prices remaining high across key commodity groups, limited movement of food from Sudan due to shortages, and an overall decline in livelihoods affecting the nutrition status of vulnerable communities. This is coupled with the continued needs in improving access to clean water and sanitation, particularly in rural areas. While the country remains optimistic that the Azmera rains (for the first planting season) will provide the necessary conditions for this year's harvest, UNICEF continues to focus its efforts on supporting the improvement of the nutritional status of children in the country.

### KEY RESULTS FOR CHILDREN

In accordance with its Core Commitments for Children in humanitarian action and in collaboration with line ministries, UN partners and other development partners, UNICEF continues to support the needs of the vulnerable population in Eritrea. As of mid-year, notable progress have been recorded against UNICEF's interventions in Young Child Survival and Development, with approximately 79 per cent<sup>1</sup> of children under five (359,979 children) receiving vitamin A supplementation and screening for malnutrition through the first round of National Child Health and Nutrition Week, and the upgrading of cold chain capacity. Improvements in the detection and treatment of complications associated with pregnancy and overall newborn health was enabled with the procurement of Emergency Obstetric Health supplies for 11 health facilities, and equipment for the establishment of newborn health units in six regional hospitals.

The Ministry of Health, with financial and technical support from UNICEF, commenced blanket supplementary feeding in the Southern Red Sea region in January and in all sub zones of Anseba and some sub-zones of Gash Barka between March and June. While coverage data is still being finalised from the regions, preliminary reports indicate that the number of children, pregnant and breastfeeding mothers supported has reached around 90 per cent of the total target population, exceeding the initial planning target of 75 per cent. The expansion of the community-based therapeutic Feeding Programme (CBTF) is continuing, with 34 new CBTF centres opening between January and June 2010, leading to a total of 161 countrywide. With the expansion of access to vulnerable populations, the number of admissions to the CBTF has increased. Between January and May, a total of 4,361 severely malnourished children were admitted to CBTF centres, of which approximately 70 per cent were cured, just below the Sphere Standard of 75 per cent for all therapeutic care. An additional 1,691 children were admitted to facility-based therapeutic feeding (FBTF) centres achieving an 86 per cent cure rate, 6 per cent level of defaulters and an 8.7 per cent death rate, all within the acceptable range of Sphere standards.

Although specific emergency funds have not been received for emergency-WASH interventions, UNICEF utilized other donor funds to enhance access to safe drinking water for an estimated 2,000 families in six regions. In the same way, UNICEF further provided water treatment tablets as well as water tanks, buckets, soap and hygiene information and training as part of the community-led total sanitation (CLTS) initiative, reaching more than 10,000 out of a target of 80,000 individuals in vulnerable areas. UNICEF has also used other programme funds to provide essential education supplies to 2,000 out of a target of 4,100 school children in IDP resettled areas and 58 water tanks in the Debub and Gash Barka regions. Other emergency education interventions have been challenged by funding constraints.

Due to funding constraints, UNICEF's planned child protection interventions against HAR have not progressed in the first half of the year. In mine action, UNICEF supported the work of community-based mine risk education (MRE) teams

<sup>1</sup> Ministry of Health, Eritrea – Routine Coverage Report.

reaching 68,046 people out of a target of 150,000 people in the mine-affected communities in Gash Barka, Anseba, Debub, NRS and Maekel regions.

### KEY CHALLENGES

While UNICEF has been able to maintain good relationships with counterparts at national and regional levels, the complex operating environment characterized by fuel shortages, capacity issues amongst counterparts in monitoring and fund utilization, restricted private sector involvement in construction, as well as travel restrictions on international staff, has slowed the pace of programme implementation and increased the burden on UNICEF's support services. Recent efforts to establish a third party monitoring mechanism have encountered obstacles in gaining the necessary government approvals to offer an alternative information tool on the progress of implementation and status of women and children. The continued absence of key partners, such as the World Food Programme, has placed a heavy burden on UNICEF capacity and resources to respond to rising food insecurity and malnutrition. The overall funding situation remains severely constrained, further limiting program implementation with many sectors remaining under-funded for both routine programme and emergency-based needs. The donor horizon is less than positive with a number of donors either reducing or completely phasing out their presence and funding for the country. Despite the recent resolution of the border dispute with Djibouti, the UN sanctions remain in place because of insufficient evidence of compliance with UN resolutions, as stated by the UN Secretary-General.

### INTER-AGENCY COLLABORATION

Although the formal IASC cluster approach has not been adopted in Eritrea, within the UN country team, UNICEF is the agreed sector lead in nutrition and water, sanitation and hygiene (WASH), while it coordinates with the health sector led by the World Health Organization, and provides significant support in the education and protection sectors in the absence of a formal coordination mechanism. In the WASH sector, UNICEF also coordinates its activities with IFRC and Oxfam for sanitation interventions. An inter-agency Mine Action Coordination Technical Working Group was established to support the coordination of mine action activities, in which UNICEF and the UN Development Programme participates.

### FUNDING REQUIREMENTS

UNICEF requirements for humanitarian response in 2010 remain consistent with initial planning figures of US\$24.8 million. Funds received primarily from the government of Japan and CERF to date remain at only 8 per cent of requirements, and are exclusively focused on meeting needs within the nutrition sector. The unmet needs indicated below, for nutrition as well as the other sectors, pose significant challenges for UNICEF to respond to the humanitarian needs of women and children in Eritrea. Interventions in child protection focusing on capacity building in psychosocial support and family reunification of separated children, and education for nomadic populations have been particularly affected due to the absence of funding.

Funds received against the HAR 2010 (US\$)				
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap
Health	4,000,000	4,000,000	0	4,000,000
Nutrition	13,000,000	13,000,000	1,970,421	11,029,579
Water, Sanitation and Hygiene	5,000,000	5,000,000	0	5,000,000
Education	1,200,000	1,200,000	0	1,200,000
Child Protection	800,000	800,000	0	800,000
Mine Action	800,000	800,000	0	800,000
<b>Total*</b>	<b>24,800,000</b>	<b>24,800,000</b>	<b>1,970,421</b>	<b>22,829,579</b>

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

**EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010**

By the end of 2010, UNICEF's humanitarian priorities based on the assumption of 100 per cent of funding levels are:

**Health**

- By the end of year, immunisation for an estimated 125,000 children under one year will be supported with the procurement of vaccines and cold chain equipment.
- Access to quality preventive and curative health care for children will be improved with the extension of access to community-based Integrated Management of Neonatal and Child Illnesses (IMNCI) to 55 villages.
- Access and coverage of Antenatal Care (ANC) and Emergency Obstetric Care (EmOC) will be increased by five per cent through the support of UNICEF in the provision of life-saving EmOC supplies to newborn health units in six regional hospitals.

**Nutrition**

- By the end of the year, nutrition programmes for the treatment of children suffering from severe acute malnutrition (SAM) will be expanded through the establishment of an additional 26 CBTF centres. The expansion of the network with 187 CBTF and 26 FBTF is expected to rehabilitate approximately 4,500 children affected by SAM in the next six months.
- Improvements in the nutrition status of 55,000 children, and pregnant and lactating women in Northern Red Sea region, in addition to three *zobas* targeted in the initial HAR plan, will be met with the expansion of the blanket feeding programme.

**Water, Sanitation and Hygiene**

- Access to sanitary hygiene will be supported with the provision of 2,000 litre water tanks to 200 primary schools in six regions.
- Improving access to safe drinking water will be prioritised in Gash Barka and Debub regions with the drilling of 10 boreholes by the end of 2010.

**Education**

- By the end of the year, 1,800 displaced boys and girls will gain access to safe water and sanitary facilities meeting Sphere standards with the construction of four temporary schools and the rehabilitation of two classroom structures with WASH facilities.
- Displaced children will benefit from improved levels of support as a result of the training of 200 primary schoolteachers in life skills, HIV/AIDS, psychosocial care and gender-sensitive teaching methods.

**Child Protection**

- By the end of 2010, 500 child and female-headed households will be supported through the training of 100 teachers and 50 health staff on basic psychosocial care and response to violence and abuse, accompanied by provision of access to vocational training for small income-generating activities.

**Mine Action**

- By the end of the year, knowledge on the prevention of mine injuries will be enhanced for 180,000 students, reached through school-based education programmes.

## UNICEF Humanitarian Action 2010

# ETHIOPIA

### SITUATION UPDATE

An estimated 5.2 million people in Ethiopia will require emergency food assistance this year, out of which 106,457 children will need treatment for severe acute malnutrition between January and June 2010.<sup>1</sup> The Government is presently leading a multi-agency and multi-sectoral seasonal assessment to revise the humanitarian needs for the second half of the year. High food insecurity is likely to continue in the period June to September, which is usually the hunger gap season.<sup>2</sup> Due to food insecurity, closely monitoring the nutritional status of children is critical. Results of standard nutrition surveys indicate 'poor' to 'serious' nutritional conditions, particularly in the Amhara, Gambella, Somali, and Oromia regions.<sup>3</sup> Underlying causes include climate conditions, conflict and insecurity in the Somali Region, as well as disease outbreaks. Conflict and displacements are additional concerns for the protection of children who are left without adequate shelter, food and water and with risks of family separation.

The February-June *belg* rains in Ethiopia have contributed to improving the food security situation and increasing the availability of water and pasture for animals in many parts of the country. However, an extended dry period at the beginning of the year forced thousands of people to rely on water trucking for the supply of safe water. Up to now, pocket areas in some regions still remain dry and continue to be dependent on water trucking. Compounding the situation, the unusually intense rains in the Somali, Oromia and Southern Nations, Nationalities and People (SNNPR) regions in June resulted in floods and landslides, killing 55 people and affecting or displacing some 183,000 people. These floods also damaged and destroyed education facilities and water and sanitation infrastructure. With the start of the main rainy season at the end of June, the risk of more serious flooding extends through September. Localised outbreaks of acute watery diarrhoea (AWD) continue to pose an important public health hazard in areas with inadequate safe water. Floods, pilgrimage events and labour migrations are some of the events that may exacerbate the spread of diarrheal diseases. Measles cases affecting children were reported in Somali, SNNPR and Oromia regions, particularly in drought affected areas where routine immunisation coverage is low and where acute malnutrition prevails with severe acute malnutrition (SAM) prevalence ranging from 0.1 to 2.3 per cent and global acute malnutrition (GAM) prevalence ranging from 3.1 to 17.8 per cent. Increased cases of malaria have also been reported. In the education sector, it is estimated that more than 13,000 children are out of school as a result of drought, cross border conflicts, fire accidents and floods.

### KEY RESULTS FOR CHILDREN

UNICEF continues to work with the government and humanitarian partners to ensure that children have access to health, nutrition, education, water and sanitation and are protected in the midst of various emergencies. UNICEF supported the Ministry of Health to ensure coverage of therapeutic feeding programmes (TFP) in almost 80 per cent of drought-affected districts (woredas). Access to the TFP increased from 4,500 sites in December 2009 to 6,350 in March 2010. Out of 106,457 targeted children from January to June 2010, 76,916 children received treatment for severe acute malnutrition from January to April 2010 with an 84 per cent recovery rate. In support of this TFP run by the government with the assistance of NGOs including Concern Worldwide, International Medical Corps (IMC), Save the Children UK, Save the Children US, Action Contre la Faim, World Vision Ethiopia, Médecins Sans Frontières (MSF), CARE and Samaritan's Purse, UNICEF distributed 1,087 metric tons of ready-to-use therapeutic food as of May 2010. Together with the Ministry of Health and NGOs, UNICEF continues to play its technical leadership support role by developing a comprehensive quality assurance system for programme monitoring.

To assist the Somali and Afar Regional Health Bureaus' (RHB) programmes for hard-to-reach communities, UNICEF provided 56 emergency drug kits to mobile health and nutrition teams sufficient to meet the various medical needs of 140,000 people. In addition to quarterly reviews to evaluate the performance of these mobile teams, the RHBs together with UNICEF conducts regular field supervisions to monitor among others the quality of health, nutrition and water and sanitation services provided by the mobile health teams. Similarly, fourteen emergency drugs kits were sent to SNNPR to respond to a measles outbreak, supporting access to basic health service for 35,000 people. In the same region, with technical, financial and supply support of UNICEF, the Health Bureau vaccinated more than one million children against measles, ensuring full coverage.

<sup>1</sup> Humanitarian Requirement Document (HRD) released February 2010 by the Government of Ethiopia and humanitarian partners.

<sup>2</sup> Famine Early Warning Systems Network (FEWSNET) ETHIOPIA Food Security Outlook Update May 2010.

<sup>3</sup> February 2010 update of the Emergency Nutrition Coordination Unit (ENCUC) under the Disaster Risk Management and Food Security Sector.

Since the beginning of the year, UNICEF has been supporting the Ministry of Health to respond to localised acute watery diarrhoea (AWD) outbreaks in Oromia, SNNPR and Somali regions through provision of technical, financial and material assistance. Case Treatment Centre (CTC) kits were supplied for rapid response to AWD outbreaks.

In Somali and Amhara, UNICEF financially supported the government and NGOs for water trucking, reaching more than 82,500 people with safe drinking water. UNICEF also supplied the Water Bureaus with water treatment chemicals, thus enabling more than 240,600 households to have access to clean water in areas affected by floods, fire and AWD. In the Oromia region, 1,508 children were able to continue their education through UNICEF's financial assistance. In response to various emergencies, UNICEF provided non-food items including shelter material to 37,000 displaced people. As part of the child-focused social protection programme, 360 children from the most vulnerable families affected by floods were financially supported.

UNICEF provides technical and financial support to regional governments' Disaster Prevention and Preparedness (DPPB) offices in Oromia, Amhara, Tigray, SNNP, Afar, Somali and Gambella regions in the preparation of regional government emergency preparedness and response plans for 2010. These decentralized regional plans were first initiated with support of UNICEF in 2007 and have contributed to improved emergency preparedness and response in regions.

### KEY CHALLENGES

- Lack of adequate information at field level and lack of strong coordination at federal level remain the main challenges in emergency preparedness and response activities.
- During the first quarter of the year, issues of access to some parts of Somali Region impacted the ability to reach the population in need. While restrictions on access eased in the second quarter of the year, a security incident in May involving the burning of a UNICEF vehicle in the Garbo District by unidentified gunmen, resulted in travel being curtailed by security.
- The launch of the much-needed Nutrition Surveillance System has been delayed due to discussions with the government that are still ongoing. A recent decision by the government restricted the provision of food assistance to populations threatened with survival, which would exclude people whose livelihoods are affected. This issue is still under discussion.

### INTER-AGENCY COLLABORATION

UNICEF's coordination work has taken place within the framework of the emergency cluster leadership approach in Ethiopia. UNICEF is the Cluster lead agency for Water, Sanitation and Hygiene (WASH) and co-lead of the Education Cluster with Save the Children UK. Thanks to the work of the Education Cluster, the requirements for education in emergency situations have been recognised and included as part of the national appeal document for the first time in 2010. The Cluster is also working with the Ministry of Education to include elements of education in emergency situations into the Education Sector Development Programme IV of the country. A Sub-Cluster to the Protection Cluster on Child Protection and Gender-Based Violence was established in February 2010, with a shared leadership between UNICEF and UNFPA.

UNICEF continues to work closely with WHO in support of the Health Cluster leadership. UNICEF supports the Emergency Nutrition Coordination Unit under the Disaster Risk Management and Food Security Sector (DRMFSS) that is acting as the Nutrition Cluster lead in Ethiopia. The Nutrition Cluster contributed to the coordination of 27 ad-hoc emergency and monitoring surveys across the country, by conducting quality control of the assessment and report preparation and ensuring that implementation and reporting were in accordance with existing national guidelines. Additionally, the number of TFP beneficiaries estimated by the Cluster was accepted by the government and is reflected in the government's Humanitarian Requirement Document for January-June 2010. For coordinating the response to the refugee population in Ethiopia, UNICEF is a member of the Refugee Task Force headed by UNHCR.

### FUNDING REQUIREMENTS

The HAR 2010 requirement amounts to US\$68.7 million, against which US\$17.7 has been received by the beginning of June 2010, which represents only 26 per cent of the funding required. With a gap of 74 per cent, UNICEF will urgently need additional funds to support prevention and response activities to meet the needs of children affected by emergencies in Ethiopia. The period from June to September usually marks the peak period of AWD transmission in addition to being the hunger gap period. A seasonal assessment which will start in mid-June under the government's lead will further evaluate the situation and may result in a revision of humanitarian requirements for the second half of the year. Three quarters of the funding received to date was received from the Japanese and US Governments. In

addition to the funds indicated below received against the 2010 HAR, a total programmable amount of US\$21.3 million was carried over from 2009.

Funds received against the HAR 2010 (US\$)						
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap	Additional funds utilized in 2010	Final funding gap
Health	13,200,000	13,200,000	3,220,343	9,979,657	2,814,922	7,164,735
Nutrition	38,000,000	38,000,000	7,105,519	30,894,481	15,546,120	15,348,361
Water, Sanitation and Hygiene	11,500,000	11,500,000	6,847,109	4,652,891	2,881,458	1,771,433
Education	3,460,000	3,460,000	500,022	2,959,978	83,210	2,876,768
Child Protection	1,800,000	1,800,000	0	1,800,000	0	1,800,000
HIV/AIDs	700,000	700,000	0	700,000	0	700,000
<b>Total*</b>	<b>68,660,000</b>	<b>68,660,000</b>	<b>17,672,993</b>	<b>50,987,007</b>	<b>21,325,710</b>	<b>29,661,297</b>

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

### EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

As a member of the Refugee Task Force headed by UNHCR, UNICEF ensures that basic needs of children are met in refugee camps and settlements. UNICEF has signed a letter of understanding with the Government's Administration for Refugees and Returnees Affairs and UNHCR to guide its assistance to refugees. During July-December, UNICEF will ensure that Ethiopian children get access to basic health, nutrition, water, sanitation and hygiene, education and protection in the event of emergencies.

#### Health

- Access to health, nutrition, WASH and emergency referral services will continue to be provided to 1.57 million people in Somali region, and 65,000 in Afar region, by supporting 34 mobile health teams in remote areas of Somali and Afar regions, where no other health services are available.
- Support will be provided to national measles vaccination campaigns commencing October 2010 to reach 14 million children under five. Technical, cash and supplies assistance will be provided for curative and preventative actions in response to AWD and other infectious disease outbreaks.

#### Nutrition

- As the lead on Nutrition Cluster, UNICEF will support the development and roll out of a nutrition surveillance system to provide timely and accurate information on the nutritional status of children countrywide.
- Around 12 million children and 600,000 pregnant and lactating women will benefit from a series of essential child survival interventions.

#### Water, Sanitation and Hygiene

- Emergency task forces focusing specifically on prevention activities will be reactivated and strengthened.
- Fifteen thousand severely malnourished children and their caregivers will have access to essential water and sanitation services, thus decreasing impact of AWD on child survival. To this same end, 16,900 children will have access to water and sanitation facilities in schools. An additional 671,000 people will be targeted with hygiene messages in high AWD-prone areas.

#### Education

- Working with education bureaus, school-in-a-box kits, recreational kits, tents and essential learning materials will be provided to 150,000 children affected by different emergencies who will be enabled to continue with their education.

#### Child Protection

- The situation of the most vulnerable children will be improved through social welfare programmes, in coordination with the Ministry of Women's and Children's Affairs. UNICEF will continue reviewing contingency plans for a potential refugee situation in western Ethiopia, taking into account the upcoming referendum in the Sudan.

## UNICEF Humanitarian Action 2010

# KENYA

### SITUATION UPDATE

The good performance of recent rains has initiated a process of recovery for drought-affected women and children in Kenya's pastoral and marginal agricultural areas. This recovery is uneven and moderated by persistently high food prices and the cumulative impact of previous poor rainy seasons, which have diminished resilience at the household level. Levels of acute malnutrition still remain unacceptably high in the Arid and Semi Arid areas, with more than 43,000 children under five suffering from severe acute malnutrition.<sup>1</sup> While the availability of water has improved in recent months, cholera outbreaks continue, despite scaled-up prevention efforts. Rains have also caused localized flooding and landslides in many parts of the country affecting up to 130,000 people, heightening their vulnerability to disease and limiting access to basic services. An upsurge in cases of malaria is anticipated due to the wet conditions that have prevailed over the previous months.

The political environment in Kenya remains fragile, with the potential for inter-communal violence and population displacement to be triggered by political reform processes. The influx of refugees from Somalia continues as does the deterioration of security in the border areas, which has serious impacts on the protection of women and children, as well as the safety of humanitarian workers.

### KEY RESULTS FOR CHILDREN

#### Health

- UNICEF support to the measles immunization mop-up campaign reached 284,169 children under five years of age, bringing the national coverage for measles up to 87 per cent for this age group.
- Around 800,000 of the 2.4 million targeted women and children in emergency affected districts received high impact child survival interventions during integrated outreach services. This support will continue in 100 districts between July and December 2010.
- An additional 400,000 children under five in emergency affected areas have accessed quality curative services for diarrhoea through improved skills of health care workers and essential supplies supported by UNICEF.

#### Nutrition

- In the effort to treat malnutrition, 9,845 children under five suffering from severe acute malnutrition (42 per cent coverage) and 36,345 children under five suffering from moderate acute malnutrition have been admitted for treatment between January and April 2010, with a recovery rate above 70 per cent.
- As a result of UNICEF's support in coordination of the nutrition sector and specific efforts towards strengthening of the Nutrition Information Working Group, reporting rates for district nutrition indicators are now at 65 per cent, up from 44 per cent last year.

#### Water, Sanitation and Hygiene

- A total of 2.7 million people (90 per cent of the targeted 3 million) have improved access to adequate quantities of safe water through new or rehabilitated water supplies, provision of household water treatment supplies and chlorination of community water points.
- Hygiene promotion campaigns with a focus on cholera-affected areas have reached 1.3 million people. An additional 270,000 primary school children participated in cholera prevention through schools, while 120,000 women were engaged in community dialogues.
- Access to 320 latrines and hand-washing facilities in 43 primary schools benefited 28,000 children (70 per cent of target).
- Coordination in the WASH sector has been strengthened through a coordination secretariat, which provides district coordination for 13 districts and support to the drafting of a national cholera prevention and response strategy.

#### Education

- With the support of Education and Early Childhood Development Kits and temporary school tents, 16,500 pupils affected by floods were able to continue their education, which represents near full coverage of the flood-affected school population.

<sup>1</sup> Based on nutrition surveys carried out to date in 2010, reductions in global acute malnutrition (GAM) have been noted in Turkana bringing rates to below 20 per cent, while in Mandera, Marsabit, Wajir and Samburu rates remain above 20 per cent.

- Education in emergencies training was provided to 187 provincial and district-based education officers, representing 62 per cent of the annual target.

#### Child Protection

- Between January and May 2010, legal assistance was provided to 110 children, twenty-five of whom received direct advocacy in mobile courts.
- The Child Protection in Emergencies Working Group (Child Protection Sub-Cluster) has established a work plan for 2010-2011 which includes the development of common assessment tools and a code of conduct for NGOs.

#### Cross Sectoral Coordination

- UNICEF supported multi-sectoral preparedness planning and pre-positioning in flood prone districts in Nyanza, Western and Coast Provinces. Pilot Vulnerability and Capacity Assessments involving communities, District Administration and children were undertaken to lay a basis for the planning of Disaster Risk Reduction initiatives.

### KEY CHALLENGES

The deteriorating security situation in the border areas of North East Province has continued to hamper programme implementation due to intermittent movement constraints on UNICEF and partners. Human resource constraints within the Health system continue to hamper health and nutrition response in Northern and Arid areas. The Government has initiated a recruitment scheme which will provide additional health workers, but the most severely impacted areas will remain under-served.

### INTER-AGENCY COLLABORATION

UNICEF continues to support Government leadership in the performance of cluster functions in WASH, Nutrition, Child Protection, and Education. With nutrition partners, 34 nutrition surveys will be undertaken throughout the Arid and Semi Arid areas of Kenya, as well as surveys in the informal urban settlements of Nairobi, Kisumu and Mombasa. A national WASH survey is ongoing which will provide information on coverage of critical WASH interventions and inform both emergency and longer-term WASH programmes. UNICEF will also support UNHCR and other partners in an assessment of the Education situation in the Dadaab refugee camp as the basis for developing an inter-agency strategy.

### FUNDING REQUIREMENTS

The receipt of humanitarian funding early in 2010 has allowed for the continuation and strengthening of programmes initiated in 2009. A significant grant from the Government of Japan has provided a base of predictable funding for 2010 in WASH, Nutrition, Health and Child Protection. Sustained and flexible donor commitment is required for the remainder of 2010 and into 2011 to ensure that the initial recovery is sustained and that gains in coverage and programme quality can be maintained. Predictable and flexible funding will also allow for ongoing support to Government in leading sectoral coordination for emergencies.

Funds received against the HAR 2010 (US\$)				
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap
Health	3,500,000	3,500,000	1,135,000	2,365,000
Nutrition	8,719,000	8,719,000	4,657,386	4,061,614
Water, Sanitation and Hygiene	5,587,000	5,587,000	3,690,600	1,896,400
Education	2,196,000	2,196,000	0	2,196,000
Child Protection	2,090,245	2,090,245	165,000	1,925,245
Cross-Sectoral	1,000,000	1,000,000	50,160	949,840
<b>Total*</b>	<b>23,092,245</b>	<b>23,092,245<sup>2</sup></b>	<b>9,698,146</b>	<b>13,394,099</b>

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

<sup>2</sup> These requirements are in line with UNICEF requirements in the Kenya Emergency Humanitarian Response Plan (mid-year review, 14 July).

**EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010****Health**

- Through the procurement and distribution of long lasting insecticide-treated nets (LLITNs), LLITNs coverage will increase from 1.2 million (40 per cent) to 1.36 million (over 43 per cent).
- Improvements to access to life-saving treatment for diarrhoea will continue, targeting 800,000 children in Nyanza, Western provinces and Northern areas of Kenya, through provision of assorted essential health supplies, installation of Oral Rehydration Therapy corners in provincial and district hospitals, health centres and dispensaries; and continued improved capacity of health workers.

**Nutrition**

- Up to 50 per cent of acutely malnourished children, as well as pregnant and lactating mothers will have accessed quality treatment at health facility and community levels by the end of the year.
- Vitamin A supplementation will be provided to 80 per cent of all children under five.
- A joint advocacy strategy will be developed by nutrition sector partners through the Nutrition Technical Forum.

**Water, Sanitation and Hygiene**

- An additional two million people in emergency-affected areas will have improved access to safe water.
- An additional one million children and women in emergency affected area will receive life-saving WASH related information via mass media messages and hygiene promotion activities coordinated by the National Emergency Communication Centre.
- Access to safe water, sanitation and hygiene facilities will benefit 12,000 children in 17 emergency-affected schools.
- The UNICEF-supported National Water and Sanitation Coordination Committee will ensure coordination in preparedness and response at the national and district level.

**Education**

- Access to education for 50,000 pupils will be enhanced through community sensitisation programs as well as through provision of essential learning materials.
- Education in emergencies training will be provided to an additional 70 district-based education officers for effective preparedness and response, fulfilling the target of training 250 education officers.
- A national Education sector Emergency Preparedness and Response plan will be developed by the Ministry of Education and partners through the Emergency Education Working Group.

**Child Protection**

- In the event of a large scale displacement, at least 1,000 children either separated or living in child-headed households will benefit from enhanced identification, documentation, tracing and reunification services.
- At least 1,000 women and children will be ensured access to post-exposure prophylaxis to respond to sexual violence during crises.
- By year-end, child protection partners in the Dadaab refugee camps will be able to identify and respond to the needs of 2,500 children with significant protection concerns, reaching a minimum of 21,000 children with child friendly space activities, and seeing a 100 per cent increase in the number of girls and minority groups who utilize the spaces.

## UNICEF Humanitarian Action 2010

# MADAGASCAR

### SITUATION UPDATE

In the first half of 2010, Madagascar suffered the effects of multiple crises, including lack of rainfall in the southern regions of Madagascar, a moderate tropical storm and a continued period of political instability without an internationally recognised government. The political crisis has exacerbated the vulnerability of the 68 per cent of the Malagasy population living under US\$1.25 per day, and particularly those living in urban areas. The situation is currently being closely monitored, especially in regards to the slow erosion of basic social services. Already overcrowded public schools are facing increased pressure as parents move their children from private to public schools and the reduced public school budget has resulted in a 30 per cent increase in costs for parents.<sup>1</sup> The current pressure on parents is resulting in children being left to fend for themselves and, as a result, they are more vulnerable to exploitation and violence. Additionally, poor rainfall between September 2009 and March 2010 has negatively affected the main agricultural season resulting in increased food insecurity for large parts of the population, which if not addressed will develop into a nutrition crisis affecting hundreds of thousands of children under five. Surveys in the regions of Androy and Anosy (April 2010) indicated a global acute malnutrition rate of 8.7 per cent in Anosy and 7.2 per cent in Androy. In March 2010, the eastern coast of Madagascar was hit by the moderate tropical storm Hubert, affecting 74 communes in eight districts with a total of 151,200 children under five.

### KEY RESULTS FOR CHILDREN

**Health and Nutrition:** Medicines were provided and are being used by 174 health centres to enable free treatment for people affected by the tropical storm, covering the needs of around 1,430,499 people, which represents 92 per cent coverage.

**Water, Sanitation and Hygiene (WASH):** In collaboration with local NGOs, Association Socio Sanitaire Organisation de Secours (ASOS) and St. Gabriel, UNICEF provided WASH kits to 3,544 vulnerable households to ensure access to potable water, providing 91 per cent coverage of planned activities. One hundred and seventy water points have been disinfected benefiting 50,000 people, representing 50 per cent coverage of the planned target.

**Education:** Fifty-two classrooms in 80 schools damaged by the tropical storm have been temporarily repaired using plastic sheeting enabling 8,394 students to resume their studies, and 48 tents have been set up in collaboration with Diakonie Emergency Aid enabling a further 2,400 students to resume their studies. A total of 328 school-in-a-box education kits and 152 recreation kits were distributed to 150 schools benefiting 26,240 students.

**Child Protection:** Child rights violations were monitored through the 19 Child Friendly Spaces (CFS) in Tana, reaching over 1,600 children in collaboration with local partner Union of Professional Graduate Social Workers. The family tracing and reunification programme traced 238 children reported as missing and reunited 138 of those children. One round of the inter-agency multi-cluster rapid assessment mechanism (McRAM) has been carried out in Antananarivo to inform programme managers on critical areas with potential intervention needs.

### KEY CHALLENGES

The political crisis has led to the suspension of aid and budget support to the Madagascar government, which is slowly eroding basic social services. A further implication of the political crisis has been the change in Ministry staff at both national and sub-national levels, including technical experts, which has weakened the capacity to both assess and respond to emergency situations quickly and efficiently.

### INTER-AGENCY COLLABORATION

UNICEF supported the emergency response efforts in Madagascar as a member of the Madagascar Humanitarian Country Team and through the implementation of the cluster approach framework. UNICEF Madagascar is providing cluster coordination leadership in water, sanitation and hygiene (WASH), Nutrition, Education and Child Protection Sub-Cluster and is an active member of the WHO-led Health Cluster. Following Hubert, a multi-sectoral rapid assessment was conducted in late March in the south east comprising of three teams made up from UN agencies,

<sup>1</sup> Evaluation de la situation des écoles primaires et collèges en période de crise, UNICEF, April 2010.

NGOs and the National Disaster Management Office. A standardised multi-sectoral assessment tool, developed jointly by humanitarian actors, was used for the first time, and out of the 74 affected communes affected, 48 were visited.<sup>2</sup>

### FUNDING REQUIREMENTS

Out of the US\$11.5 million total requirements, only US\$331,565 (3 per cent) has been received as of mid-year, for nutrition activities. Response to the tropical storm was enabled through reprogramming of regular resources and the use of pre-positioned stock of emergency life saving items. The tropical storm and lack of rain in the south has created a food security crisis, which if not addressed adequately, will lead to a nutritional crisis in both the south and south east of Madagascar, requiring a significant emergency response which explains the increase in the health and nutrition budget.

Funds received against the HAR 2010 (US\$)				
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap
Health and Nutrition	2,000,000	3,031,565	331,565	2,700,000
Water, Sanitation and Hygiene	5,000,000	5,000,000	0	5,000,000
Education	4,000,000	2,906,000	0	2,906,000
Child Protection	450,000	176,000	0	176,000
<b>Total*</b>	<b>11,450,000</b>	<b>11,113,565</b>	<b>331,565</b>	<b>10,782,000</b>

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

### EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

#### Health and Nutrition:

- UNICEF and the WHO will jointly strengthen and train decentralised Health Clusters in three regions particularly at risk from cyclone in emergency preparedness and response.
- Thirty health centres in the two regions affected by the tropical storm Hubert will be rehabilitated, and 178 new centres for outpatient nutritional rehabilitation for severe malnutrition (CRENAS) will be set up in preparation of a deterioration of the nutritional situation following Hubert. The current CRENAS in the south, south-east and major cities will be maintained.

#### Water, Sanitation and Hygiene:

- Ten thousand people in 200 communities in Antananarivo and the drought affected areas will be assisted with potable water supply, sanitation facilities and hygiene promotion activities.
- Six regional WASH Clusters will be trained and provided with information management tools so that emergency information is available for decision-making at regional/district level.

#### Education:

- Two hundred eighty six teachers and 134 officials working for local educational authorities in target areas will be trained to effectively respond during emergencies.
- One hundred eight classrooms will be reconstructed, and 204 classrooms damaged by the tropical storm will be rehabilitated.

#### Child Protection:

- Two rounds of the multi-cluster Rapid Assessment Mechanism (McRAM) household survey will be carried out in Antananarivo, Tulear, and six selected rural areas of the country.
- Missing children will be traced and reunited with their families through community-based mechanisms.

<sup>2</sup> The main findings included 8,080 shelters destroyed, 281 water sources flooded, 229 schools and 34 health centres damaged, more than 60 per cent of expected harvests destroyed.

## UNICEF Humanitarian Action 2010

# SOMALIA

### SITUATION UPDATE

Facing one of the worst humanitarian situations in the world, 42 per cent of Somalis continue to be in crisis, including the 1.39 million Internally Displaced Persons (IDPs)<sup>1</sup> nationwide, half of whom are children under 18, including 640,000 children under five. With the highest rate of severe acute malnutrition (SAM) in Africa, one in six children are acutely malnourished and one in 22 severely malnourished in Somalia, 60 per cent of young children have serious micronutrient deficiencies and hundreds of thousands are susceptible to disease given the country's low immunisation rates and lack of safe water and sanitation. More than 300,000 school-aged children are out of school in Central and Southern Somalia (CSZ) and internally displaced communities in the North East and North West Zones (NEZ/NWZ). Children are also exposed to severe protection abuses and violations including an increase in recruitment into armed groups from all sides. While the northern zones remained relatively stable, allowing for greater access to vulnerable populations, insecurity and violence intensified in the CSZ region from May 2009 into 2010, spreading beyond Mogadishu as the Transitional Federal Government (TFG) and insurgent groups contest for control. Mainly due to the ongoing conflict, thousands have been killed in Mogadishu, including children and civilians caught in the crossfire. Schools and health centres continue to be attacked.

The cycle of drought and floods, characteristic of Somalia, has further exacerbated the situation, leaving 580,000 urban people struggling with high food and non-food prices and 1.25 million rural and pastoralist people in search of food and water. While rains in March slightly improved the situation in some areas, flooding is likely to increase the risk of disease and displacement. Furthermore, increased insecurity led to the suspension of the World Food Programme's activities including the General Food Distributions (GFD) programme in January 2010, which has affected the treatment of moderate malnutrition and prevention of severe malnutrition in insurgent controlled areas of CSZ<sup>2</sup>, where 70 per cent of the population in crisis resides. UNICEF requires urgent donor support to continue critical interventions and scale up nutrition efforts to cover the gaps in supplementary feeding programmes (SFP) due to the WFP's withdrawal. With only US\$22.7 million or 35 per cent of funds received against the revised HAR by early June, multiple interventions will be suspended without sufficient financial support by the start of the third quarter of 2010.

### KEY RESULTS FOR CHILDREN

**Health and Nutrition:** As of mid 2010, the second round of UNICEF/World Health Organization Child Health Days (CHDs) delivered an essential package of life-saving health and nutrition services to 1.5 million children under five (91 per cent of the children targeted) and 1.3 million women (68 per cent) of child bearing age nationwide<sup>3</sup> - an improvement over the first round in 2009. Support to a network of approximately 550 Health Posts and 240 Maternal and Child Health facilities (MCHs) provides access to basic primary health care for about three million emergency-affected people, including routine immunisation, treatment of childhood diseases and provision of ante-natal care services. UNICEF, as Nutrition Cluster lead and supporting 90 per cent of the humanitarian response, continues to scale-up geographic and case coverage for acute malnutrition, treating approximately 33,000 children with severe acute malnutrition from January to June (out of 101,000 or 34 per cent of target) through support to 311 out-patient therapeutic/stabilisation centres, of which 16 were established in the CSZ area in 2010. UNICEF is attempting to bridge the gap following the suspension of WFP nutritional work in the CSZ region, by extending support to 60,000 children suffering from moderate acute malnutrition (MAM), out of a caseload of 170,000 children (the original HAR target was to reach at least 60 per cent or 102,000 of all children with MAM) through 335 supplementary feeding programs sites in CSZ starting in June with partners.

**WASH:** UNICEF is the Cluster lead for WASH and responsible for 70 per cent of the humanitarian response in this sector. Over 770,000 emergency affected people (approx. 154,000 children under five) throughout Somalia have access to safe water via operations, maintenance and chlorination of 635 water systems, and more than 170,000, mainly in rural areas have gained access to safe water through the rehabilitation or construction of 87 against 283 planned water

<sup>1</sup> Somalia's Food Security and Nutrition Analysis Unit (FSNAU), January 2010. Figures projected until at least June 2010; malnutrition figures from February and May 2010.

<sup>2</sup> This excludes parts of Mogadishu.

<sup>3</sup> 270,000 targeted children and 280,000 targeted women in the Kismayo district and parts of Lower Shabelle cannot be reached due to insecurity and access constraints.

systems nationwide. More than 110,000 people are benefiting from 2,950 new and rehabilitated latrines, and over half a million people have been reached with hygiene messages, soap and jerry cans, critical for contributing towards the prevention of waterborne diseases (exceeding the expected target). Support continues towards building the capacity of 252,180 community, civil society and institution members to manage solid waste in a safe and sustainable manner. Water trucking, as a last resort, was provided to 10,000 people affected by the rapid onset emergency in CSZ for one month. Chlorination activities intensified in March 2010 following cases of seasonal acute watery diarrhoea and cholera in the north and CSZ.

**Education:** Over 57,000 emergency-affected or displaced children (out of a planned figure of 100,000) or 30 per cent of children out of school in emergency affected areas - have newly enrolled in primary schools, including 29,000 girls. Over 1,900 teachers (363 females) received training in pedagogy, life skills, child rights, psychosocial care and support and emergency education.

**Child Protection:** About 10,000 people in 102 communities have been mobilised to prevent and respond to a range of child protection violations and gender based violence. More than 54,000 emergency-affected children received school or community-based psychosocial care and support. Through a network of 40 monitors from 20 local human rights monitoring organisations, 436 cases of child rights violations were documented from January through April, with almost all cases being referred to services or advocacy action at community level. UNICEF and partners launched a community initiative to reach 350 children/youth at-risk of recruitment and ex-child combatants with vocational training, non-formal education and psychosocial support in Mogadishu, Merka and Galgadud.

### KEY CHALLENGES

Escalating violence, displacement, constantly shifting geographical control, general insecurity and logistical challenges continue to disrupt the delivery of supplies and services. This is coupled with the increase in cost of delivering aid, at a time where the current funding crisis already jeopardises the continuation of life-saving support. The withdrawal of the WFP and subsequent suspension of General Food Distributions and significant scaling down of moderate nutrition services have left a major gap in treatment and prevention of acute malnutrition cases.

### INTER-AGENCY COLLABORATION

UNICEF works with UN agencies and over 150 NGOs in addition to donors, Somali administrations and local communities. As Cluster lead for Nutrition and Water, Sanitation and Hygiene (WASH), UNICEF directly supports approximately 90 per cent and 70 per cent respectively of total humanitarian response in these Clusters. UNICEF also contributes to the WHO-led Health Cluster (supporting 70 per cent of response), the UNCHR-led Child Protection Cluster, and co-leads the Save the Children led Education Cluster.

### FUNDING REQUIREMENTS

UNICEF's 2010 HAR appeal has been slightly increased to US\$66 million, with a reduction in WASH due to access and capacity constraints, a slight reduction in Education and an increase in Health to cover a second round of CHDs. UNICEF has received only US\$22.7 million, or under 35 per cent of funds required against the revised HAR, leaving critical funding gaps for a range of emergency interventions. Carry over funds for Nutrition allowed UNICEF to take over the supplementary feeding programme by re-allocating 2009 funds. UNICEF programming facilitates the complementarities of regular and humanitarian interventions, such that teacher incentives and training and education supplies in emergency affected areas are supported through non-humanitarian funds. Although UNICEF requires an additional US\$43 million to respond to the full scope of revised Core Commitments for Children in 2010, a minimum of US\$16.2 million is immediately required to allow lead time for ordering and delivering supplies and to avoid closing down various critical life saving activities.

Funds received against the HAR 2010 (US\$)				
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap
Health	12,320,000	16,102,100	9,506,250	6,595,850
Nutrition	18,850,000	18,850,000	3,986,482	14,863,518
Water, Sanitation and Hygiene	18,833,000	15,728,500	2,698,262	13,030,238
Education	8,101,500	7,935,800	5,015,187	2,920,613

Child Protection	6,216,500	6,216,500	1,515,260	4,701,240
Shelter and Non-Food Items	1,188,100	1,188,000	0	1,188,000
<b>Total*</b>	<b>65,509,100</b>	<b>66,020,900<sup>4</sup></b>	<b>22,721,441</b>	<b>43,299,459</b>

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

## EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

### Health

- Child Health Days will continue, targeting 1.5 million children under-five (over 90 per cent of the total) and 1.2 million women of child-bearing age (over 70 per cent of the total). Some 3 million displaced or vulnerable people will continue to have access to essential medicines and vaccines through health facilities.

### Nutrition

- An additional 60,000 children with severe acute malnutrition will receive life-saving treatment: 60,000 children with moderate acute malnutrition will receive targeted supplementary feeding in the CSZ area and 50,000 children in Afgoye with blanket supplemental feeding.
- Coverage of vitamin A supplementation for young children will be increased, along with micronutrient supplementation for pregnant and lactating women and de-worming of vulnerable groups.

### Water, Sanitation and Hygiene

- Access to safe water will be maintained for 770,000 people through operations and maintenance, and chlorination and extended to 330,000 more people for a total of 1,100,000 by year-end, alongside hygiene education. An additional 70,000 people will benefit from construction of latrines.
- 160,000 people will gain access to safe water through rehabilitation/construction of water systems

### Education

- At least 43,000 more children (50 per cent girls) in emergency settings will be enrolled in child-friendly primary schools (with WASH facilities), for a total of 100,000 new enrolments by year-end.
- Teachers in emergency settings will continue to receive monthly incentives from the start of the new school year in September 2010, thereby keeping schools operational for at least 100,000 children.
- An additional 200,000 vulnerable school children will receive school supplies for the new school year.

### Child Protection

- At least 350 at-risk or ex-combatant children and youth will have access to vocational, non-formal education and psychosocial services. Advocacy efforts with the TFG on recruitment of children into armed groups will be resumed.
- An additional 198 vulnerable communities in all three zones will be mobilised to prevent and address protection violations and gender based violence, particularly among IDPs, totalling 300 by year-end.
- An estimated additional 46,000 children in emergency settings will receive psychosocial care and support services through community and school-based structures.

### Shelter and Non Food Items

- Up to 15,000 families affected by emergencies will be supported with non-food items.

<sup>4</sup> These requirements are in line with UNICEF requirements in the Somalia consolidated appeal (mid-year review, 14 July).

# UNICEF Humanitarian Action 2010

## UGANDA

### SITUATION UPDATE

Increased confidence in north Uganda's peace is illustrated by the commitment to close all camps for internally displaced persons (IDPs) by the end 2010. To date, 192 of the 243 camps are closed and at least 1,143,300<sup>1</sup> of these IDPs have returned to their villages of origin or to transit sites en-route to villages of origin. Another 243,845 IDPs still remain in camps, majority of whom are extremely vulnerable without durable solutions within current policy and humanitarian programmes. These areas of return are characterised by weak health services, increased gender based violence, rising child rape and high school drop-out rates (particularly of girls). Similarly, children and women in Karamoja face high mortality rates and poor access to services that is exacerbated by poverty, conflict and underdevelopment. Extreme and unpredictable weather patterns create an additional burden. Delayed impacts of El Niño caused landslides and floods in the east and west of the country resulting in the death of at least 320 persons and displacement of approximately 10,000 persons. Hepatitis E and cholera have also re-surfaced in ill-prepared communities of the north east. It is anticipated that the dry El Niño will bring rain failure in the third quarter and potentially affect the nutritional status of approximately 21,500 under five children in Karamoja. Additionally, children and women may face humanitarian risk caused by potential violence as Uganda and its border countries prepare for elections and South Sudan prepares for its referendum.

### KEY RESULTS FOR CHILDREN

**Health and Nutrition** - High impact child health interventions at district and community levels have reduced cholera case fatality rates in the north (currently at 1.6 per cent, against a target of below 2 per cent). In the north and north-eastern parts of the country, coverage of the DPT3 vaccine reached 70 per cent, and the cure rate for severe acute malnutrition is between 62 and 90 per cent. A total of 1,438 and 1,053 children with severe acute malnutrition were treated and in the north and north-east respectively.

**WASH** - A total of 286 latrine stances were completed in 42 primary schools in 6 districts in northern Uganda as part of a project started in 2009, this serves an estimated 21,000 children in remote areas of return. With partners UNICEF support the approximately 6,000 persons displaced by landslides in Bududa eastern Uganda UNICEF supported initial water trucking, distribution of jerry cans, chlorine powder for water treatment, etc. In addition, UNICEF supported the construction of the gravity flow scheme, including provision of 10,000 and 2,500 litre tanks to serve as reservoirs.

**Education** - Access to safe EDC centres was provided to 37,756 additional children (boys 17,331, girls 20,425). These centres provide activities of play, pre-reading and writing, growth monitoring, supplementary feeding. Cluster coordination tasks are still in the process of being handed over from Save the Children to the Forum for Education NGOs in Uganda. This transition of cluster responsibility follows the strategy adopted by the Humanitarian Country Team for all sectors.

**Child Protection** - At this stage of the programme 1,150 children who were vulnerable to violence, exploitation and abuse as a result of migration to urban centres were returned and reintegrated to Karamoja. Children from Karamoja living on urban streets in larger towns are increasing thereby making such programmes more important to protection of vulnerable children. A total of 52 children formerly associated with armed groups were returned and integrated to Uganda and of these 23 were under five years of age.

### KEY CHALLENGES

The inconsistencies in the cluster transition process and poor buy-in by some line ministries have weakened the coordination of humanitarian actions required to respond effectively to disasters and epidemics in country. Thus, the delivery of emergency assistance to support children and women was often delayed, disrupted or uncoordinated between. Persistent underfunding, along with an anticipated impact of potential political turmoil in the region, increase in natural disaster, ongoing epidemics, and a need to provide tangible peace dividends to returnee communities. Continued underfunding of humanitarian actions in Uganda put the country at high risk of losing the peace-building and recovery gains earned over the past years in the time of foreseen disaster.

<sup>1</sup> UNHCR in Uganda Fact Sheet, 31 May 2010.

## INTER-AGENCY COLLABORATION

UNICEF works closely with counterparts to ensure transition from Inter-Agency Standing Committee clusters of the past to a new system that will see humanitarian coordination embedded into the sectors that are run by the government. UNICEF's role in the Nutrition, Child Protection, Water, Sanitation and Hygiene (WASH), and Education sectors will now be to enhance coordination, preparedness and response capacities of identified counterparts. UNICEF also supports Disaster Risk Reduction and emergency preparedness and response actions of the Ministry of Disaster Management within the broad parameters established in the Humanitarian County Team.

## FUNDING REQUIREMENTS

The HAR for Uganda comprises humanitarian actions outlined in its CAP request, in addition to recovery actions required as part of the transition phase the country is going through. Donor response to the original HAR requirements for humanitarian and recovery actions is extremely disappointing with no funds received against the US\$44,200,000 request for recovery actions, and the humanitarian request of US\$20,400,000 was only 20 per cent funded as of mid-year. Due to this, UNICEF will reduce the recovery and humanitarian requests significantly, while noting the challenges faced in donor response and the deteriorating factors described in the problem statement above.

Funds received against the HAR 2010 (US\$)							
Sector	Original 2010 HAR requirements		Revised HAR requirements		Funds received		Funding gap
	Humanitarian Actions	Recovery Actions	Humanitarian Actions	Recovery Actions	Humanitarian Actions	Recovery Actions	
Health and Nutrition	6,000,000	15,000,000	4,622,887	5,000,000	3,226,577	0	6,396,310
Water, Sanitation and Hygiene	4,700,000	12,500,000	2,525,940	4,000,000	903,250	0	5,622,690
Education	7,100,000	12,500,000	1,262,724	4,000,000	0	0	5,262,724
Child Protection	1,500,000	2,000,000	1,431,660	600,000	0	0	2,031,660
HIV/AIDs	1,100,000	2,200,000	1,295,000	700,000	0	0	1,995,000
Emergency Preparedness and Response			1,658,500		0	0	1,658,500
Subtotal	20,400,000	44,200,000	12,796,711	14,300,000	4,129,827	0	22,966,884
<b>Total*</b>	<b>64,600,000</b>		<b>27,096,711</b>		<b>4,129,827</b>		<b>22,966,884</b>

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

## EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

By the end of 2010, UNICEF's humanitarian priorities based on the assumption of 100 per cent of funding levels are:

### Health

- By the end of year, immunisation for an estimated 125,000 children under one year will be supported with the procurement of vaccines and cold chain equipment.
- Access to quality preventive and curative health care for children will be improved with the extension of access to community-based Integrated Management of Neonatal and Child Illnesses (IMNCI) to 55 villages.
- Access and coverage of Antenatal Care (ANC) and Emergency Obstetric Care (EmOC) will be increased by five per cent through the support of UNICEF in the provision of life-saving EmOC supplies to newborn health units in six regional hospitals.

### Nutrition

- By the end of the year, nutrition programmes for the treatment of children suffering from severe acute malnutrition (SAM) will be expanded through the establishment of an additional 26 CBTF centres. The expansion of the network with 187 CBTF and 26 FBTF is expected to rehabilitate approximately 4,500 children affected by SAM in the next six months.

- Improvements in the nutrition status of 55,000 children, and pregnant and lactating women in Northern Red Sea region in addition to three zobas targeted in the initial HAR plan will be met with the expansion of the blanket feeding programme.

**Water, Sanitation and Hygiene**

- Access to sanitary hygiene will be supported with the provision of 2,000 litre water tanks to 200 primary schools in six regions.
- Improving access to safe drinking water will be prioritised in Gash Barka and Debub regions with the drilling of 10 boreholes by the end of 2010.

**Education**

- By the end of the year, 1,800 displaced boys and girls will gain access to safe water and sanitary facilities meeting Sphere standards with the construction of four temporary schools and the rehabilitation of two classroom structures with WASH facilities.
- Displaced children will benefit from an improved level of support as a result of the training of 200 primary schoolteachers in life skills, HIV/AIDS, psychosocial care and gender-sensitive teaching methods.

**Child Protection**

- By the end of 2010, 500 child and female-headed households will be supported through the training of 100 teachers and 50 health staff on basic psychosocial care and response to violence and abuse, as well as be provided with access to vocational training for small income-generating activities.

**Mine Action**

- By the end of the year, knowledge on the prevention of mine injuries will be enhanced for 180,000 students, reached through school-based education programmes.

## UNICEF Humanitarian Action 2010

# ZIMBABWE

### SITUATION UPDATE

The humanitarian situation in Zimbabwe remains complex as it seeks to transition out of multiple severe crises experienced over the past five years. Although cholera was successfully limited to 0.5 per cent of the total number of cases experienced in the 2008/2009 outbreak (447 versus 98,702<sup>1</sup>), other outbreaks including malaria and typhoid surfaced in 2009/2010. However, the most severe health related emergency of 2010 has been a major measles outbreak, which has seen 7,754<sup>2</sup> suspected cases and 517 deaths being reported in 61 out of the country's 62 districts. The majority of cases and deaths are found in children under the age of 15. Basic social services, such as access to safe water and coverage of immunization programmes, remain a cause for concern. Despite schools remaining open, the quality of learning continues to be compromised due to teachers' low morale, lack of teaching and learning material, and the poor infrastructure of most schools. Moreover, increasing threats of xenophobic attacks in South Africa could result in an increased number of Zimbabweans, including vulnerable unaccompanied children, returning to their home communities without having the assistance for reintegration.

### KEY RESULTS FOR CHILDREN

In response to the major measles outbreak, a nationwide measles immunization campaign was conducted in May 2010, integrated into the bi-annual National Child Health Days (CHDs). During the course of the 10 day campaign, 5.1 million children were immunized against measles, along with the standard CHD immunization and vitamin A supplementation, which reached over 1.6 million children. Major breakthroughs were achieved by immunizing a large number of children within religious fractions whose parents previously did not acknowledge modern medicine. UNICEF also procured an estimated 80 per cent of the country's vital and essential medicines through its Vital and Essential Medicines programme, part of UNICEF's transitional programming, through which around 55 per cent of the country's 1,400 health facilities receive prescribed stocks. Moreover, 900 community management sites for treatment of acute malnutrition are now functioning across all 62 districts.

To address the continuous lack of access to safe and clean water, UNICEF has, in the course of the past six months drilled and equipped over 150 new boreholes, and is currently trucking chlorinated water to nearly 90,000 people a week, in addition to supplying water to 20 clinics each week in Harare and surrounding areas. Additionally, 2,200 tons of Aluminium Sulphate a month were procured and distributed for water treatment plants across 20 urban areas, benefiting an estimated four million people, half of whom are children. Vital non-food-items (water containers, soap and water purification tablets) to prevent water born diseases, such as cholera, were distributed to benefit more than three million people in districts most affected by cholera during 2008/2009 season. Hygiene promotion (HP) has been at the centre of activities targeted towards schools and communities as an estimated 1.5 million people (exceeding target) have been reached with HP messages through "Health Clubs" and capacity building activities. The UNICEF co-led WASH Cluster has made strong progress in several areas, including the critical WASH Cluster Emergency Response Unit (WERU), which had been successful in its aim to provide vital WASH response within 72 hours of emergency notification. Over 100 donors, NGOs and private companies are active members of the cluster.

In a major push towards rebuilding the quality of basic education in Zimbabwe, UNICEF and other partners including the Ministry of Education, Sport, Arts and Culture, with support from number of donors<sup>3</sup> initiated the implementation of the Education Transition Fund (ETF), aimed at reducing the current pupil/student textbook ratio from a national average of 10:1 to 1:1 by the end of 2010. This transitional/early recovery intervention will ensure that all of Zimbabwe's 2.5 million primary school aged children across 5,400 schools will have a full set of textbooks, in addition to sufficient stationary supplies, which have already been delivered. (Textbooks should be delivered to all schools by the end of August). UNICEF continues to work closely with NGO partners and counterparts in South Africa to provide support to 300 unaccompanied children crossing from South Africa to Zimbabwe every month.

<sup>1</sup> WHO/Ministry of Health and Child Welfare, Epidemiological bulletin, Week 19, 2010 and Week 26, 2009.

<sup>2</sup> WHO/Ministry of Health and Child Welfare, Epidemiological bulletin, Week 19, 2010.

<sup>3</sup> ETF Donors: Denmark, Netherlands, USAID, Norway, AusAid, DFID, SIDA, Japan, EC (confirmed) and Germany (pledged support).

## KEY CHALLENGES

A significant challenge in combating child mortality and morbidity was experienced within certain religious groups as some parents refused to immunize their children. However, with major coordinated advocacy from a wide range of entities (such as the Ministry of Health through community health workers) a large number of these parents ultimately agreed to allow immunization of their children.

A recurring challenge caused by the financial collapse is the availability of local supplies for emergency interventions. Due to the severe lack of the majority of items needed and high costs, out-of-country and offshore procurement is needed, sometimes hampering the timeliness of response. Moreover, deteriorated infrastructure challenges the timeliness of communication and logistical response as large areas of Zimbabwe are of rural setting and without proper connectivity or tar roads.

## INTER-AGENCY COLLABORATION

Working within the broader framework of the Inter Agency Standing Committee (IASC) UNICEF continued its strong presence in various clusters. UNICEF leads the Nutrition, WASH and Education Clusters, while playing an active role in the Protection, Health, Agriculture and Logistics Clusters, in addition to engaging in the Information Communication Technology Working Group. Two major mile-stones within the coordinated responses spearheaded by the WASH and Health Clusters are the joint cholera risk reduction strategy and measles rapid assessment, which led to the nationwide vaccination campaign.

## FUNDING REQUIREMENTS

The original HAR requirements for 2010 amounted to US\$100,400,000. With the increased cost of the health programme in view of the measles outbreak, the revised total amount is US\$108,700,000 as per below table. As of early June, US\$16,304,431 had been received against the original HAR request including CERF funding, funding from government donors such as Australia, Canada, and Japan as well as from ECHO and several National Committees. Prior year carried over funds and funds available for transitional programming were also used to carry out emergency activities in 2010. As evident from above funding gap of over US\$40,000,000 (or 40 per cent of needs), UNICEF still urgently requires additional funding in order to continue and to scale up its emergency and critical transitional activities targeting children and women across Zimbabwe, particularly in the health, nutrition, education and child protection sectors. If funding requirements are not met the following critical activities may not take place: improving the management of pneumonia and diarrhoea in children under five years, community-based management of acute malnutrition (CMAM), nutrition surveillance, emergency safe water and sanitation, life skills for HIV/AIDS prevention and health promotion in schools, and the protection and promotion of the rights of children within IDP and migrant-sending communities.

Funds received against the HAR 2010 (US\$)						
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap	Additional funds utilized in 2010	Final funding gap
Health	38,100,000	46,400,000	8,942,973	37,457,027	12,136,080	25,320,947
Nutrition	7,000,000	7,000,000	0	7,000,000	1,419,326	5,580,674
Water, Sanitation and Hygiene	26,000,000	26,000,000	4,334,000	21,666,000	19,956,012	1,709,988
Education	24,000,000	24,000,000	3,027,458	20,972,542	14,459,278	6,513,264
Child Protection	1,300,000	1,300,000	0	1,300,000	164,010	1,135,990
HIV/AIDs	4,000,000	4,000,000	0	4,000,000	0	4,000,000
<b>Total*</b>	<b>100,400,000</b>	<b>108,700,000</b>	<b>16,304,431</b>	<b>92,395,569</b>	<b>48,134,706</b>	<b>44,260,863</b>

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

**EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010**

Including the results listed above, by the end of the year, the following results will be achieved, given sufficient funding:

**Health**

- The second round of National Child Health Days and supply of injection safety materials will ensure the vaccination of 1.9 million children under five, exceeding HAR targets, while a total of 1,400 health facilities will be stocked with enough essential medicines and midwifery kits to treat up to 375,000 mothers and their newborn babies by December 2010.

**Nutrition**

- By the end of the year, at least 13,200 children with severe acute malnutrition will receive treatment through community-based case management of acute malnutrition and the development of comprehensive nutrition packages that incorporate support for infant and young child feeding.

**Water, Sanitation and Hygiene**

- Around 500,000 people in five of the most vulnerable areas in Harare, Midlands, Mashonaland West and Central provinces will have improved access to safe water through the construction of boreholes. An additional 200,000 pupils in 400 schools, or nearly ten per cent of total need, will have access to safe water and sanitation through the rehabilitation of water points and sanitary facilities. Major emphasis will also be placed on scaling up hygiene promotion programmes in schools through the establishment of additional Health Clubs.
- Up to four million people will have access to water sources through the distribution of essential water treatment chemicals in 20 urban locations and the emergency rehabilitation of water and sanitation systems in urban centres and selected rural areas.

**Education**

- Textbooks and other materials will be distributed directly to all 5,400 primary schools under the ETF programme. This programme will also demand extensive monitoring and evaluation to ensure the objective of providing all 2.5 million children with a set of textbooks.
- Children in at least 270 schools in areas most affected by violence and cholera will have access to a safe and protective school environment through a strengthened partnership with the WASH and Protection Cluster partners.

**Child Protection**

- The quality of assistance available to orphans and other vulnerable children will be enhanced by the development of a standardized package for support services at the district and community levels and as a result of training social welfare professionals and community-based volunteers in psychosocial support, life skills and basic social services.
- At least 10,000 vulnerable children will benefit from the scale up of special courts for children.

**HIV/AIDS**

- Around 36,000 HIV-affected families, particularly children and young people living with HIV, will have improved care through the distribution of home-based care supplies, antiretroviral therapy and training of outreach health workers in the provision of palliative care and counselling.
- Identification of HIV-positive children needing care and treatment will expand through the Provider Initiative for Testing and Counselling and wider entry points for Preventing Mother-to-Child Transmission services.

## UNICEF Humanitarian Action 2010

# WEST AND CENTRAL AFRICA



### SITUATION UPDATE

The global economic downturn has aggravated the situation where about half of the population of West and Central Africa live under the poverty line. Open conflict continues in Democratic Republic of the Congo, CAR and Chad. Armed clashes in the Equateur Province of the Democratic Republic of Congo resulted in the influx of an estimated 114,700 refugees into the Republic of the Congo, prompting its inclusion in the mid-year HAR. The number of internally displaced people (IDPs) in CAR increased from 162,280 to an estimated 195,500. While civil wars have ended in Liberia, Sierra Leone and Ivory Coast, insecurity remains. Guinea and Guinea-Bissau are just two of the countries with fragile political situations; the outcome of Guinea's two rounds of presidential elections is pending.

The humanitarian situation in the Sahel this year is predicted to be deteriorating, particularly affecting Chad and Niger. Poor rainfall has caused large deficits in the agriculture and pastoral productions. This situation in the Sahel is further aggravated by escalating food prices and recurrent epidemics such as measles in Chad. Niger is in the grip of a severe food and nutrition crisis, expected to continue at least until the end of the hunger season, in October. In northern Nigeria, the levels of malnutrition appear to be below emergency conditions, but the absolute number of children affected by SAM is expected to remain high. The rainy season has started in the region with flooding affecting Cote d'Ivoire, Ghana, Senegal, Togo, Burkina Faso, Gambia, and Mauritania. Government capacity to respond is weak, justifying the urgency of humanitarian actors to work both at national and sub-national level to support governments and communities to prepare, respond and mitigate these risks.

### KEY RESULTS FOR CHILDREN

Burkina Faso, Guinea Bissau, Guinea Conakry, Liberia, Mali, Niger, Senegal, Sierra Leone were supported by WASH humanitarian preparedness and risk reduction programmes including contingency plans and stockpiling. A functional WASH Cluster or task force with officers trained and WASH Cluster tools was implemented. Niger, Mali, Chad are in process of linking the WASH package into the nutrition humanitarian response programmes to protect children against diarrheal malnutrition by appropriate low cost preventative and curative WASH package for vulnerable communities and acute malnourished children and their mothers from the nutritional centre to household level, which ensures safe water supplies to children both in health facilities and in their communities. Through the support of UNICEF as WASH Cluster lead, in Nigeria, Liberia, Guinea Conakry and mostly in Democratic Republic of the Congo, around 820,000

people benefitted from the WASH minimum package of interventions<sup>1</sup> in response to cholera outbreaks and IDP movement.

In **Mali**, under the project to provide reliable and safe drinking water to drought-affected areas and potential water shortages in the city of Kidal and its periphery, boreholes and wells were upgraded, benefiting an estimated 15,000 people. In addition, funds were received to enhance the teaching/learning environment by the promotion of drinking safe water, hygiene and sanitation in ten schools in the region of Koulikoro. School management committees were set in place for improved management of schools and the promotion of safe water, hygiene and sanitation, in collaboration with the Deconcentration and Decentralization of Education Support Unit (CADDE) and JICA.

In response to the **Sahel** crisis, the coverage and intensity of management of severe acute malnutrition (SAM) greatly increased in Niger and Chad. Management of severe acute malnutrition programmes have also increased in scale in three northern states of Nigeria. Emergency rolling stocks of RUTF are now stored in Accra (18,000 cases) and Douala (for 9,000 cases) to quickly respond to the needs in the Sahel. The shift to prevention instead of only treatment of malnutrition has led to blanket feeding with Plumpy'doz of 120,000 children in Niger, 33,000 in Chad and 23,000 in Mauritania. Nutrition surveys with SMART methods<sup>2</sup> have been launched in Chad, Liberia, Mali, Mauritania, Niger, Nigeria and Sierra Leone. Nutrition in emergency trainings have been conducted for approximately 60 nutritionists and public health care works in both Anglophone and Francophone countries in the region, to improve their capacity in detecting SAM cases, planning and implementation of emergency responses.

In **Togo**, funds received against the Humanitarian Action Report were used to treat around 31,000 under-five malnourished children in the Savanes region. Over 20,000 children with moderate acute malnutrition were cared for in nutritional rehabilitation centres (CRENAM). Service providers (community health workers, paediatricians, health personnel at district and region level) were trained in the prevention and management of acute malnutrition using the new WHO growth standards.

In the **health** sector, vaccines were prepositioned in the at-risk meningitis countries of Burkina Faso, Chad, Niger and Nigeria, which allowed for immediate vaccination and safe containment in the most affected districts. This year, Chad faced both a meningitis and measles epidemic at the same time and requested CERF to respond. As a part of this effort, 499,903 people were vaccinated against Meningococcal meningitis, with around 100 per cent coverage rates in Bébédjia, Abéché and Biltine. In Niger, a total of 513,000 people were vaccinated in five districts with an average coverage of 93 per cent; data on coverage not yet available for other countries. In Burkina Faso, a total of 678,386 people were vaccinated, ensuring full coverage.

### Child protection

- NGOs in Guinea and CAR benefitted from psychosocial training and capacity building, and GBV mechanisms were developed in Guinea.
- The training of armed forces (as per UNSC Resolutions 1612 and 1882) on children's rights was supported in Togo, including training of police during pre-elections.
- EPR plans and CPIE training were carried out in Ghana enhancing their Child Protection coordination mechanisms.
- UNICEF supported the Government of Chad to host a regional conference on "Ending Recruitment and Use of Children by Armed Forces and Groups Contributing to Peace, Justice and Development", which strengthened commitments by the governments of Chad, CAR, the DRC and Sudan to ending the recruitment of children and signing the two Optional protocols.
- Building networks of Child Protection Clusters and Sub-Clusters and linking them to the MRM 1612 has been instrumental in strengthening child protection in Chad, CAR and the DRC.
- Mapping and analysis of child protection systems were supported in Sierra Leone and Cote d'Ivoire, and are planned to include Niger, Ghana and Senegal.
- The new version of the inter-agency database for separated children, children associated with armed groups, and other vulnerable children is being implemented in Chad, CAR, the DRC, Cote d'Ivoire and Liberia.

### Education

- Over 375 Ministry of Education officials (MoE), NGO counterparts and UNICEF staff benefitted from training programmes in Sierra Leone, Togo, Benin, Ghana, Mauritania, Gambia and Senegal. Chad and Cote d'Ivoire received ongoing in-country and remote technical support in their efforts to develop and include education in emergencies strategies in their sector plans and budgets. This was done in collaboration with UNESCO/IIEP.

<sup>1</sup> Agreed upon minimum standards of WASH interventions by Regional WASH Working Group.

<sup>2</sup> Standardized Monitoring and Assessment of Relief and Transitions. Surveys are underway with final results expected between August and September.

- The Congo team (MoE, UNICEF) took part in an Education Cluster Coordinator training and launch of INEE tools in Dakar in July 2010, followed by an in-country technical support mission. In addition, Liberia participated in Anglophone Education Cluster Coordinator training in Nairobi (July 2010).

### Emergency

UNICEF emergency preparedness trainings and emergency simulation exercises to support the updating of preparedness and response plans were conducted by UNICEF Emergency Specialists in Nigeria (approximately 150 staff) and Cote d'Ivoire (approximately 40 staff). Technical support missions to Nigeria, Guinea and Sierra Leone were undertaken to review and support the country offices with their emergency preparedness (partially achieved with funds from OFDA/USAID). In addition, sub regional contingency stocks are now in place in Accra (UNHRD) with a value of US\$200,000 to support countries with small scale emergency responses (partially funded through DfID). The gender in emergencies initiative continued in Cote d'Ivoire, CAR and DRC.<sup>3</sup> In addition to revised gender-sensitive assessment tools, EPRP and Terms of Reference for thematic sector groups in Cote d'Ivoire, the pilot focused on two programming areas to promote gender mainstreaming: Immunisation against preventable diseases through vaccination in Abobo East health district through and Temporary transit structures for vulnerably children as consequence of the post-conflict, needing emergency short-term shelter with entry points.

### KEY CHALLENGES

Beyond the WASH humanitarian coordination, preparedness, and risk reduction for a timely and coordinated WASH response to humanitarian emergencies, the integration of key WASH activities into nutrition response programmes in critical areas across the Sahel requires more of a concerted effort amongst nutrition and WASH actors.

### INTER-AGENCY COLLABORATION

UNICEF leads the Regional IASC WASH and co-chairs the Food Security and Nutrition Working Group. The WASH regional group maintains monthly meetings for the humanitarian preparedness and response of which, UNICEF actively participates in the Health, Protection, Emergency Preparedness and Response thematic groups. UNICEF is currently advocating for the creation of an Education thematic group.

### FUNDING REQUIREMENTS

The West Africa CAP mid-year review process has been completed<sup>4</sup>; as of mid July UNICEF has received 23 per cent of funds requested. Against the HAR request of US\$40 million, 10 per cent has been received as of mid-year. Continued low funding levels of funding will not allow for securing a minimum of vaccines for at risk countries (Burkina Faso, Chad, Niger and Mali). Planned activities for the second half of 2010 such as the training of military personnel on child rights and child protection will not take place and CPIE trainings and rolling out of tools in French will be delayed.

Funds received against the HAR 2010 (US\$)				
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap
Health and Nutrition	12,968,300	12,968,300	2,648,320	10,319,680
Water, Sanitation and Hygiene	9,286,000	9,286,000	1,222,740	7,963,260
Education	4,350,000	4,350,000	0	4,350,000
Child Protection	3,699,000	3,699,000	0	3,549,000
HIV/AIDs	1,100,000	1,100,000	0	1,100,000
Emergency Preparedness and Response	8,622,000	8,622,000	0	8,622,000
<b>Total*</b>	<b>40,025,300</b>	<b>40,025,300</b>	<b>3,871,060</b>	<b>36,154,240</b>

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

<sup>3</sup> See country chapters for CAR and DRC gender in emergencies activities.

<sup>4</sup> Countries included in the West Africa CAP included: Benin, Burkina Faso, Cote d'Ivoire, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Senegal, Sierra Leone, Niger, Nigeria, and Togo.

**EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010****Health and Nutrition**

- Fund mobilisation efforts will be continued, to cover the cost of procurement and prepositioning vaccines for the meningitis season in 2011, as well as to support the introduction of the new conjugated vaccine against méningocoque A.
- Communication activities will be supported during the meningitis outbreaks in the region.
- Much stronger efforts are needed to focus on prevention of malnutrition over treatment of severe acute malnutrition.
- A greater awareness, planning and implementation capacity is needed for nutrition emergencies in most all countries of the region
- A minimum standard for reporting on management of severe acute malnutrition needs to be documented and implemented throughout the West and Central African Region.

**Water, Sanitation and Hygiene**

- Low cost preventative and curative WASH packages will be promoted for vulnerable communities and acute malnourished children and their mothers across the Sahel.
- Around 4,268,000 people will be targeted to receive the WASH minimum package of interventions in response to humanitarian emergencies (cholera, floods, displaced or host victims, malnutrition).
- Emergency WASH sensitisation kits and cholera preparedness and response practical guidance tools will be finalised and disseminated throughout the region.

**Emergency**

- Flood preparedness and response in severe flood affected countries will be strengthened, along with monitoring of the state of preparedness for countries with planned elections for this year, and management of regional emergency stock.

**Education**

- Education in emergencies training and resource packages will be disseminated to partners and donors within the West and Central Africa region, including the support of in-country tri-cluster trainings.
- Together with Save the Children, the joint six month support package for the cluster coordination system in DRC will be continued, including a joint mission.
- Support will continue to be provided to country level roll-out of education in emergencies frontline responders training; continued long term support for MoE officials and policy planners in Chad and Ivory Coast for the inclusion of education in emergencies into national education strategies and budgets.

**Child Protection**

- MRM 1612/1882 master training (regional) and country capacity building (piloting in Chad) of UN staff and strategic partners on MRM focusing on Chad, CAR, the DRC and Cote d'Ivoire as well as the implementation of 1612 MRM action points and subsequent follow up at country and cross border level.
- Inter agency GBV project (UNFPA, UNHCR and UNICEF) to strengthen coordination and advocacy on GBV focusing on francophone countries in Africa, including CAR, Chad and Cote d'Ivoire
- Support regional and country level CPIE trainings. Roll out of CPIE training tools to francophone countries. Support French translation of the ARC resource pack.
- Support mapping exercises of child protection systems in Niger, Ghana and Senegal. Ensure integration of CPIE issues, including EPR in all mappings.
- Implement training of armed forces in child protection in five countries in West and Central Africa.
- Review and provide technical support to countries in crisis on cluster coordination, IDTR, DDR, GBV, psychosocial support, and mine risk education in emergency and post emergency situations
- Provide technical support to all countries in emergencies at the earliest stage of crisis. All emergency responses in the region to include child protection response based on the CCCs.

## UNICEF Humanitarian Action 2010

# CENTRAL AFRICAN REPUBLIC

### SITUATION UPDATE

The Central African Republic (CAR) continues to suffer from recurrent conflict and instability. The overall political situation remains fragile and challenging, despite some progress made since the 2008 Libreville Comprehensive Peace Agreement and the Inclusive Political Dialogue, and the launch of the Disarmament, Demobilization and Reintegration (DDR) programme in 2009. The elections originally scheduled for 25 April 2010 were delayed to 16 May, and then postponed a second time, adding to further political insecurity. The north-eastern CAR remains particularly unstable, with reported attacks by armed elements, violence against civilians, and the kidnapping of humanitarian workers in recent months. State authority remains absent in the north-east as the armed militias and bandits continue to threaten peace.

Forced displacements are again on the rise. The number of internally displaced people (IDPs) increased from 162,280 to an estimated 195,500.<sup>1</sup> In the Batangafo area a clash between the pastoralists and the local population caused 18 casualties and 3,000 IDPs in March 2010. The situation remains highly unstable, particularly in the Haut Mbomou prefecture, and access to the affected population is extremely limited due to the remote location and poor road conditions owing to weather conditions. In April 2010, the attack by the rebel group CPJP (Convention of Patriots for Justice and Peace) in Ndélé city caused a mass movement of the population to the surrounding areas. Furthermore, the security situation worsened mainly due to withdrawal of the FDPC (Democratic Front for the People of the CAR) rebels from the peace process. The Forces armées centrafricaines (FACA), the national army, conducted military operations on the axis leading to the settlement of 3,000 IDPs in Kobo city. The influx of refugees into CAR has also increased, mainly due to the volatile situation of the Equateur province in the Democratic Republic of the Congo (DRC). Since November 2009, 18,000 refugees have fled from the Gemena and Dongo areas in the DRC into Moundoumba in the Lobaye prefecture in CAR. In April 2010, some additional 13,000 IDPs and 5,000 refugees have moved to Zémio and surrounding towns including Rafai, Mboki, and Bangassou following the attack of the Ugandan LRA (Lord's Resistance Army) on civilians in rural areas.

### KEY RESULTS FOR CHILDREN

In 2010, UNICEF has mainly focused on improving access to health and nutrition facilities, safe drinking water, and appropriate sanitation and hygiene practices, as well as creating child-friendly learning spaces, improving access to education, and a protective environment for children. UNICEF has also worked to ensure that the capacity for emergency preparedness for rapid response is addressed. A nationwide vaccination campaign for polio eradication and vitamin A supplementation is ongoing for 750,000 children aged between six and 59 months. The long-lasting insecticide-treated mosquito net (LLIN) distribution campaign was launched, in partnership with the government in a bid to protect children and pregnant women from malaria. At least one mosquito net will be distributed to each of the country's 896,000 households in the coming months. Access to safe water and basic sanitation facilities was improved through the construction of improved family latrines and hygiene promotion at household level for 25,000 people in the Sam Ouandja and Zémio areas in June 2010. Overall, access to safe drinking water was restored for approximately 33,000 people. The UNICEF education programme continues to support the schooling of crisis-affected children and more than 145,000 have resumed school in the Ouham Pendé, Ouham, Nana Gribizi, Vakaga, Haute Kotto, and Lobaye prefectures. In terms of health, more than 300,000 people have benefited from basic and first level referral care. In collaboration with its partners, UNICEF has supported the delivery of 4,028 newborns by trained health workers in UNICEF funded health structures. More than 2,759 severely malnourished children aged under five were diagnosed and treated. In regards to emergency assistance, UNICEF provided emergency non-food items to more than 40,000 IDPs and refugees in Sam Ouandja, Ndélé, Kobo, Batangafo, Zémio, Moundoumba, Bangassou, Rafai, and M'boki. Negotiation is on-going for the reintegration of nearly 500 children still associated with armed groups or forces. UNICEF aims to provide community-based rehabilitation programme to these children as well as the 1,500 who were already demobilised in 2009, and provide access to education, psychosocial support, and medical care.

Due to the prevailing insecurity, children in conflict affected zones continue to suffer from a range of grave violations as listed under the Security Council resolution 1539 (2004), especially abduction, recruitment and sexual violence. All armed groups active in CAR continue to use children in the conflict. Elements of the Lord's Resistance Army (LRA) have been active in the southeast of CAR since February 2010 where they have reportedly been involved in numerous atrocities against local communities, including abduction of children and women. UNICEF continued to lead the CAR monitoring and reporting Task Force and through its network of partners monitor and gather information on the grave

<sup>1</sup> Office for the Coordination of Humanitarian Affairs estimate, June 2010.

violations of children's rights as established by the UNSC 1539 and 1612. 32 children abducted and used in hostilities by LRA who returned from captivity were assisted. 8 other children repatriated from DRC were assisted in care centres in Bangui and further assisted for family reunification and reintegration. Between 2009 and mid 2010, nearly 183 cases of sexual violence on women (76) and children (107) were also verified and assisted. Around 25 per cent of the perpetrators were armed actors, such as rebel groups and armed bandits.

### KEY CHALLENGES

Delivering assistance to the northern areas remains difficult due to insecurity caused by bandits, and clashes between armed groups and government forces, and between pastoralists and local populations. Only very limited assistance could be provided to the Ndélé-Ngarba axis after the rebel attack in November 2009. CAR is in urgent need of funding required for the implementation of emergency programmes to address the humanitarian needs in the country. Norwegian Refugee Council (NRC), for instance, have had to suspend their activities at the end of 2009 to assist the IDPs by providing emergency assistance including protection, shelter and education and NFIs. Several other NGOs have expressed similar concerns regarding the lack of funding available in the CAR.

### INTER-AGENCY COLLABORATION

UNICEF is strongly involved in the cluster mechanism in the CAR under the lead of the Office for the Coordination of Humanitarian Affairs. UNICEF is the lead agency for the WASH, Nutrition, Education and NFI and Shelter Clusters. The World Health Organization leads the Health Cluster while UNHCR leads Protection and the World Food Programme leads Food Security. UNICEF is an active member of the Humanitarian Country Team, and also participates in the UN thematic group, supporting the government in close collaboration with the UN agencies and humanitarian NGOs. Several decentralized clusters have been created in the recent months in Paoua, Kaga-Bandoro, Ndélé and other humanitarian hubs, allowing organizations to coordinate programmes closer to where they are implemented. The establishment of decentralized clusters has also helped to better voice concerns from field offices in coordination mechanisms in Bangui. The funds provided by CHF were distributed among UNICEF-led clusters based on the field priorities. The guidelines on standardized latrines construction were developed by the WASH Cluster, paving way for the development of a national sanitation policy. The WASH Cluster is also working on a new and sustainable strategy for hand-pumps spare parts storage.

### FUNDING REQUIREMENTS

For 2010, the total funding required was initially estimated at US\$12,317,590 but was revised to US\$15,187,221 as the funding needs increased due to the increase in the number of IDPs. The main contributions have so far been received from the CHF, CERF, Spain, the Japanese Government and AUSAID. Although donor contributions have decreased, the number of the population in need of assistance has increased - new humanitarian concerns have emerged in the east and the south-west of the country and the lack of funding will negatively impact on UNICEF humanitarian actions planned for 2010. UNICEF has so far only received US\$3,512,120. The most at risk activities include the Mother and Child Health Week which is expected to benefit 750,000 children, providing social support to vulnerable children, providing access to education for 150,000 children, and access to basic sanitation and hygiene promotion.

Funds received against the HAR 2010 (US\$)				
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap
Health	3,929,415	5,002,926	1,392,092	3,610,834
Nutrition	2,332,600	2,759,467	443,500	2,315,967
Water, Sanitation and Hygiene	1,003,125	1,186,697	832,016	354,681
Education	500,000	591,500	242,000	349,500
Child Protection	3,375,850	3,993,631	592,512	3,401,119
HIV/AIDs	299,600	700,000	10,000	690,000
Shelter/Non-Food Items	877,000	953,000	0	953,000
<b>Total*</b>	<b>12,317,590</b>	<b>15,187,221<sup>2</sup></b>	<b>3,512,120</b>	<b>11,675,101</b>

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

<sup>2</sup> These requirements are in line with UNICEF requirements in the CAR consolidated appeal (mid-year review, 14 July).

**EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010**

The UNICEF cluster leadership role in WASH, Education, Nutrition and NFI/Shelter remains a priority. Currently only the WASH Cluster has a dedicated coordinator. The estimated cost related to the cluster leadership role taken on by UNICEF for the six remaining months of 2010 for the sectors Nutrition, Education and NFI/Shelter is US\$300,000 (not included in the table above).

**Health and Nutrition:** UNICEF will continue to support essential health-care services and therapeutic feeding programmes, including outpatient feeding and community-based case management and its partners at 55 health and nutrition centres in the conflict-affected areas. UNICEF will also focus on reducing malaria-related mortality through distribution of 1,100,000 long lasting insecticide-treated nets (LLITNs) to 896,000 households in the coming months.

**Water, Sanitation and Hygiene (WASH):** By the end of the year, adequate access to safe water and hygiene practices will be made available for 190,000 people (target increased from 120,000) through the construction of 100 new water points and the rehabilitation of 200 existing water points in schools and health centres. UNICEF will also ensure that up to 540,000 people have access to basic sanitation facilities through self-construction of improved family latrines and hand washing strategy.

**Education:** School attendance for 240,000 children (target increased from 185,000 based on increased needs) in crisis-affected areas will be ensured by creating an environment conducive to quality learning through training of teachers and caregivers, provision of school kits, early childhood development kits and textbooks, and improvement in school supervision. UNICEF, as Cluster lead, also plans to strengthen the capacity of education actors in emergency response. A national emergency education strategy will be developed to build on the on-going education activities in the country, while focusing on building the education system in the north to provide the much needed support to the communities that lack the necessary capacity or resources.

**HIV/AIDS:** UNICEF and partners will strengthen the capacity of the vulnerable communities to reduce their risk of exposure to HIV infection in emergency zones. This will include the development of behaviour change communication on HIV prevention, care and treatment, which will benefit 200,000 children, adolescents, women and communities via schools, youth centres and health facilities.

**Child Protection:** Forty thousand vulnerable children in the conflict-affected north will benefit from psychosocial and education support, through the creation of at least 20 new child-friendly spaces. Negotiation is on-going for the release of nearly 500 children currently associated with armed groups or forces, who, along with 1,500 children formerly associated with armed conflict, will have access to reintegration services, basic social services, psychosocial support, and also benefit from income-generating activities. In a high level meeting “To end the use of child soldiers across Central Africa” organised by UNICEF and the government of Chad, CAR government representatives signed up to the N’Djamena declaration reinforcing their commitment to sign and ratify the Optional Protocol on Children in Armed Conflict to the Committee on the Rights of the Child.

**Shelter and Non-Food Items:** UNICEF plans to preposition non food item kits for 25,000 IDPs and refugees in the conflict-affected areas of the country.

## UNICEF Humanitarian Action 2010

# CHAD

### SITUATION UPDATE

The first half of 2010 has witnessed a significant change in the humanitarian context related to malnutrition and food insecurity in the Sahel belt, including eastern Chad (Ouaddai and Dar Sila regions). UNICEF estimates that some 80,000 children suffer from severe acute malnutrition (SAM) in the Sahel belt of Chad alone. This requires a major shift in the humanitarian response strategy, since the SAM trend is significantly expanding geographically.

Altogether, the affected populations requiring assistance amounts to more than 2.5 million people, including 1.6 million suffering from food insecurity and malnutrition, 170,000 IDPs, 35,000 returnees, 314,000 refugees in the east and the south of Chad, as well as the host population affected by recurrent meningitis and measles outbreaks.

### KEY RESULTS FOR CHILDREN

**Health:** UNICEF has responded to the immediate need for preventive and curative care of children, reaching 70,550 (59 per cent) of children under the age of five living in refugee camps, displaced and host communities. Children were screened for malnutrition and referred for treatment in nutritional centres if necessary. In addition, UNICEF has supported the Chadian Health authorities to conduct measles and meningitis vaccination campaigns. The coverage rate for the measles campaign was above 90 per cent in the Kanem, Bar el Gazel and Wadi Fira regions (out of a target population of 502,641), and for the meningitis campaign was 94 per cent in the Logon Oriental region (out of a target population of 165,936), exceeding HAR targets.

**Nutrition:** UNICEF has scaled up the process of mass screening of malnourished children at community level, working towards ensuring that severely malnourished children are actively screened, detected and timely referred to the treatment centres. UNICEF is currently supporting 126 therapeutic feeding centres in Chad (106 outpatient therapeutic feeding centres and 20 inpatient therapeutic feeding centres). The majority of these centres are located in the Sahel belt of Chad. From January to June 2010, these centres treated up to 15,000 children for severe acute malnutrition with performance outcomes well within SPHERE standards.

**Water, Sanitation and Hygiene:** In eastern Chad, over 60 per cent of the targeted population of 290,000 refugees, Internally Displaced Population (IDP), returnees and host communities, were provided with access to safe water and adequate sanitation according to Sphere standards. In Western Chad (Kanem and Bahr El Gazal), 50% of the planned 50 schools have been provided with adequate sanitation and safe water benefiting 4,000 pupils, and 80 per cent of the planned 50 health centres received adequate sanitary blocks, providing support to 20,000 care seekers.

**Education:** Over 123,645 school-age children in Sudanese and Central African refugee camps, 28,405 internally displaced children, and 50,000 children in surrounding host communities (a total of 202,050 children, or 118 per cent of HAR target), including 49 per cent of girls, benefited from improved education services, including classroom infrastructure maintenance for a more secure environment, and distribution of sufficient teaching and learning materials. An additional 1,118 community teachers (75 per cent of target) and 229 Parent-Teacher Association members (90 per cent of target) in host and IDP communities received training to ensure quality teaching and learning.

**Child Protection:** UNICEF has been supporting 51 child friendly spaces set up in refugee camps and IDP sites in eastern Chad for the benefit of 9,165 children (or 92 per cent of HAR target). Thanks to the monitoring and reporting mechanisms put in place, UNICEF and partners identified 41 children associated with armed groups, and secured the release of 11 of them. In partnership with the Government of Chad, UNICEF organised a regional conference which resulted in a declaration on ending the recruitment and use of children by Forces and Armed Groups in Sudan, Chad, CAR, Cameroun, Niger and Nigeria.

**HIV/AIDS:** 28,463 young people have been well informed on HIV/AIDS by 95 peer educators through 10 school clubs and 10 youth canters (20 per cent of initial target). In addition, PMTCT and paediatric care services are available in 23 PMTCT sites with 26 pregnant women under ARV in Abéché, Goz Beida, and Guéréda in eastern Chad

### KEY CHALLENGES

The United Nations Mission in Chad and the Central African Republic (MINURCAT) will complete its mission in Chad on 31 October for the military component and on 31 December 2010 for the civilian and police components. MINURCAT's

departure and the prevailing insecurity and banditry may have an impact on humanitarian operations, the freedom of movement of humanitarian organisations, and may contribute to limited humanitarian space and access to beneficiaries in eastern Chad. In the Sahel belt, in addition to limited funding, the limited capacity and number of actors, particularly NGOs on the ground may slow down the response to the 1.6 million people affected by food insecurity and malnutrition.

### INTER-AGENCY COLLABORATION

Partnerships are an important element of synergy and effective delivery. UNICEF works in close collaboration with UN sister agencies, notably UNHCR, UNFPA, WFP, and WHO to provide timely and quality humanitarian assistance to the refugee, IDPs and host community populations in eastern Chad. In the Sahel belt, UNICEF works with WFP, FAO and WHO as well as international NGOs including ACF, the Red Cross, Médecins Sans Frontières (MSF), to ensure an adequate response to the nutritional crisis prevailing there. The response is coordinated through several mechanisms including the UN system under the leadership of the Resident Coordinator and OCHA through Food Security and Nutrition Clusters. Under the Prime Minister's leadership, Government of Chad has an existing mechanism to coordinate the prevention and management of food crisis, which includes the UN system, a number of bilateral and governmental representatives.

### FUNDING REQUIREMENTS

Funding requirements for HAR 2010 was US\$50,395,600. As of mid-year, US\$9,830,209 has been received. An additional US\$4,134,296 has been re-directed in order to respond to humanitarian needs. The revised funding requirements as of mid-year amount to US\$51,237,840.

Funds received against the HAR 2010 (US\$)						
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap	Additional funds utilized in 2010	Final funding gap
Health	5,005,000	5,005,000	2,839,576	2,165,424	900,761	1,286,649
Nutrition	12,500,000	13,342,240	2,569,944	10,772,296	638,482	10,133,814
Water, Sanitation and Hygiene	11,557,500	11,557,500	1,826,260	9,731,240	1,931,838	7,799,402
Education	10,500,000	10,500,000	840,972	9,659,028	245,814	9,413,214
Child Protection	9,133,100	9,133,100	1,753,457	7,379,643	360,232	7,019,411
HIV/AIDs	1,700,000	1,700,000	0	1,700,000	57,169	1,642,831
<b>Total*</b>	<b>50,395,600</b>	<b>51,237,840<sup>1</sup></b>	<b>9,830,209</b>	<b>41,407,631</b>	<b>4,134,296</b>	<b>37,295,321</b>

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

### EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

**Health:** Basic health care services including vaccination will be provided for all eligible children and women, including 170,000 IDPs, more than 100,000 host community members and 21,000 returnees in Goz Beida (Koukou, Adé, Daguessa, Goz Beida) and Assoungha (Adré, Arkoum, Hadjer Hadid, Borota).

**Nutrition:** Nutrition interventions, including distribution of Plumpy'doz to at least 20,000 children aged 6 to 23 months, will be expanded to cover all the regions of the Sahel belt: Lac, Hadjar Lamis, Batha, Guera, Ouaddai, Wadi Fira and Dar Sila. Access for children suffering from SAM will be increased by opening 34 new out-patient feeding centres.

**Water, Sanitation and Hygiene:** Low-cost preventative and curative WASH packages will be implemented in 40 schools and 34 feeding centres. An additional 116,000 IDPs, refugees and people in host communities will have improved access to water, adequate sanitation, and improved hygiene education according to Sphere standards, contributing to a 15 per cent increase in water coverage in the eastern and Southern Chad. For flood prone regions of south Chad, contingency stock will be prepared.

<sup>1</sup> These requirements are in line with UNICEF requirements in the Chad consolidated appeal (mid-year review, 14 July).

**Education:** 500 community teachers and other educators will benefit from training and refresher courses, including on education in emergency tools and strategies to enhance emergency preparedness and response. 250,000 children of preschool and primary school age in Eastern and Southern Chad will be provided with pre- and primary school educational materials (playing material, School in a Box and ECD kits) needed for quality education and enhanced learning.

**Child Protection:** With partners, UNICEF will work to secure the release of children associated with armed groups and subsequently provide reintegration, family tracing and reunification services. As part of this effort, 200 children will be demobilised and withdrawn from armed groups and forces. In addition, Chad is selected for the ECHO-funded interagency GBV project (UNICEF, UNFPA, UNHCR) aiming at capacity building of UN, governments and other agencies at country level to strengthen coordination skills to respond more effectively to GBV issues.

**HIV/AIDS:** UNICEF will improve HIV prevention services in southern Chad using a mobile strategy (vehicle with audio visual equipment, HIV/AIDS supplies and well-trained staff) for over 80,000 young people. The HIV/AIDS mobile strategy will be an entry point of an integrated Accelerated Child Survival and Development (ASCD) approach in the south. In addition Paediatric care and Preventing Mother-to-Child Transmission services will be improved in four hospitals (Goz beida, Abéché, Gore, Danamadji) and introduced in the hospital of Biltine in eastern Chad.

## UNICEF Humanitarian Action 2010

# DEMOCRATIC REPUBLIC OF THE CONGO

### SITUATION UPDATE

Armed conflict, violence against civilians, forced recruitment of children into armed forces and major population movement continue to affect large and new areas of eastern Democratic Republic of the Congo (DRC). According to estimates of the Office on the Coordination of Humanitarian Affairs, there are almost 1.9 million displaced people in eastern DRC, of which at least 50 per cent are children.

Children and women are particularly affected by the consequences of conflict and upheaval from homes, including separation from families and communities, limited access to basic services including water, sanitary facilities, health care, and schools, increased exposure to disease and malnutrition, and in some cases violence, abuse, and exploitation. Haut and Bas Uele districts in Orientale province continue to suffer from sporadic and violent attacks by the Ugandan Lord's Resistance Army (LRA) rebel group, resulting in killings and civilian abductions. In North and South Kivu, military operations and reprisal attacks by the pursued armed groups have put children and women in the way of harm, including murder, rape<sup>1</sup> and forced recruitment.<sup>2</sup> In north-western Equateur province, unanticipated regional clashes escalated in early 2010 resulting in 134,000 refugees fleeing to neighbouring Republic of Congo (114,700) and Central African Republic (20,000) and the internal displacement in DRC of some 100,000 persons.<sup>3</sup>

On 28 May, the UN Security Council prolonged the mandate of the "United Nations Organization Mission in DRC" (MONUC) until 30 June 2010. From 1 July onwards, the mission will be called "United Nations Organization Mission for the Stabilization of the DRC" or MONUSCO and its mandate will be valid until 30 June 2011.

### KEY RESULTS FOR CHILDREN

**Rapid Response for Movements of Population (RRMP) and Non-Food Items (NFI)/Shelter:** The RRMP<sup>4</sup> program provides the single largest humanitarian response mechanism in the eastern DRC. From January to May 2010, RRMP partners conducted 25 rapid multi-sectoral needs and vulnerability assessments and provided family relief kits of essential household and personal items to over 42,000 emergency-affected families (26 per cent of the revised target of 161,200 families). More than 170,000 persons were provided with a minimum package of water, hygiene and sanitation, and some 20,000 children (30 per cent of the target) benefited from better access to primary education through the distribution of school materials and the rehabilitation of classrooms.

UNICEF continues to play a critical role as Cluster Lead and provider of last resort for NFI/Shelter Cluster throughout the DRC. Apart from RRMP, another 11,109 households that were affected by such diverse emergencies as regional conflicts in Equateur, Kasai Oriental and northern Katanga, and expulsion from Angola to Kasai Occidental received NFIs. With a total of 53,109 families assisted, UNICEF is at 30 per cent of its target of 177,200 families.<sup>5</sup> Through its role as Cluster lead, UNICEF is able to leverage strategic initiatives such as the core gender commitments for women and NFI including promotion of inclusion of female hygiene kits in NFI interventions, and in training and accompanying partners in the use of cash-based vouchers as an alternative to in-kind distributions of pre-determined 'kits'; more than one quarter of the beneficiaries used cash-based vouchers to purchase the NFI most appropriate to their needs at NFI 'fairs.'

**Health:** In collaboration with partners from the Health Cluster, UNICEF has supported improved health care and mobilized vaccination campaigns in emergency-affected areas in North Kivu, South Kivu and Orientale provinces which have reached an estimated total of 400,000 persons--including displaced and vulnerable host populations. Of those people assisted, 85,000 were children under five years of age and almost 43,000 were pregnant women (80 per cent of the target). Emergency measles vaccinations in these conflict-affected areas reached 142,341 children aged between 6

<sup>1</sup> UNFPA preliminary and non-confirmed figures of new sexual violence cases during January – June 2010: 2,462 in North Kivu and 1,353 in South Kivu.

<sup>2</sup> More than 270 documented cases of children released from armed forces and groups during past four months.

<sup>3</sup> UNICEF estimate since beginning of the year based on analysis of different field reports; several thousands have returned home; other groups have been newly identified.

<sup>4</sup> A fusion of UNICEF's two flagship relief programs - RRM (Rapid Response Mechanism) and PEAR (Program of Expanded Assistance for Returns), the RRMP initiative is implemented in partnership with international relief NGO's, targeting assistance to the most vulnerable disaster and conflict-affected populations, including displaced, returnees, host families, and families affected by natural disasters.

<sup>5</sup> Note that the original HAR 2010 appeal distinguished between separate RRM and PEAR programmes for a total of 1,400,000 beneficiaries. With the fusion of these two programmes into RRMP the total beneficiary numbers for NFI assistance was revised down to 161,200 families or approximately 806,000 people. For NFI assistance outside of RRMP, the target is 16,000 families or 80,000 people.

months and 14 years (84 per cent of the target). Support to survivors of gender-based violence has increased through the supply of post-exposure prophylactic HIV kits to 30 health centres (100 per cent of HAR target) in conflict-affected communities, as well as through training of health care workers in the clinical management of rape and sexual violence cases.

**Nutrition:** Ten nutrition surveys and nine rapid assessments were conducted in 15 affected health areas (76 per cent of the target). In seven health zones identified with a rate of global acute malnutrition between five and ten per cent, a total of 39,650 children with severe acute malnutrition have been treated in around 497 health structures (13 per cent of the targeted children). Amongst these structures, 400 have consistently received support in essential drugs, equipment, therapeutic milk, and anthropometric equipment.

**Water, Sanitation and Hygiene:** UNICEF and its partners provided emergency WASH assistance to an estimated 450,000 persons. In addition to those assisted through RRMP (170,000), UNICEF and partners ensured access to safe drinking water and sanitation facilities to 34,000 displaced persons. Another 130,000 persons in northern Katanga have been provided with safe drinking water to prevent cholera outbreak. Another 50,000 flooding affected people in Katanga and the Oriental Province were assisted with soaps and water purification supplies, to prevent diarrhoea outbreaks. Beyond UNICEF and partners work, more than 2.1 million affected persons have been assisted through the interventions of WASH Cluster members. As WASH Cluster lead, UNICEF also provided emergency equipment to members in Fizi territory to assist around 50,000 newly displaced persons in endemic areas at risk of a cholera outbreak.

**Education:** Through May 2010, UNICEF's education section and partners facilitated access to basic education by providing 168,655 conflict-affected girls and boys (130 per cent of the target) and 680 teachers with essential school supplies. Children in need of psychosocial support were assisted by teachers who have been trained in peace education and community reconciliation. Particular attention was paid to addressing notions of conflict resolution and management as well as to promoting 'peace clubs' and peer education workshops on peace issues.

**Child Protection:** UNICEF and its partners have identified and provided access to essential medical, psychosocial care and reintegration assistance to approximately 4,204 survivors of sexual violence in eastern DRC. To contribute to prevention efforts, over 18,000 girls and boys, men and women, participated in outreach activities to raise awareness about the consequences of sexual violence and to engage men and boys as allies in the fight against sexual violence. UNICEF and its partners have assisted 1,762 children who have been separated from armed forces and groups, including 39 girls and 1,723 boys. Of these, more than 466 children have been reunified with their families. To prevent the risk of injury or death from mines and other unexploded ordinance (UXO), UNICEF partners have set up six local committees in South Kivu; 3,540 people have been reached through awareness raising campaigns on the risks of mines and UXO's. In Equateur province alone, local protection partners trained by UNICEF have reunified over 270 children and placed an additional 231 with foster families pending their family reunification. To support reporting on SC resolution 1612, UNICEF organized 10 trainings on the monitoring and reporting mechanism on grave violations of child rights in several locations of Eastern DRC for child protection, SGBV and education actors as well as for UNHCR partners implementing protection monitoring. Two of the trainings were organized in LRA-affected Haut-Uele, for the first time.

## KEY CHALLENGES

Mobilizing and implementing humanitarian activities in areas inaccessible to UNICEF and partners due to the ongoing conflicts and the subsequent insecurity or non-existent infrastructure remains a critical challenge to emergency programming in DRC. According to OCHA reports, from January to May, there have been 93 security incidents involving humanitarian actors—mostly in the Kivus; a 45 per cent increase over the same period last year. While fortunately no UNICEF staff or partners have been directly affected, such considerations can severely limit movements; the security situation in certain zones of South Kivu and Equateur during this reporting period forced the temporary suspension of the work of child protection partners and their access to children affected by conflict.

Funding gaps are also limiting response capacity compared to the scale of need, particularly to cover costs for purchases of essential supplies such as ready-to-use therapeutic food, medical and obstetrical kits, WASH and Emergency Education supplies and Non-Food Items. Funding gaps for certain child protection actors have led to the temporary interruption of services for activities supporting children formerly associated with armed forces and groups and has delayed social reintegration programs for these children. In a chronic emergency context like the DRC, mobilizing support to adequately meet ever-increasing cluster coordination and leadership responsibilities has also been a challenge. Although heightened awareness within UNICEF, OCHA, and donors on the need to strengthen cluster leadership has been welcome, significant fund mobilization and prioritization of cluster work is necessary to ensure UNICEF's continued leadership in DRC's humanitarian community.

## INTER-AGENCY COLLABORATION

UNICEF is leading four out of the nine clusters activated in the DRC, namely Nutrition, WASH, Education, and NFIs/Emergency Shelter Clusters. UNICEF is also leading the Child Protection Working Group and acts as protection Cluster focal point in some provinces where UNHCR (Cluster lead) is not represented. UNICEF participates actively in the Health, Early Recovery and Logistics Clusters. For all humanitarian work, UNICEF works in close collaboration with all other UN agencies, NGOs, and Government actors in the framework of the Humanitarian Action Plan covering not only humanitarian emergencies but also post-conflict and transition. UNICEF's multi-sectoral recovery programme, PEAR Plus, is a major part of the fourth component of the Integrated Mission's International Stabilization and Security Support Strategy (ISSSS) for return and reintegration of IDPs in eastern DRC. As WASH Cluster lead, UNICEF (in collaboration with WHO) is also supporting the joint coordination (Government-NGO) of a transitional pilot project in Katanga dedicated to enhancing sustainable solutions to prevent humanitarian crisis (cholera outbreaks in this case). In mid-June, the implementation strategy of the comprehensive multi-agency strategy for Sexual and Gender-Based Violence in the DRC was launched. As lead for the multi-sectoral assistance component, UNICEF supports government and civil society actors for a holistic package of assistance to survivors while working with UNFPA, UNHCR, MONUC SSR (Security Sector Reform) and the UN Joint Human Rights Office to ensure close coordination with the prevention and justice components

## FUNDING REQUIREMENTS

The revised needs for humanitarian funding in the DRC for 2010 are US\$122.5 million, down from US\$133.5 million in the originally issued HAR. Even with this revised appeal amount and using the broadest calculations to include regular UNICEF resources not raised as part of this appeal, UNICEF's revised HAR remains funded at 27 per cent, with US\$21.5 million raised for humanitarian activities in 2010 and an additional US\$11.7 million of carry-over and other resources used for emergency and post-conflict recovery. These critical gaps are felt throughout the sectors, and diminish UNICEF DRC's capacity to deliver humanitarian response at the levels that are needed. Compared to 2009's mid-term review, humanitarian funding is down: US\$26.5 received by this time last year, compared to US\$21.5 this year.

The funding requirements for RRMP have been reduced in view of the economies of scale gained by the combined program and a sharper response focus, the RRMP programme is however funded at only 15 per cent of revised requirements in June of 2010. Without significant additional funding, a drastic reduction of the overall emergency program will be required, compromising UNICEF's capacity to support partners for essential humanitarian response in DRC. While a relative calm has returned to some areas of the east, new displacement occurs every week and the need to not only maintain but reinforce the RRMP program remains a priority.

Funds received against the HAR 2010 (US\$)						
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap	Additional funds utilized in 2010 <sup>6</sup>	Final funding gap
RRMP; NFI cluster coordination and response <sup>7</sup>	50,000,000	39,000,000 <sup>8</sup>	5,230,455	33,769,545	0 <sup>9</sup>	33,769,545
Health	12,000,000	12,000,000	150,000	11,850,000	441,132	11,408,868
Nutrition	24,700,000	24,700,000	3,711,090	20,988,910	0	20,988,910
Water, Sanitation and Hygiene	18,000,000	18,000,000	5,380,105	12,619,895	0	12,619,895
Education	13,000,000	13,000,000	3,139,651	9,860,349	943,620	8,916,729
Child Protection	15,800,000	15,800,000	3,935,096	11,864,904	5,324,584	6,540,320
<b>Total*</b>	<b>133,500,000</b>	<b>122,500,000</b>	<b>21,546,397</b>	<b>100,953,603</b>	<b>6,709,336</b>	<b>94,244,267</b>

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

<sup>6</sup> Please note that this HAR MYR includes non-emergency funds and 2009 carry-over used for humanitarian assistance. The DRC Humanitarian Action Update issued on June 1, 2010 did not include these additional funds.

<sup>7</sup> For those clusters that UNICEF is leading, the requirements include funding needs for Cluster Coordination and response.

<sup>8</sup> US \$36 million for RRMP; US\$ 3 million for other NFI response and cluster coordination.

<sup>9</sup> In May 2010, UNICEF DRC received a US\$5 million loan from the UNICEF Emergency Programme Fund, enabling RRMP to make critical relief supply procurements and to maintain the operational response for two months. These funds are expected to be reimbursed based on funds raised against the HAR.

**EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010**

By the end of the year, UNICEF's Humanitarian priorities based on 100 per cent of funding levels are:

**Rapid Response Mechanism for Movements of Population (RRMP) and NFI/ Shelter:**

UNICEF's RRMP and NFI priorities are to provide 177,200 families with access to Non-Food Items and emergency shelter materials (an additional 124,091 families), to facilitate access to a minimum package of water, sanitation and hygiene for 630,000 persons and to support 98,000 pupils, teachers and parents for quality primary education through construction and rehabilitation of 325 emergency classrooms, distribution of education, recreation and didactic kits for 52,000 students and their teachers, and training of teachers and parents.

**Health:** At least 90 per cent of children in areas with known health insecurity during the year 2010 will be fully vaccinated through the sustainable outreach strategy and organization of accelerated campaigns of vaccination in emergency-affected areas. As part of a ramped support to cold-chain systems in remote and emergency-affected areas, 100 per cent of health sub-zones in these zones will be equipped with solar cold chain equipment. Stocks of essential emergency supplies of drugs, medical and obstetrical equipments, and rehydration therapy in the fight against cholera will be made available in eastern DRC to support 500,000 people in affected areas.

**Nutrition:** Recent data suggests that the nutrition situation in eastern part of the country is stable with however a limited number of health zones that still exhibit high rates of acute malnutrition (above 10 per cent). In this part of the country, the focus of the Nutrition Cluster will be to ensure that these areas are covered with nutrition interventions (treatment and prevention) reaching at least 20,000 children. In the rest of the country (more affected by malnutrition) UNICEF and a consortium of five international NGOs are working to provide treatment for malnutrition in all areas with more than 15 per cent malnutrition rate. The focus for the rest of the year will be consolidating these interventions by integrating preventive action such as the promotion of essential action in nutrition including exclusive breastfeeding, vitamin A supplementation, de-worming and, and progressively scaling up the intervention to areas with rate of global acute malnutrition between 10 and 15 per cent reaching at least 300,000 children.

**Water, Sanitation and Hygiene:**

In addition to those assisted through the WASH component of the multi-sectoral RRMP initiative,

- 200,000 persons, including 40,000 children under five years old, will benefit from projects in Katanga, South Kivu, North Kivu and Ituri to prevent cholera outbreaks and support recent IDPs;
- 40,000 persons in Equateur will benefit from emergency WASH response programmes followed by support to recovery process;
- 3,000,000 persons will be supported by the WASH Cluster members throughout the country.

**Education:** In addition to those assisted through the Education component of the RRMP initiative, 132,000 conflicted-affected children, currently not benefitting from UNICEF support, will have access to formal or non-formal education through the support of 200 community education initiatives and rehabilitation and furnishing of 2,600 early childhood, primary and accelerated catch-up classes, as well as increased coordination and response capacity of members of 16 clusters and sub-clusters through trainings on monitoring, gender, and program development.

**Child Protection**

- 8,000 girls and women survivors of sexual violence will have access to essential services, including medical care, psychosocial support, and reintegration.
- 2,000 children who have been separated from armed forces and groups will be assisted to reintegrate with their families and communities; an independent evaluation will review the outcomes and impacts of this program.
- The Child Protection Working Group will harmonize standards for community-based child protection committees, defining approaches for emergency and early recovery zones.

## UNICEF Humanitarian Action 2010

# GUINEA

### SITUATION UPDATE

Tensions that troubled the country in 2009, culminating on 28 September, when a premeditated attack against opposition supporters gathered in a stadium left 156 dead and more than 1,400 injured, and scores of women were subjected to often brutal forms of sexual violence, seemed to have diffused with the agreement of a transition government in January 2010. The first round of presidential elections is expected to take place on 27 June and the second round between 1 and 8 August. If the electoral process does not take place in a peaceful manner, the political and social situation will remain unstable, with different warnings on possible conflict issues in the coming months, as presence of undisciplined soldiers and armed militias, exacerbated tensions among different ethnic groups and trafficking of weapons.

The level of poverty in Guinea continues to be acute, with 50 per cent of the population living with less than \$1US per day, while the prices of food and other basic commodities are still on the rise. Furthermore, long-lasting corruption and mismanagement of Guinea's vast natural resources has systematically impeded the restoration of public finances.

The well-being of more than 2.2 million children is affected by this severe social, cultural, political and economic disruption. Malnutrition remains a deep concern, with a prevalence of chronic malnutrition ranging between 26 to 36 per cent over the past ten years.<sup>1</sup> Low intensity natural hazards further reduce the struggling coping mechanism of rural communities. Guinean girls and boys continue to be victims of several forms of violence, exploitation and discrimination that hamper their survival and harmonious development, and deprive them of their chance of receiving education. According to the results of a national survey conducted in 2009, 685 cases were reported of children in conflict with the law, 2,533 cases of street children, 14,381 cases of orphan children and 6,239 cases of girl victims of harmful traditional practices. Some other phenomena associated with family separation exist but are not well documented, such as children living with employers. The absence or lack in the access to basic services such as health, water and sanitation, creates conditions favourable to the rapid spread of diseases already endemic in the area.

### KEY RESULTS FOR CHILDREN

Facing this complex environment, in coordination with the UN system, national and international NGOs such as ACF-E, PLAN Guinea, Guinea Red Cross, Terres des Hommes CH and in line with the Core Commitments for Children in Emergencies, UNICEF Guinea implemented a set of emergency relief activities to assist women and children affected by the crisis and to reinforce emergency preparedness.

**Health:** Given that the country did not experience any meningitis and cholera outbreaks during this period, there was no specific intervention to treat these diseases. Moreover through humanitarian funds received in late 2009, UNICEF Guinea is reinforcing national and local emergency preparedness through the provision of essential medical supplies and drugs for 330 health facilities and 33 hospitals, to cover up to 500,000 women and children in high-risk districts.

**Nutrition:** Nutrition services in 79 health centres across the country, run by the Ministry of Health and NGOs, benefitted from immediate technical support and ready-to-use therapeutic foods and therapeutic milk and drugs. With humanitarian funding received in 2010 and late 2009, 20,000 under five children suffering from severe acute malnutrition without complications and 2,900 under-five children suffering from severe acute malnutrition with complications were rehabilitated, out of the yearly plan to cover the needs for 30,000 severely acute malnourished children.

**WASH:** As of mid year, UNICEF has provided safe water and hygiene supply to 147,000 persons in the areas at risk, out of the yearly plan to cover the needs for 300,000 people.

In addition, as Water Sanitation and Hygiene Cluster Lead, UNICEF provided technical support and funding for activities related to reduce the incidence of cholera and other water diseases, improving the early warning and early action systems at community level in cholera endemic areas through four regional contingency plans and 15 community surveillance points in place. Furthermore, based on data reported during the 2007 cholera outbreak, UNICEF coordinated a vulnerability map for the town of Conakry, in close collaboration with ACF-E. According to the results of this mapping, ACF has put in place a rapid response team in the identified areas. In addition, 71 health workers and community workers were trained on hygiene promotion.

<sup>1</sup> Demographic and Health Survey 1999, Multiple Indicator Cluster Survey 2008.

**Education:** With regular resources received in 2009, funding and technical support was provided to develop guidance for teachers and educators in crisis situations, which is ongoing. As of mid-year, UNICEF has trained 25 executive administrators among organisations and public services member of the Cluster, on minimum standards for the preparation and emergency response, out of 80 planned in 2010.

**Protection:** The Child Protection Working Group is focused on the special child protection needs related to the incoming electoral period, to reduce the potential risk of children being involved in the campaign. A set of protection activities including sensitisation and educational talking groups with children at risk and their communities, is ongoing in the town of Conakry, tailored to reach 1,200 children. Additionally, UNICEF provided technical support to the Gender-Based Violence Working Group, led by the United Nations Population Fund, to finalise standard operating procedures, including specific measures to provide support to child survivors of sexual violence.

**Emergency preparedness and prevention:** At the same time and according to the Core Commitments for Children, all programmes are reinforcing their contingency stock, to ensure a package of multi-sectoral basic assistance for a target population of 33,500 people. In addition, with peace-building funds received in 2010, UNICEF is implementing, in partnership with the INGO Search For Common Ground, a new youth empowerment programme supporting the role of 23,940 youth in conflict mitigation and peace building during the electoral period and broadly in political processes in the country.

### KEY CHALLENGES

Main constraints relate to low levels of funding, as well as a lack of experienced implementing partners in the areas outside Conakry.

### INTER-AGENCY COLLABORATION

UNICEF is the Cluster lead of Education and WASH, co-lead of the Food Security/Nutrition Cluster, and lead of the Child Protection Working Group under the UNHCR-led Protection cluster. The cluster system in place since 2008 strengthens emergency preparedness and coordination at all levels, enhancing the capacity of the UN country team to put in place early warning and early action systems, particularly in the Health, Nutrition and WASH Clusters.

### FUNDING REQUIREMENTS

To date, the Guinea Country Office has received only US\$686,327, including funding from USAID, which represents less than 11 per cent of funds requested within the HAR 2010. CERF funds received in late 2009 (US\$280,704) and regular resources were used in 2010 to reinforce national and local emergency preparedness in 330 health facilities and 33 hospitals covering up to 500,000 women and children in high-risk districts. Limited CERF funds were further used to support the nutritional programme. Some non-emergency funds were also used to complete the health contingency stock. If additional funding does not come through in the coming months, more than 1.5 million children will be at risk of not receiving humanitarian assistance.

Funds received against the HAR 2010 (US\$)						
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap	Additional funds utilized in 2010	Final funding gap
Health	1,500,000	1,551,500	50,000	1,501,500	326,070	1,175,430
Nutrition	700,000	535,000	254,296	280,704	174,260	106,444
Water, Sanitation and Hygiene	1,270,000	1,268,378	182,031	1,086,347	0	1,086,347
Education	1,000,000	0	0	0	0	0
Child Protection	850,000	362,520	75,000	287,520	0	287,520
Emergency Prevention and Preparedness	0	807,850	125,000	682,850	0	682,850
<b>Total*</b>	<b>5,320,000</b>	<b>4,525,248</b>	<b>686,327</b>	<b>3,838,921</b>	<b>500,330</b>	<b>3,338,591</b>

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

**EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010**

By the end of 2010, UNICEF's Humanitarian priorities based on the assumption of 100 per cent of funding levels are:

**Health:**

- By the end of the year, about 500,000 people in areas at risk of crisis, natural disaster or epidemic outbreak will have access to adequate health care services.

**Nutrition:**

- At least 15,000 children suffering from severe acute malnutrition will receive treatment through both inpatient and outpatient care.
- Training on Nutrition in Emergencies will continue to help raise the level of understanding and capacity of 75 health staff to address both emergency and chronic conditions of malnutrition.
- 150 community health workers will be trained to actively identify malnutrition.

**Water, Sanitation and Hygiene:**

- About 150,000 people in areas at risk of cholera or flooding will have access to safe water, child-friendly sanitation facilities and hygiene promotion activities as per Sphere Standards.

**Education:**

- Fifty regional and prefectural Cluster focal points will be trained in minimum standards for emergency preparedness and response. Teachers and educators will receive guidance through training modules and sessions.
- Technical support will be provided to the government to include emergency preparedness and response to national education plans and budgets.

**Child Protection:**

- 300 government authority staff, NGO social workers and members of the security forces will be trained to tackle issues regarding child protection during emergencies.
- Psychosocial support will be provided to at least 10,000 children in the event of an emergency.
- Standard operating procedures for gender-based violence will be implemented in eight regions of the country to provide adequate multi-sectoral assistance to survivors of sexual violence.
- By July 2010, 1,200 children who risk being involved in the campaign will be reached by tailored protection and sensitisation activities.

**Emergency and conflict prevention:**

- By the end of the year, around 23,940 youths will be trained on peace building and conflict resolution, and will have a positive role in consolidating the peace during the transitional period.
- In the coming months a package of multi-sectoral basic assistance for a target population of 33,500 people will be in place. It will ensure access to essential health services, sufficient safe water, toilet and washing facilities and will assist children with severe acute malnutrition. Non-food items assistance will be provided to 12,500 children in preschools, primary and secondary schools, 770 children separated from their family and 4,750 IDP families.

## UNICEF Humanitarian Action 2010

# MAURITANIA

### SITUATION UPDATE

A joint UNICEF/Ministry of Health survey was carried out in July 2010 and revealed that during the lean season Brakna, Guidimakha and Gorgol regions had a high prevalence of a global acute malnutrition (GAM) exceeding 15 per cent. Three other regions had an acute malnutrition exceeding 10 per cent among six to 59 months old children. Furthermore, the World Food Programme and the Food Security Commission carried out a vulnerability assessment survey in May 2010, which showed 25 per cent of households being at risk from severe and moderate food insecurity. During the rainy season (July-September) over 10,000 persons were affected by floods. Five polio and several measles cases were reported in 2010.

### KEY RESULTS FOR CHILDREN

From January to June 2010, the programme goal was to minimize any increases in global acute under-nutrition among children under five, which is generally observed during the lean season. The following emergency activities were funded with 2009 funds; no funding has been received against the HAR as of mid-year.

**Health and Nutrition:** UNICEF continued to support therapeutic feeding centres in nine vulnerable regions, treating approximately 540 children with severe acute malnutrition in four regions. Therapeutic food is now positioned in nine health regions and mobile teams are treating hard-to-reach children to increase community attendance in the rehabilitation centres. In response to the polio epidemic, six rounds of polio immunizations were undertaken, covering the entire country between January and June 2010. In line with HAR 2010 plans, vitamin A supplementation coverage reached 93 per cent, and de-worming coverage reached 95 per cent in under-five children in six regions. The promotion of exclusive breastfeeding for under-six month aged children was integrated into the vitamin A supplementation campaign carried out in May and June 2010, using mass media and home visits by community volunteers in all 13 regions. The preliminary results showed the proportion of women of child bearing age exposed to messages during the home visits of almost 70 per cent (296,212 people) in six out of 13 regions, in addition to other mass media messages on exclusive breastfeeding promotion were sent nationally. UNICEF continues to support the Ministry of Health with two yearly nutrition surveys and by strengthening the routine health information systems including nutrition.

**Child Protection:** The protection team started emergency preparedness planning by training stakeholders on emergency responses and on child protection issues. Due to lack of funding, no mine awareness activities were undertaken in the first half of the year.

**Water, Sanitation and Hygiene:** Water supply and water treatment materials were procured to meet the needs of 10,000 persons.

**Education:** Eighty inspectors were trained on education in emergencies tools and strategies, and an emergency focal point from the Ministry of Education was assigned. Additionally, education partners were sensitized on matters of expected preparedness and responses in education emergencies.

### KEY CHALLENGES

Operational key challenges include the reduction of child wasting to below 10 per cent in the vulnerable regions, by linking management of acute malnutrition with prevention related inputs (through Child Survival programme, RUSF interventions and REACH), through improved coordination of emergency preparedness and response interventions along with partners; and by supporting the Government in emergency preparedness and response. Limited emergency funding has reduced preventive measures in terms of emergency preparedness and responses in all sectors.

### INTER-AGENCY COLLABORATION

UN agencies, NGOs, and other humanitarian agencies completed the revision of the 2010 Inter-agency Contingency Plan, focusing on the most likely scenarios i.e. flooding, increases in food prices and nutritional emergencies in certain pockets in the vulnerable regions, as well as social unrest. The monthly emergency coordination forum continued to meet periodically and has been led by the UN Resident Coordinator. The REACH technical group, including UN Agencies, international NGOs and government participants, collaborated in the monthly coordination meetings. Other

Emergency groups including Education, Protection and WASH remain active when called upon. Six regional training events on Rapid Assessment Needs in Emergency situations were carried out and 252 participants were trained.

### FUNDING REQUIREMENTS

HAR 2010 requirements equalled US\$2.4 million, of which no funding has been received to date. Nutrition requirements have been increased according to the West Africa CAP 2010 mid-year review and the introduction of a new programme of prevention during the lean season. The current funding requirements amount to \$3,798,044. Funding for child protection is urgently needed to provide psycho-social support for children now outside parental care, as well as access to basic services, social and family integration, monitoring, re-unification of separated families, as well as for mine risk education and assistance to landmine victims.

Funds received against the HAR 2010 (US\$)						
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap	Additional funds utilized in 2010	Final funding gap
Health	500,000	500,000	0	500,000	177,321	322,679
Nutrition	1,000,000	2,348,044	0	2,348,044	1,363,644	984,400
Water, Sanitation and Hygiene	200,000	200,000	0	200,000	23,458	176,542
Education	350,000	350,000	0	350,000	0	350,000
Child Protection	350,000	350,000	0	350,000	0	350,000
HIV/AIDs	50,000	50,000	0	50,000	0	50,000
<b>Total*</b>	<b>2,450,000</b>	<b>3,798,044</b>	<b>0</b>	<b>3,798,044</b>	<b>1,564,423</b>	<b>2,233,621</b>

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

### EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

**Health:** In collaboration with the World Health Organization (WHO) and the Ministry of Health, UNICEF will continue supporting polio immunization campaigns with a sizeable social mobilization component. Surveillance activities of polio and measles will be strengthened.

**Nutrition:** In collaboration with international NGOs, the World Food Programme, the WHO and the Ministry of Health, UNICEF will assist 23,500 children under-five with acute under-nutrition, of whom 2,500 suffer having severe and acute under-nutrition, reflecting an increase in original HAR targets to deal with seasonal peaks. UNICEF will also carry out preventive interventions by implementing the Child Survival Strategy, which includes follow up on the promotion of exclusive breastfeeding, as well as the implementation of the second round of vitamin A Supplementation and deworming, and the implementation of supplementary programmes with ready-to-use supplementary foods (RUSF) targeting 8,937 children aged 6-36 months in the Tagant region. UNICEF will also organise training on nutrition and emergencies for 20 stakeholders in July 2010.

**HIV/AIDS:** By the end of 2010, UNICEF and partners (MoH, Executive Secretariat for HIV/AIDS, French Red Cross and national NGOs/PLWA associations) will strengthen the vulnerable communities' ability to reduce vulnerability and exposure to HIV infection in the areas affected by flooding and returnees' in camps. Children, young people and women will have access to information on prevention (PEPKIT), care and treatment. The development and dissemination of Behaviour Change Communication (BCC) messages and materials will reach an estimated 10,000 persons.

**Water, Sanitation and Hygiene:** Mini-water supply systems will be repaired and maintained, and disinfection for wells and water supplies that were affected by floods will be provisioned. Hygiene education and hygiene awareness programmes will be promoted in schools and in local communities to supplement existing water and sanitation activities. Water and sanitation interventions will be provided, targeting displaced communities. Additionally, six collapsible water tanks of 5,000 litres each, and 720 jerry cans will be pre-provisioned for 720 families that lost their household belongings during floods. These activities will reach some 10,000 displaced persons, focusing particularly on children and women.

**Education:** By the end of 2010, UNICEF will support the introduction of emergency preparedness and response in the national policy documents that are currently under revision. UNICEF will also support the implementation of regional work plans including assistance to local schools for displaced population. This includes school kits for 50 primary schools, including 205 school in box kits for 3,000 students and primary school teachers, 40 temporary classrooms, 20 temporary classroom tents until the rebuilding of new schools, 50 latrine blocks each with four latrine cubicles along with 200-500 additional squatting plastic plates for use in areas in need, 50 school sanitation committees and cooperatives to manage emergencies and school hygiene, and 50 sports kits.

**Child Protection:** Several key protection projects and protection issues exist for children now out of parental care, which require urgent funding. Additionally, there are 65 districts with suspected landmines in the Dakhlet Nouadhibou and Tiris Zemmour regions. Partners are implementing a Mine Risk Education Programme (MRE) for de-mining and to provide assistance to victims.

## UNICEF Humanitarian Action 2010

# NIGER

### SITUATION UPDATE

Combined with chronic food insecurity and high levels of maternal and child malnutrition, common to the entire Sahel region, Niger is in the grip of a severe food and nutrition crisis, which will continue at least until the end of the hunger season, in October. Even before the current crisis, child malnutrition was high. The June 2010 Child Survival and Nutrition Survey found the national prevalence of global acute malnutrition (GAM) in children under five at 16.7 per cent, and of severe acute malnutrition (SAM) at 3.2 per cent, both above the emergency thresholds (15 per cent for GAM and 2 per cent for SAM). Based on these rates, the Nutrition Cluster estimated the caseload to be 384,000 cases of SAM in 2010. Displacements of food insecure families towards cities or neighbouring countries are starting to affect school attendance. Some schools in southern districts are reported to have been closed down due to a lack of pupils.

Recent data shows that 7.1 million people (48 per cent of the national population) are food insecure, of which 3.3 million are severely affected.<sup>1</sup> About 40 per cent of agricultural villages had production losses of over 50 per cent. The gap in cereal production is at least 410,000 metric tons.<sup>2</sup> The national livestock is threatened by the significant fodder deficit affecting pastoral and agro-pastoral areas, leading to massive and premature transhumance to the south. On average, food prices are higher than in the period before 2009, and the rising trend in food insecure areas is similar to that observed in 2005. Moreover, displaced families now face difficulties in urban and semi-urban cities in terms of lodging conditions and access to basic social services. During the 2010 epidemic season, 2,714 cases of meningitis were registered, with 223 deaths, and an average rate of lethality of eight per cent.

### KEY RESULTS FOR CHILDREN

As of 20 June, more than 114,000 severely malnourished children aged six to 59 months have been admitted for treatment in Therapeutic Feeding Centres since the beginning of the year, of which almost 14,000 had to be treated inpatient due to medical complications and/or lack of appetite. The number of weekly admissions increased from 5,000 in mid-April to 8,000 by mid-May. These figures are double the planned figures for 2010. The response scale up was made possible with an adequate supply of ready-to-use therapeutic food (RUTF) and essential drugs, increased hospitalisation capacity and availability of an extensive network of NGO partners. The first phase of the blanket feeding (free distribution of Corn Soya Blend, in addition to sugar and oil provided by WFP) has been launched targeting 295,000 children between six and 23 months of age. For the first time UNICEF is linking the blanket feeding operation with active screening of children for acute malnutrition. A second phase is due to start in July targeting a further 205,000 children, bringing the total to 500,000 children, which is double the 250,000 originally planned.

The Regional Health Divisions and NGOs involved in the nutrition crisis are collecting technical information for further construction and/or rehabilitation of water and sanitation facilities to be carried out in health centres, as well as appropriate WASH packages for vulnerable communities. Contingency and communication plans for cholera and diarrheal diseases have been validated which plan the positioning of supplies in affected districts, the dissemination of messages and water treatment. Some 513,000 people in the five districts in epidemic districts were vaccinated against meningitis (compared to the 1.3 million planned for 2010). Thanks to the 'building back better' of five primary schools and one middle school, 3,500 children from the Agadez region affected by floods and conflict in 2009 were able to go back to school.

### INTER-AGENCY COLLABORATION

UNICEF is Cluster lead for Nutrition, WASH and Child Protection. The Nutrition Cluster contributed to the government response plan to the nutrition crisis, based on a consensus reached in the Cluster meetings. Through a working group, the Cluster revised the strategic approach to include the use of lipid-based supplements for prevention and treatment of moderate malnutrition. A joint Government/ UN agencies vulnerable assessment survey was conducted in April 2010.

### FUNDING REQUIREMENTS

On 4 April, the UN System launched an Emergency Humanitarian Action Plan (EHAP) calling for US\$190 million in funding, of which UNICEF is requesting US\$22 million to tackle child malnutrition and US\$1.4 million for WASH-related

<sup>1</sup> April 2010 Vulnerability Survey SAP/ INS/ WFP/FAO/UNICEF/EU/ FEWS-NET/ UNDP.

<sup>2</sup> USAID's Famine Early Warning Systems Network (FEWS); Ministry of agricultural development, February 2010.

interventions. In June, UNICEF revised the needs in the mid-year CAP. The below HAR mid-year review requirements includes the ones presented as part of the EHAP mid-year review<sup>3</sup>.

Funds received against the HAR 2010 (US\$)						
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap	Additional funds utilized in 2010	Final funding gap
Health	2,475,000	2,475,000	0	2,475,000	0	2,475,000
Nutrition	14,723,200	32,175,292	14,353,786	17,821,506	1,426,009	16,395,497
Water, Sanitation and Hygiene	800,000	1,391,000	0	1,391,000	0	1,391,000
Education	700,000	700,000	0	700,000	0	700,000
Child Protection	550,000	1,994,000	0	1,994,000	0	1,994,000
<b>Total*</b>	<b>19,248,200</b>	<b>38,735,292</b>	<b>14,353,786</b>	<b>24,381,506</b>	<b>1,426,009</b>	<b>22,955,497</b>

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

### EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

#### Health

- In the event of a cholera epidemic, affected children and women will receive information on the prevention of cholera and more than 15,000 cases will be treated.
- Ten thousand women and children displaced by floods or by the nutritional crisis will have their medical needs met through sufficient supply and pre-placement of a contingency stock.
- As part of a pilot project, 400,000 people will be vaccinated against Meningitis with the new conjugated MenA vaccine before the start of the new season in December.
- Prevention and treatment of the three killer diseases (diarrhoea, IRA, malaria) will be improved among 1,400,000 children, to prevent their nutritional status from deteriorating.

#### Nutrition

- Identification of cases of acute malnutrition will be improved, and access ensured to adequate case management. UNICEF will continue to strengthen the national programme for the management of severe acute malnutrition. With the World Food Programme, UNICEF will work on scaling up management of moderate malnutrition.
- The implementation of blanket feeding for 924,000 children aged 6 to 23 months in most vulnerable areas will continue.

#### Water, Sanitation and Hygiene

- All intensive nutritional rehabilitation centres (CRENIs) will be ensured access to clean water and provided hygiene and sanitation kits. Hand washing facilities will be installed in all centres for outpatient nutritional rehabilitation for severe malnutrition.
- Sanitation and water supply facilities will be facilitated in CRENIs in Zinder, Maradi, Tahoua and Diffa.

#### Education

- In the event of floods or other disasters in 2010, disruption of schooling will be minimised by supporting schools that accept displaced children, through measures such as providing school kits and materials to build temporary learning spaces.

#### Child Protection

- Awareness will be raised among the displaced population on risks of exploitation, abuse and violence through local radio, dramas and dialogue.
- Child victims of abuse, street and separated children will be provided with adequate support (psychosocial, medical and legal), as well as non-food items.
- The knowledge and capacity of the new Child Protection Cluster will be increased to effectively address and coordinate emerging child protection issues, including how to address the food security crisis within the child protection strategy framework.

<sup>3</sup> At the time of dissemination of the mid-year review of the HAR, the UNICEF requirement of the Niger Emergency Humanitarian Response Plan had increased to US\$ 57,983,414.

## UNICEF Humanitarian Action 2010

# REPUBLIC OF CONGO

### SITUATION UPDATE

The violent fighting between armed forces from the Democratic Republic of the Congo (DRC) and a group of armed rebels led by General Odjani, which happened during the end of 2009, and killed at least 200 civilians, resulted in a constant increase in the number of people crossing the Ubangi river to the Republic of Congo, and settling down in about 80 sites along the border between the districts of Betou and Liranga, in the Department of Likouala. As of May 2010, statistics from UNHCR reported 114,700 refugees located in these sites, of which more than 80 per cent are children and women. Such a massive influx of population has significant implications on the already precarious living conditions of host communities<sup>1</sup> and access to basic social services, in particular for children and women.

On 4 May 2010, the rebel leader Ondjani surrendered to Congolese armed forces, and further consultations between the two governments and UNHCR took place, leading to the signature, on 10 June 2010, of a tripartite memorandum related to the repatriation of the refugees. However, their effective return will depend on the actual safety and security measures implemented on the DRC side. In the meantime, humanitarian actors continue to work while following closely the situation in both sides.

### KEY RESULTS FOR CHILDREN

UNICEF's humanitarian response is planned and implemented in close synergy with regular activities, in particular in Health/Nutrition and WASH, so as to make both refugees and host communities benefit from interventions. UNICEF support focused mainly on WASH, Education, and Nutrition, including Communication for Development (C4D) for relevant sectors, and collaborated with other agencies for Health and Protection. Other cross-cutting areas, such as HIV/AIDS were covered in the regular activities of the Country Programme. Overall, it contributed to meet basic needs of at least 50,000 refugees for the first semester of 2010 in terms of Health, Nutrition and WASH, as well as educational needs for 22,094 refugee children.

**Health:** 50,000 refugees, including 2,400 women and 12,000 children, have benefited from a package of essential services and care, including essential drugs, equipment for safe and hygienic delivery, and basic surgical interventions. The capacity of the existing medical infrastructures was improved (14,000 patients treated and 300 deliveries assisted within a period of three months). Epidemiological surveillance was also strengthened, making data timely available for monitoring and risk assessment purposes.

**Nutrition:** The detection of malnutrition and endemic diseases such as yaws, monkey pox and cholera was reinforced at the community level through training 67 health workers from 30 health centres, 153 community relays from 28 refugee sites, and providing them with data collection and monitoring tools. UNICEF pre-positioned nutrition supplies in 30 health centres located in the area covered by the refugees, to ensure timely and adequate treatment of severe malnutrition, and in line with the national protocol on the treatment of acute malnutrition.

**Water, Sanitation and Hygiene:** Water supply installations and sanitation facilities were built and hygiene practices promoted for the benefit of both refugees and hosting population. Out of 15 planned wells, eight were completed. Twelve primary schools and one health centre were equipped with sanitation facilities. At the community level, 13,668 persons located in 26 sites benefitted from key practices on hygiene and sanitation, as well as on home treatment of drinking water.

**Education:** 22,094 refugee children of primary school age pursued schooling due to the construction of 75 educational centres provided with teaching materials based on the DRC curricula. In addition, 55 centres were established and equipped with recreational materials that provided early child development (ECD) activities for the benefit of 8,593 children of pre-school age.

**Protection:** UNICEF supported the reunification of unaccompanied children and creating a protecting environment against sexual violence in refugee sites, through pre-positioning 320 reunification kits and setting up two drop-in centres with relevant trained animators.

<sup>1</sup> The host communities have 108,377 inhabitants (National census, 2007).

## KEY CHALLENGES

Logistic constraints remain a major challenge. Access to the Likouala department by boat or by road depends upon climatic factors, such as the level of river water and the quality of roads. Airline network is relatively weak, and in addition to a UNHCR flight with a limited capacity, only one private company (irregularly) operates between Brazzaville to Impfondo. In addition, there is no airline cargo which covers this part of the country, thus making difficult the planning and organization of logistic matters. Security issues were also encountered along the Ubangi river, thus limiting access to some areas by humanitarian actors, until the recent arrest of General Odjani. Nevertheless, during the first quarter of 2010, additional opportunities were offered to humanitarian actors to facilitate transport of staff and/or supplies, thanks to WFP and ECHO support..

## INTER-AGENCY COLLABORATION

Within the UN system, the decision making process is managed at the UN country team (UNCT) level under the coordination of the Resident Coordinator, thus ensuring a coherent and efficient support as well as a clear distribution of labour between agencies. At the field level, the UNHCR Impfondo sub-office ensures the overall field coordination of UN supported interventions. In addition, UNICEF set up a coordination unit in Impfondo to strengthen the day-to-day monitoring of activities and ensure regular liaison with other humanitarian actors at the field level. UNICEF support relies on existing partnerships with local authorities, NGOs and associations. In particular, the on-going FAO-UNICEF-WFP joint food and security project, as well as UNICEF support to the decentralized action plan in favour of the indigenous population, provide opportunities to bridge emergency interventions and early recovery. There is no cluster mechanism in place. However, existing UNDAF thematic groups facilitate information sharing and joint follow-up of implementation, thus helping to ensure sectoral coordination and to avoid duplication of interventions. UNICEF has a leading role in for WASH as well as Nutrition groups, and participates actively to other relevant groups (Health, Education, Protection, and Logistics)..

## FUNDING REQUIREMENTS

To respond to the refugee crisis following the emergency situation in Likouala this year, UNICEF had to rely on available and flexible funding sources to meet immediate priorities. Carry-over funds of US\$157,842, and an allocation from the West and Central Africa Regional Office (US\$100,000) for child protection activities, allowed UNICEF to contribute to a minimum rapid response, including rapid assessments and transportation of available emergency supplies to the affected area. At the end of 2009, following a Government request for emergency assistance, the UN System provided support for rapid response, consisting in a provision of food, drugs, shelter, NFIs, and prepositioning of WASH and nutrition supplies. CERF funds were released subsequently to a Flash Appeal to cover humanitarian needs for the benefits of both refugees and hosting communities for the period December 2009 through June 2010. Following the Flash Appeal, a Consolidated Appeal Process (CAP) was launched in March 2010 in which UNICEF requested US\$3,591,785. The final funding gap is US\$4,646,238.

In light of the current context, the conditions for a safe and secure return of refugees are likely to take at least the rest of year 2010 before being met. Therefore, the funding gap to support priority actions planned for 2010 is a very important issue, as the CERF grants made only provision for immediate response. While funding is delayed, important needs remain unmet, in particular in WASH, Health/Nutrition, and Education, for the needs of at least 20,000 children under five, 20,000 women and 30,000 children of primary school age.

Funds received against the HAR 2010 (US\$)					
Sector	Revised HAR requirements <sup>2</sup>	Funds received	Funding gap	Additional funds utilized in 2010	Final funding gap
Health and Nutrition	1,908,702	396,821	1,511,881	144,277	1,367,604
Water, Sanitation and Hygiene	2,734,174	428,481	2,305,693	12,197	2,293,496
Education	899,202	77,982	821,220	1,368	819,852
Child Protection	430,954	165,668	265,286	100,000	165,286
<b>Total*</b>	<b>5,973,032</b>	<b>1,068,952</b>	<b>4,904,080</b>	<b>257,842</b>	<b>4,646,238</b>

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

<sup>2</sup> The Republic of Congo was included in the HAR as of mid-year in order to support refugees entering from the Democratic Republic of the Congo.

**EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010**

UNICEF will ensure coordination at the field level in Nutrition, WASH, Education, through weekly coordination meetings.

**Health:**

- The existing 30 health centres will continue ensuring access to health care as well as availability of essential drugs for children and women (from both refugee and hosting communities) through regular provision of medical and nutritional supplies.

**Nutrition**

- Nutrition activities at community level will be strengthened with nutritional education and the integration of Essential Nutrition Actions by health centres.
- Children and post-partum women will have access to essential nutrition commodities through vitamin A and Iron supplementation campaigns, coupled with systematic de-worming, and iodine salt test in the households.

**Water, Sanitation and Hygiene:**

- Access to potable drinking water through the provision of household water treatment and community safe water point systems will benefit 7,000 refugee families.
- Basic knowledge of key practices to prevent from water born diseases through hygiene promotion campaigns, education and training in household treatment and conservation of drinking water, will be provided to local and refugees communities.
- Construction of latrines will benefit 7,000 households.

**Education:**

- Educational materials, educational and recreational facilities will be developed and distributed for the benefit of children and coaches in 50 sites.
- Through adult continuing education, fifty teachers at the preschool level and 300 teachers at the primary level will be able to use educational materials effectively, managing multi-grade classes, and teaching of core disciplines, including life skills education, tolerance and culture of peace education.

## UNICEF Humanitarian Action 2010

# ASIA-PACIFIC



### SITUATION UPDATE

The Asia Pacific region emergency profile is characterised by a combination of natural disasters, conflicts and the particularity of the continued humanitarian situation in the Democratic People's Republic of Korea. During the first six months of 2010, the situations in conflict/war-torn Afghanistan and Pakistan seriously deteriorated. Threats and direct attacks against schools, teachers, students and health centres in Afghanistan are on the rise, increasing the number of displaced to over 320,000 persons. In Pakistan, military operations expanded, bringing the number of displaced up to almost 1.4 million people. Although the situation has somewhat improved in Sri Lanka, some 59,000 IDPs are still accommodated in temporary camps. There are still concerns about more than 100,000 people, half of whom are children,<sup>1</sup> who remain displaced in Mindanao, Philippines as a result of the armed conflict. In parallel, Pakistan and Sri Lanka have seen the number of returnees increase. In light of these volatile situations there is a need to simultaneously respond with preparedness, care and maintenance, return, early recovery, reconstruction and development.

Also of importance in the past six months are natural disasters which struck the region and have been destructive to 1.3 million children and women's lives, including floods in Afghanistan, Myanmar, Pakistan, Sri Lanka and cyclone Thomas in Fiji. In Mongolia, the Dzud (summer drought followed by heavy snowfalls and low temperatures in the winter and then dangerous spring thaw) resulted in increased maternal and child mortality, and an unprecedented loss of livestock as well as the collapse of thousands of peoples' livelihoods and many basic services. Fifteen of Mongolia's 21 provinces, home to 769,106 people (28 per cent of the country's population), were declared disaster zones, and another four are seriously affected. The April earthquake in Yushu County in China resulted in 2,500 deaths, over 12,500 injuries, and some 100,000 people homeless due to collapsed houses. In addition to these natural threats, Asia-Pacific is also affected by global threats such as the consequences of high food and fuel prices and the threat of pandemic influenza, in addition to the threats of endemic diseases and the resurgence of polio seen in both Afghanistan and Pakistan.

<sup>1</sup> OCHA Situation Report 11 June 2010.

## KEY RESULTS FOR CHILDREN

Since the beginning of 2010, the Asia and Pacific Shared Services Centre (APSSC) conducted over 24 missions in emergency preparedness and response activities in line with the revised Core Commitments, most of them including capacity building for country offices staff and partners in the four UNICEF-led clusters.

As planned, mapping exercises for Child Protection, Education and Nutrition were completed. Surge capacity was provided to Fiji in the aftermath of cyclone Thomas. In view of the yearly monsoon, cyclone and typhoon season, APSSC maintained regular support to country offices, ensuring that effective preparedness and response activities were planned. APSSC has been active in Disaster Risk Reduction strategy, including the Emergency unit with technical capacity in terms of early warning and emergency preparedness issues, which is one of the main pillars of disaster risk reduction.

As part of its support to country offices, the APSSC emergency unit strengthened UNICEF emergency preparedness and response activities in Afghanistan, Cambodia, Fiji, Lao DPR, Myanmar and the Philippines and revised / updated their emergency preparedness and response in line with the revised Core Commitments for Children. Prior to the yearly monsoon and cyclone season, APSSC established and maintained regular dialogue with country offices, ensuring effective management of planned preparedness activities, particularly in Cambodia, China, Democratic People's Republic of Korea, Indonesia, Fiji, Myanmar, Nepal, Pakistan, Philippines and Vietnam. APSSC further contributed to the internal discussion on the Harmonized Emergency Risk Management Initiative (HERMI) which aims at streamlining the various emergency and crisis planning processes.

**Nutrition:** The Nutrition Cluster capacity mapping exercise resulted in the creation of a surge capacity roster. Nutrition in Emergency (NiE) trainings were held in several countries, as well as trainings related to treatment of Severe Acute malnutrition (SAM) - Integrated Management of Acute Malnutrition and Inpatient management of SAM. These trainings helped strengthen staff capacity at the country office level.

**WASH:** As planned, APSSC focused its efforts on the preparedness of country offices and partners via the WASH Cluster Coordination trainings at the sub-national level and introduced training modules in local languages, which strengthened capacity building. National WASH coordination trainings were held in three countries, while an introduction to the WASH Cluster was given to the Government and partners in Bhutan.

**Education:** APSSC strengthened country office capacities to create safe learning environments in emergencies, such after the earthquake in China and Pakistan. In collaboration with Save the Children and the regional Education Cluster, APSSC held two Education Cluster Coordinator training workshops and provided on-site and distance technical assistance.

**Child Protection:** APSSC trained Lao PDR staff on key elements of Child Protection in Emergencies (CPIE) and implications of the cluster approach, while supporting capacity building of UNICEF partners and government counterparts in CPIE preparedness and response before the start of the rainy season.

## KEY CHALLENGES

Although APSSC is continually working on providing predictable support to the 22 country offices it covers, there are some key challenges that the unit faces. First, the lack of a full-time dedicated officer on Child Protection in Emergencies, poses a significant obstacle in providing support to the region in terms of cluster leadership (including gender-based violence), which UNICEF is accountable for under the cluster approach and the newly-revised Core Commitments to Children. It also impedes on reporting on grave violations on children to the United Nations Security Council's Resolution 1612 and 1882. In Nutrition in Emergencies, APSSC will have to develop a regional strategy for the scale up of management of acute malnutrition, including a support to countries for Local production of RUTF. Feasibility and technical studies are needed and will be decisive prior to start local production in given countries. Gaps also exist in terms of technical support in non-cluster areas (Health, HIV/AIDS and operations).

## INTER-AGENCY COLLABORATION

APSSC continued to work in close collaboration with the Global Clusters in order to strengthen capacities of staff and partners in the four areas where UNICEF has cluster responsibility. It reinforced inter-agency partnerships in the regional IASC network, organised cluster-specific regional workshops and participated in global and regional networks in the four clusters. Following the typhoon Ketsana response of 2009, the WASH Cluster contributed to the inter-Cluster lessons learned exercises in Lao PDR and Vietnam.

## FUNDING REQUIREMENTS

To date, the Asia-Pacific regional office has received \$767,956 or 40 per cent of HAR requirements. Out of this, USD\$394,764 have been allocated to Bhutan, Indonesia, and Pacific Island countries.

Funds received against the HAR 2010 (US\$)				
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap
<b>Emergency preparedness and response</b>	<b>400,000</b>	<b>400,000</b>	<b>0</b>	<b>400,000</b>
<b>Support for capacity building in cluster areas</b>	<b>1,500,00</b>	<b>1,500,000</b>	<b>373,192</b>	<b>1,126,808</b>
Nutrition	300,000	300,000		
Water, Sanitation and Hygiene	300,000	300,000		
Education	400,000	400,000		
Child Protection	500,000	500,000		
<b>Thematic: Bhutan, Indonesia, Pacific Island countries</b>	<b>-</b>	<b>-</b>	<b>394,764</b>	<b>0</b>
<b>Total*</b>	<b>1,900,000</b>	<b>1,900,000</b>	<b>767,956</b>	<b>1,532,044</b>

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

## EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

APSSC will continue to emphasise improved emergency preparedness and response, the development of new cluster tools, the creation of pool national coordinators, and the strengthening of sector-specific risk reduction. APSSC will introduce a new activity, a multi-cluster coordinators training which will harmonise messages UNICEF is delivering on the four clusters, and strengthen staff capacities in coordinating cluster activities with a multi-cluster perspective.

**Emergency Preparedness and Response:** The APSSC Emergency Section will continue to provide technical support to country offices to review and/or update emergency preparedness and response (through trainings, workshops and simulation exercises). Direct support to country offices will continue to be provided on the onset of an emergency to ensure a coordinated and results-based response. In addition to engaging with HQ in defining a set of key indicators for assessing performance against the revised CCCs, APSSC will be involved in supporting their implementation.

**Support for Capacity Building in Cluster Areas:** Working with partners, a combination of support for emergency preparedness and response through UNICEF's increasingly recognised cluster responsibilities will be provided to country offices.

**Nutrition:** Staff capacity at the country office level will be strengthened in community-based management of acute malnutrition, cluster coordination and nutrition survey methods. As a part of this effort, APSSC will organise workshops on Nutrition in Emergency for UNICEF staff and Cluster members in selected countries on Nutrition information management system in emergencies for CO nutrition staff, but also for other UN agencies, including OCHA, Communication Officers, Cluster members and government counterparts. Additionally, support missions to identify potential partners and training with regards to emergency preparedness will be conducted.

**WASH:** Working with partners, WASH Emergency trainings in local languages will continue to be provided, while working on preparedness actions with country offices to provide rapid access to safe water and sanitation during emergencies, participating in Inter-Cluster Support Missions, as well as creating links with early recovery.

**Education:** In collaboration with Save the Children and the Regional Education Cluster, APSSC will continue to strengthen country offices and partner agency capacities to ensure that safe learning environments in emergencies are created and that children have access to them. Capacity-building will be provided through APSSC's Frontline Responders trainings in eight countries, which will be accompanied by extensive education in emergencies trainings.

# UNICEF Humanitarian Action 2010

## AFGHANISTAN

### SITUATION UPDATE

During the first half of 2010, continued high levels of security incidents which have targeted the aid community have impeded programme delivery throughout the country. Around five million children are out of school in Afghanistan, most of whom are girls. Ongoing conflict including threats and attacks on schools deprives over 400,000 children in most insecure and conflict affected areas education. About 106 incidents of attacks against schools have been recorded during the first four months of 2010. Higher food prices are expected due to the recent poor harvest in 76 districts further increasing the risk of malnutrition. Several measles outbreaks were registered during the first half of 2010 due to the limited access of basic healthcare services. Many water systems remain damaged throughout the country due to recent heavy flooding. In the first half of 2010, floods affected 11,494 families (74,711 individuals) in 20 provinces of the country. Increased unrest has resulted in the escalated number of Internally Displaced People (IDPs), bringing the total number of IDPs in Afghanistan to 328,588, of whom 116,532 are located in the Southern Region. Security conditions are expected to continue to worsen for the remainder of 2010 due to military operations in the south and the upcoming elections in September 2010.

### KEY RESULTS FOR CHILDREN

More than 6.5 million children were provided with vitamin A supplementation, 250,000 under-five children were provided with Sprinkles, and 150,000 pregnant and lactating women were supplemented with multiple micronutrients in 11 malnutrition high-risk provinces. An additional 3,680 malnourished children were admitted for therapeutic feeding services of which 2,850 (77 per cent) were successfully cured. UNICEF also provided family kits and high energy biscuits to around 1,700 families affected by natural disasters (floods, earthquakes). 8,825 children in the affected areas were vaccinated against measles.

The UNICEF Water, Sanitation and Hygiene (WASH) technical survey for proposed 300 community water points out of 500 planned water points was completed, and contracts were signed with Community Development Councils for the construction of 200 water points. UNICEF prepositioned and distributed over 25,000 items of Teaching Learning Materials (including student kits and teacher kits) and 795 classroom tents to affected populations in the first six months of 2010. Child Protection Action Networks have been effectively expanded and are functioning in 28 provinces of Afghanistan. To further strengthen monitoring and reporting mechanisms (MRM) in line with Security Council Resolution 1612, a new regional MRM taskforce was established in the North of Afghanistan to monitor and report on grave child rights' violations.

### KEY CHALLENGES

Monitoring and assessment of the emergency responses were severely restricted with only half of the country accessible for UNICEF missions. In addition, limited technical and implementation capacity of the government, especially with respect to the delivery of community-based services, further hampered the effectiveness of emergency response in the first half of 2010. During the first six months of 2010, UNICEF actively engaged with more third party partners to facilitate the achievement of the planned results.

### INTER-AGENCY COLLABORATION

UNICEF works closely with the Office for the Coordination of Humanitarian Affairs and other United Nations Agencies in Afghanistan. UNICEF remains the lead in the Nutrition, WASH and Education Clusters. The Education Cluster has completed training for 132 staff of member organisations of the Education Cluster and the Ministry of Education in INEE (Inter-agency Network for Education in Emergency) minimum standards. Attendance and participation in the Nutrition Cluster has been increasing and has resulted in improved coordination on nutrition emergency preparedness and response. During the first half of 2010, WASH Cluster Partners reached more than 100,000 people with access to safe drinking water along with sanitation and hygiene education in disaster-hit areas.

### FUNDING REQUIREMENTS

Harmonisation between the HAR and the UNICEF part of the inter-agency Humanitarian Action Plan (HAP) appeals for 2010 has taken place. UNICEF requirements in the health sector have been aligned with partners implementing

an integrated package of Health Services. Child Protection figures have been slightly reduced due to carry-over funding available at the beginning of the year being utilised while HAR and HAP were being finalized.

Funds received against the HAR 2010 (US\$)				
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap
Health	5,419,050	2,658,834	780,196	1,878,638
Nutrition	3,980,950	3,980,950	1,851,782	2,129,168
Water, Sanitation and Hygiene	9,951,000	9,951,000	3,729,232	6,221,768
Education	7,500,000	7,500,000	0	7,500,000
Child Protection	1,070,000	973,700	88,955	884,745
<b>Total*</b>	<b>27,921,000</b>	<b>25,064,484</b>	<b>6,450,165</b>	<b>18,614,319</b>

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

### EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

#### Health

- Over 175,000 children (aged between 6 and 59 months) and 90,000 pregnant and lactating women will continue to benefit from immediate response and adequate health care.
- Children up to 15 years of age will receive measles vaccinations and vitamin A supplementation.
- Insecticide-treated mosquito nets will be provided to 70,000 children under age five and 25,000 pregnant women to prevent and reduce the incidence of malaria among displaced communities.
- Up to 30,000 displaced people will be supplied with basic household items, including warm clothes, blankets, and family kits, to support survival both during and after weather related health hazards.

#### Nutrition

- Some 8,300 children with severe acute malnutrition will be provided treatment through UNICEF supported community-based therapeutic feeding programmes.
- Life-saving nutrition information will be made available to the public as a result of training health staff in raising awareness about detection, prevention and treatment of acute malnutrition as well as infant and young child feeding in emergencies.

#### Water, Sanitation and Hygiene

- Essential WASH emergency supplies sufficient for 5,000 families in each of the five zonal areas will be repositioned.
- By the end of 2010 UNICEF will complete the construction of an additional five strategic water points in drought-affected areas in the Northern region.
- The construction of 300 additional community water systems will be completed by the end of the year. In addition, in the same 300 communities, effective hygiene promotion among almost 1 million people (150,000 families) and promotion of 10,000 families to construct and use sanitary household latrines will be completed.

#### Education

- Support will be provided to the schools in the establishment of 4,000 School Management Shuras (Committees) to ensure the effective management of schools.
- UNICEF will support construction of 100 Cost Effective Schools including WASH facilities in 2010.
- UNICEF will advocate with the Ministry of Education to reopen 200 schools closed due to threats/attacks on schools by anti-government elements, and provide psycho-social support to school children living in emergency affected villages.

#### Child Protection

- The capacity of 54 districts Child Protection Action Networks will be further strengthened by identifying gaps in delivery and furthering cooperation of work between the district and provincial levels by the end of the year.
- Capacity building will be enhanced in national and provincial legal aid mechanisms through cooperation with the judicial system.
- In cooperation with the Afghan Government, UNICEF will support the development of joint prevention strategies on issues such as child marriage, children associated with armed groups, gender-based violence and orphans.

## UNICEF Humanitarian Action 2010

# DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

### SITUATION UPDATE

As predicted in the 2010 Humanitarian Action Report, the shortage of rainfall will produce a yield 18 per cent lower than in 2009, according to the World Food Programme. The reduction of food aid due to lack of funding will translate in alarming consequences for the nutritional status of children under five and pregnant and lactating women. Although UNICEF has encountered challenges in carrying out comprehensive assessments, field observations strongly suggest an increase in acute malnutrition.

In parallel, the outdated water and sanitation equipment which cannot produce safe drinking water supplies poses a real threat to the health of the population. This is coupled with inadequate medical supplies and equipment, making the health care system unable to meet basic needs. In such conditions, even a moderate size natural disaster is likely to have severe impact on people's life, raising the need of large scale humanitarian assistance. The number of people in need of humanitarian assistance could also rise as a result of a recent Government limitation of private enterprise through currency reform. The reforms were intended to stabilize the weakening won and all hotels, restaurants and shops were closed for several days while the reforms were being put in place.

### KEY RESULTS FOR CHILDREN

As a result of continuous advocacy UNICEF was able to enter into an agreement with the government to undertake a Multiple Indicators Cluster Survey (MICS) after a gap of about ten years. The field work was carried out in October 2009 and the report is expected to be released by October 2010.

#### Health:

- In coordination with the Ministry of Public Health (MoPH) UNICEF is continuing its support with life saving interventions for 900,000 children under five and 2.6 million women of reproductive age, of which 50 per cent has been met through UNICEF support. As a part of this effort, 200,000 children under one year old received life-saving vaccines against six vaccine-preventable diseases, and 220,000 pregnant women received two doses of Tetanus toxoid vaccines nationwide.
- To support safe delivery at the primary level, obstetric kits were provided to three county hospitals, and 214 midwifery kits were provided for 176 rural clinics.
- Child Health Day was observed on 20 May throughout the country, during which 1.7 million children under 5 years of age received the first dose of vitamin A, while 1.1 million children aged 24-59 months received de-worming tablets supplied by UNICEF.

#### Nutrition:

- In close collaboration with the MoPH, UNICEF supports a nutrition program and monitoring of nutritional status of children under five and pregnant and lactating women. Around 7,000 children out of 15,000 targeted children with severe acute malnutrition were treated with F-100 and ready- to-use therapeutic food packets.
- All 14 Baby Homes in the country received Sprinkles, a micronutrient powder supplementation to improve complementary feeding for six to 24 month old children.
- Multiple micronutrients have been distributed through routine essential medicine kits supported by UNICEF and IFRC to serve 200,000 pregnant women out of 400,000 targeted women in the country for six months.
- A special health awareness package known as "newlywed couple package" with a wide range of topics such as nutrition in pregnancy, pre-natal care and HIV/AIDS, was developed and distributed in 10 focus counties, reaching 11,000 couples or 90 per cent of target.

#### Water, Sanitation and Hygiene:

- Two community water supply systems were fully rehabilitated benefiting 25,532 people (out of 120,000) including 8,900 children (out of 40,000).
- Feasibility study and designs were developed for two county town water supplies for 47,000 people as a part of the overall plan for HAR.

- Technical trainings were provided on the construction, rehabilitation and operation and maintenance of water supply systems to local technicians, and a pilot water quality monitoring and surveillance system was established in one county town.

#### Education:

- A proposal and an action plan were prepared for the Education sector to strengthen the capacity of government counterparts in emergency preparedness and response action.

Monitoring arrangements that are in place include regular field visits by technically qualified international staff that check on the availability and use of the support provided. As of mid-year, there has been improvement on access to programme monitoring activities, with North Hamgyong province in the north-east now accessible. Joint field visits with counterparts (MoPH) are also planned to track the quantity, quality and timeliness of the supply, to review progress and to identify project constraints as well as for end-use supplies monitoring.

#### KEY CHALLENGES

Lack of funds remain the biggest challenge to meet the humanitarian needs of children in DPRK, as no new funds apart from USD\$1.23 million from the UN Central Emergency Fund (CERF) have been received during the reporting period. Given the ailing and dilapidated condition of WASH infrastructure, lack of donor support in this sector will have a direct impact on increased occurrence of diarrhoea in children and in infant deaths.

#### INTER-AGENCY COLLABORATION

UNICEF is the chair for the Education, Health and WASH Theme Groups. The Theme Groups just reviewed and updated the interagency contingency plan. Theme Group leaders coordinated with member agencies in developing plans for replenishing emergency stocks. UNICEF's Health, Education and WASH team participated in a two day simulation exercise facilitated by the UN Office for the Coordination of Humanitarian Affairs Regional office in Pyongyang. The theme groups also organized a number of meetings and workshops with government agencies on emergency preparedness and response. A CERF team also visited Pyongyang.

#### FUNDING REQUIREMENTS

Funding flows continues to be a concern. The Central Emergency Response Fund (CERF) has provided some funding in 2010 for the health sector. The CO has not received any additional funding from any other funding source. The lack of funding has meant that operations have been downsized, with several areas and millions of people no longer receiving international assistance. All UNICEF sectors have significant funding gaps, and if not met within the next two to three months, UNICEF will not be able to fulfil the humanitarian needs of children and women. Lack of funding presents a serious handicap to the continuation of humanitarian support to the DRPK, ranging from preparedness to recovery.

Funds received against the HAR 2010 (US\$)				
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap
Health	4,000,000	4,000,000	1,229,486	2,770,514
Nutrition	2,000,000	2,000,000	0	2,000,000
Water, Sanitation and Hygiene	3,000,000	3,000,000	0	3,000,000
Education	1,000,000	1,000,000	0	1,000,000
<b>Total*</b>	<b>10,000,000</b>	<b>10,000,000</b>	<b>1,229,486</b>	<b>8,770,514</b>

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

#### EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

##### Health:

- Six EPI vaccines will be provided to 350,000 children under one year old, which will achieve 95 per cent of the routine immunization coverage throughout the country.
- Another 6,000 life-saving essential medicine kits will be secured for the second half of the year, in addition to ten complete sets of Inter-Agency Emergency Health Kits.
- Support Child Health day in November will focus on children prevention of ARI/pneumonia

- The second Child Health Day, to take place on 22 November, will be organized country-wide. The objective is to reach 1.8 million children under five with their second dose of vitamin A and de-worming tablets.

**Nutrition:**

- Fifty metric tons of F-100 will be distributed for the treatment of 15,000 severely malnourished children. The procurement and distribution of multi-micronutrients tablets will be completed.
- An additional 200,000 lactating women and adolescent girls (16 and 17 years old) will receive multiple micronutrient and iron or folic tablets.
- Sprinkles will continue to be distributed to moderately malnourished children aged six to 24 months in 14 Baby Homes and nurseries in eight of the focus counties.
- The pilot phase for the use of the special newlywed health-awareness package will be evaluated in the next few months, prior to scaling up of distribution.

**Water, Sanitation and Hygiene:**

- In case of an emergency, WASH Cluster members and their partners will respond to the needs of up to 8,000 families. UNICEF support will be in the form of spare parts, family water kits and calcium hyper chloride.
- The emergency response capacity of the Ministry of City Management at the central and provincial level will be strengthened as a result of staff training in rapid assessment, design and cost and quantity estimation.
- The rehabilitation of five rural and one county town water supply schemes will be completed, benefiting approximately 48,000 vulnerable people in rural areas.
- Coordination will be enhanced concerning timely replenishment of emergency stock to avoid duplication among agencies.

**Education:**

- Ministry of Education officials, response action school principals and teachers will be trained on emergency response. In total, 300 education managers and teachers will be trained.
- A workshop on emergency planning will be conducted at the national level.
- Translation of the emergency education training materials and advocacy materials will be completed.
- Around 20,000 school children will benefit from the procurement of emergency supplies.
- A small-scale project on hygiene and sanitation with children's participation will be piloted in focus county schools. A range of materials will be printed for the school subjects of Morality and Health and Hygiene. There will be extracurricular activities for children.

## UNICEF Humanitarian Action 2010

# MYANMAR

### SITUATION UPDATE

Two years after Cyclone Nargis struck Myanmar; there has generally been steady progress in the lives of children and women in the affected townships. The most recent post-cyclone review<sup>1</sup> concluded that maternal and child health interventions implemented in the most affected areas have positively impacted child mortality rates, severe malnutrition appears in localized pockets only, and more boys and girls are attending school. However, despite improvements in key indicators, limited progress in the recovery of livelihoods and chronically poor basic infrastructure seriously undermine communities' abilities to rebuild their lives, force their children to live at risk, and complicate assistance programme activities on several fronts.

Almost a month-long delay in monsoon rain and unprecedented high temperatures required UNICEF to launch yet another emergency action during this dry season to provide drinking water to 55 villages in the Delta, as opposed to 24 villages last year. Heavy rains and mudslide in Northern Rakhine State (NRS) in the third week of June has affected over 28,000 households in an area of one of the worst socioeconomic indicators. Based on preliminary findings, most urgent needs are in the provision of drinking water and assisting children in the 54 affected schools.

### KEY RESULTS FOR CHILDREN

UNICEF is initially assisting about 2,000 worst affected among the 29,000 households in NRS using its prepositioned stockpile of family kits and tarpaulins. Based on initial findings UNICEF has provided emergency health kits, water purification tablets, bleaching powder and Oral Rehydration Salts to prevent water-borne diseases and other disease outbreak. School tents and 2,000 roofing sheets have also been sent to some of the totally collapsed schools, along with essential learning materials for 4,000 children. Since 2009 the recovery programme in the delta supported by UNICEF -within the framework of the Post Nargis Recovery and Preparedness Plan- was mainstreamed into the current country programme.

**Health and Nutrition:** As of April 2010, UNICEF supported 16,070 children under one with routine DPT3 vaccination against the target of 18,100, reaching 89 per cent coverage. An estimated 280,000 (against a target of 298,000) children 6-59 months received vitamin A supplementation in nine townships, achieving 94 per cent coverage. 40,650 pregnant and lactating women have accessed health and nutrition care out of the planned target of 100,000. UNICEF helped re-equip 108 health facilities and reconstructed 19, along with the provision of 62 fibre boats to strengthen basic health workers' access to hard-to-reach areas. Essential drug packages were supported to all rural health facilities in Nargis-affected areas, and insecticide-treated bed nets were provided to over 51,700 households. Nutrition surveillance continued in two worst affected townships, screening 42,210 of six to 59 month old children as of end of April 2010. Between January and April 2010, 600 cases of severe acute malnutrition were treated through community-based therapeutic programmes for the two townships.

**WASH:** To meet urgent drinking water needs, UNICEF distributed 7.5 million litres of water through water vendors and tankers benefiting around 60,000 people in 130 villages, as a part of an inter-agency effort. UNICEF helped strengthen household water storage capacity with around 30,000 families receiving 71,000 buckets, and 53,000 families receiving 81,000 bottles of water purification solution. An additional 2,200 ceramic water filters were provided to 493 schools and 57 rural health centres, with 170 additional schools and 24 rural health centres being equipped with water storage tanks. The construction of sanitary latrines was supported in 8,300 households in 110 villages.

**Education:** UNICEF continued support the five most severely affected townships to promote the Child Friendly School (CFS) initiative, benefitting more than 190,500 children in 1,500 schools. Textbooks and essential learning packages have been distributed to 190,500 children to support enrolment for the 2010-2011 school year. A total of 6,200 teachers were trained on child-centred teaching methods and 7,580 Parent Teacher Association members participated in community mobilization workshops. The construction of 49 child friendly schools was completed by the end of June – including 19 already completed by the end of 2009 – and fully equipped with furniture and teacher materials benefitting 9,000 primary school children (of which 51 per cent girls), and 290 teachers. Three thousand under-five children benefitted from Early Childhood Development services and 2,330 out-of-school children benefitted from non-formal life skills programmes in the targeted townships.

<sup>1</sup> Tripartite Core Group, Post-Nargis Periodic Review III, ASEAN/United Nations/Government of the Union of Myanmar, Yangon 2010.

**Child Protection:** To date 148 community support groups (CSGs) have been supported, benefitting approximately 4,000 registered vulnerable children, who will receive education, health, income generation or other referral support. Through CSGs, community members recognize, prevent and respond to cases of child abuse and exploitation in the community and, with support from UNICEF implementing partners, more complicated cases are referred to appropriate service providers.

### KEY CHALLENGES

Lack of infrastructure, logistical cost of reaching the most hard-to-reach areas, and bad weather conditions resulted in higher than estimated cost and delay of construction of health facilities. Despite progress in constructing schools by all partners in the cyclone affected areas, temporary structures had to be supported again in 2010 as reconstruction needs far exceed available investments. Despite efforts to meet the need for better hygienic behaviour at households and schools through provision of water and sanitation facilities, low rainfall in the area revealed gaps in sustainable water supply at household, schools and health facilities.

### INTER-AGENCY COLLABORATION

UNICEF continued its sector leadership through Water Sanitation and Hygiene (WASH) Theme Group, Nutrition Technical Network, Education Thematic Working Group co-led with Save the Children, and co-led the Child Protection Sub-Group with Save the Children respectively. At the recovery field hub level, UNICEF either participated or took rotating chairmanship of Basic Services Working Group that combined health/nutrition, WASH, and education concerns. At the end of July 2010, the coordination structure that has led Nargis response through the Tripartite Core Group comprised of the Government of Myanmar, the Association of Southeast Asian Nations (ASEAN) and the UN, will end its mandate in Myanmar, handing over the overall coordination responsibility to the Ministry of Social Welfare. Lastly, in collaboration with OCHA, UNICEF trained 30 persons from local NGOs in Emergency Assessment Preparedness.

### FUNDING REQUIREMENTS

UNICEF's requirement for recovery from the Nargis cyclone was adjusted to US\$15.9 million from the original planned amount of US\$18 million. In the first semester of the year, UNICEF has received US\$2.4 million, resulting in a US\$13.5 million funding gap. Considering the Post-Nargis Recovery Plan, UNICEF funded many activities for 2010 using additional funds in the amount of US\$7.5 million, including a carry-over from 2009 of humanitarian emergency funds (US\$4.7million), a contribution from the Multi-donor Fund (MDEF) to the education component of the recovery programme and other complementary funds. The final funding gap amounts to US\$6 million.

Funds received against the HAR 2010 (US\$)						
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap	Additional funds utilized in 2010	Final funding gap
Health and Nutrition	6,000,000	3,339,048	963,665	2,375,383	875,383	1,500,000
Water, Sanitation and Hygiene	5,000,000	5,067,003	1,450,683	3,616,320	2,616,320	1,000,000
Education	5,500,000	4,999,100	0	4,999,100	2,999,100	2,000,000
Child Protection	1,500,000	2,494,571	0	2,494,571	994,571	1,500,000
<b>Total*</b>	<b>18,000,000</b>	<b>15,899,722</b>	<b>2,414,348</b>	<b>13,485,374</b>	<b>7,485,374</b>	<b>6,000,000</b>

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

### EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

UNICEF will emphasize disaster preparedness and response in the latter half of the year.

#### Health and Nutrition

- Building on earlier material support and technical training, with UNICEF support, at least 1,000 basic health staff will be trained in order to strengthen their leadership and management skills required to enhance maternal and child health service delivery.

- Disaster preparedness and response will be emphasized in the latter half of the year. In addition to the 1,000 basic health staff, 1,080 community leaders from 180 villages will be trained in disaster preparedness and response and help them form village-level disaster preparedness committees.
- For NRS, UNICEF will support the health authorities to revitalize routine immunization, repair cold chain system, and conduct nutrition surveillance and treatment of malnutrition.

#### **Water, Sanitation and Hygiene**

- The construction or renovation of 90 ponds – detailed assessment by partners resulted in down-sizing the original target of 100 ponds - and the distribution of 8,000 traditional water storage jars will support increased availability of water.
- Hygiene promotion will continue to feature as priority, along with provision of sanitary facilities for 2,800 families and 30 schools.
- For NRS, UNICEF and partners will support the cleaning of about 60 village ponds in Butheedaung and Maungdaw townships. Other interventions include rain water harvesting, construction of water and sanitation facilities in six schools, and latrine construction, benefiting around 6,000 families.

#### **Education**

- School-based Disaster Risk Reduction activities will be conducted in 1,500 schools. 500 schools will conduct school self assessment and develop and implement school improvement plans.
- 1,500, as opposed to the planned 2,000, out-of-school adolescents will have access to non-formal life-skills education programmes. The earlier target has been adjusted after obtaining the actual size of villages.
- 5,060 children under five will benefit from 253 Early Childhood Development services. This target was increased from initial HAR target of 2,500 based on estimates. Advocacy interventions and preparatory seminars of Township Education Officials on Education for All goals contributed to a much stronger community mobilization for ECD participation by township authorities.
- For NRS, UNICEF will support the rehabilitation of about 60 affected classrooms with the involvement of Parent-Teacher-Associations and the engagement of local contractors. Detailed assessment is on-going to identify the loss of teaching/learning materials and the degree of damage to schools.

#### **Child Protection**

- The 148 existing community support groups will continue to be supported with training and guidance in the next six months, and the referral mechanism between the community and township level will be strengthened.
- Registered vulnerable children will continue to receive education and health support, while in other villages where the CSGs work well independently, UNICEF may be able phase out at the end of 2010.

# UNICEF Humanitarian Action 2010

## NEPAL

### SITUATION UPDATE

The first half of the year was marred by a series of general strikes called by the main opposition party, the Unified Communist Party of Nepal-Maoist (UCPN-M), a new emerging political group in the southern plains (Terai), affecting the operational space for humanitarian and development activities. Violation of the Basic Operational Guidelines (for implementation of humanitarian and development assistances) was reported in several districts with intensification of threats, involuntary contributions, protests and extortion drives by the political groups. Over 3 million people continued to face vulnerability caused by Nepal's ongoing political deadlock and instability combined with potential natural disasters including flooding, landslides, earthquakes, drought, hailstorm, fires as well as sustained high food price inflation, leading to increased food insecurity. Twenty three districts were affected by fire across the country in the first half of 2010 with 569 households left homeless. Three and a half million people in Nepal today are still considered moderately to severely food insecure. Acute malnutrition is estimated at 13 per cent (up to 26 per cent in some districts) - the worst malnutrition levels in Asia. The Epidemiology and Disease Control Department has already reported 609 cases and 21 deaths in 2010 due to the recent outbreak of diarrhoea diseases in the Mid and Far and Western (MFW) Regions as of June 2010.

### KEY RESULTS FOR CHILDREN

Coordination was enhanced among humanitarian agencies with regard to response and preparedness, with the lead role increasingly being taken by the government with support from UN and other humanitarian agencies. Increased attention was given to preparedness activities such as development of Contingency Plans for major emergency scenarios including earthquake risks, review of preparedness measures at different levels, pre-positioning of emergency relief materials and capacity building initiatives to enhance emergency preparedness and response.

**Health:** An H1N1 vaccine deployment plan for high-risk groups was prepared along with the Programme for Immunization of Preventable Diseases. Health emergency preparedness and disaster response plans were set in place in 18 districts. As part of preparedness plans for diarrhoea-prone districts, Oral Rehydration Sachets along with other WASH commodities were distributed to some 225,000 households with children.

**Nutrition:** Nutrition assessment surveys were conducted in six of the most food insecure districts in the mid and far western (MFW) regions. Also 33 trainers were trained in IYCF in high food insecure areas in this region. Ninety five per cent of children aged between 6-59 months received vitamin A and de-worming treatment in April 2010. Support was provided to implement community management of acute malnutrition (CMAM) in five highly food insecure districts with high levels of acute malnutrition in the MFW regions. A targeted supplementary feeding programme is ongoing for 2,500 children affected by AIDS in Achham district.

**Education:** Pre-positioned education in emergency materials were sustained to restore learning for up to 50,000 school-aged children. The Education in Emergency Cluster Contingency plan was revised and updated for 2010, to support the continued education of displaced children and those affected by natural disasters. The right to education in conflict-affected environments has been strengthened through capacity building and support to School Management Committees in over 500 schools, along with capacity building of 600 teachers to address issues of violence in the classroom. Evidence-based advocacy data and information on the impact of the food, fuel and financial crisis on education was collected and analysed, with two quarterly publications released in 2010.

**Child Protection:** Over four thousand Maoist army personnel who were disqualified by the UN verification team were discharged from the seven People's Liberation Army cantonments in January/February 2010. Seventy-five armed police force personnel from 75 barracks - mainly in Terai - were trained and equipped in Mine Risk Education (MRE). Twenty 'master trainers' from the Department of Education have been trained and equipped in MRE to cover 650 schools from 20 highly affected districts. One hundred and thirteen humanitarian workers were trained on IASC Mental Health and Psycho-Social Support and 22 psychosocial counsellors trained in psychosocial first aid.

**WASH:** In collaboration with key humanitarian actors, a mass media communication campaign package on health hygiene and promotional messages are being aired through 100 radio stations across the country.

**HIV/AIDS:** Availability of Post Exposure Prophylaxis kits, Antiretroviral Therapy drugs, Cotrimoxazole drugs and Opportunistic Infections drugs was ensured in all Prevention of Mother-to-Child Transmission and Anti-Retroviral Therapy sites.

### KEY CHALLENGES

Due to political instability characterised by frequent general strikes, road blockades and threats by criminal groups, the ability of implementing partners to deliver services is often compromised. The planned emergency programmes continue to experience significant funding shortfalls, placing constraints on preparedness activities.

### INTER-AGENCY COLLABORATION

UNICEF Cluster leadership in the Nutrition, WASH, Education (together with Save the Children) and Sub-Cluster leadership in Child Protection (under OHCHR-led Protection Cluster) and Health (led by WHO) has contributed to (i) enhanced coordination among the Cluster partners and government partners at various levels for emergency preparedness and response activities, (ii) capacity-building of major partners, (iii) mapping of existing agencies' capacities, (iv) identifying commonly agreed standards and (v) finalising Cluster contingency plans for various emergency scenarios to ensure that UNICEF also maintains close coordination with a range of humanitarian organisations with particular emphasis on close coordination with district authorities and civil society.

### FUNDING REQUIREMENTS

To date no funding has been received against the 2010 HAR. This has an implication on UNICEF's role in supporting emergency preparedness and response activities. In order to carry out the most urgent activities, some funds from the regular programme budget and funds carried over from the previous year have been used, particularly in Nutrition and Child Protection. In education, funds are available from other resources to fully cover the planned activities.

Funds received against the HAR 2010 (US\$)						
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap	Additional funds utilized in 2010	Final funding gap
Health	350,000	350,000	0	350,000	0	350,000
Nutrition	2,040,000	2,040,000	0	2,040,000	537,700	1,502,300
Water, Sanitation and Hygiene	3,000,000	3,000,000	0	3,000,000	0	3,000,000
Education	500,000	500,000	0	500,000	500,000	0
Child Protection	1,000,000	1,000,000	0	1,000,000	300,000	700,000
HIV/AIDs	300,000	300,000	0	300,000	0	300,000
<b>Total*</b>	<b>7,190,000</b>	<b>7,190,000<sup>1</sup></b>	<b>0</b>	<b>7,190,000</b>	<b>1,337,700</b>	<b>5,852,300</b>

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

### EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

#### Health and Nutrition

- Distribution of Oral Rehydration Sachets (ORS) and zinc to diarrhoea-affected areas will be initiated.
- A responsive polio mop-up campaign is planned in July 2010.
- Technical support will be provided for coordination, planning, implementation and monitoring of CMAM pilot in three districts and expansion to two new districts in the MFW Regions.
- A nutrition survey and assessments will be conducted in three districts of the MFW Regions.

<sup>1</sup> These requirements are in line with UNICEF requirements in the Nepal Humanitarian Transition appeal (mid-year review, 14 July).

**Water, Sanitation and Hygiene**

- Water supply projects damaged by floods and landslides will be rehabilitated.
- Life-saving pre-positioned WASH relief stock will be maintained to provide humanitarian response for over 20,000 families (120,000 people).
- Training will be conducted for key WASH stakeholders on WASH preparedness and response and for over 1,700 front line workers from 19 districts on the WASH campaign on diarrhoea prevention and control.
- WASH preparedness interventions will be carried out in 19 disaster prone districts covering 225,000 beneficiaries.

**Child Protection**

- The capacity of partners/stakeholders to monitor, document, and report child rights violations and prevent the recruitment of children into armed forces and armed groups will be enhanced, along with their capacity to coordinate and implement mine risk education activities and to enhance awareness and understanding of Child Protection needs in emergencies.
- The response mechanism to provide essential services including psychosocial services to children and youth in need of special protection during emergencies will be enhanced.

**HIV/AIDS**

- Water purifying and hygiene kits for all HIV positive families will be prepared for 2,000 families.
- Prevention, treatment and care communication materials will be prepared and disseminated to some 5,000 persons.

**Education**

- Capacity building of the Education Cluster will be continued, to prepare for and respond to emergencies.
- Increased access to education for children in 300 schools in conflict-affected environments through the Schools as Zones of Peace initiative will be ensured.

## UNICEF Humanitarian Action 2010

# PAKISTAN

### SITUATION UPDATE

The humanitarian situation in the northwest of Pakistan is extremely complex and continually evolving. In the first half of the year, Pakistan continued to face the consequences of widespread conflict in the provinces bordering Afghanistan. Continuing displacement has occurred simultaneously with returns, as the conflict moves from one area to another. Military operations resulted in the increase of 200,000 newly displaced people, which brings the total number of internally displaced (IDPs) to 1.4 million people. Out of the displaced population, 110,000 are living in seven camps whilst the majority are living with host communities. Meanwhile, 1.9 million people returned to their homes (an increase of 200,000 people). The total number of 3.3 million IDPs and returnees is the worst displacement crisis since Pakistan's partition from India in 1947. Children below the age of 18 represent over 60 per cent of the displaced population. Families have been divided, and children and female-headed households are often unable to access services or have their most basic needs met. One million additional people are in dire need of emergency assistance, community-based and early recovery interventions. Nutrition surveys in camps and communities suggest malnutrition rates of 10 per cent amongst children. These rates are below critical levels thanks to ongoing interventions from late 2008 to manage acute malnutrition through the unfolding emergency. With vaccination activities severely constrained for months due to threats from militants in insecure districts, a spike in polio cases (29 cases reported as compared to 22 in 2009) was reported. Through monitoring of children in camps, host communities and areas of return, 100,800 children were identified as vulnerable. Finally, landslides and flooding in the Hunza Lake Emergency in the Northern part of the country displaced another 40,000 people.

These diverse emergencies require different types of humanitarian assistance. The displaced require access to basic needs, while the returnees require assistance to re-establish themselves in their districts of origin. Early recovery assistance is required to rehabilitate services in areas that hosted IDPs as well as areas that experienced conflict. Health services in the affected areas are also badly damaged. At the same time, water installation and infrastructure rehabilitation including tube wells, water systems, hand pumps and providing access to water have been key activities which need to be continued. Uncertain funding coupled with the continued evolving situation poses serious challenges to humanitarian action in relief, recovery, reconstruction and rehabilitation activities.

### KEY RESULTS FOR CHILDREN

**Health:** UNICEF co-funded and provided technical assistance to the Department of Health to conduct the measles and polio campaigns in Khyber-Pakhtunkhwa (KP) province and the Federally Administered Tribal Areas (FATA) region. Out of the 1.7 million HAR target, 1.2 million children were vaccinated against measles and provided vitamin A. An additional 271,766 children were vaccinated against polio in these two regions. Around 136,789 pregnant and lactating women received the first vaccination dose against Tetanus (TT), while 19,012 received the second dose. The target of one million TT vaccinations could not be reached due to lack of funding, which impeded the realization of this campaign. Through NGO partners, UNICEF also supported the establishment of 11 Mother and Child Health Centres, and equipped 36 health facilities with Expanded Programme on Immunization (EPI) equipment for 316,000 children.

**Nutrition:** In collaboration with the Health Department and selected NGO partners, UNICEF supported the expansion of Community-based management of acute malnutrition. Out of the original target of 211,000 and 80,000 pregnant and lactating women, UNICEF interventions supported the screening of 520,165 children and mothers, of which 32,400 moderate and severe malnourished children and mothers were referred for further treatment. Additionally, UNICEF provided the inputs to ensure that 76,200 children and 26,000 mothers received multi-micronutrient powder and tablets while 53,000 children between the ages of 2-5 years received de-worming tablets. Furthermore, 34,000 mothers and caretakers in the IDP camps, host districts and conflict-affected areas received information about the importance of breastfeeding and child feeding best practices.

**Water, Sanitation and Hygiene:** Out of the original HAR 2010 target of 1.2 million, UNICEF supplied 873,126 individuals with clean drinking water. Installation and rehabilitation of infrastructure including tube wells, water systems and hand pumps was carried out along with distribution of hygiene kits to 406,000 individuals. An additional 550,000 of the affected population received hygiene messages, and 250,000 individuals obtained latrine installation. WASH facilities were provided for health units in IDP camps to serve approximately 105,000 individuals, while latrines, hand washing facilities and waste bins were installed in 104 schools in conflict affected areas serving 20,800 children.

**Education:** UNICEF funded the establishment and running of 59 camp schools enrolling 21,500, including 9,000 girls, in eight districts, UNICEF also supported 79 schools in host-areas to ensure the inclusion of 6,500 IDP in host community schools. In the areas of return, UNICEF has provided school tents and supplies to the education department to ensure that 20,000 children continue attending school. Out of the 5,000 primary schools foreseen in the HAR 2010, after assessment, UNICEF funded minor repairs, including toilet facilities for 3,770 government schools which had been used as shelters by the displaced families. This project allowed the return to school of 448,630 children in host districts.

**Child Protection:** UNICEF funded the monitoring of children in camps, host communities and areas of return, which resulted in the identification 100,800 children as vulnerable, out of which 13,120 children and 1,423 women were referred to support services. An additional 82,130 children benefited from the establishment of 178 Child Protection Centres for IDPs in camps, host communities and places of return. Through the creation of 335 child protection committees and child protection monitors, UNICEF facilitated access to basic social services for 60,000 children out of the original 100,000 target. This also included the birth registration of 30,000 children in the conflict zones where birth registration has traditionally been dismally low. In camps, host communities and places of return, 35,910 children received psychosocial support. Three Child Protection Help-lines were set up jointly with Social Welfare Departments, which benefited 579 children.

### KEY CHALLENGES

The security situation throughout Pakistan, and particularly on the border with Afghanistan, is still very uncertain and volatile, considering that twelve UN workers that were killed in 2009 and seven NGO workers in 2010. The insecure operating environment has restricted humanitarian action and has forestalled very much needed development activities in an area that registers some of the worse human development indicators. Service provision is restricted as Health and Education workers, most notoriously women in a highly conservative part of the country, were compelled to flee their areas of origin, and who might now be reluctant to go back. Insufficient funding, as explained above, is also a major challenge.

### INTER-AGENCY COLLABORATION

UNICEF is the Cluster lead in the WASH, Nutrition and Education Clusters (along with Save the Children Alliance) and is also leading the Child Protection Sub-Cluster. UNICEF is also one of major actors in the Health Cluster. Through UNICEF's leadership of these clusters, along with the national government counterparts, an integrated response has been achieved, gaps covered and duplication avoided. UNICEF has also provided capacity building to partners led by facilitating 8 trainings to their members. UNICEF has also ensured that coordination takes place at the district level by delegating coordination activities to trained NGO partners. As Cluster lead, UNICEF has also developed sectoral action plans drawn according to technical standards customised to the local context including gender sensitive assistance. UNICEF has also ensured emergency preparedness capacity by developing sectoral contingency plans to respond immediately to unforeseen emergencies. For example, when a tornado hit Jalozaï camp at the end of June destroying a large part of the infrastructure of the camp, the UNICEF-led Cluster was able to restore all structures and services within one week.

### FUNDING REQUIREMENTS

Original HAR requirements of \$100.9 million were revised to \$66.8 million, of which only \$12.5 million have been received as of mid-year. UNICEF resorted to \$9.6 million carried over from the previous year, and the Emergency Programme Fund (EPF), an internal loan mechanism, to bridge \$5 million. All needs have been adjusted as per the mid-year review of the Pakistan Humanitarian Response Plan.<sup>1</sup> If funding is not received urgently, UNICEF will not be able to supply water and sanitation and will have to restrict health and nutrition services in camps and host communities beyond the summer.

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<sup>1</sup> At the time of dissemination of the midyear review of the HAR, the UNICEF requirement of the Pakistan Humanitarian Response Plan had increased to \$ 74,652,732.

Funds received against the HAR 2010 (US\$)						
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap	Additional funds utilized in 2010	Final funding gap
Health	22,000,000	6,465,166	809,957	5,655,209	250,000	5,405,209
Nutrition	15,300,000	7,680,953	1,294,591	6,386,362	179,896	6,206,466
Water, Sanitation and Hygiene	28,000,000	20,207,000	3,569,496	16,637,504	5,558,512	11,078,992
Education	25,000,000	21,536,179	4,687,284	16,848,895	355,433	16,493,462
Child Protection	10,000,000	9402000	1,751,135	7,650,865	3,237,310	4,413,555
HIV/AIDs	100,000	100,000	18,866	81,134	0	81,134
Coordination	500,000	1,480,000	356,495	1,123,505	0	1,123,505
<b>Total*</b>	<b>100,900,000</b>	<b>66,871,298</b>	<b>12,487,824</b>	<b>54,383,474</b>	<b>9,581,151</b>	<b>44,802,323</b>

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

## EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

### Health

UNICEF will deliver essential health service packages to cover the needs of 1.4 million IDPS and 1.9 million returnees focusing on Maternal, Neonatal and Child Health, specifically to ensure:

- Vaccination coverage against measles, Tetanus Toxoid, vitamin A and de-worming medication will be provided to 90 per cent of the relevant age group in the affected population.
- Ninety per cent of children aged 12 to 23 months will be fully covered with routine Expanded Programme of Immunization vaccine doses.
- At least one basic maternal newborn and child health care facility will be established per 100,000 people.

### Nutrition

- 645,000 children and 344,000 women will be screened, and 45,150 malnourished children treated (including 10,320 treated against severe acute malnutrition). UNICEF will promote optimal infant and young child feeding practices for 67,854 mothers and prevent micro-nutrient deficiency diseases will be prevented and controlled for 45,159 children and 22,704 women.
- Local capacity will be strengthened through the integration of nutrition interventions into primary health care. As part of this effort, 500 health care providers and 1,000 workers will be trained on community-based management of acute malnutrition and Infant and young child feeding interventions.

### Water Sanitation and Hygiene

- UNICEF will provide access to safe drinking water and appropriate sanitation and safe hygiene practices for 2.3 million IDPs in camps (120,000), host communities (720,000) and areas of return (1,500,000).
- As Cluster lead, UNICEF will continue providing essential coordination of WASH interventions.

### Education

- Around 1.15 million children of school age will benefit from UNICEF-supported education interventions, including 500,000 IDP and host children (including 175,000 girls) and 650,000 children in areas of return (including 200,000 girls).
- UNICEF will implement the Welcome to School initiative in the FATA region and promote enrolment of children with a special focus on girls, particularly those who never attended school.

### Child Protection

- Protection services such as Child Protection Centres will be provided for 271,000 children and their families (including 158,300 children and 62,700 women) as well as psychosocial support and mine risk education with the aim to protect children against violence, abuse, exploitation, discrimination and violation of rights.
- UNICEF has identified the Social Welfare Department as a prime partner to strengthen the child protection system at the community level and to ensure longer term sustainability of services whilst benefiting 1.5 million children and care givers.

# UNICEF Humanitarian Action 2010

## PHILIPPINES

### SITUATION UPDATE

The Philippines was struck by a series of typhoons which caused massive flooding and landslides toward the end of 2009. Typhoons Ketsana (locally known as Ondoy) and Parma (locally known as Pepeng) affected over six million people and forced over 700,000 people into evacuation centres. Nine months later, there are just over 7,000 people who remain displaced in these centres.<sup>1</sup> In addition to these natural disasters, more than 100,000 people, half of whom are children,<sup>2</sup> remain displaced in Mindanao as a result of the armed conflict between government forces and the Moro Islamic Liberation Front (MILF). In both emergencies, some displaced people were able to return, but they are still in need of humanitarian support and basic services as their communities have been heavily affected by the effects of natural and man-made disasters. It is important to adapt the emergency response to meet their needs in order to make their return sustainable. Grave violations against children continue to be perpetrated by all parties to the conflict in the Philippines. There have been a greater number of children killed and injured owing to the armed conflict during this reporting period compared with the previous reporting period.

### KEY RESULTS FOR CHILDREN

**Health:** Approximately 1.5 million children are benefitting from the Expanded Programme on Immunization (EPI) vaccines given during routine and emergency immunizations. In addition, local health facilities are better prepared to monitor the emergency health response after UNICEF strengthened local data validation and provided health supplies.

**Nutrition:** Over 1,500 children were screened through the development of the community management of acute malnutrition (CMAM) programme, and were provided with ready-to-use therapeutic foods and multiple micronutrient powders. In the wake of the typhoons, women in flood-affected communities were supported to breastfeed their children or encouraged to move from mixed feeding to exclusive breastfeeding. UNICEF is also training midwives, community health workers and nutrition scholars in Infant Feeding in Emergencies.

**WASH:** With its partners, UNICEF continues to deliver WASH services to at least 18,000 people who were affected by last year's typhoons. In target sites, soap and water containers were provided to 5,000 families. In schools, about 9,000 children now have access to improved WASH facilities, and health campaigns have been launched in evacuation camps and return areas. In addition, municipal sanitary inspectors are better trained for water testing, quality mapping and community and household water treatment and storage.

**Child Protection:** Following the signing of the UN – Moro Islamic Liberation Front (MILF) Action Plan and the issuance of Supplemental General Order in January 2010, MILF has reiterated its commitment to the non-recruitment of children and providing sanctions for non-compliance within its ranks, which has further safeguarded children under the age of 18 years. The development of a Rapid Registration and Family Tracing and Reunification system has begun to reunite separated and unaccompanied children with their families. In addition, psychosocial activities reached over 100,000 children in 255 child-friendly spaces, and social workers, disaster managers and NGO partners underwent training in Child Protection in Emergencies.

**Education:** Children in emergency-affected areas were able to continue their education through the construction of temporary learning facilities and the distribution of Early Childhood Care and Development (ECCD) materials, child packs, and books for elementary and high school libraries. Schools also received teacher packs and disaster risk reduction manuals to better prepare themselves for emergencies.

**HIV/AIDS:** Youth were trained and supported to reach out to their peers with basic information on HIV advocacy, prevention and referral. Outreach sessions reached 1,656 emergency-affected youth below the age of 25 (963 male, 693 female).

### KEY CHALLENGES

Information management continues to be a key challenge. The routine system was unprepared to cope with the emergencies of 2009. The ability to respond to women and children's needs were hampered as data analysis at

<sup>1</sup> Mobile and Vulnerable Population Displacement Tracking Report, International Organisation for Migration, June 2010.

<sup>2</sup> OCHA Situation Report 11 June 2010.

national and regional levels were limited and made it difficult to prioritize worst-off populations and measure interventions against a baseline. It was also found that many Local Government Units (LGUs) still do not prioritize Child Protection and Education interventions in emergencies. In addition, unpredictable movements of internally displaced people made service delivery difficult.

### INTER-AGENCY COLLABORATION

UNICEF continues to provide leadership with its Government counterparts in the Education, WASH, and Nutrition Clusters, as well as the Child Protection Sub-Cluster, while actively participating in joint assessments, mapping of agency activities, and formulating standards and policies related to thematic areas. UNICEF also continues to work closely with the UN Office for the Coordination of Humanitarian Affairs on inter-cluster coordination.

### FUNDING REQUIREMENTS

As of early June 2010, UNICEF had received 19 per cent of the funds requested as part of the Humanitarian Action Report. Funds were received from a multitude of sources, including national committees, the Central Emergency Response Fund and various bilateral donors. The support received thus far, in addition to carry-over funds from 2009 Flash Appeal for the tropical storm Ketsana (locally known as Ondoy), has ensured the continuation of UNICEF's response to the humanitarian emergency. However, UNICEF continues to seek funds for emergency preparedness and response for the upcoming typhoon season as part of UNICEF sector-specific preparedness, but also as a way to provide contingency funds for the UNICEF priority clusters. There is high likelihood that women, children and communities already left vulnerable by conflicts or natural disasters will be susceptible to further calamities. Typhoons are expected to be fewer in number this year; however, due to it being an El Niño year, they are expected to be much stronger in the second half of 2010. Additionally, the Philippines are under the constant threat of earthquakes, volcanic eruptions, tsunamis, flooding, landslides as well as the threat of an escalation of conflict in the south.

Funds received against the HAR 2010 (US\$)				
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap
Health	4,000,000	4,000,000	444,935	3,555,065
Nutrition	1,000,000	1,000,000	685,790	314,210
Water, Sanitation and Hygiene	6,000,000	6,000,000	1,022,409	4,977,591
Education	3,200,000	3,200,000	34,698	3,165,302
Child Protection	3,500,000	3,500,000	1,204,425	2,295,575
HIV/AIDs	190,000	190,000	88,198	101,802
<b>Total*</b>	<b>17,890,000</b>	<b>17,890,000</b>	<b>3,480,455</b>	<b>14,409,545</b>

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

### EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

#### Health:

- Emergency preparedness activities will be integrated into regular annual planning, and supplies such as emergency health kits will be prepositioned to ensure the humanitarian health needs of at least 40,000 people.
- One million doses of measles vaccines will be procured to replenish those used during emergencies in 2010.

#### Nutrition:

- The screening and treatment of malnourished children will continue through improving the community management of acute malnutrition programme in Mindanao.
- In preparation for the upcoming typhoon season, UNICEF will focus on meeting the nutritional needs of 25,000 children and pregnant women through prepositioning supplies and identifying vulnerable communities.

#### Water, Sanitation and Hygiene:

- Services for communities in return areas will be supported by improving and continuing access to safe water and sanitation facilities for at least 9,000 children in schools.

- A joint assessment on WASH in conflict-affected areas will be conducted, and respective clusters and local partners will modify their response based on the findings. UNICEF will also lead an exercise to ensure preparedness of partners for the coming Typhoon season.

**Education:**

- The integration of education in emergencies in development plans will be developed while training frontline workers and Cluster members in Minimum Standards in Education in Emergencies.
- The educational needs of 54,000 emergency-affected children, particularly in Mindanao, will be met through the resumption of regular classes or implementation of alternative delivery modes of education.

**Child Protection:**

- Over 100,000 children will benefit from child-friendly spaces in emergency-affected areas, and parents and community workers will be provided with child protection training particularly in Mindanao.
- UNICEF will continue to ensure that separated and unaccompanied children have equal access to basic services throughout areas affected by emergencies, particularly Mindanao, while working for their reunion with their families. In addition, prevention activities will be conducted for children who are at risk of being recruited into armed groups, while those already associated with such groups will be registered and supported with reintegration services.

**HIV/AIDS:**

- Gender-and-age sensitive strategies for delivering information about HIV prevention and treatment during emergencies will be developed by UNICEF and Health and other concerned Clusters.

## UNICEF Humanitarian Action 2010

# SRI LANKA

### SITUATION UPDATE

The 26-year long internal conflict between the Sri Lankan Government and the Liberation Tigers of Tamil Eelam ended in May 2009. As a result of the conflict, over 280,000 people suffered displacements in 2009 alone. Since August 2009, some 221,000 Internally Displaced Persons (IDPs) have returned to their places of origin. Out of these, approximately 68,000 live with host families and have yet to return to their own homes. Another 59,000 IDPs remain in Menik Farm Camp in Vavuniya. Both of these groups have not returned to their homes due to several reasons: their land is in a high security zone where they cannot access it, their land is still contaminated with land mines or other unexploded ordnance (UXO), or they do not own land. These vulnerable families will require continued humanitarian assistance.

In the now semi-open IDPs camps, NGOs and UN agencies are facing significant challenges in providing basic services to the remaining 59,000 IDPs due to funding constraints. Agencies are winding up their interventions despite the fact that IDPs are expected to remain in camps until the end of 2010. As a result, UNICEF, as the WASH Cluster lead, has taken on a bigger share of the support required for lifesaving water and sanitation interventions with increasingly constrained funds.

Access has improved steadily since the beginning of the year with the de-mining of residential land as a priority. This has been followed by land access for agricultural and livelihood purposes. Three Grama Niladhari Divisions from the buffer High Security Zone (HSZ) in Jaffna district were released for returnees in March 2010. UN staff have increased humanitarian access to areas of return, via UN security approved routes, while NGOs still only have access to the areas where they have Presidential Task Force (PTF) approval to implement projects.

Although there has been progress in the return areas, significant gaps remain with regards to infrastructure and basic services for women and children. School buildings, health centres, and other buildings need to be rebuilt or repaired. In parallel, many civil servants' posts remain vacant or are staffed with under-qualified staff. Access to schools and health services is inadequate and attendance is hampered by infrequent transportation services.

Protection needs remain at the forefront. Approximately 19 per cent of households are female-headed and require additional support. The last group of 562 children formerly associated with armed groups has finally been released. After rehabilitation they will require continued follow-up and assistance for full reintegration. Additionally, some 1,300 unaccompanied and/or separated children need continued support, including family tracing and follow-up at the family and institutional level. These activities will ensure they have access to adequate food, shelter, schooling and medical services.

### KEY RESULTS FOR CHILDREN

UNICEF responded to the most immediate needs of more than 106,000 IDPs who were in the Vavuniya, Jaffna and Mannar districts camps in January 2010; the caseload has since decreased to 59,000 as of late May. Humanitarian aid was provided to over 221,000 returnees who left for their districts of origin since August 2009.

**Health:** In the resettlement areas, Emergency Obstetric Care (EmOC) and newborn life support are now available following a UNICEF-supported training of 25 health staff, as well as the construction, refurbishment and equipping of an obstetric theatre; antenatal, postnatal, maternity paediatric wards; and a labour room. Prior to this intervention, there had been no EmOC services available in the Vanni region. To fill the human resources gap, 55 Rural Health Assistants were trained to fill vacant Public Health Midwife posts in northern district areas, exceeding the target of 30 by almost 100 per cent. To facilitate outreach activities, five vehicles were provided to medical staff in resettled areas. As part of strengthening health care delivery, two new Gramodaya Health Centres (GHC) were constructed and two non-functional GHC were refurbished. These facilities will play a key role in the provision of health services for over 3,000 women and 6,000 children.

**Nutrition:** In IDP sites, UNICEF-supported monthly Child Nutrition Campaigns identified 4,865 children with severe acute malnutrition (MAM), who have been provided with a monthly supply of High Energy Biscuits (HEB), and 1,025 children with severe acute malnutrition (SAM), who have been given a monthly supply of Plumpy Nut. From January to May 2010, over 250 children with SAM and medical complications have been referred to and treated at Therapeutic Feeding Centres (TFCs) in Vavuniya and Cheddikulam hospitals. Blanket supplementary feeding with Corn Soya Blend was given to 4,800 children under five and 200 pregnant and lactating women in order to prevent deterioration of their nutrition status. As a result, levels of global acute malnutrition (GAM) and SAM have been kept below national averages (with GAM at 14.1 per cent and SAM at 1.5 per cent).

The Nutrition Rehabilitation Programme (NRP) is being expanded in resettlement areas of the North, following the returnees. Over 150 health professionals from primary health services and hospitals in the North have been trained on outpatient management of acute malnutrition and a TFC is now functioning in Mannar hospital.

**WASH:** Adequate safe water, sanitation facilities, and hygiene assistance for the remaining IDPs in the camps was supported by UNICEF through the repair of 3,687 toilets, 52 toilets pits, 77 bathing spaces and 354 water tanks and the distribution of 24,832 hygiene kits. To ensure a continued healthy environment within the IDP camps, UNICEF supported the Government to consistently operate and maintain garbage collection and disposal facilities. Hygiene promotion activities continued through the distribution of 15,152 hygiene kits. In order to prevent any outbreak of waterborne diseases in resettlement areas, UNICEF also supported the provision of WASH related services for returning IDPs. To date, 2,915 dug wells have been cleaned and 515 upgraded to prevent any future contamination; 63 tube wells have been repaired and 19 new tube wells drilled. Some 1,095 new latrines have been constructed, and an additional 877 are being rehabilitated.

**Education:** Approximately 40,000 students and 1,500 teachers in remaining IDP sites, host schools and resettlement areas have benefited from the distribution of school furniture, teaching and learning kits, blackboards and recreation kits. Training, materials development, and assessment interventions have complemented these hardware interventions. A learner competency assessment for approximately 150,000 school-aged children and a school profile assessment has been conducted. It will determine rehabilitation needs, teacher deployment/training patterns, support for school feeding programs and children with disabilities.

**Child Protection:** UNICEF has begun providing child protection assistance in the resettlement areas as well as continuing to support the children in camps. Some 35,000 children regularly used 400 Child Friendly Spaces (in camps) and Children's Clubs (in return areas) during the first part of 2010. Since January 2010, 86 children have been reunified with their families and 171 children were prevented from institutionalization. Each IDP leaving the camp participated in Mine Risk Education awareness which is being followed up by sessions in the villages. Overall, 185,604 persons from 111 villages benefitted from this activity during the first half of the year.

### KEY CHALLENGES

The Sri Lanka Humanitarian Action Plan was launched with three months delay in February 2010, which has affected donor response to the appeal. Additionally, the approval to carry out child protection programmes in areas of resettlement remains challenging, as implementing agencies are required to pass through multiple level of approvals. Similarly, lengthy and rigorous approval processes are required by the Government for NGOs, which limits their field availability. International staff continue to require Ministry of Defence clearance to travel to Jaffna via the A9 Highway, although national staff no longer do.

Livelihood activities are resuming very slowly due to continued mine contamination. The priority for clearance is being given to residential areas. Though there appears to be a flourishing small trade and service sector along main roads, livelihoods in rural areas remain a challenge for the returnees. Finally, the lack of transportation for families in resettlement areas is hampering school attendance and access to health care.

### INTER-AGENCY COLLABORATION

As Cluster lead, UNICEF supports the coordination of the WASH and Nutrition Clusters, while it co-leads the Education Cluster with Save the Children. UNICEF works closely with the Government, UN agencies, NGOs and community-based stakeholders. UNICEF actively collaborates with the United Nations High Commission for Refugees (UNHCR) on shelter, non-food items and the protection sector. UNICEF coordinates child protection-related interventions to harmonise the approach and services provided in children's clubs and child friendly spaces. UNICEF works closely with the World Health Organization (WHO) in the health sector and with the World Food Programme (WFP) in the nutrition sector. The Presidential Task Force requested UNICEF to assist the National Water Supply and Drainage Board in coordinating the WASH interventions in resettlement areas. The WASH Cluster avoided waterborne disease outbreaks during the period and the Nutrition Cluster maintained lower levels of malnutrition in the camps than in the non-conflict affected parts of the country.

### FUNDING REQUIREMENTS

As part of the Humanitarian Action Plan launched in February 2010, UNICEF requested US\$23,575,000. The requirements have been revised slightly downward to US\$20,082,000 due to the reduced remaining time frame to implement the planned activities. A shortfall of US\$15,580,222 remains to be covered for UNICEF to carry out critical activities benefiting the children and women in Sri Lanka.

Without adequate funding for WASH interventions, UNICEF will not be able to continue supporting the Government in the provision of safe water and maintenance of WASH facilities in the camps. Additionally, with the present funding gap in education, only 25 per cent of the temporary learning spaces can be provided and damaged schools repaired in areas of return. This will leave approximately 145,000 children without proper school shelter and learning materials. In Protection, limited resources have reduced the pace of the re-establishment of government and community-based child protection services, thus hampering family tracing of missing/separated children and reintegration programmes for vulnerable children and prevention interventions. Lack of funds for health interventions is resulting in resettled communities without access to health care health facilities because they cannot be repaired, and a lack of transportation provision for rural health teams.

Funds received against the HAR 2010 (US\$)						
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap	Additional funds utilized in 2010	Final funding gap
Health	2,000,000	2,000,000	320,000	1,680,000	0	1,680,000
Nutrition	2,942,500	2,000,000	1,076,282	923,718	26,336	897,382
Water, Sanitation and Hygiene	10,432,500	7,990,000	1,885,557	6,104,443	193,981	5,910,462
Education	3,200,000	3,092,000	1,040,082	2,051,918	213,934	1,837,984
Child Protection	5,000,000	5,000,000	179,857	4,820,143	19,081	4,801,062
<b>Total*</b>	<b>23,575,000</b>	<b>20,082,000</b>	<b>4,501,778</b>	<b>15,580,222</b>	<b>453,332</b>	<b>15,126,890</b>

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

## EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

### Health

- An estimated 148,000 returnees will continue to benefit from the refurbishment of damaged health facilities in resettled locations.
- 150 Mopeds and 200 bicycles will be distributed for the grass root level health workers to provide outreach services to around 300,000 persons where there are no easily accessible facilities.

### Nutrition

- Up to 15,000 returnee and IDP children under five years will be treated for severe and moderate acute malnutrition.
- The Integrated Nutrition Programme will reach 148,000 women and children in return areas by the end of the year.

### Water, Sanitation and Hygiene

- Up to 50,000 IDPs will be provided with safe drinking water through trucking and deep tube well installations, and disposal and management of excreta.
- Up to 150,000 returnees will have access to safe water through continued cleaning and upgrading of dug wells, drilling of bore wells and installation of hand pumps.

### Education

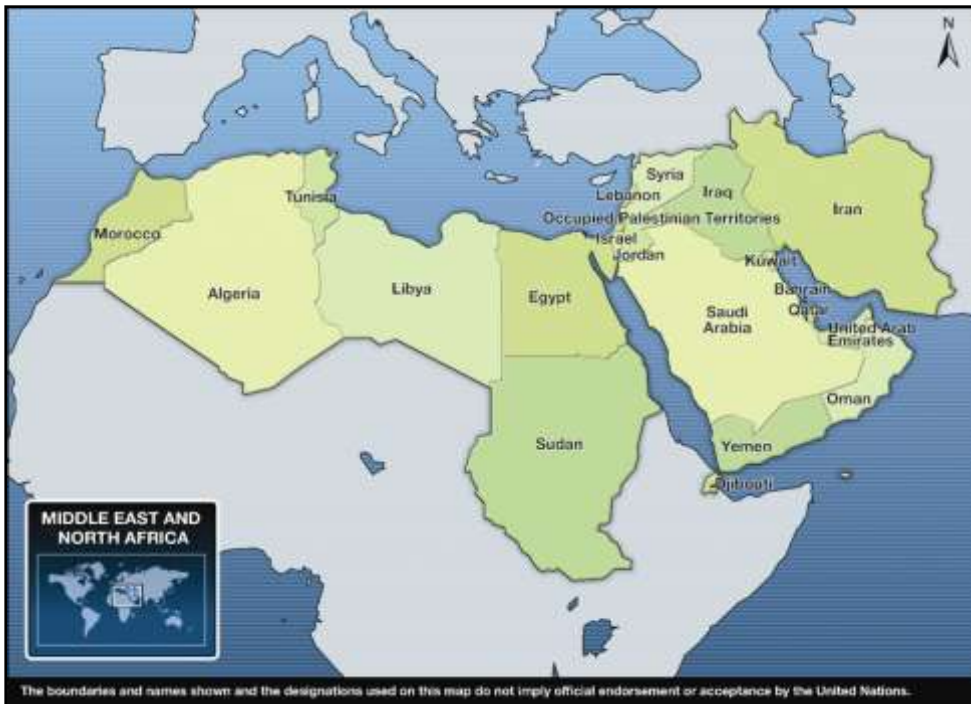
- Formal education will be re-established for returnee children through the completion of rehabilitation of at least 50 permanent schools.
- Some 57 needs-based semi-permanent learning spaces in areas of return will be equipped with teaching, learning, and recreation kits; qualified teachers and administrators.

### Child Protection

- Psychosocial support will continue to be provided for an estimated 35,000 children through established child-friendly spaces and children's clubs in IDP sites and return communities.
- Vulnerable children will be supported to find a long-lasting family and community environment or referred to appropriate care provider.
- MRE will continue in schools and in communities to maintain the low level of UXO casualties and injuries.

## UNICEF Humanitarian Action 2010

# MIDDLE EAST AND NORTH AFRICA



### SITUATION UPDATE

The combination of sharp economic disparities, increasing hardship and several protracted conflict situations within the Middle East and North Africa region continue to affect children. The first half of 2010 witnessed a continuation of tensions in Sudan, occupied Palestinian territory (oPt), Iraq and Yemen and worsening food insecurity in Djibouti and Yemen. There are tensions in Sudan over the implementation of the Comprehensive Peace Agreement with the possibility of electoral-related and post-election violence. In Darfur, continuing insecurity and the risk of further conflict between government forces and rebel groups, despite the recent ceasefire agreement, is a concern.

The security situation in Iraq remains volatile and there is a risk of increased sectarian tensions following elections in March 2010. This will be compounded by the ongoing withdrawal of international forces. Continuing insecurity will exacerbate protection concerns and further restrict humanitarian access. In oPt, the risk of deterioration of the security situation and resumption of large-scale violence remains high due to the ongoing occupation, continuing military incursions and the deepening divide between the different Palestinian factions. In the West Bank, key causes of instability are the continuing construction of settlements and the deterioration of the situation in East Jerusalem. The Middle East and North Africa region remains characterised by high levels of internal displacement associated with the complex emergencies as described above. As of May 2010, at least 4.9 million people were internally displaced in Darfur, the Greater Khartoum area, South Kordofan and the ten States of Southern Sudan, with unknown numbers of internally displaced people in the other northern and eastern States. In Southern Sudan over 390,000 people were newly displaced in 2009, twice as many as in 2008, and another 60,000 during the first four months of 2010. In Yemen, the conflict caused the displacement of over 340,000 people.

Children in Djibouti remain acutely vulnerable to the impacts of the country's environmental shocks, mainly drought and floods, which have been compounded by sharply rising food prices in recent years. In February 2010, the Government, in collaboration with UN agencies, conducted a Rapid Assessment of the Impact of Drought in Rural Areas,<sup>1</sup> which estimated that 120,000 people in rural areas are affected by the current crisis, representing 50 per cent of the rural population and 15 per cent of the total population. The worst affected rural dwellers are pastoralist nomads and semi-nomads. The assessment concluded that priority sectors requiring an emergency response are food

<sup>1</sup> Evaluation rapide de l'impact de la sécheresse en milieu rural, Ministère de l'Intérieur et de la Décentralisation, Djibouti, March 2010.

aid, health, nutrition, water (including hygiene/sanitation) and animal husbandry/agriculture. Rural areas across the country, outside of Djibouti Ville, are considered priority zones, with particular emphasis on the north west.

### KEY RESULTS FOR CHILDREN

#### Emergency Preparedness and Response for UNICEF Country Offices

- Emergency Preparedness and Response planning was supported for five countries in the region through a review of the Emergency Preparedness and Response and Inter-Agency Contingency Plans as well as a simulation exercise conducted in Jordan.
- The regional office supported rapid and efficient response to emergencies in Sudan and Yemen through the deployment of regional office emergency and technical staff.
- UNICEF's capacity to identify possible threats to women and children and accurately define trends and opportunities to conduct more effective advocacy and action has been expanded through an initiative to set up Early Warning Early Action (EWEA) systems in three countries (Sudan, Algeria and Lebanon)

#### Emergency Preparedness and Response for National Partners

- Despite lack of funding, UNICEF regional office has developed a first draft of a Disaster Risk Reduction strategy with the aim of supporting innovative programmes focused on risk reduction in the niche areas of Education and WASH, with technical assistance to ensure integration of this critical approach in national plans and priorities across the region.

#### Emergency Response in Djibouti

- Facility-based and community-based management of moderate and severe malnutrition was improved, increasing coverage of severely malnourished children from 60 to 70 per cent. By the end the first quarter 2010, the recovery rate among severely malnourished children reached 80 per cent as compared to 61 per cent at the end of 2009, while the case fatality rate dropped from 1.3 to 0.3 per cent.
- Access to safe drinking water through water trucking operations was strengthened for approximately 25,000 people in remote rural areas together with the promotion of household water treatment.

### KEY CHALLENGES

Key challenges include varieties of complex and chronic emergencies in the region, coupled with limited access to affected populations due to insecurity. Large scale protracted crises in the region required increased support from the UNICEF regional office, stretching its capacity beyond existing human resources. This, along with challenges in filling key technical posts at the country level, has put a strain on response effectiveness. The reduction in humanitarian operating space and access restrictions will continue to affect operations due to increased violence; targeting of humanitarian workers, vehicles and facilities and delays in administrative procedures including visa issuance (e.g. Yemen, Sudan, oPt). The Djibouti Country Office has additionally had to contend with a weak logistics system for nutrition supplies.

### INTER-AGENCY COLLABORATION

UNICEF regional office collaborates with other UN Agencies and NGOs on emergency and preparedness through the regional Inter-Agency Standing Committee (IASC) network, of which UNICEF is both a co-founder and active stakeholder. UNICEF regional office provides cluster technical and financial support for UNICEF cluster lead responsibilities. Technical specialists are in place at the UNICEF regional office, providing support to WASH, Education, Nutrition, and Child Protection Clusters. Most recently, the regional office has been actively participating in the newly established Regional Information Management Network (RIMN), a sub-group of the regional IASC network, which aims to improve the flow of information between humanitarian actors and facilitate the coordination of the collection, processing, analysis and dissemination of information. In its capacity as WASH and Nutrition Cluster lead within the UN country team, UNICEF Djibouti has been coordinating all emergency activities to the ongoing drought situation.

### FUNDING REQUIREMENTS

The 2010 funding requirements for UNICEF Regional Office for the Middle East and North Africa region amounted to US\$4,000,000, including US\$3,000,000 to support the Emergency Response in Djibouti. As of mid-year, US\$247,052 (49.4 per cent of revised requirements) has been received by the Regional Office, and US\$500,000 (12.5 per cent of revised requirements) by the Djibouti Country Office. UNICEF Regional Office requires additional resources to enhance capacity development and advocacy initiatives in the countries, which are most "in need" in the region. The Djibouti County Office, based on the findings from the Rapid Assessment of the Impact of Drought in Rural Areas, undertaken

February 2010, is increasing the HAR requirements from US\$3,000,000 to US\$4,000,000 to enhance Health, Nutrition, WASH and Child Protection prioritised activities planned as described below.

Funds received against the HAR 2010 (US\$)				
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap
Emergency Readiness and Response for UNICEF Country Offices	500,000	500,000	247,052	252,948
Emergency Preparedness and Response for National Partners	400,000	400,000	0	400,000
Analysis Tools for Advocacy	100,000	100,000	0	100,000
Emergency Response in Djibouti	3,000,000	4,000,000	500,000	3,500,000
<b>Total*</b>	<b>4,000,000</b>	<b>5,000,000</b>	<b>747,052</b>	<b>4,252,948</b>

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

### EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

#### Emergency Readiness and Response for UNICEF Country Offices

- Critical Capacity Development for Preparedness: The Regional Office will continue to support country offices to the emergency Preparedness and Response and contingency planning process, provision of training in cluster coordination, emergency simulation exercises and the rapid deployment of experienced staff, particularly in sectors where UNICEF has sector/cluster leadership.
- Improved Analysis for Early Warning: UNICEF's capacity to identify possible threats to women and children will be enhanced in three countries: Sudan, Lebanon and Algeria.
- Sub-Regional Supply Initiative: The potential to establish a road-accessible warehouse in a host country in the region with the capability to store enough humanitarian supplies for an initial response to 50,000 people is under investigation.

#### Emergency Preparedness and Response for National Partners

- Regional Training Centre: Opportunities for national partners (civil servants and staff of national organisations) to build their capacity for emergencies will be enhanced through the establishment of a Humanitarian Training Centre, located in a host country in the region. The Regional Office will complete the business plan and mobilise partnerships and stakeholders in preparation for opening of the centre in 2011.
- Disaster Risk Reduction: The capacity of counterparts to identify, assess and react to disaster risks will be expanded through strategic partnership with the League of Arab States, including support to innovative programmes focused on risk reduction in schools, and technical assistance to ensure integration of this critical approach in national plans and priorities across the region.

#### Analysis Tools for Advocacy

- The Children in Conflict Monitor: Reliable data about the impact of conflict on children and women's' rights will be increasingly available for use in advocacy as a result of clarifying indicators and improving data collection tools and methods for tracking changes over time.

#### Emergency Response in Djibouti

- Health-related interventions aimed at delivering high impact services will improve the health of children under five years old through integrated National Immunisation Days Campaigns. During these campaigns a package of services including EPI (Expanded Programme Immunisation), vitamin A and de-worming tablets are delivered to under fives, to reduce the mortality and morbidity due these preventable diseases.
- The priorities are: (i) screening acute malnourished children within the highly vulnerable areas mainly at community level; (ii) screening of malnutrition among pregnant and lactating women; (iii) managing severe and moderate acute malnourished children within health facilities and at the community level with collaboration of community associations and community health workers; and (iv) promoting young child feeding practices such as exclusive breastfeeding up to six months and timely and adequate complementary feeding.
- The emergency priorities will include ensuring safe water supply, adequate sanitation and hygiene interventions for 120,000 people through rehabilitation of existing motorised water pumping stations and sanitation facilities as well as promotion of proper hygiene practices.
- Continued provision of safety net interventions to 700 orphaned or vulnerable children and their families or caregivers.

## UNICEF Humanitarian Action 2010

# IRAQ AND VULNERABLE IRAQIS IN THE SYRIAN ARAB REPUBLIC, JORDAN, EGYPT AND LEBANON

### SITUATION UPDATE

Iraq is in a phase of early recovery and rehabilitation. While life-threatening emergencies and massive population movements previously witnessed are no longer as prevalent, there are still small scale movements of population due to floods and droughts, in addition to localized violence, especially prior to the March 2010 elections.<sup>1</sup> Uncertainties related to the election are influencing low returns of Internally Displaced Persons (IDPs) and refugees from abroad, resulting in a 30 per cent lower rate of return in the first quarter of 2010 compared to the last quarter of 2009. Due to these constraints, the biggest challenge remains that many IDPs are unwilling or unable to return home. At the same time, the population who remained in Iraq are increasingly vulnerable. Their resources depleted, 19.2 per cent have a serious medical condition, 9.2 per cent of the registered population are survivors of torture, and 4.8 per cent are women at risk.<sup>2</sup> Current efforts from UNICEF are shifting programme implementation beyond distribution of relief items and small-scale rehabilitation towards addressing more durable solutions for communities.

The number of Iraqi children in Jordan is decreasing. As families savings are being depleted, coupled with the low degree of donor response, the situation of some Iraqi families in Jordan is deteriorating. The task of all educational support and coordination has been passed from UNHCR to UNICEF during the present calendar year. This has increased the pressures on the Jordan Country Office (JCO). JCO is working closely with partners and the government to ensure the rights of Iraqi children in Jordan to proper and quality education is fulfilled and protected.

In Syria, the Iraqi refugees registered with UNHCR stand at 165,493 as of May 2010. UNHCR recently deactivated the files of approximately 58,000 refugees who had not had any form of contact with UNHCR in the last six months. This reduction in numbers is attributed largely to repatriations, deaths or resettlement to third countries. Persisting violence in some areas of Iraq and political challenges continue to deter many refugees from a potential return to their country. The 2009-2010 school year witnessed a decrease in the number of children enrolled at school of about 24 per cent. The challenge remains to prevent further drop-out due to deteriorating socio-economic conditions of families, while providing opportunities to most at-risk school children and adolescents.

### KEY RESULTS FOR CHILDREN

In Iraq, UNICEF is focused on responding to humanitarian needs of the 4.5 million Iraqis with acute vulnerabilities (of which two million children), in addition to Iraqis living in shelters, host communities, or refugees in neighbouring countries.

#### Health and Nutrition:

- For the first round of Polio National Immunization Days (PNIDs), social mobilization activities were undertaken targeting 5.4 million under five children across the country, with a coverage rate of 96 per cent. Additionally, measles vaccination mop-up efforts benefited over 135,000 children aged 9-59 months in Diala.
- A total of 200,000 persons (including 43,000 children under five and 17,000 pregnant women) in selected vulnerable communities now have increased access to quality Primary Health Care services. Additionally, UNICEF also assisted with the capacity building of 600 different level medical and paramedical staff in 16 south centre governorates, benefiting over 500,000 children under five and 100,000 pregnant women.

#### WASH:

- Access to safe water and sanitation was provided to 500,000 children and their families.
- In selected communities, UNICEF has completed the rehabilitation or installation of treatment plants and Compact Units, and the supply of chlorination equipment.

#### Education:

- In the first half of the year, a total of 117,360 children were directly supported through various education interventions, including the procurement and distribution of teaching and learning materials and basic school

<sup>1</sup> UNHCR (Data from MODM, DDM January 2010), there are 265,499 families (1,552,003 capita) considered as internally displaced people in all Iraqi governorates, the most of whom in Baghdad (37%), Ninawah (11%), and Diala (8%).

<sup>2</sup> Regional Response Plan for Iraq refugees (RRP), 2010.

supplies. An additional 48,994 previously out of school children (of which 30 per cent female) have been supported through the Accelerated Learning Programme (ALP).

- Psychosocial care training was supported for 41 teacher trainers, 1,575 teachers (596 male, 979 female), and 61,581 children.

#### **Child Protection:**

- Around 6,885 children and their families have benefited from direct child protection services, such as child friendly spaces, child protection training, life skill education while 507,419 boys, girls, men and women have participated in child protection awareness raising campaign aimed at increasing awareness on protective and risk factors for children in their communities.

In **Syria**, UNICEF achieved the following results:

- In partnership with Ministry of Health, and the Syrian Association of Health Promotion & Development, primary health care services were provided to 76,849 patients compared to the target of 145,000 for the whole year.
- About 3,000 mothers received health education on breastfeeding and proper complementary feeding to contribute to the target of 60 per cent exclusive breast feeding among infants.
- More than 95 per cent of Iraqi refugee children were reached with immunization services through routine and supplementary vaccinations (NIDs), out of target 100 per cent.

#### **Education:**

- In partnership with the Ministry of Education and INGOs (Danish Refugees Council, Action Contre la Faim and Premiere Urgence), UNICEF has ensured the improvement of the physical environment and quality of education. So far this year, 45,000 children (of which 1,600 Iraqi) have benefited from improvements of the physical environment in 58 schools. Similarly, infrastructure and supply improvements during the summer break for 80 schools, along with intensive training on Child Friendly Schools, will benefit 65,000 children (of which 3,500 Iraqi).

#### **Child Protection and Adolescents:**

- In order to increase awareness of Iraqi women on women's rights, gender equality, and improved parental skills and empowerment, as well as early identification of protection issues among mothers and children, the operation of planned eight child friendly spaces was supported, which served more than 1,677 newly registered children. More than 483 mothers (more than half of planned 800) engaged in 14 support groups (planned 16) run by Syrian Arab Red Crescent (SARC), Enfants du Monde – Droit de l'Homme (EMDH) and Terre des hommes (TDH) Syria
- More than 10,161 children and parents benefited from social and psychological counselling sessions (against planned 30,000) and there were around 1400 psychological and psychiatric referral cases (more than half of planned 1800).

In **Jordan**, UNICEF worked to strengthen its relationship with Ministry of Education (MoE) and facilitated capacity building of ministry staff at various levels. Child to Child (CtC) methodology training was provided to 100 teachers, 900 teachers received training on psychosocial interventions, and 250 MoE and directorate officials, teachers, principals, assistant principals were oriented on CtC methodology. Additionally, approximately 2,400 students participated in CtC activities and approximately 800 parents have participated in PTA meetings to support CtC implementation. All Iraqi children benefited from the payment of public school fees for primary and secondary education for the school year ending in June 2010. Approximately 5,000 Iraqi children and youth benefited from remedial, non-formal and informal education, and more than 1,800 Iraqi youth benefited from vocational training.

In **Egypt**, UNICEF continues to support health and psychosocial intervention to Iraqi refugees through capacity development activities with the Psycho-social Training Institute (PSTI), to train and graduate up to 35 psycho-social workers who will provide psycho-social support to the estimated number of 2,000 refugee children, families and communities in 13 centres. UNICEF continues to work on enhancing the capacity of 11 primary health workers to provide a comprehensive health screening to 920 refugee children from age 0 to 5 and provide their mothers with awareness, advice, support, regarding nutrition and disease prevention through one-on-one education and group teaching sessions. A referral system will also be established for needy cases to general medical system.

In **Lebanon**, UNICEF worked with partners to link education and protection components by reaching the most marginalized families and individuals, and by ensuring long term psychosocial interventions. Better linkages with governmental entities are currently being discussed to fully mobilize the existing Social Development Centres (functioning under the auspices of the Ministry of Social Affairs) and schools (Ministry of Education) in reaching out to Iraqi children and making sure they have access to education and, if necessary, to various support services while adjusting a new educational and social environment. Civil society organizations who have been traditionally leading in

delivering assistance to Iraqi refugee populations in the country are also being consulted and considered as key players who can contribute to an improved protective network for the most marginalized.

### KEY CHALLENGES

The security situation inside Iraq remains the main challenge for the implementation and for effective monitoring. Further expansion of partnerships is necessary to assure quality and comprehensiveness of responses. In Syria, many Iraqi children face a chronic lack of resources and are unable to continue schooling. As a result, there has been a decline in the school age population, and there are numerous reports of Iraqi children being denied enrolment, as reflected in the UNICEF external evaluation and the UNHCR study of 2009. Any plan aimed at boosting the enrolment of Iraqi children and adolescents in Syrian schools will need to integrate measures addressing the causes of dropout and be sustained over a longer period of time; through preventing non-enrolment of young children, remedial education for others, and opportunities for vocational training for adolescents out of school. In Jordan, a lengthy approval processes for proposals, work-plans, research and assessments and the difficulty in obtaining validated data on the education status of Iraqi children has challenged timely implementation. In Lebanon and Egypt, the key challenge is to enhance the capacity of government institutions to deliver services with standards and quality control.

### INTER-AGENCY COLLABORATION

In Iraq, UNICEF leads two Sector Outcome Teams (Education and WASH), and is the deputy leader of two others (Health and Nutrition and Protection), in alignment with the Inter-Agency Standing Committee (IASC) cluster denomination. UNICEF also remains an active participant of multi-sectoral coordination mechanisms such as the Baghdad Humanitarian Coordination Team, chaired by OCHA, the Information Analysis Unit of OCHA and is a permanent member of the Humanitarian Country team that meets under the leadership of the Deputy Special Representative of the Secretary-General and the UN Resident and Humanitarian Coordinator. In Syria, Jordan, Egypt and Lebanon partners worked together and consolidating their activities to best respond to existing and emerging needs.

In Egypt UNICEF cooperated with Terre des Hommes Foundation and Refugee Egypt who played as umbrella organizations to the refugee's organization supporting them with financial and technical support while the Psycho-Social Training Institute of Cairo (PSTIC) played the academic and training role through training of the psychosocial works.

In Syria, UNICEF continues to lead the Education coordination group that ensures the interface between international NGOs and Ministry of Education. In 2010 group was able to produce a consolidated plan agreed with MoE, setting emphasis on the consolidation of the contribution of all partners related to both improvement of school physical environment and remedial classes for children facing difficulties. UNICEF also continued to be an active member of the health and protection groups led by UNHCR.

### FUNDING REQUIREMENTS

The UNICEF Iraq HAR requirements have been adjusted to the Iraq Humanitarian Action Plan requirements, and are currently US\$22 million. To date, UNICEF Iraq has received US\$5,328,200 of this amount, equivalent to 24 per cent of requirements for the year, leaving a gap of US\$16,671,800. Carry-over of humanitarian funding received in late 2008 and in 2009 has assured a certain degree of programme implementation's continuity.

In Syria and Jordan, the 2010 HAR requirements have been adjusted to match the requirements of the Regional Response Plan (RRP) for Iraq refugees and its review process with the respective Governments and partners. Requirements for Syria remained unchanged as mostly geared to improving services shared by refugee and hosting community children.

The requirements for Egypt and Lebanon remain unchanged.

Funds received against the HAR 2010 (US\$)						
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap	Additional funds utilized in 2010	Final funding gap
<b>Iraq</b>						
Health and Nutrition	6,901,000	6,077,257	1,471,856	4,605,401	0	4,605,401
Water, Sanitation and Hygiene	9,056,500	7,975,560	1,931,608	6,043,952	1,302,319	4,741,633
Education	4,246,800	3,739,850	905,758	2,834,092	598,383	2,235,709
Child Protection	4,777,600	4,207,333	1,018,978	3,188,355	1,761,025	1,427,330
<b>Total*</b>	<b>24,981,900</b>	<b>22,000,000</b>	<b>5,328,200<sup>3</sup></b>	<b>16,671,800</b>	<b>3,661,727</b>	<b>13,010,073</b>
<b>Syria</b>						
Health and Nutrition	2,000,000	2,200,000	1,325,538	874,462	1,596,187	0
Education	6,800,000	11,965,000	3,166,563	8,798,437	5,828,244	2,970,193
Child Protection	5,000,000	5,000,000	2,871,999	2,128,001	3,470,458	0
<b>Total*</b>	<b>13,800,000</b>	<b>19,165,000<sup>4</sup></b>	<b>7,364,100<sup>5</sup></b>	<b>11,800,900</b>	<b>10,894,889</b>	<b>2,970,193</b>
<b>Jordan</b>						
Health and Nutrition	650,000	650,000	0	650,000	0	650,000
Education	5,950,000	4,950,000	664,100	4,285,900	1,076,868	3,209,032
Child Protection	1,760,000	2,242,545	0	2,242,545	1,291,545	951,000
<b>Total*</b>	<b>8,360,000</b>	<b>7,842,545</b>	<b>664,100</b>	<b>7,178,445</b>	<b>2,368,413</b>	<b>4,810,032</b>
<b>Egypt</b>						
Health and Nutrition	250,000	250,000	0	250,000	0	250,000
Education	250,000	250,000	0	250,000	0	250,000
<b>Total*</b>	<b>500,000</b>	<b>500,000</b>	<b>0</b>	<b>500,000</b>	<b>0</b>	<b>500,000</b>
<b>Lebanon</b>						
Education	150,000	150,000	0	150,000	0	150,000
Child Protection	200,000	200,000	0	200,000	0	200,000
<b>Total*</b>	<b>350,000</b>	<b>350,000</b>	<b>0</b>	<b>350,000</b>	<b>0</b>	<b>350,000</b>
<b>Totals</b>						
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap	Additional funds utilized in 2010	Final funding gap
Health and Nutrition	9,801,000	9,177,257	2,797,394	6,379,863	1,596,187	4,783,676
Water, Sanitation and Hygiene	9,056,500	7,975,560	1,931,608	6,043,952	1,302,319	4,741,633
Education	17,396,800	21,054,850	4,736,421	16,318,429	7,503,495	8,814,934
Child Protection	11,737,600	11,649,878	3,890,977	7,758,901	6,523,028	1,235,873
<b>Total*</b>	<b>47,991,900</b>	<b>49,857,545</b>	<b>13,356,400</b>	<b>36,501,145</b>	<b>16,925,029</b>	<b>19,576,116</b>

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

<sup>3</sup> The amounts received in May 2010 against the RRP will be partially rolled over to cover 2011 activities addressing Iraq refugees' needs

<sup>4</sup> The Revised HAR requirement is aligned with initial UNICEF required amount in the Regional Response Plan for Iraq refugees for 2010, only partially reflected in Original 2010 HAR requirements.

<sup>5</sup> The amounts received in May 2010 against the RRP will be partially rolled out to 2011 activities addressing Iraq refugees' needs.

**EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010**

The priorities for UNICEF in Iraq will be to continue its area-based approach to reduce vulnerability and increase access to all services for Iraqi children and to ensure preparedness to react to any emergencies and carry out the leadership roles in the clusters and continue supporting all the areas of WASH, health and nutrition, child protection and education.

**Health and Nutrition:** UNICEF together with the Ministry of Health will continue to provide sufficient rounds of Polio and measles vaccines and vitamin A supplements to ensure immunization and micronutrient fortification to meet the goal of vaccinating two million children under five as well as tetanus vaccines to protect pregnant women against maternal and neonatal tetanus. UNICEF and the Ministry of Health will strengthen vulnerable communities' ability to reduce exposure to HIV infection, reaching up to 1.2 million children, youth and women with messages and materials to encourage behavioural change.

**Water, Sanitation and Hygiene:** UNICEF will continue to meet its planned goal of responding to the immediate needs children and their families for safe water and sanitation. To reach the goal that is planned of over two million children and their families. This will be achieved by supporting national partners, including the Ministry of Municipalities and Public Works, and international and local NGOs.

**Education:** UNICEF will continue to strive to reach the goal of further reaching the basic education needs of over 300,000 children in the most vulnerable communities in every governorate of the country. Specific planned activities for the rest of the year 2010 include: the installation of 29 pre-fabricated classrooms with WASH units in Diala; the distribution of educational supplies for approximately 167,000 students and 8,460 teachers; the printing of ALP textbooks in Kurdish for 22,000 students; the support for Early Childhood Development activities in acutely vulnerable communities; and the continuation of support for psychosocial for teachers and students and teachers' training.

**Child Protection:** UNICEF and partners will continue to meet the goal that is set to strengthen monitoring, reporting, prevention and response services for up to three million children, youth and women affected by the extreme forms of abuse and exploitation.

**HIV/AIDs:** UNICEF and the Ministry of Health will strengthen vulnerable communities' ability to reduce exposure to HIV infection, reaching up to two million children, youth and women with messages and materials to encourage behaviour change.

In **Syria**, UNICEF is working hard with MoE and partners to make the best out of the summer break so schools are ready for the new school year starting in September and improved according to agreed upon plans with teachers, parents and children. School staff will undergo intensive training during this time year. Regarding child protection, UNICEF will continue to work with the Syrian Arab Red Crescent and other partners so child friendly spaces continue operate full speed. An evaluation of the psycho-social support by UNICEF and partners since 2007 should allow enhanced planning and sustainability of interventions. Together with Youth Union and Ministry of Culture, UNICEF will ensure that adolescents, particularly girls, are provided for chances to learn while having fun, especially during the summer break. New vocational training classes by MoE, as well as NGOs should start with the new school year. UNICEF continues to support MoH in enhancing its immunization and nutrition surveillance systems.

In **Jordan**, priorities July-December 2010 include the promotion of inclusive education for all Iraqi children; ensuring access costs of Iraqi children to the Jordanian education system are covered; and ensuring early childhood education for Iraqi children.

In **Egypt**, UNICEF will continue training and graduate more psycho-social to reach up to 35 workers who will keep on providing psycho-social support to the estimated number of 300 refugee children and adults monthly; approximately 2,000 in 13 centres. UNICEF continues to work on enhancing the capacity of 11 primary health workers to provide a comprehensive health screening to more 920 refugee children from age 0 to 5 and provide their mothers.

## UNICEF Humanitarian Action 2010

# OCCUPIED PALESTINIAN TERRITORY

### SITUATION UPDATE

The humanitarian situation in the occupied Palestinian territory (oPt) has remained difficult over the first six months of the year. Living under Israeli occupation has meant further erosion of Palestinian livelihoods and a continued denial of basic human rights. The blockade imposed on Gaza since 2007 remains in place, cutting off 1.5 million Palestinians from the outside world, and preventing the entry of sufficient building material for the rehabilitation of damaged houses, schools and other structures. Insufficient fuel needed to operate Gaza's power plant has resulted in a chronic shortage of electricity in Gaza where some areas experience power cuts of up to 12 hours a day. Restrictions on movement in the West Bank continue to limit movement between most Palestinian urban centres or access to areas behind the Barrier, including East Jerusalem.

Within East Jerusalem, over 270,000 Palestinians face continuing social, political and other pressures, resulting in deteriorating living conditions and access to basic services, such as education. The overall situation continues to threaten the health and nutrition of children and women, whereby micronutrient deficiency is a major concern with high levels of anaemia, as well as vitamin A and D deficiencies, recorded in children and pregnant women.<sup>1</sup> A UN survey released in March showed alarmingly high levels of acute malnutrition (5.9 per cent), underweight (15.3 per cent) and stunting (28.5 per cent) among children under five living in Area C herder communities, which strongly correlates with Israeli-imposed restrictions on access to grazing land and natural water resources.

The high salinity of water in Gaza, the depletion of springs and wells in the West Bank and the fact that tens of thousands of households are not connected to piped water, leaves thousands of children without reliable access to safe drinking water or sufficient sanitation facilities. Limited access to a safe learning environment as well as to quality education is further exacerbated as the ensuing blockade has prohibited attempts to reconstruct schools that had been damaged in the early 2009 military incursions. In 2010, only 46 and 50 per cent of 15,544 Gaza fourth-graders attending PA schools passed standardised tests in Arabic and Mathematics respectively.<sup>2</sup> Similarly, low results in Arabic and Mathematics tests have been recorded in several districts in the West Bank. Given the extraordinary violence witnessed during the military incursions in Gaza early 2009, acute levels of stress and insecurity are still evident in many children, among whom thousands had been orphaned, disabled and /or displaced. Across the West Bank, children are affected by home demolitions, continued military operations, night raids, arrests, detention and torture, harassment at checkpoints, attacks by settlers and violence permeating the home and the streets. At end of April, there were 336 children in Israeli detention facilities, including two children being held under administrative detention.<sup>3</sup>

### KEY RESULTS FOR CHILDREN

**Health and Nutrition:** Due to very low funding of UNICEF's health and nutrition programme (10 per cent), emergency child nutrition interventions to allow meeting the needs of children with micronutrient deficiencies have been delayed, as have interventions supporting the treatment of children suffering from severe acute malnutrition. The intended early warning of the nutrition surveillance data has not been realised.

**Water, Sanitation and Hygiene:** To date, 40,000 children in 80 schools in Gaza have improved access to safe drinking through water tankers. An additional six thousand children in 12 schools in Gaza have benefited from rehabilitation of water and sanitation facilities. In line with plans, another 20,000 children will have access to safe drinking water and adequate sanitation by year end at the completion of rehabilitation works in 25 schools in West Bank and 20 schools in Gaza. Rehabilitation of damaged sewerage networks is in progress and provision of emergency water supply continues.

**Education:** Although UNICEF's Education programme funding is at only seven per cent, 2009 rolled-over funds allowed for remedial education sessions to be continued in 68 schools among the lowest performing schools reaching around 19,000 children to improve their language and math skills. An additional 680 teachers have acquired improved skills in teaching and communicating with low achieving children through training workshops.

<sup>1</sup> While figures for 2010 are not available, the anaemia levels for 2008 recorded at 23 per cent in pregnant women and 49 per cent in children 9-12 months of age, as per Nutrition Surveillance Report, 2008.

<sup>2</sup> Ministry of Education and Higher Education report, 2010.

<sup>3</sup> Defence for Children International Palestine Section, April 2010.

**Child Protection:** As of mid-year, twenty family centres across the Gaza Strip continue to be operational providing a comprehensive package of psychosocial support, learning and recreational activities to children and caretakers. As a result, around 32,000 children out of a planned yearly number of 205,000 children and adolescents are better able to cope with emotional difficulties. Up to 5,000 caretakers and their children have improved skills to protect themselves through a series of awareness raising activities, and 20 professionals have enhanced capacity for case management, assessment and referrals.

**Youth and Adolescents:** Around 20,000 adolescents benefited from UNICEF's support to 143 adolescent-friendly learning centres with remedial and recreational activities in the West Bank and Gaza.

### KEY CHALLENGES

UNICEF programme efforts are hindered by access and restrictions of movement on supplies, equipment and personnel, particularly in the Gaza Strip where the blockade continues. Restrictions on essential water, sanitation and hygiene materials and equipment into Gaza continue to delay the resumption of essential services and hinder the efficiency of water and wastewater facilities. Under-funding to high priority projects in Health and Nutrition projects involving procurement of essential micronutrients and related monitoring services is further increasing micronutrient deficiency, especially among vulnerable communities.

### INTER-AGENCY COLLABORATION

UNICEF provides cluster coordination leadership in WASH and Education. UNICEF also leads the Child Protection Sub-Cluster and significantly contributes to World Health Organization-led health coordination and the Food Security and Nutrition Cluster. UNICEF collaborates with the Government, and, through the Humanitarian Country Team, with UN and NGO partners in its relevant programmatic areas as well as on cross-sectoral issues.

### FUNDING REQUIREMENTS

UNICEF's revised funding requirements<sup>4</sup> for 2010 amount to US \$24,247,910 aligned with CAP requirements, of which \$8,195,250 has been received, mostly for the Child Protection and WASH programmes. As of mid-year, no funding has been received for coordination activities in Education or Health and Nutrition sectors. UNICEF requires immediate resources to ensure leadership in cluster coordination for WASH, Education and Child Protection, in order to provide a dedicated effective, coordinated and systematic multi-partner approach to respond to and advocate for the needs of children.

Funds received against the HAR 2010 (US\$)				
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap
Health and Nutrition	2,750,000	1,706,070	162,079	1,543,991
Water, Sanitation and Hygiene	3,690,000	5,008,326	2,436,290	2,572,036
Education	8,300,000	5,052,062	473,991	4,578,071
Child Protection	8,000,000	8,768,835	5,122,890	3,645,945
Adolescents	5,500,000	3,712,617	0	3,712,617
<b>Total*</b>	<b>28,240,000</b>	<b>24,247,910</b>	<b>8,195,250</b>	<b>16,052,660</b>

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

### EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

#### Health and Nutrition

- Micronutrient supplementation with breastfeeding support will be provided to 220,000 children and 100,000 pregnant mothers, including stunted and anaemic children in vulnerable areas.
- The needs of 900 children with severe acute malnutrition will be met by expanded community therapeutic feeding programmes.

<sup>4</sup> UNICEF is part of the oPt consolidated appeal process (CAP).

- Ten hospital newborn units will be equipped with an extensive package of equipment and medical supplies to improve care for a target group of 3,000 high risk pregnant mothers and newborns.
- A target group of 37,500 sick children will be reached by equipping and training staff in 118 primary health care clinics on the Integrated Management of Childhood Illness approach.
- Accurate and up to date nutrition surveillance data for response monitoring and early warning purposes will be ensured, and coverage of the existing nutrition surveillance system will be expanded to cover more vulnerable populations.

#### **Water, Sanitation and Hygiene**

- Over 70,000 students will benefit from access to safe drinking water and adequate sanitation through daily water tanking to 105 schools (80 in Gaza and 25 in West Bank); and through rehabilitation of water and sanitation facilities in 45 schools (20 in Gaza and 25 in West Bank).
- Water supply and storage capacity will be improved, benefiting 50,000 inhabitants of Gaza - Middle Area through emergency repairs including construction of a ground water reservoir, installation of a booster pumping station and provision of network extensions.
- Expansion of water networks in south West Bank will improve access of 30,000 people to safe, adequate and affordable drinking water.
- Twenty thousand community members will benefit from minimised risk of sewage population, through the construction of 1,500m of sewerage networks, cleaning of waste water networks, and repair of 300 damaged manholes.
- Hygiene education will be provided in 105 schools to complement advocacy campaigns for safe WASH practices and global hand-washing.
- UNICEF will provide WASH technical leadership, improve emergency response coordination and ensure information management through enhanced utilisation of a common database.

#### **Education**

- Twenty thousand children in vulnerable and marginalised areas will be enabled to catch up with basic education through innovative learning activities including remedial education and structured extra-curricular activities.
- Three hundred primary schools will be supplied with education materials, school supplies and equipment to ensure access of children to basic education in affected areas.
- An additional 5,000 teachers and caregivers will be equipped with skills to support their students more effectively through training in innovative pedagogical methods and improved learning spaces in target schools.
- UNICEF will provide technical leadership and improve emergency response cluster coordination in the education sector.

#### **Child Protection**

- Support to 30 family centres and 15 psychosocial teams will enable strengthened psychosocial support to at least 30,000 children and 12,500 care givers across the oPt. This will ensure access to protection services that mitigate and remedy harm due to the ongoing violence and conflict.
- The ability of Mental Health and Psychosocial Support agencies to respond to and support children and caregivers in need to mental health and psychosocial support will be increased.
- Through awareness-raising campaigns, the risk of death and injury from mines, unexploded ordnances and other explosive devices will be reduced.
- UNICEF will provide technical inter-agency leadership and improve coordination of the Child Protection, Mental Health and Psychosocial, and 1612 Working Groups and information management.

#### **Adolescents**

- In 100 adolescent-friendly learning centres across oPt, 13 – 18 years old adolescents will have access to remedial learning, sports and recreational opportunities.
- Services will be provided targeting adolescents in 30 family centres across Gaza.

# UNICEF Humanitarian Action 2010

## SUDAN

### SITUATION UPDATE

The situation in Sudan in the first half of 2010 was characterized by a combination of political tensions due to the national election held in April, increased inter-tribal violence, high levels of displacement, disease outbreaks, and an expanding food gap. Since early 2010, a series of fighting between different rebel groups/factions, government forces and local tribes have newly displaced about 200,000 civilians including children in Darfur according to the Office for the Coordination of Humanitarian Affairs. While UNICEF continues to intervene, access to the population, human rights violations and the protection of vulnerable population remain a serious concern. Some of the measures put in place to fill the gaps left behind following the expulsion of 13 international NGOs in 2009 are still not sustainable, and continue to put enormous pressure on UNICEF programmes in Darfur and as provider of last resort. Alarming levels of food insecurity aggravated by poor harvests, social political instability and corresponding displacements, increases in food prices, and limited access to basic services is affecting 8.9 million across Sudan.<sup>1</sup> In 2009 below-average rainfall in most of Darfur added to the concerns over potential depletion of aquifer, which is feared to aggravate conflicts, outbreak of diseases, and already alarming malnutrition rates.<sup>2</sup> In Darfur alone, UNICEF currently supports the functioning of 143 sites providing therapeutic feeding to children and is rolling out the adoption of the new community management of acute malnutrition (CMAM) guidelines. While Darfur remains vulnerable, the focus on Darfur programming continues to obscure real and persistent needs in non-Darfur northern states.

Since January 2010 in Southern Sudan, there have been 80 conflicts reported, including inter-tribal fighting and attacks by Uganda's Lord Resistance Army (LRA), which displaced a total of 72,464 affected people, while 231,300 people remain displaced from the previous years.<sup>3</sup> More than half of the newly affected population were in the Jogeli, Warrap, Lakes and Unity states. Inter-tribal conflicts have increased both in intensity and number, with the killing of 490 people, including many women and children, and the systematic practice of child abduction during the fighting. The nutrition situation among children remains critical in the high risk states, with a global acute malnutrition rate of over 15 per cent (surpassing the emergency threshold), as the hunger period started in March/April and food prices started rising. Worsening insecurities also increase the risk for women and children to become victims of rape and abuse and to be exposed to HIV transmission. The consensus among partners is that the humanitarian situation in Southern Sudan is deteriorating and will further worsen in remainder half of 2010 as the country is preparing for the referendum to decide its future for Southern Sudan in January 2011.

### KEY RESULTS FOR CHILDREN

#### North of Sudan

In the north of Sudan, one round of Child Health Days was implemented in June, reaching 6.6 million under five children with polio vaccinations, 5.3 million children with de-worming tablets, and 5.9 million children with vitamin A supplements. Between January and March, over 17,000 children (out of a target 33,000) across the northern states were admitted for treatment of severe acute malnutrition. All 143 outpatient therapeutic programme (OTP) and therapeutic feeding centre (TFC) sites in Darfur received the community management of acute malnutrition (CMAM) training and are now applying the guidelines.

Access to sustainable improved drinking water for 1.38 million people (out of a target 2.5 million for the year) was re-established by operating and maintaining over 700 water systems and establishing 206 new hand pumps and 14 new motorized systems. Adequate sanitation was provided for 40,350 people while at least 942,500 people benefitted from hygiene promotion through hygiene awareness campaigns along with soap provision. At least 22,800 school children and staff members as well as ten health facilities also benefitted from WASH services. WASH capacity building efforts have reached at least 1,740 community members.

UNICEF supported the construction of 116 classrooms and rehabilitation of 29 classrooms which would benefit at least 7,250 children, and training of 4,864 teachers which will have an impact on over 240,000 children's learning quality. The distribution of education supplies and materials for 204,750 children is ongoing, to ensure a good start of school year as well as the provision of alternative learning opportunities for out-of-school youth.

<sup>1</sup> 2009 Annual Needs and Livelihood Assessment (ANLA); localised nutrition surveys/assessments; World Food Programme 2010 Sudan EMPO – 2010 Achievements/Challenges.

<sup>2</sup> Recent nutrition surveys confirm global acute malnutrition rates in excess of the emergency threshold (15%).

<sup>3</sup> According to the Office for the Coordination of Humanitarian Affairs.

Over 148,000 children and adolescents, out of the yearly target of 250,000, benefited from psychosocial support, which is being mainstreamed in schools and communities. Over 474 children associated with armed groups were enrolled in various reintegration activities. UNICEF supported Khartoum State to provide Child Protection services and emergency care for babies in the Mygoma orphanage subsequently reducing its child mortality rate by 25 per cent. At least 31,000 people received Mine Risk Education (MRE).

About 62,000 young people were reached with accurate HIV/AIDS information and skills on HIV/AIDS. A total of 360 teachers were trained on HIV/AIDS life skills curriculum, reaching about 75,000 children in school. An additional 15,390 pregnant women received routine counselling and testing in Prevention of Mother to Child Transmission (PMTCT) centres.

UNICEF is responsible for the procurement of all supplies for the Non Food Items (NFI) Common Pipeline serving 255,000 households in addition to maintaining contingency stock for a further 50,000 households. As of June 2010, the NFI Common Pipeline has supported 114,264 households with NFIs.

### Southern Sudan

The Accelerated Child Survival Initiative (ACSI) reached 182,402 children under five years and 183,530 women of childbearing age with the package of basic health, nutrition and hygiene services in five counties. While no wild poliovirus case was reported since July 2009, the risk exists of undetected circulation of the virus. Through two rounds of Polio National Immunization Days (NIDs), about 3,152,300 (over 98 per cent of target) children under five years were vaccinated. At least 7,507 acutely malnourished children had been successfully treated in seven focus states.

Safe water has reached 22,780 emergency-affected people; 11,500 people were provided with access to sanitation facilities in emergency, and about 15,900 school children now have access to improved sanitary and hygienic facilities. In April, responding to the cholera outbreak in Ezo County, 11 water sources were disinfected, along with the training of hygiene promoters, as well as the provision of soap, buckets and jerry cans for water collection and storage, to protect 7,600 people against the disease.

The distribution of educational materials is ongoing to ensure continued learning opportunities for over 1.6 million pupils and 23,000 teachers at 2,500 learning spaces. In response to emergencies, 332 school-in-a-box kits and 20 classroom tents were procured and pre-positioned for 26,5650 students and their teachers at UNICEF logistics hubs. Education in emergencies training was held for 15 education ministry focal points.

In terms of child protection, 133 children have been released from the Sudan People's Liberation Army (SPLA) barracks following the negotiation by Southern Sudan Disarmament, Demobilization and Reintegration Commission (SSDDRC), of which 132 children have been reunified with their families in several states after the family tracing and unification process including interim care support. An additional 621 children affected by emergencies have benefited from reintegration services. Over 7,500 people received Mine Risk Education (MRE), including 5,200 children, in communities through various mode of communication including drama, peer-to-peer education and direct presentations.

HIV/AIDS and life skills education was provided to 44,675 high risk people, including youth, to increase their knowledge on HIV prevention. Close to 14,000 pregnant women received PMTCT services, of which 148 (one per cent) were found HIV positive and 113 (76 per cent) received antiretroviral (ARV) prophylaxis. HIV testing kits have been pre-positioned in all states where plans are in place to conduct more outreach service provision to vulnerable populations.

Over 40,000 people affected by various conflicts received non-food items (NFI) kits to assist their survival and protection from infectious diseases and harsh weather in a displaced environment. An additional 21,350 NFI kits are being procured and 7,750 kits prepositioned in UNICEF and partner's warehouses in Rumbek, Leer and Malakal for rapid distribution to emergency-affected people. The inter-agency coordination of the NFI supply pipeline for Southern Sudan's is led by United Nations Joint Logistics Centre with NGOs and local authorities in each locality.

**Communication and Advocacy:** Since radio communication has the widest outreach for mass communication, Sudan Information Campaign for Returnees (SICR) focused on the production and airing of radio dramas on mine risks, health, water and sanitation. With participation by children, the SICR is producing accurate and timely information to enable IDPs to make informed decisions about their return. In North Sudan, IDP hour now airs from 12-1pm every day except Saturday, which will continue throughout the year. In Southern Sudan this was the first time children acted in radio dramas, and the responses have been very positive. Due to popular demand, the radio dramas are re-run on UN supported Miraya station, which has the greatest outreach in the region. Also, a rapid needs assessment has been conducted to learn more about the information needs among returnees and host communities to improve future communication.

## KEY CHALLENGES

The national election period up to the end of April slowed down UNICEF-supported interventions, both humanitarian and in the areas of recovery and development, since many government partners at all levels have been mobilised for the election process and campaigns. The election took place in mid April, followed by a period of staggered results announcements, accompanied by gradual appointment of cabinets and line ministries at central and state levels. Anticipating this to some degree, UNICEF and partners tried to accelerate the implementation of emergency interventions (i.e., prepositioning of emergency supplies) prior to April, while delaying other interventions until May. This has somewhat delayed activities on the ground (i.e., distribution of educational supplies to schools and ACSI campaigns in Southern Sudan).

This insecurity, along with an early arrival of rainy seasons, disrupted humanitarian access to the affected population in seven high risk states in the south. Lack of government capacities and absence of other partners continue to be a challenge, especially in Southern Sudan. For example, last year's expulsion of NGOs in Darfur worsened the access to remote areas, impeding the emergency response to the conflict in Jebel Marra. The funding shortfall remains a major challenge in health, where supplies should be ordered well in advance.

## INTER-AGENCY COLLABORATION

The cluster approach was initiated in Darfur and is rolling out in the rest of the North. As Cluster lead in WASH, Education, Nutrition, and Sub-Cluster lead for Child Protection, UNICEF was heavily involved in the preparation, coordination and finalization of the UN and Partners Work Plan and the Common Humanitarian Fund (CHF) allocation. UNICEF also serves as a major partner in the NFI Common Pipeline procuring NFIs for conflict and disaster affected people across North Sudan. UNICEF is leading the Peace Communication Campaign in the UN Country Team.

While the cluster approach is currently being rolled out in the South, UNICEF is still providing similar leadership in sector working groups. For example, addressing child malnutrition, the Directorate of Nutrition under the Ministry of Health, UN agencies and NGOs in the Nutrition Sector endorsed the World Food Programme's proposal for blanket distribution of Plumpy'doz to children six to 36 months in three selected states, while cases of malnutrition were referred to and treated by UNICEF. The WASH sector reviewed the core pipeline of emergency supplies (e.g., pumps and generators, water distribution and treatment supplies, hygiene promotion supplies and latrine materials with tools), identified gaps and increased fundraising efforts, including a proposal submitted for the Central Emergency Response Fund. UNICEF organized a two-day child protection cross-border meeting in Juba attended by UNICEF, UN and NGO sector partners in Southern Sudan and neighbouring countries to discuss crisis scenarios for Southern Sudan and will incorporate the results in their respective emergency plans. Terms of Reference for the UN Action for prevention, monitoring and response to the violations of the Security Council resolutions 1612 and 1882 are being finalized.

## FUNDING REQUIREMENTS

Funding requirements in the HAR 2010 were based on the UN Work Plan for Sudan for the year. Although UNICEF is playing a human resource-intensive role of the cluster (or sector) lead for Nutrition, WASH and Education, and Sub Cluster lead for child protection, funding for this mechanism is limited: CHF funding for cluster coordination is only six months with no possibility for continuation, while there is very limited funding mechanism at all for the sector leadership in the South. Consequently UNICEF is forced to stretch its limited financial and human resources to fulfil its cluster responsibilities.

North Sudan's revised requirements are US\$118,218,003. UNICEF has aligned its requirements for Mine Risk Education with the revised mid-year CAP requirements of 12.2 million. The Mine Risk Education Programme is part of a consolidated appeal, reflecting the entire needs and scope of mine risk education in Sudan, coordinated by UNICEF through the United Nations Mine Action Office (UNMAO), together with the National Mine Action Centre and the Southern Sudan Demining Commission, and implemented by government and national and international NGO partners. As of mid-year, the North Sudan office has received US\$20,623,269 and a carryover of US\$24,475,786 against the total funding requirement. South Sudan's requirements remain unchanged at US\$53,807,000, of which US\$19,601,112 has been received to-date.

Moreover, within the programmes, earmarked funds constitute a good proportion, leaving some areas such as Abyei overfunded while others are severely underfunded. A similar situation exists in the South where major funding gaps are in Education in general and others with non-pipeline supply components. This forces UNICEF to leverage its non-humanitarian funding sources to respond to emergency needs.

Funds received against the HAR 2010 (US\$)						
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap	Additional funds utilized in 2010	Final funding gap
<b>North Sudan</b>						
Health and Nutrition	25,706,300	26,206,237	5,174,320	21,031,917	6,849,984	14,181,933
Water, Sanitation and Hygiene	31,748,100	31,748,100	4,510,669	27,237,431	7,875,254	19,362,177
Education	25,874,100	21,188,506	2,527,451	18,661,055	5,916,297	12,744,758
Child Protection	14,116,000	14,008,761	2,940,135	11,068,626	2,528,345	8,540,281
Mine Risk Education	700,000	12,204,000	0	12,204,000	0	12,204,000
HIV/AIDs	3,239,500	1,206,500	0	1,206,500	586,283	620,217
Non-Food Items	9,817,200	10,290,899	4,694,909	5,595,990	427,807	5,168,183
Communication and Advocacy	1,365,000	1,365,000	775,781	589,219	291,816	297,403
<b>Total*</b>	<b>112,566,200</b>	<b>118,218,003</b>	<b>20,623,265</b>	<b>97,594,738</b>	<b>24,475,786</b>	<b>73,118,952</b>
<b>South Sudan</b>						
Health and Nutrition	12,267,000	12,267,000	8,896,217	3,370,783	1,619,590	1,751,193
Water, Sanitation and Hygiene	12,621,000	12,621,000	5,545,397	7,075,603	0	7,075,603
Education	17,469,000	17,469,000	2,031,296	15,437,704	1,293,637	14,144,067
Child Protection	4,500,000	4,500,000	553,587	3,946,413	29,346	3,917,067
Mine Risk Education	500,000	500,000	0	500,000	0	500,000
HIV/AIDs	1,950,000	1,950,000	292,116	1,657,884	0	1,657,884
Non-Food Items	4,000,000	4,000,000	2,005,705	1,994,295	1,676,493	317,802
Communication and Advocacy	500,000	500,000	276,794	223,206	0	223,206
<b>Total*</b>	<b>53,807,000</b>	<b>53,807,000</b>	<b>19,601,112</b>	<b>34,205,888</b>	<b>4,619,066</b>	<b>29,586,822</b>

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

Total Funds received against the HAR 2010 (US\$)						
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap	Additional funds utilized in 2010	Final funding gap
Health and Nutrition	37,973,300	38,473,237	14,070,537	24,402,700	8,469,574	15,933,126
Water, Sanitation and Hygiene	44,369,100	44,369,100	10,056,066	34,313,034	7,875,254	26,437,780
Education	43,343,100	38,657,506	4,558,747	34,098,759	7,209,934	26,888,825
Child Protection	18,616,000	18,508,761	3,493,722	15,015,039	2,557,691	12,457,348
Mine Risk Education	1,200,000	12,704,000	0	12,704,000	586,283	12,704,000
HIV/AIDs	5,189,500	3,156,500	292,116	2,864,384	0	2,278,101
Non-Food Items	13,817,200	14,290,899	6,700,614	7,590,285	2,104,300	5,485,985
Communication and Advocacy	1,865,000	1,865,000	1,052,575	812,425	291,816	520,609
<b>Total*</b>	<b>166,373,200</b>	<b>172,025,003</b>	<b>40,224,377</b>	<b>131,800,626</b>	<b>29,094,852</b>	<b>102,705,774</b>

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

**EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010****Health and Nutrition**

- At least one million infants (91 per cent coverage) will be immunized against measles in October.
- Antenatal iron/folate supplements will be provided for 50 per cent of pregnant women and vitamin A supplements for 50 per cent of women who have just given birth.
- The scaling up of CMAM in non Darfur states will continue, in order to cover two localities per state, and to address the malnutrition emergency in Southern Sudan.
- Emergency supplies and EPI will be pre-positioned, to reach over six million children.
- The immunization campaign against tetanus and polio in Southern Sudan will be continued.
- Maternal health care supplies will be provided, along with the training of health workers and midwives.

**Water, Sanitation and Hygiene (WASH)**

- Over one million people will have a chlorinated water supply as a result of improved operation and maintenance of water systems, as well as information about appropriate hygiene and sanitation practices through radio and television campaigns and community hygiene promotion activities at schools and health centres.
- WASH emergencies will be assessed and responded to as and when they occur.
- Strategic sector response plans will be developed.
- The continuity of the emergency WASH supply pipeline for the six-month needs of 200,000 people affected by emergencies, including IDPs, returnees, and host communities in Southern Sudan will be ensured to provide emergency WASH response to the affected population without delays.

**Education**

- Over 250,000 children will be enrolled into basic schools in 2010.
- Three hundred schools will be transformed into safe and inclusive Child Friendly Schools in 2010.
- Alternative learning opportunities will be provided to at least 100,000 children and young people out of school.
- The learning needs of the 33,895 pupils affected by emergencies in Southern Sudan will be met by providing classrooms, learning materials, trauma counselling, opportunities for recreation, and life sustaining skills (including land mine awareness education, peace education and HIV awareness).

**Child Protection**

- As Child Protection Sub-Cluster lead, UNICEF will ensure commonly accepted standards for timely, adequate and effective humanitarian action to achieve required impact as well as a systematic approach for monitoring, reporting and responding to grave violations against children, with a view to prevention.
- The release, verification and reintegration of children associated with armed forces or armed groups in Darfur will be worked on.
- Psychosocial support will continued to be mainstreamed in schools.
- More emphasis will also be given to mainstreaming Mine risk Education into the school curriculum.
- Assessment is planned in Western Equatoria and Jonglei states on child protection to obtain baseline information on the children affected by ongoing conflicts/emergency unique to the states (e.g. LRA attacks for Western Equatoria and child abduction in Jonglei) and opportunities for reintegration of the children, while existing child protection services is to continue for the children affected by emergencies.

**HIV/AIDS**

- HIV/AIDS activities in West Darfur, South Darfur and South Kordofan areas will be implemented, to reach 400,000 out of school youth, 30,000 pregnant women and 30,000 in-school children.
- Training will be held for 100 peer educators and community mobilisers to conduct community HIV awareness sessions, targeting to reach 90,000 people including the youth in Southern Sudan. Voluntary counselling and testing (VCT) services will be further expanded via outreach services for 20,000 people in the target states, while reaching 40,000 pregnant women with possible antiretroviral treatment.

## UNICEF Humanitarian Action 2010

# YEMEN

### SITUATION UPDATE

The impact of the conflict that broke out between the Yemeni government and Al-Houthi forces in the northern governorate of Sa'ada in August 2009 is still causing civilians in the north immense suffering. While the ceasefire reached in February 2010 continues to hold, no permanent peace agreement is yet in sight. As a consequence, the situation remains extremely fragile and security incidents are taking place regularly. Tensions, manifested through increased violence, continue to grow in the southern governorates, leading to disruption of services and increasing the vulnerability of children. According to the Humanitarian Country Team, there are more than 342,000 Internally Displaced Persons (IDPs) throughout the five conflict-affected governorates of Hajjah, Amran, Sa'ada, Al-Jawf and Sana'a, of which over 60 per cent are women and children. The overwhelming majority of IDPs are not in camps but in host communities. Throughout the conflict, the IDPs in Sa'ada City received assistance through Government, UN and local and INGOs, and since the ceasefire, levels of assistance in these areas have improved. However, with the destruction of facilities/infrastructure and lack of adequate staff to ensure restoration of services, those who are non-displaced in the Sa'ada governorate are suffering from lack of access to basic services and emergency relief assistance. This is further exacerbated by the difficulties experienced by humanitarian agencies in gaining greater access to the districts. Unexploded ordinance and mines in many parts of Sa'ada continue to pose life-threatening risks resulting in a slow pace of return among IDPs. Grave child rights violations such as child recruitment are emerging issues that need further evidence-based data to better determine its magnitude. The establishment of a monitoring and reporting mechanism is being supported with HQ and RO assistance for this purpose.

### KEY RESULTS FOR CHILDREN

UNICEF has provided technical assistance, capacity building together with supplies and equipment in its support to the emergency. Through its lead role in the Water, Sanitation and Hygiene and Nutrition Clusters and Child Protection Sub Cluster, it has gradually strengthened co-ordination efforts among partners at national and sub-national levels.

**Health:** In 2010, it is UNICEF's aim to focus on creating access to adequate health care for children and pregnant/lactating women in displaced camps and host communities. No significant progress on this issue has been made so far, due to lack of funds (zero per cent funded). However, UNICEF remains a significant partner in the Health Cluster and has contributed through the Government in providing vaccines and cold chain equipment for immunization activities by using regular programme resources. A vaccination campaign, together with nutrition screening, took place in early July 2010 in the five districts out of the total of 16 districts in Sa'ada and, targeting over 90,000 children.

**Nutrition:** UNICEF has provided support to the Ministry of Public Health and Population (MoPHP) and partners in terms of securing ready-to-use therapeutic food as well as anthropometric equipment. The nutrition programme has allowed 187,000 children under five to be screened for symptoms of malnutrition and 42,300 children suffering from GAM to be enrolled in outpatient therapeutic programmes or therapeutic feeding centres.

**Water, Sanitation and Hygiene:** Currently, all 70,000 IDPs targeted by UNICEF receive WASH assistance (other IDPs are covered by partners, including OXFAM and ICRC). The UNICEF-led WASH Cluster has ensured that over 40,000 IDPs in the governorates of Hajjah and Amran are provided with safe drinking water. The proposed water supply scheme in Haradh district has already been completed, and will provide safe water to IDPs in camps and other settlements. The total number of beneficiaries is 51,000.

**Education:** About 5,000 IDP students have been provided with basic education and support in the al-Mazraq camps where temporary learning classes have been established. Over 2,000 students received assistance within their host community schools in the Harad and Amran district. All students and teachers were provided with the necessary teaching materials. These will serve as temporary schools until damaged schools have been rebuilt. Due to lack of funding, the training of over 500 Ministry of Education directors, school supervisors and teachers in psychosocial techniques and catch-up education has not yet been achieved.

**Child Protection:** In total, 138,688 people have benefited from UNICEF's child protection activities in the conflict-affected areas, surpassing the 110,000 targeted originally. Birth certificates were delivered to 7,585 children by the Civil Registration Office in the Ministry of the Interior in the Hajjah Governorate. UNICEF was obliged to use its own resources to conduct the activities, due to limited and delayed funds received within the reporting period. Through

child-friendly spaces in camps, community centres and mobile child protection teams, 91,915 children have been reached, surpassing HAR targets. Awareness raising, sensitisation and mobilising efforts with a focus on Mine Risk Education have reached a total of 35,666 affected community members, in IDP camps (of which 13,353 women), scattered IDP settlements, host and affected communities.

### KEY CHALLENGES

Due to the continued volatility on the ground, there is very limited humanitarian access to affected populations in Sa'ada Governorate beyond the environs of Sa'ada City. UN's interaction with the Al-Houthi has been sporadic to date, with the government coordinating the overall humanitarian effort, including issues related to security clearance and direct contact by humanitarian agencies with the Al-Houthi. With the strengthened functioning of Peace Committees (comprising of government and Al-Houthi representatives) in the affected districts, new data on the scale of humanitarian needs is emerging from current rapid assessments underway by the UN and partners. Efforts are ongoing to gradually build trust between different stakeholders, which is expected to change slowly in the future. The threat of unexploded mines and ordnance in the conflict areas and the lack of basic services in nearly all the districts have also contributed to the continuing slow pace of return among the large IDP population outside of Sa'ada governorate. Other challenges include a lack of experienced implementing partners on the ground in the affected areas; limited government capacity to handle emergencies; and low levels of funding across the clusters, which have compelled further prioritization among agencies of their funding requirements.

### INTER-AGENCY COLLABORATION

UNICEF has been an active partner in inter-agency collaboration especially with UNHCR, the World Food Programme, the United Nations Population Fund, and the World Health Organization, since the start of the emergency in Sa'ada. Apart from addressing the continuous emerging needs of IDPs in conflict-affected areas with a special focus on Sa'ada, UNICEF as Nutrition Cluster leader succeeded in strengthening the cluster approach in other geographical areas in the country, through partnership with UNHCR to address refugee needs especially in the south. UNICEF has also led the Child Protection Sub-Cluster and made efforts within the reporting period to strengthen this role. This included the establishment of Child Protection Working Groups in Haradh and recently in Sa'ada. UNICEF leads the WASH Cluster, which has strengthened partnerships among implementing agencies and improved coordination at central and sub-national levels, and has increased ownership within Government through local councils and the national water authority for emergency interventions. UNICEF significantly contributes to the WHO-led Cluster on Health, ensuring basic child health interventions such as immunization and availability of vaccines and drugs. In the Education Cluster, led by Save the Children, UNICEF has taken interventions to scale up in the IDP camps in Harad collaborating with local education authorities, while working through implementing partners in Amran to serve IDP children in host communities.

### FUNDING REQUIREMENTS

There was a poor overall response to the HAR/CAP with only 30 per cent funding as of June 2010, with UNICEF's component receiving \$3.5 million (19 per cent) to date. Of this, WASH received the highest amounts, followed by Nutrition and Child Protection, while Health and Education remain completely unfunded. In early 2010, local donors advised a focus on life-saving interventions in the CAP, which compelled the UN system to further prioritize its funding needs for the period March to June. After the midyear review of the CAP, a review of projects led to a rigorous re-categorization into a three-tier framework of lifesaving, time critical and support services. In view of this, UNICEF is requesting a total amount of \$9.7 million down from \$19 million. Of this, UNICEF has a funding gap of \$6.1 million, taking into account the \$3.5 million received to date. In the event of a limited funding response, UNICEF will be challenged in terms of reaching at least 50 per cent of the children among the IDP and affected population with basic services. Together with limited access to the IDP population, this will exacerbate the already deteriorating situation among vulnerable children and women, leading to increased rates of morbidity and mortality. Moreover, children's access to education will remain inadequate and grave violations of their rights will neither be optimally monitored nor addressed.

Funds received against the HAR 2010 (US\$)				
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap
Health	2,257,000	1,000,000	0	1,000,000
Nutrition	5,050,000	2,701,750	1,179,944	1,521,806
Water, Sanitation and Hygiene	6,376,000	3,181,019	2,132,490	1,048,529
Education	3,300,000	1,950,420	0	1,950,420
Child Protection	2,026,000	836,500	223,257	613,243
<b>Total*</b>	<b>19,009,000</b>	<b>9,669,689</b>	<b>3,535,691</b>	<b>6,133,998</b>

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

### EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

Cluster coordination will remain a priority for UNICEF in WASH, Nutrition and Child Protection.

#### Nutrition:

- All the seventeen districts of Sa'ada will benefit from community-based management of severe acute malnutrition.
- Availability of nutrition supplies will be ensured in all 330 districts of Yemen.
- A Nutrition Surveillance system will be established at a central level and in two pilot governorates.

#### Health:

- Provisions will be made to address the needs in emergency trust and medical supplies for health facilities and outreach activities in the conflict-affected governorates in a timely manner.
- Social mobilisation will be conducted to promote health services utilization.

#### Water, Sanitation and Hygiene:

- UNICEF will support the General Authority of Rural Water Supply Projects (GARWP) in Yemen in establishing an emergency unit. Support will also be provided to GARWP and WASH Cluster partners to implement the government's WASH Emergency Preparedness and Response Plan (EPRP), including maintenance, repair and pre-positioning of WASH emergency supplies available in the country.

#### Education:

- In areas affected by conflict, 150,000 school age boys and girls (100,000 vulnerable children and 50,000 IDP and host community children) will benefit from improved access to basic education.
- Quality of learning will be improved by the implementation of the following measures: teaching aids will be provided for the affected schools (black boards, school-in-a-box etc); basic learning materials will be distributed to students; and support will be provided to additional teacher (especially female) deployment.

#### Child protection:

- Monitoring, reporting and advocacy on grave violations against children's rights will be strengthened.
- Support will be continued or expanded in the protection of affected children and identification of conflict-affected and vulnerable boys and girls that have not been reached previously.
- Comprehensive awareness to the risks of death and injuries by mines and unexploded ordnances will be supported.

## UNICEF Humanitarian Action 2010

## LATIN AMERICA AND THE CARIBBEAN



## SITUATION UPDATE

In the early months of 2010, the Latin America and Caribbean region was dramatically hit by earthquakes both in Haiti and in Chile. The Haiti earthquake impacted the life of nearly 1.5 million children: more than 100,000 children lost their lives, several hundred of thousands more were injured, and more than one million of them were displaced. In addition to the severe physical, emotional and psychosocial impact of the catastrophe, affected children are now vulnerable to epidemics and malnutrition, child trafficking and other forms of exploitation. The damage and economic loss is estimated at more than 120 per cent of Haiti's 2009 gross domestic product (GDP) in a country with very low pre-earthquake development indicators. In this context, the achievement of millennium development goals becomes a serious, even impossible challenge without adopting new approaches to transform children's lives in Haiti.

The February 2010 Chile earthquake affected more than two million people, with partial or total destruction of 370,000 houses, more than 70 hospitals and thousands of schools. The total cost of estimated losses amount to 17 per cent of Chile's GDP. While reconstruction work is being undertaken, immediate needs for children are psychosocial support, water, sanitation and hygiene in shelters, as well as the sustainment of health and nutrition services and the provision of temporary education facilities.

As a start of the hurricane season, the tropical storm Agatha strongly affected many parts of Guatemala<sup>1</sup> from South-West to East, and central parts of El Salvador, leading to major destruction and flooding. In Guatemala, the aftermath of Agatha triggered several hundreds of casualties and affected about 400,000 people, of which more than 160,000 had to flee their house and seek refuge in shelters. There is high risk that this situation will further compound the nutritional crisis that is affecting the country since the end of 2009. With the return of the La Niña, there is significant

<sup>1</sup> Guatemala issued two Flash Appeals: on 6 March, of which UNICEF requested US\$6,676,800, and on 10 June, of which UNICEF requested \$1,575,147.

concern that the 2010 hurricane season, which can affect any country in Central America and the Caribbean, will be increasingly intense until November 2010.

During the first months of the year, flooding and landslides occurred in several regions of South America. In Brazil, this had posed significant threats to urban poor populations. In Colombia, pockets of armed conflict continue to trigger displacement and human rights abuses, including child recruitment and abductions especially against women and children amongst the indigenous populations.

### KEY RESULTS FOR CHILDREN

In early 2010, regional office efforts have been centred in supporting the response to major emergencies in Haiti and Chile, which diverted to some extent from the full implementation of regular capacity building activities. Nevertheless, the UNICEF regional office continued to advocate for and assist emergency preparedness and response with UNICEF country offices and partners, including in Venezuela, Belize, Brazil, Argentina, Mexico and others, and the development of disaster risk reduction (DRR) strategies with a specific focus on the education sector through the European Commission Humanitarian Aid department's Disaster Preparedness Programme (DIPECHO)-funded programme. For instance, a regional training on education in emergencies and DRR was organised in Colombia in March 2010, involving government authorities and partners. In addition, the regional office strengthened its advisory role to country offices to engage in the initiation of multi-sector DRR strategies in support of governments, for example in Brazil.

UNICEF in the Latin America and the Caribbean region has actively worked to address the effects of the Haiti and Chile earthquakes and their impact on the most vulnerable children, adolescents and their families. In the first hours after the Haiti earthquake, the UNICEF Latin America and the Caribbean regional office immediately mobilized to send emergency supplies from its regional hub in Panama, in addition to specialized human resources. The UNICEF regional office further provided programmatic support in the areas of the Core Commitments for Children (CCCs), especially in protection, health and education, and convened significant actors to work for the realization of the Transformative Agenda for Children<sup>2</sup> which was shared and agreed with the Global Movement of Children as a guiding reference document for changing children's lives in Haiti. The regional office led the efforts for the creation of the first operational base to support field operations based in Santo Domingo, and the development of the Haiti One Year Plan.

Humanitarian response to the Chile earthquake required targeted support and coordination efforts from UNICEF to complement the strategies of government authorities for short and medium term disaster response. The three focus areas are WASH, child protection and education, including a specific focus on psycho-social recovery of children and their return to school, all of which are accompanied by a communications strategy to ensure that key messages on children's rights are consistently broadcasted via television and radio media channels. In Guatemala, assistance to the government and population is being provided for child protection, including psycho-social support and attention to separated children, health emergency items, WASH assistance in shelters, and support to the assessment of education needs.

### KEY CHALLENGES

The Haiti emergency constituted the principal focus of the Regional Office in Latin America and the Caribbean efforts in the first quarter 2010, and the Chile and Guatemala emergencies required specific attention and technical support from the regional office. All of these limited to some extent the implementation of the regular emergency preparedness capacity building program for other countries within the region. Nonetheless, the main preparedness, regional coordination and disaster risk reduction activities scheduled for the first half of 2010 have been carried out as planned.

### INTER-AGENCY COLLABORATION

The UNICEF regional office in the Latin America and the Caribbean has been working in very close collaboration with regional partners, especially with the United Nations Humanitarian Response Depot (UNHRD) and the Spanish Agency for international cooperation and development (AECID) for the deployment of emergency supplies to the Haiti emergency. UNICEF has been a main actor in supporting coordination and information sharing within the regional Inter-Agency Standing Committee's Risk, Emergency and Disaster Task force for Latin America and the Caribbean (REDLAC) coordination mechanism, which convened special daily and bi-weekly coordination meetings to support Haiti and Chile earthquake response, and for the Guatemala emergency. The regional office contributed to several inter-agency missions, including the inter-agency contingency planning mission in Haiti.

<sup>2</sup> For additional information, please refer to the Haiti chapter of this Mid-year review.

## FUNDING REQUIREMENTS

Since the beginning of 2010, the regional office has used existing financial resources to ensure the continuity of the delivery of supplies, human resources and programmatic support to various large scale emergencies including Haiti, Chile and Guatemala. As all emergency contributions have been devoted directly to country level response and no resources allocated directly to the regional support mechanisms, the regional office urgently needs contributions to avoid the depletion of financial resources and ensure the continuation of its services. This is particularly urgent given the beginning of the hurricane season, including stock replenishment, maintenance of the emergency roster, and preparedness support to country offices, particularly in Central America and the Caribbean.

Urgent funding is also required to ensure UNICEF ability to undertake its cluster coordination responsibilities within the region. The existing gaps are the continuation of capacity building in the WASH sector, and the initiation of capacity building in nutrition and child protection sectors for which resources are still very limited or non-existent. The latter sectors are becoming pressing priorities given the drought and nutritional emergencies affecting several countries in the region, and continued child protection concerns exacerbated during and after emergency situations.

Funds received against the HAR 2010 (US\$)				
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap
Emergency Preparedness and Response	800,000	800,000	0	800,000
Operational and Technical Emergency Support	500,000	500,000	0	500,000
Disaster Risk Reduction	500,000	500,000	0	500,000
<b>Total*</b>	<b>1,800,000</b>	<b>1,800,000</b>	<b>0</b>	<b>1,800,000</b>

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

## EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

### Emergency Preparedness and Response

- Support UNICEF country offices' emergency preparedness and response planning: The regional office will make full use of the revised Core Commitments for Children in Emergencies and Early Warning Early Action tools to increase country offices' capacities to respond to emergencies across the region, and ensure adequate cluster coordination roles. A specific focus will be given to move away from a "preparedness planning" approach and to foster an "actionable" preparedness process.
- Sustain support for WASH in emergency and cluster coordination mechanisms: The regional office will focus on implementation of the priorities set through the regional WASH platform, such as support to regional and national WASH in emergencies trainings (cluster coordination, hygiene promotion, etc.), maintenance of the roster of WASH specialists for immediate deployment, and adaptation of key WASH guidance.
- Increase capacity building on nutrition and protection in emergencies: In the second half of 2010, the regional office will undertake a stock-taking of nutrition in emergencies capacities in the region, and define a regional capacity-building strategy including the organisation of nutrition cluster trainings and adaptation of key material. Child protection mechanisms in emergencies will be strengthened through the work of the Protection regional Working Group under development, in the context of the Risk, Emergency, and Disaster Task Force Inter-Agency Workgroup for Latin America and The Caribbean (REDLAC).

### Operational and Technical Emergency Support

- Sustain regional office operational support capacities: The emergency supply mechanism at regional office level will be maintained and mainstreamed to enable fast delivery of relevant emergency items in coordination with partners. The deployment of staff to provide technical support in the event of an emergency will be streamlined through the development of emergency rosters for all sectors, for use at inter-agency level through the REDLAC mechanisms.

### Disaster Risk Reduction (DRR)

- Advocate for multi-sector disaster risk reduction strategies across the region: UNICEF will help country offices, partners and governments to incorporate DRR into their planning and practice in order to reduce vulnerabilities of women and children in emergencies. The focus will be on advocacy on children's rights in emergencies and support development of national capacities for providing emergency assistance, prevent risks and/or reducing underlying

risk factors, particularly in the Education sector. This will be accompanied with a strong communications strategy in line with global UN-ISDR and other partner's global campaigns.

- Assist Haiti recovery process, especially to include disaster reduction priorities: The regional office will contribute its technical expertise to assist the Haiti UNICEF Country Office and its partners to adapt guidance for disaster risk reduction and emergency response to the Haitian context, and ensure that they are fully integrated into the government recovery strategies at central and local levels.

## UNICEF Humanitarian Action 2010

# COLOMBIA

### SITUATION UPDATE

The longstanding armed conflict in Colombia of over 45 years continues to be the cause of a protracted humanitarian crisis leaving hundreds and thousands of people displaced, as well as causing social and political polarisation with the marginalisation and targeting of specific groups and uneven economic growth. Notwithstanding the advances in the integrated approach of humanitarian assistance for children affected by natural hazards and complex emergencies, many gaps and needs persist, owing to the magnitude of the emergencies and their extensiveness throughout Colombia. During the first six months of 2010, the consequences of the armed conflict have been especially harsh for children, who are continuously victims of recruitment, indiscriminate attacks and sexual violence, displacement, confinement, anti-personnel mines and unexploded ordnance accidents and threats. Estimates of the number of children participating in illegal armed groups range from 8,000 according to the Ministry of Defence, to 11,000 according to non-governmental sources.

As a result of fighting, internal displacement continued in the first half of 2010, contributing to a total of 3,303,979 persons registered as IDPs since 1997, making it the country with the largest IDP population after Sudan. In 2009, there were 285,946 new internally displaced persons, 144,446 of them being children and adolescents (73,480 boys and 70,966 girls).<sup>1</sup>

In 2009, the Government accepted that Colombia is the country most affected by landmine and UXOs in the world and has paid increased attention to the prevention of accidents, assistance to victims and demining efforts. Official government statistics show a cumulative total of 8,329 victims between 1990 and March 2010, including 787 children, of which 182 were killed. During 2009, 117 people died as a result of accidents with landmines and UXOs, and there were 33 reported child victims of landmines. Between January and April-May 2010, 132 children who were separated from illegal armed groups joined the Colombian Institute of Family Welfare's (ICBF) protection programmes (85 boys and 47 girls). The indiscriminate use of anti-personnel mines by the illegal armed groups continues. Over the first three months of 2010, five boys and one girl have been killed or seriously injured by mines, adding to the 48 child victims in 2009.<sup>2</sup>

Since the beginning of the rainy season in April 2010, the National Disaster Prevention and Response System reported 118,708 persons already affected by heavy rains and flooding, landslides, avalanches, wind storms and forest fires.<sup>3</sup> In addition, in early June, a sanitary emergency was declared in Cauca region with increasing cases of water-borne diseases affecting children. UNICEF is currently undertaking a mission to assess the situation.

### KEY RESULTS FOR CHILDREN

Since the beginning of the year, a total of 61,372 children and adolescents (56 per cent boys and 44 per cent girls) have been participating in activities to prevent the involvement in illegal armed groups in 21 departments. 107 children who separated from illegal armed groups joined the Colombian Institute of Family Welfare's (ICBF) Hogar Gestor Protection Programme supported by UNICEF.<sup>4</sup>

Up to 3,922 girls, 4,000 boys and 800 pregnant and lactating women in the Colombian Pacific Coast region affected by violence, displacement and other complex emergencies this year, benefited from complete care in health, nutrition, education and protection using a comprehensive response approach. Strategies applied with parents and children's caregivers, along with the deployment of community health workers, improved the impact on home health care practices, vaccination and nutrition. In prioritized municipalities, 550 families improved their access to safe water and sanitation. These activities were implemented in close cooperation with World Health Organization/Pan American Health Organization, World Food Programme, and other humanitarian organizations in the framework of the IASC.

A national platform on education in emergencies was organised in April to build capacities of education officials and humanitarian workers on emergency response and risk reduction. The Education in Emergencies model developed by the national Working Group has been implemented in a rural school affected by floods and internal displacement

<sup>1</sup> Agencia Presidencial para la Acción Social; [www.accionsocial.gov.co](http://www.accionsocial.gov.co).

<sup>2</sup> Programa Presidencial de Acción Integral contra Minas; [www.accioncontraminas.gov.co/estadisticas/estadisticas.html](http://www.accioncontraminas.gov.co/estadisticas/estadisticas.html).

<sup>3</sup> National Disaster Prevention and Response System; [www.sigpad.gov.co](http://www.sigpad.gov.co).

<sup>4</sup> Colombian Institute of Family Welfare (ICBF); [www.icbf.gov.co](http://www.icbf.gov.co).

benefiting some 1,200 children. An additional 8,240 children affected by natural hazards and complex emergencies have been assisted with critical supplies including school-in-a-box education kits, recreational kits, and school tents in child-friendly spaces. Training sessions for teachers have been implemented to improve quality of education for these children.

Humanitarian assistance in food, nutrition and protection was provided to 375 indigenous children and their families affected by armed conflict in rural communities, and 9,000 indigenous children under five years and their families have received support for early child development in the frame of the International Child Development Programme (ICDP).

A total of 695 teachers in 125 schools are carrying out Mine Risk Education activities, with technical support from UNICEF, and 10,128 children and adolescents were sensitized and informed about safe practices for preventing accidents with landmines. A total of 695 teachers in 125 schools are carrying out Mine Risk Education activities, with technical support from UNICEF.

### KEY CHALLENGES

In many municipalities and rural areas, emergencies hamper access to comprehensive protection and basic services of health, nutrition, education and water and sanitation for children and their families. The challenges are to strengthen national and local capacities for risk reduction, preparedness emergency response and early recovery, and provide technical assistance and financial support in order to fulfil the rights of children and adolescent when emergencies occur. In the context of a significant increase in the cases of recruitment of children into armed forces, another main challenge is to urgently scale up activities to prevent child recruitment.

### INTER-AGENCY COLLABORATION

UNICEF coordinates the Technical Secretariat of the monitoring and reporting mechanisms (MRM) Task Force which was established in the framework of UN Security Council Resolutions 1612 and 1882. UNICEF actively participates in the emergency response to natural disasters, in coordination with the other agencies of the UN Emergency Country Team. UNICEF leads the Basic Services Cluster (comprising of sub-groups on Education, Health, Water and Sanitation and Food) of the Interagency Cooperation Mechanism and participates in the Clusters on Protection and Early Recovery, and leads the Education in Emergencies Working Group.

### FUNDING REQUIREMENTS

Colombia's total HAR requirements amount to US\$6 million, of which only \$503,328 or 8 per cent has been received as of mid-year. Emergency assistance funding needs are crucially needed to ensure an integrated response in support of children and their families in the event of natural disasters, particularly floods.

Funds received against the HAR 2010 (US\$)				
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap
Health and Nutrition	1,000,000	1,000,000	162,990	1,037,010
Water, Sanitation and Hygiene	800,000	800,000	340,338	454,954
Education	900,000	900,000	0	900,000
Child Protection	3,100,000	3,100,000	0	3,400,000
HIV/AIDs	200,000	200,000	0	200,000
<b>Total*</b>	<b>6,000,000</b>	<b>6,000,000</b>	<b>503,328</b>	<b>5,991,964</b>

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

### EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

#### Health and Nutrition

- The primary health care of 30,000 children will be improved from the distribution of critical, life-saving relief supplies (including oral re-hydration salts and de-worming treatment) for all children from 12 to 59 months, as well as a basic "basket" of medicines for community level treatment of diarrhoea, respiratory diseases and micronutrient deficiencies in children under five and pregnant women.

- Community-level good practices for health and nutrition of 40,000 children and pregnant and lactating women affected by the emergency will be promoted, including exclusive breast feeding for infants under six months and complementary feeding from six to 24 months
- Ten thousand infants and young children at risk of malnutrition, and pregnant and lactating women, will receive micronutrients (in accordance to the Joint Statement by WHO, WFP and UNICEF).

**Water and Sanitation**

- Chemicals for safe water and water quality control equipment will be provided, as well as systems for improving water quality for 8,000 families.
- Sixty schools affected by natural disasters will receive basic sanitation supplies.
- An additional 10,000 families will be supported in adopting and using culturally adapted good sanitation and hygiene practices.

**Education**

- Technical tools and methodologies will be provided for 1,200 teachers working in the areas most affected by the conflict and/or natural disasters
- Ten thousand school kits will be provided to children living in areas most affected by the conflict and/or natural disasters, along with the rehabilitation of 60 schools and provision of supplies to 30 temporary classrooms.

**HIV/AIDS**

- Around 30,000 families affected by the armed conflict or natural disasters will receive information on prevention, care and treatment of HIV/AIDS.

**Child Protection**

- Child protection activities for the prevention of recruitment of children by Armed Groups, will be supported, expanding the coverage of the projects to a total of 120,000 children and adolescents.
- A total of 40,000 children and their families will benefit from support to the National Mine Action Programme to expand its cooperation in Mine Risk Education.

## UNICEF Humanitarian Action 2010

# HAITI

After the 12 January 2010 earthquake in Haiti, an inter-agency Flash Appeal was launched covering the main humanitarian needs, including US\$222,757,000 for UNICEF's immediate response. This document highlights requirements above the ones outlined in the Flash Appeal, linking preparedness, recovery, disaster risk reduction and residual humanitarian needs for the medium response in Haiti with additional needs of US\$127,243,000. This Humanitarian Action and Recovery update spans a timeframe of 24 months, and updates the Haiti chapter in the 2010 Humanitarian Action Report, which detailed humanitarian needs prior to the massive earthquake of early January.

### SITUATION UPDATE

The earthquake that devastated Haiti on 12 January 2010 killed over 220,000 people, injured over 300,000 and resulted in up to 4,000 amputations. Three million people, or 30 per cent of the population, have been affected; some 2.1 million Haitians, or 400,000 households, are reportedly displaced and living in over 1,300 spontaneous sites, of which around 900 are in Port-au-Prince. With 40 per cent of the population under fourteen in Haiti, children have been disproportionately affected by the earthquake and it is very clear that this has been – and continues to be – a children's emergency. Nearly 1.5 million children have seen their lives dramatically disrupted and many more remain at risk and continue to require assistance and protection.

The earthquake in Haiti has compounded the already very difficult humanitarian conditions in a country where 70 per cent of the population lives on less than US\$2 per day.<sup>1</sup> Already before the earthquake, Haiti's children were up against unfavourable indicators: one out of every 13 infants died before the age of five; over 30 per cent of children under the age of five were chronically undernourished; immunization levels were below 60 per cent, 55 per cent of school-aged children were out of school; 50,000 were in some 600 residential care facilities; an estimated 225,000 children were in domestic service or other form of servitude<sup>2</sup> and an estimated 2,000 girls and boys were trafficked across borders annually. Approximately 120,000 people were living with HIV in Haiti, 7,000 of whom were children age 0-14; HIV prevalence in young people age 15-24 was higher for girls, at 1.6 per cent, while 0.6 per cent for boys.<sup>3</sup>

The earthquake dramatically increased the risk of infection and communicable diseases, significantly disrupted feeding practices and nutrition-related services and consequently has placed very large numbers of infants, young children, pregnant and lactating women at increased risk of mortality and malnutrition. The entire health system has been deeply affected in its infrastructure and organisation, decreasing its capacity to respond to the pressing health needs of the population. The heavy rains that have started and the upcoming hurricane season further complicate an already disastrous situation. Children are at higher risk of dehydration, mortality and morbidity due to diarrhoea and waterborne diseases. The population has been strongly affected and also requires mental health and psycho-social support. The current emergency has further exacerbated child protection concerns significantly. Immediate issues include the safety and well-being of children in residential care facilities, the needs of separated children and unaccompanied minors, the threat of child trafficking and other forms of exploitation, and the general gaps in social protection and welfare for affected children. These issues have also placed children, particularly adolescents, at increased risk of HIV. There is also an overwhelming need for psychosocial assistance to children affected by the earthquake. The education sector was particularly hard-hit by this crisis. Since schools across the country closed after the earthquake, up to 2.9 million children either experienced an interruption in their studies or a continued lack of access to basic education. The earthquake affected some 4,992 schools, of which 3,978 were destroyed or damaged (revised figures from Ministry of Education), as well as the Ministry of Education building itself, and led to the deaths of around 38,000 students, 1,347 teachers and 180 education personnel (Initial Situation Assessment).

<sup>1</sup> According to the Post Disaster Needs Assessment (PDNA), the total value of damage and losses is estimated at US \$7.86\$7.9 billion. This is equivalent to more than 120 per cent of Haiti's 2009 gross domestic product (GDP).

<sup>2</sup> Demographic and Health Survey (EMMUS) VI, 2005-2006.

<sup>3</sup> Epidemiological Fact Sheet on Haiti 2008, WHO, UNAIDS, UNICEF.  
[http://apps.who.int/globalatlas/predefinedReports/EFS2008/full/EFS2008\\_HT.pdf](http://apps.who.int/globalatlas/predefinedReports/EFS2008/full/EFS2008_HT.pdf)

## KEY RESULTS FOR CHILDREN

UNICEF, in line with its Core Commitments for Children and with its partners and cluster structures has been delivering emergency assistance to Haitian children in the sectors of water, sanitation and hygiene (WASH), nutrition, and health. As part of its commitments, UNICEF has also been striving to provide children with a sense of safety and normalcy through designated spaces and materials for education, recreation, and early childhood development. UNICEF has also been working towards building and strengthening systems to protect girls, boys and women from violence, exploitation, abuse and neglect as well as HIV prevention, care, treatment and support.

Six months on, the following results have been achieved by UNICEF and its partners:

### Water, Sanitation and Hygiene

- UNICEF along with the *Direction Nationale de l'Eau Potable et de l'Assainissement* (DINEPA); NGOs and the private sector, provided water to 1.2 million displaced people through water trucking to camps and kiosks. UNICEF's supply operation supports 333,000 persons out of the total number of persons reached.
- UNICEF, through implementing partners, has installed 9,000 latrines out of the total 11,000 installed by the WASH Cluster, benefitting around 1.6 million people, with a ratio of one latrine for every 145 persons. UNICEF has supported training on promotion of key hygiene practices for some 2,200 hygiene promoters and community mobilisers and some 213,240 persons have also benefited from UNICEF's distribution of personal hygiene kits.

### Child Protection

- Over 62,800 children and youth are benefitting through structured activities for youth that include child friendly spaces (some 225 supported by UNICEF) and recreational and sport activities in camps and neighbourhoods in 25 different communes of Port-au-Prince, Léogane, Petit Goave, Jacmel and Les Cayes.
- Over 2,047 separated children have been registered of which 337 have been reunited with their families.
- The quality of care in 359 residential childcare centres—hosting approximately 25,300 children—has been evaluated, and immediate needs of children have been addressed in half of the centres with UNICEF support.
- Over 100 staff from the *Brigade de Protection des Mineurs* (BPM), the *Institut du Bien Etre Social et de Recherches* (IBESR), and the *Ministère des Affaires Sociales et du Travail* (MAST) received training on the prevention of child trafficking and other forms of violence, as well as direct financial, technical and supply support to enhance their capacity to expand child protection systems in locations relevant to each.

### Education

- UNICEF and Cluster partners, with the Ministry of Education, have worked on a 'movement for learning' to promote the gradual enrolment of all children and adolescents in Haiti. Some 80 per cent of schools in Port-au-Prince and all schools in Petit and Grand Goave and Jacmel have reopened, most of them in temporary structures. UNICEF has been supporting the process by working with actors to prioritize schools for rubble clearance – and through the delivery of 1,297 school tents, which will act as temporary learning spaces in 225 different locations.
- UNICEF provided technical assistance to the Ministry of Education to develop an adapted curriculum for a condensed second semester so that children do not have to repeat their studies. Some 2,300 teachers and 3,000 education personnel have been trained in the new curriculum and on the provision of basic psycho-social support in school.
- To encourage enrolment, some 185,616 school-aged children have been provided with basic educational materials (out of 500,000 learners supported by the Education Cluster)—while 45,520 pre-schoolers received learning and recreational materials through the distribution of Early Childhood Development kits.

### Nutrition

- Over 550,000 children under five and pregnant and lactating women have received ready-to-use supplementary food through the blanket feeding coordinated by WFP and members of the Food Security and Nutrition Clusters to prevent the deterioration of nutritional status.
- UNICEF and partners are supporting 28 in-patient stabilisations centres, and 126 outpatient therapeutic feeding programmes for the management of severe acute malnutrition without medical complications. To date, some 2,000 severely malnourished children have received life-saving treatment.
- Some 23,000 mothers and baby pairs have been supported through a network of 107 "baby-friendly tents" that provide counselling on proper infant and young child feeding such as exclusive breastfeeding. Some 3,000 babies for whom breastfeeding is not possible have been receiving ready-to-use infant formula (RUIF) through the baby-friendly tents, with guidance on proper use and practices.

### Primary health care

- In support of the Health Cluster and the Ministry of Health, UNICEF has provided vaccines, injection devices and cold chain materials for the emergency vaccination campaign. To date over 228,000 children aged 9 months to 7 years have been vaccinated.
- In support of the Health Cluster and the Ministry of Health, UNICEF is supporting the expansion of decentralized public health system for maternal, neonatal and child health services. Over 177 Emergency Health Kits and health basic units have been supplied to provide the minimum package of health services to approximately 1,1,770,000 people for three months.

Overall, the humanitarian action taken over the past six months has contributed to averting a post-earthquake crisis. There have been no outbreaks of diseases or epidemics so far and the much anticipated malnutrition crises has not manifested, indicating that the humanitarian mission has indeed, contributed to a stabilisation of the situation. Much, however, remains to be done, including mitigating the risk of hurricanes. UNICEF has supported the interagency efforts to relocate displaced persons from areas that face rain related hazards and UNICEF taken measures to ensure readiness to respond to a potential second disaster. UNICEF is pre-positioning supplies to cover the basic needs of approximately 83,000 affected persons for one month, and an emergency field-support team has been set-up and maintains readiness to deploy anywhere in the country within 72 hours. In the medium to longer term, these preparedness efforts will be coupled with support to foster safer, more resilient communities through disaster risk reduction, mitigation and adaptation measures.

### KEY CHALLENGES – NEW VISION: BEYOND SURVIVAL, A TRANSFORMATIVE AGENDA FOR THE CHILDREN OF HAITI

Beyond humanitarian relief, UNICEF is reconfiguring and expanding its programme and commitments to contribute to Haiti's transformation – since it is the country's political fragility, pervasive and extreme poverty and urban overcrowding, that explain why this quake had such a particularly disastrous impact on children and communities. It is clear that a return to normalcy is not enough for Haiti's children. The challenge lays in taking a step further from the 'building back better' approach: as an example, UNICEF is moving beyond the "back to school" approach to an "all children in school" approach. Only with children and their communities at the centre of the reconstruction effort we can build a new Haiti—a Haiti Fit for Children.

The overarching framework that will guide the recovery and transformative agenda is the **Haitian Action Plan for National Recovery and Development**, released at the end of March 2010, built upon a participatory Post Disaster Needs Assessment (PDNA). The plan outlines a basic roadmap for territorial, economic, social and institutional rebuilding during three phases: an emergency period (which is used to address immediate needs for shelter, basic education and preparation for shocks); an implementation period of 18 months for projects to "kick-start"; and a longer ten-year period, during which the reconstruction and recovery of Haiti will become a reality. The total value of requirements of the Action Plan for National Recovery is US\$3,864 billion. The social sector has the largest needs, estimated at US\$ 1,430 billion, including US\$780 million under Education for reconstruction of affected zones.

UNICEF is working jointly with the rest of the UN system to define its concrete contribution to the Government's recovery plan through the revision of the integrated strategic framework for Haiti, based on the Country Team's shared vision and the recommendations made recently by the Secretary-General to the Security Council on the future role of MINUSTAH. The linkages between the political process, security, humanitarian response and longer-term recovery interventions will be ensured through this framework. As a long-time partner in Haiti, UNICEF stands ready to build on its existing partnerships with the Government and local communities to help rebuild social services, such as health, water and sanitation, education and child protection, in a country struggling to put to rest decades of conflict and instability. One of the main challenges during the next months will be to concentrate efforts in capacity development, for both government and civil society, ensuring that Haitians are empowered to be the architects and drivers of their own reconstruction efforts. Political and social tensions remain a potential risk that needs to be factored into programmes and plans.

### INTER-AGENCY COLLABORATION

In accordance with its inter-agency commitments UNICEF, in partnership with UN Agencies and in close collaboration with respective Ministries, has lead and co-lead roles in several Clusters or Sub-Clusters.

- In WASH, UNICEF co-leads the Cluster with the Direction Nationale de l'Eau Potable et de l'Assainissement (DINEPA);

- In Nutrition, UNICEF co-chairs the Cluster with the Ministère de la Santé Publique et de la Population (MSPP) in close collaboration with WFP;
- In Education, UNICEF co-leads the Cluster with Save the Children and in close collaboration with the Ministry of Education and UNESCO;
- In Child Protection, UNICEF leads the Sub-Cluster with a wide range of partners in support of and the Ministère des Affaires Sociales et du Travail (MAST); the Institut du Bien Etre Social et de Recherches (IBESR), and the Brigade de Protection des Mineurs (BPM).
- In GBV, UNICEF co-chairs the Working Group with UNFPA.

UNICEF is also working with the World Health Organization (WHO) and the Ministry of Health on resuming and expanding primary health care services, and is coordinating the humanitarian efforts in Mental Health and Psychosocial Support. UNICEF programmes and clusters are conducting contingency preparedness plans and interventions to mitigate the impact of the rains and the upcoming hurricane season. Funding to support the cluster coordination work is included in both the Flash Appeal and this mid-year Humanitarian and Recovery update for Haiti.

As a follow-up to the donor conference which took place in New York on 31 March, UNICEF is collaborating with partners to support the establishment of the Haitian Interim Reconstruction Commission and finalisation of the Haiti Reconstruction Fund (HRF). UNICEF is committed to continue coordinating closely with international and national partners through these new structures.

### FUNDING REQUIREMENTS

As part of the inter-agency Flash Appeal for Haiti launched at the onset of the emergency in January and revised in February 2010, UNICEF requested **US\$222,757,000** for immediate needs. Thanks to the extraordinary support of donors from UNICEF National Committees, Governments and the general public, UNICEF's acute, life-saving and immediate interventions are reaching the most affected children and women.

Building on humanitarian principles in natural disasters and sustainable recovery, and on the Haiti 2010 Humanitarian Action Report<sup>4</sup>, which included preparedness and disaster risk reduction elements for chronic and recurrent emergencies, UNICEF is in the process of developing a longer-term plan, which will extend the emergency and recovery response for a period of 24 months (until 31 December 2011). Using the Haitian Action Plan for National Recovery as the guiding framework, UNICEF has initially revised the Haiti 2010 Humanitarian Action and Recovery requirements to a total amount of US\$127,243,000 for 24 months, in order to respond to the remaining humanitarian needs and recovery requirements in Education, WASH, Nutrition, Health and Child Protection for the medium and longer terms. Once a full inter-agency plan for Haiti is developed further revisions to the programme and funding adjustments may be required.

Funds against the Haiti Humanitarian Action and Recovery (US\$)				
Sector	Original 2010 HAR requirements	Revised HAR requirements (24 months)	Funds received	Funding gap
Education	2,800,000	31,443,000	1,000,000	30,443,000
Child Protection	2,100,000	18,300,000	500,000	17,800,000
Nutrition	5,400,000 (includes Health)*	26,500,000	500,000	26,000,000
Water, Sanitation and Hygiene	2,200,000	27,800,000	820,312	26,979,688
Health	***	23,200,000	500,000	22,700,000
HIV/AIDs	500,000	-		
<b>Total**</b>	<b>13,000,000</b>	<b>127,243,000****</b>	<b>3,320,312</b>	<b>123,922,688</b>

\*Prior to the earthquake, Health and Nutrition activities were part of an integrated programme with total requirements at US\$5.4 million.

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

\*\*\* In the current programme HIV/AIDS is integrated into the sectors plans and budgets.

\*\*\*\* The requirement for year 2010 is US\$63,621,500.

<sup>4</sup> The 2010 Humanitarian Action Report went to press just prior to the earthquake and thus includes pre-earthquake needs only.

## EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

UNICEF, with its partners, will continue to support the relief operations while engaging in recovery and long-term support to Government efforts. The country remains vulnerable to natural disasters with the forthcoming hurricane season and therefore requires ongoing contingency planning and preparedness. Although longer-term objectives are starting to emerge from the PDNA and government plans, UNICEF is currently focusing on a two year work plan which will set the foundations towards those objectives and for sustainable development in general.

### Education

The key to the overall transformation of Haiti is education. Sectoral needs identified under the Haitian Action Plan for National Recovery for Education are indeed the single largest component with an estimated US\$ 2,599.8 billion in requirements. Since the agenda is transformation, pre-earthquake challenges related to access, quality and lack of regulation are taken into account and require an extraordinary long-term response. Before the earthquake, public primary schools—many of low quality—accounted for only 8 per cent of all facilities and hosted 20 per cent of the total number of students. Non-public schools were running largely without supervision and many operating far below minimum standards. Direct and indirect costs presented a major obstacle to access and retention. The system was also starting to recover from the effects of three cyclones and a hurricane between August and September 2008.

Faced with these challenges, the potential for transforming the education system remains enormous. It is not enough to speak of a high demand for education in Haiti; there is a thirst for learning. Studies and surveys have shown that parents value education far above any other service for their children. However, there is much to be done to restore confidence in the education system, from the safety and security of school buildings and learning spaces, to the creation of a fully inclusive, regulated, free and effective education system. With this in mind, a nationwide **movement for learning** will be launched in September 2010 and will form the centrepiece of the education response to ensure equitable access to quality education for all Haitian children. In line with the Ministry's strategy for short-term response and long-term transformation under the Haitian National Plan, the Haitian Pact for Education, UNICEF will actively engage all partners including UNESCO, NGOs and civil society in a social movement which will empower parents and children. The movement will be a multi-layer, inter-sectoral initiative with three key components:

- *Education for All Children – “Metè men pou tout timoun ale lekòl” / Joining Hands to get all Children in School*
  - To allow children to return or move into a rhythm of learning (through provision of temporary learning spaces, early childhood development spaces, supplies for children and teachers, psychosocial support, recreation, non formal and pedagogical interventions) before the end of the current school year;
  - To support a massive enrolment drive for September 2010 and follow-up into 2011.
- *Equitable Access to Quality Education*
  - To ensure free and equitable access to quality primary education for all children, including through the elimination of direct and indirect costs to education and support through school-feeding programmes;
  - To assist with the rehabilitation and expansion of public school facilities – facilitating adoption of improved standards for a safer and healthier school environment that includes adequate gender-segregated, age appropriate WASH facilities, nutrition, health and child protection services, and innovative building technologies.
- *Regulation and Transformation*
  - To assist with the long-term expansion of the education system, through strategies that address capacity development of teachers and education personnel, and that advance qualitative interventions, including child and community participation;
  - To enhance the regulatory role of the Government in the transformation of the education system.
  - To assist the Ministry of Education's Civil Engineering team on defining standards and guidelines on the construction of schools and selecting prototypes for semi-permanent and permanent schools. In total, UNICEF will support the construction of 60 semi-permanent schools and 10 permanent schools.

UNICEF will also continue to provide technical and financial assistance to ensure adequate information management, situation analysis and coordination for the Education Cluster at both national and sub-national levels, in partnership with Save the Children.

### Child Protection

The protection of children from violence, abuse and exploitation is another pressing need and long-term challenge. Protection problems directly created by the earthquake, such as children separated from their parents or psychosocial distress, are well known and immense. No less important, however, are the secondary effects of the earthquake which has further undermined fragile child-protection mechanisms and exacerbated the widespread forms of violence, abuse

and exploitation affecting children. In Haiti, violence against children was already rampant, including sexual violence against women and girls, large numbers of separated children living in residential care centres or on the streets, weak regulation of international adoption, and widespread child labour. An estimated 225,000 children were in domestic service (also known as *restavek*<sup>5</sup>), and at least 2,000 children were estimated to be trafficked annually to the Dominican Republic.

The unprecedented level of resources pledged to support Haiti in the wake of this disaster may provide the best opportunity yet to address these protection problems. International, government and community attention to child protection can help create the political will, Government commitment, technical capacity and community mobilization required to begin the process of reforming protection systems for children in Haiti. These joint efforts by UN partners, government institutions, NGOs, civil society and others will be articulated around two key components that permeate Haiti's Action Plan for National Recovery in sectors ranging from social services and governance, to cross-cutting themes on social protection, vulnerability, youth and gender:

- *Strengthening the Protective Environment for Children*
  - Coordination and advocacy on child protection with government, civil society, UN and other actors;
  - Prevention and response to separated children and promotion of family based care;
  - Strengthening child protection systems and government capacity on child protection through support to the *Ministère des Affaires Sociales et du Travail* (MAST); the *Institut du Bien Etre Social et de Recherches* (IBESR) and Child Protection Brigades; support to legal and policy reform on alternative care, adoption and trafficking; support in assessments, data collection, management and monitoring and reporting of child protection issues; and development of a capacity building plan for key government ministries on child protection;
  - Provision of child protection services including for victims of gender-based violence and trafficking;
  - Mobilising civil society, communities and families to protect children and adolescents through the development of child friendly spaces; messaging and information provision on child protection issues; and provision of community-based psychosocial support and gender-based violence prevention and response including HIV prevention, care, treatment and support.
- *Multi-sectoral services for children and families*
  - Priority areas will be identified, and an integrated package of services will be provided to children and their families including health, water and sanitation, nutrition, education and child protection;
  - Household economic and material support, including cash transfers;
  - Community and children participation in the identification and provision of these services;
  - Advocacy to leverage resources to address issues such as income generation and general social policy.

UNICEF will continue to provide technical and financial assistance to ensure adequate information management, situation analysis and coordination for the Child Protection Sub-Cluster at both national and sub-national levels.

### Nutrition

Before the earthquake, over 30 per cent of Haitian children under five were chronically undernourished. Unless this is addressed, a substantial number of children will continue to die unnecessarily of nutrition-related causes, children will not be able to perform well in school, and those who survive will face reduced income and livelihood opportunities. Nutrition has thus been recognised as another key pillar in the Government's strategy as well as in the Haitian Action Plan for National Recovery.

To tackle chronic under-nutrition, programmatic efforts will focus on pregnant women and children up to 24 months, which is the period of the life cycle where nutritional deficiencies have irreversible impacts on growth and development. To implement an effective programme, UNICEF plans to deliver an integrated package of services and behaviour change messages to households and communities through a network of community-based workers. No such coherent, national network currently exists in Haiti, so efforts will be aimed at developing it in a way which is tailored to the country's needs. Integrated programming efforts will therefore focus on the following key actions:

- Improvement of maternal nutrition through micronutrient and/or food supplements during pregnancy/lactation;
- Improvement of early and exclusive breastfeeding for the first 6 months of life and the timely introduction of good quality complementary food while continuing breastfeeding until 24 months;
- Improvement of micronutrient intake through targeted supplementation of children aged 6-59 months, as well as nationwide food fortification of select staple foods and salt;

<sup>5</sup> UNICEF-ILO supported study on children in domesticity, December 2002.

- Treatment of acute malnutrition using community as well as health centre based programmes;
- Prevention and treatment of communicable diseases through basic interventions such as deworming, treatment of diarrhoea, immunisation, and bed net distribution;
- Improvement of availability of clean drinking water, increased access to safe sanitation facilities, and improved hygiene behaviours, including the promotion of hand washing with soap.
- Establishment of a surveillance system to get nutrition data from feeding centres on a monthly basis.

UNICEF will continue to provide technical and financial assistance to ensure adequate information management, situation analysis and coordination for the Nutrition Cluster at both national and sub-national levels since effective action to improve nutrition in the aftermath of the earthquake is urgent. The programme will also combine immediate emergency interventions with a longer-term focus, bridged under the overarching principle of prevention, however, noting that nutrition needs identified in the Haitian Action Plan for National Recovery have thus been estimated at US\$ 1,060 million over three years.

### **Water, Sanitation and Hygiene**

Even before the earthquake, WASH services in Haiti were poor. One in five people living in urban areas had access to piped water, dropping to only one in twenty in rural areas. The vast majority of the population relies on bottled water, private vendors at kiosks, or trucked supplies. Only 24 per cent of urban dwellers and 10 per cent of rural dwellers used improved sanitation facilities. One-half of the rural population (2.6 million people) practices open defecation. Total sanitation coverage is at a bare 17 per cent, far below the 2015 MDG target of 63 per cent. Household sanitation has been primarily through latrines and water flushed toilets with rudimentary septic tanks requiring de-sludging or discharging to hazardous open sewers. There is also little municipal capacity to manage solid waste. WASH facilities in both government and private schools as well as in health facilities were inadequate in quantity and quality.

The earthquake has exacerbated this situation by rupturing pipelines, destroying tanks, collapsing houses and toilet facilities, closing roads and generally disrupting systems and infrastructure. At the mid-year mark over 1.6 million persons continue to live in tented spontaneous settlement sites, the majority of which are dependent on trucked water and temporary sanitation solutions. Provision of adequate sanitation was a critical concern through the first three-four months of response -- now, maintenance and upgrading of existing facilities is the main challenge in the sanitation sector - to ensure that disease outbreaks are kept at a minimum. High water tables and lack of space for latrines complicates the sanitation response. In support of the priorities above and in line with the national plan, UNICEF has identified the following key actions:

- *Continued Cluster Coordination:* UNICEF will continue to provide technical and financial assistance to ensure adequate information management, situation analysis and coordination for the WASH Cluster at both national and sub-national levels.
- *Scale up WASH service delivery:* Support rapid repair of water production facilities; upgrade water supplies outside urban areas through repair and/or installation of hand pumps, gravity systems and protected wells; support NGO partners to install emergency and longer-term sanitation facilities and provide de-sludging services; and promote community involvement through user groups and cash-for-work schemes. Strengthen knowledge and practice of point-of-use water treatment and appropriate hygiene behaviours, including use and maintenance of sanitation facilities and hand-washing with soap.
- *Emergency preparedness and disaster risk reduction:* Integrate interagency preparedness measures into ongoing relief efforts to cater to the additional demands for the coming rains and hurricane season; incorporate and adopt disaster risk reduction measures into WASH reconstruction efforts and; ensure high levels of life-saving WASH supplies are available for rapid deployment.
- *Intersectoral coordination:* Work with Education, Health, Nutrition and Child Protection programmes to ensure that WASH contributions are well articulated and implemented throughout the three priority areas. All WASH interventions will by essence contribute to reducing malnutrition, by improving household and community hygiene and mitigating the spread of water-borne disease, and specific WASH improvements in schools, child friendly spaces and health facilities will ensure an overall healthier environment.
- *National WASH Sector Capacity Building:* Capacity building of government counterparts at national and sub-national level to enhance and sustain improvements in management of sector services, by providing support to the Direction Nationale de l'Eau Potable et de l'Assainissement and the Ministry of Health and other partners to fill critical gaps in planning, coordination and monitoring; development of national plans to address pre-existing vulnerabilities and accelerate action towards the MDGs on a nationwide basis, with a focus on town and rural water supplies, community approaches to sanitation, hygiene behaviour change and environmentally sustainable management of water resources.

## Health

Haiti has the highest under-five mortality rate in the Latin American and Caribbean region (72 per 1,000 live births in 2008) and the highest maternal mortality ratio (670 maternal deaths per 100,000 live births). Measles and DTP3 vaccination coverage only reached 58 per cent and 53 per cent of the population respectively<sup>6</sup>; an estimated 120,000 people are living with HIV/AIDS.<sup>7</sup> Health expenditures are estimated at 32 dollars per capita, and 50 per cent of the population does not have access to health care. Only 25 per cent of pregnant women deliver in health facilities. However the poorest women (in the lowest wealth quintile) have even lower access with less than five per cent of them delivering in health facilities.

The health system is also dominated by the private sector and suffers from weak regulation with low levels of support and supervision, lack of effective centralised medical warehousing capacity, and high turnover combined with inadequate training of staff. The sector is also chronically under-resourced, with the Ministry of Health's pre-earthquake allocation in the national budget decreasing by 50 per cent in 2010 compared to 2009. Efforts to increase capacity have been predominantly vertical in nature and have tended to neglect critical cross-sectoral systems which could enable an overall expansion of the public health system. The community-based health component is also weak, limiting potential outreach and geographical coverage. Coordination of this fragmented system has proved a recurrent challenge and has prevented a harmonised approach to quality service delivery.

The impact of the earthquake has rippled through the entire health system affecting its capacity to respond to pressing health needs of the population. The earthquake also further constrained the capacity of the health system to operate in a decentralised manner. Without critical and urgent support to health workers (including stipends and incentives) and decentralisation of supply and financial assistance, the health sector may see a dramatic "brain drain" of qualified technical personnel. The destruction and damage to facilities, breakdowns in electricity supplies, and disruptions to pharmaceutical procurement management systems has seriously undermined the cold chain and tremendously complicated access to essential drugs and medical supplies.

In support of the Government's Action Plan for National Recovery, UNICEF has developed a **two-pronged strategy** in the health sector. This strategy combines actions to (i) address the immediate, current and future needs of affected populations; and (ii) contribute to the rehabilitation and reconstruction of the health system at national and decentralised levels in order to promote universal access to a minimum package of quality health services. The process of (re)constructing the Haitian health system will need to start from the bottom-up. Emphasis will be placed on the provision of essential services at the first level of care, through community services and family practices. Decentralisation process will indeed be crucial to reach the most vulnerable. Under this strategy in the health sector, UNICEF will:

- Ensure key policy shifts and removal of system bottlenecks, identified in the Haitian Action Plan for National Recovery and guided by results-based planning and disaster risk reduction considerations;
- Support the Ministry of Health in partnership with WHO/PAHO/UNAIDS to assume leadership of the health sector; and the National AIDS Commission in building coordination mechanisms for response.
- Catalyse upstream policy dialogues and downstream commitments to expand the network of community health workers for increased delivery of high impact intervention at community level;
- Define partnership strategies for engaging with the wide range of partners providing services;
- Work with WASH, Nutrition, Education and Child Protection to ensure UNICEF Health is included and catered for in relevant plans.
- Support partners, NGOs, bilateral, Agencies and other stakeholders to ensure coordinated provision of HIV prevention, care, support and treatment.

<sup>6</sup> World Health Organization/UNICEF.

<sup>7</sup> UNAIDS, World Health Organization 2008.

## UNICEF Humanitarian Action 2010

**CENTRAL AND EASTERN EUROPE,  
COMMONWEALTH OF INDEPENDENT STATES****SITUATION UPDATE**

Since the beginning of the year, a number of emergency events have impacted the lives and well-being of children and women in the Central and Eastern Europe, Commonwealth of Independent States (CEE/CIS) region. On 2 January, a moderate earthquake in the Vanj district of Tajikistan caused massive destruction to essential infrastructure such as houses, schools and hospitals. In the spring, Kazakhstan and Tajikistan experienced flash floods which resulted in dozens of deaths and injuries. In March, an earthquake measuring six on the Richter scale occurred in eastern province of Turkey. Over 50 people were reported dead and some 75 injured. Although these disasters were moderate in scale, they left many children traumatized, disrupted their access to education and at times displaced them and their families. In April, an outbreak of polio was reported in Tajikistan, threatening the spread of virus into neighbouring countries in Central Asia, especially Uzbekistan. This was the first outbreak since 2002 when the country was declared free of polio. In summer, flooding caused by heavy rains affected several countries in Eastern Europe, notably Romania and Moldova, where thousands of families were evacuated, houses, schools and other public buildings were damaged and critical infrastructure such as roads and bridges was destroyed.

In early April, the incumbent president of Kyrgyzstan was ousted from power, followed by a spate of localized protests, violent clashes and general civil unrest in the country, especially in the southern provinces. On 10 June, the already volatile situation broke out into a violent conflict in the city of Osh, which rapidly spread to Jalalabad. At the peak of the emergency, some 1.1 million people were directly or indirectly affected by the conflict and destruction of homes and businesses, including some 300,000 people that were internally displaced within Kyrgyzstan, and over 100,000 people, mostly women and children, who were forced to flee to neighbouring Uzbekistan. Although the violence has since subsided allowing many displaced people and refugees to return to their native areas, tensions and uncertainties remain high. As of 1 July, the vast majority of almost 400,000 refugees and IDPs are now believed to be at home or in the vicinity of their homes, with host families or relatives, neighbours and friends. Many homes of the displaced, particularly of ethnic Uzbeks, are destroyed or damaged. Returnees live with host families in over-crowded houses,

often in yards and even stables, and in otherwise difficult conditions. Children have been particularly impacted from these events. In addition to poor living conditions, many schools have been damaged or are being used as IDP shelters. Children are in need of stability and care and most importantly need to be supported in returning them back to school for the upcoming academic year. At present, both host families and returnees need humanitarian assistance. The sudden return of refugees and IDPs has had immediate implication on UNICEF's and partners' programming, although shelter materials and protection are perceived the priorities at present.<sup>1</sup>

### KEY RESULTS FOR CHILDREN

The CEE/CIS Regional Office continues to actively support the country offices in preparing for responding to the needs of the children affected by the emergency events in the region. The office has provided technical guidance and support to the country offices in carrying out rapid needs assessments, organizing response interventions, mobilizing financial and human resources, contributing to the broader humanitarian effort by the governments and international community. At the onset of the crisis in Kyrgyzstan on 10 June, the regional office activated its Crisis Management Team (CMT) to coordinate the regional and global support to the country offices both in Bishkek and Tashkent. In close coordination with its Headquarters, the regional office has deployed and continues to facilitate deployment of experienced emergency staff, delivery of essential emergency supplies, establishment of operational capacity ensure rapid response to the humanitarian needs in Kyrgyzstan and Uzbekistan. It is also working closely with the two offices, especially in Bishkek, in developing specific strategies and plans to support rehabilitation and early recovery programmes.

In the area of Disaster Risk Reduction, UNICEF has recently received a multi-million grant from ECHO's Disaster Preparedness (DIPECHO) programme for Central Asia and South Caucasus, covering the following countries: Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan. Although the project activities are being implemented at the country level, the Regional Office plays an important role in facilitating coordination between the relevant country offices as well as providing guidance and direction in the planning and execution of the project interventions. Overall, the programme will contribute to the achievement of global Hyogo Framework for Action (HFA), especially Priority Three (knowledge and education) and Priority Five (disaster preparedness).

### KEY CHALLENGES

The sudden outbreak of crisis in Kyrgyzstan and the earthquake in Tajikistan and Turkey once again underscore the need for constant vigilance and monitoring in this region. In Kyrgyzstan, humanitarian response to the affected children and their families in the first few days after the crisis was constrained by the lack of access to the southern provinces of Osh and Jalalabad due to security concerns. In addition, activities planned to strengthen and formalize the regional surge capacity for humanitarian response have been constrained due to the lack of funds.

### INTER-AGENCY COLLABORATION

The Regional Office continues to be part of formal and informal mechanisms of inter-agency network around disaster preparedness and response, enabling UNICEF to share information and coordinate action with the key operational UN agencies, particularly UNHCR, the World Health Organization, the World Food Programme, and the Office for the Coordination of Humanitarian Affairs. As part of this partnership, the RO has supported a number of UN Country Teams in the region with inter-agency contingency planning workshops and simulation exercises.

### FUNDING REQUIREMENTS

The following table provides an overview of the present funding situation of CEE/CIS RO's disaster preparedness and response programme. The RO wishes to express its appreciation to all the donors who have contributed to the humanitarian programme in the region, and in particular, the European Commission's Humanitarian Aid Office (ECHO). Out of the US\$753,704 received as of 1 June, \$223,364 has been allocated to the RO to support UNICEF country offices in implementing the disaster risk reduction project in Armenia, Azerbaijan and Georgia. The remaining amounts have been provided to Georgia, Azerbaijan, and Armenia. Funding requirements for Disaster Risk Reduction (DRR) have increased to reflect the increasing number of countries requiring DRR interventions.

<sup>1</sup> A Kyrgyzstan Flash Appeal was launched on 18 June and revised on 23 July.

Funds received against the HAR 2010 (US\$)				
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap
Emergency Preparedness and Response Planning	200,000	200,000	0	200,000
Regional Surge Capacity	250,000	250,000	0	250,000
Disaster Risk Reduction	400,000	1,200,000	753,704	446,296
<b>Total*</b>	<b>850,000</b>	<b>1,650,000</b>	<b>753,704</b>	<b>896,296</b>

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

### EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

**Kyrgyzstan: Humanitarian response and post-conflict recovery:** Kyrgyzstan will be a key arena for accelerated recovery programmes following on the recent conflict in Kyrgyzstan and rapid returnees from Uzbekistan. Priorities will be ensuring stability for communities, supporting peace and reconciliation, ensuring resumption of schooling and access to health services, and ensuring livelihoods and support to the families.

**Disaster Risk Reduction project in Central Asia and South Caucasus:** Another priority area will be the DRR/DIPECHO programme in Central Asia and South Caucasus. The Regional Office will continue to provide guidance, support and oversight on the two projects. Under the DRR programme, the RO will support the relevant country offices in strengthening national disaster preparedness and educational policies, thereby contributing to the building of a culture of safety and resilience. Capacity development initiatives will also be supported, specifically targeting teachers, school directors, local disaster management authorities as well as national policy makers. In a direct contribution to HFA Priority Three, mass awareness-raising activities will be implemented to raise the level of awareness and knowledge of parents and the wider community about disaster preparedness and risk reduction.

## UNICEF Humanitarian Action 2010

# TAJIKISTAN

### SITUATION UPDATE

The first half of 2010 was marked by multiple emergencies in Tajikistan, including a January earthquake in Pamirs (Vanj region), an outbreak of Poliomyelitis in the south-west of the country in April and heavy floods in Khatlon (Kulob) in May, all seriously affecting the lives of women and children. The Government estimates the total damage caused by disasters in 2010 at US\$600 million.<sup>1</sup> The earthquake hit about twenty villages, and although there were no reports of casualties, 140 houses were fully and 958 houses partially destroyed, and a health centre and five schools were damaged, affecting almost 8,000 people. The spring of 2010 was characterised by unusual heavy precipitation, which triggered floods, landslides and mudflows in many of the country's districts. When torrential rains hit East Khatlon in May, a flash flood destroyed the houses and belongings of 4,500 people in the town of Kulob and surrounding areas, killing at least 40 people. An estimated 16,000 people were directly affected by the disaster due to destroyed houses and crops, and an additional 70,000 people encountered difficulties in accessing safe drinking water. Social and other infrastructures were severely damaged. Additionally, Tajikistan declared a serious public health emergency in April due to the outbreak of Poliomyelitis. As of early July, 653 cases of Acute Flaccid Paralysis have been reported, including the death of five children. As many as 3 million children under the age of 15 are currently at risk of Polio.<sup>2</sup> The effects of these emergencies continue to be further exacerbated by the negative effects of the global economic meltdown and rising food prices. The UNDP Disaster Risk Management Monitoring Report of Tajikistan's Early Warning Indicators in May noted that since the beginning of 2010, the inflation rate in the consumer sector has reached 1.8 per cent.<sup>3</sup>

### KEY RESULTS FOR CHILDREN

By promptly using the in-country stock of emergency supplies, UNICEF was among the first agencies to respond immediately to the humanitarian needs of the affected population for all the three aforementioned emergencies. It mainly focused on the priority areas of health, nutrition, water, sanitation and hygiene, education and child protection. Together with partners at the Global Polio Eradication Initiative, UNICEF and the World Health Organization closely worked with Tajikistan's Ministry of Health to plan and carry out an emergency Polio immunisation campaign. As an immediate response, a four-round repeated vaccination campaign including ten million doses of oral polio vaccine (m-OPV) covering children 0-6 years old for all four rounds and children 7-15 years for 2 rounds were carried out across the country, covering more than 98 per cent of the target population. UNICEF also led the communication and social mobilisation effort to inform the society about the campaign.

In the Vanj and Kulob regions affected by earthquake and flooding respectively, health points were established in all affected areas where emergency health kits are used for the provision of health services. Vaccination of children is being carried out and hygiene and sanitation practices are being promoted by health workers. A UNICEF supported NGO provided breastfeeding counselling and hygiene promotion among affected families and facilitated psychosocial support to 750 children and 400 parents affected by the earthquake, in collaboration with Tajik State University. As part of this support, 300 teachers, local government officials and health care workers among others, who themselves were affected by the earthquake, were trained for providing on-going psychosocial support to children and their families. Around 22 winter school tents were provided to affected schools. In the absence of emergency funding, UNICEF has been mobilizing its regular resources in order to be able to provide additional winterized tents, food items, blankets, hygiene and emergency health kits. The support is being provided in coordination with the UN Rapid Emergency Assessment and Coordination Team (REACT).

In the education sector, UNICEF and ECHO initiated a Disaster Risk Reduction project in October 2009. In formal partnership with the Committee of Emergency Situations (CoES) and the Ministry of Education (MoE), the project included supporting disaster risk reduction interventions in 510 schools of the 20 most disaster-prone districts of Tajikistan. More than 1,000 school teachers obtained knowledge and skills on simple and effective disaster risk reduction interventions during the training sessions provided by the master trainers of the CoES and the MoE. An estimated 120,000 school children benefited from the training on development of family disaster preparedness plans.

<sup>1</sup> Estimates by UN Rapid Emergency Assessment and Coordination Team (REACT), June 2010.

<sup>2</sup> WHO/UNICEF Polio outbreak Sitrep as of July 6, 2010.

<sup>3</sup> Prices for foodstuffs increased by one per cent, non-food items by 1.7 per cent and paid services by 5.4 per cent.

Currently some 20,000 families have such plans in place which aim at reducing vulnerability of the family to disasters and improvement of their preparedness level.

### INTER-AGENCY COLLABORATION

UNICEF leads WASH and Education (together with Save the Children) Clusters and contributes to WHO-led coordination in health and to the World Food Programme-chaired Food Security Cluster.

### FUNDING REQUIREMENTS

As of 1 June 2010, no funding was received against HAR revised requirements of US\$6,200,000. Due to the polio outbreak and immediate responses, the funding requirement for the health sector is increased. The additional funds requested will cover the costs of four rounds of the national polio vaccination campaign, including the cost of vaccines and social mobilisation.

Funds received against the HAR 2010 (US\$)				
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap
Health	600,000	2,800,000	0	2,800,000
Nutrition	700,000	700,000	0	700,000
Water, Sanitation and Hygiene	1,000,000	1,000,000	0	1,000,000
Education	1,000,000	1,000,000	0	1,000,000
Child Protection	500,000	500,000	0	500,000
HIV/AIDs	200,000	200,000	0	200,000
<b>Total*</b>	<b>4,000,000</b>	<b>6,200,000</b>	<b>0</b>	<b>6,200,000</b>

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

### EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

Throughout the next six months UNICEF will continue its life-saving and immediate response to climatic hazards. UNICEF will support early recovery related interventions that will mitigate the effects of the combined food, energy and water insecurities in the country. Additional supplementary immunisation activities will be required in September-October 2010 to fully contain the Polio outbreak in the country. In 2010, UNICEF will continue to ensure a coordinated response among partners and respond to the needs of more than 200,000 families. It will seek to ensure adequate access to health and nutrition, safe drinking water, improved sanitation and hygiene, educational opportunities, as well as protection of children.

#### Health:

- A social mobilisation campaign will increase awareness of families and caregivers on the need for all children aged 0-15 years (3 million) to receive additional doses of the polio vaccine during two rounds of the national polio vaccination campaign planned in September and October.
- The capacity of 200 primary health care centres in affected areas will be extended to cope with an increased number of emergency patients, through increased availability of emergency health kits.
- Twenty thousand children under five will have access to the new oral rehydration therapy in the event of a diarrhoea outbreak. UNICEF and JICA provided health facilities across the country with the sufficient amount of ORS.

#### Nutrition

- Working jointly with the World Food Programme, the WHO, the World Bank, and the Ministry of Health (MoH), parents in affected communities will have access to essential information on infant and young child feeding and therapeutic and supplementary feeding to help improve their children's nutrition.
- Five thousand malnourished children and mothers at risk will receive micronutrient supplements, and 2,000 children suffering from severe acute malnutrition will continue to benefit from the UNICEF-supported government run therapeutic feeding programmes.

- An additional 300,000 children under-five will benefit from de-worming campaigns. De-worming tablets were delivered to MoH partners.

**Water, Sanitation and Hygiene**

- Access to the required minimum amount of safe water (according to Sphere standards) will be provided to 10,000 households in urban and rural areas with special attention to hospitals, schools and mass care facilities. Water containers, water purification tablets, chlorine lime and soap will be distributed to 10,000 households.
- Damaged water supply systems will be rehabilitated and sanitation facilities constructed to renew access to safe water and sanitation for the affected population.
- Community communication campaigns for hygiene promotion will be organised, benefiting 100,000 people.

**Education**

- Support for catch-up programmes in line with advocacy for the temporary suspension of classes, especially during severe winter days, will increase opportunities for children to stay in school.
- Temporary schooling facilities will be established for children in emergency affected areas, including construction or repair of school buildings.
- Around 50,000 school children will benefit from school-in-a box kits that contain essential school supplies for learning.

**Child Protection**

- Ten thousand children deprived of parental care will have access to basic health and nutrition commodities.
- Psychosocial support will be provided for an estimated 10,000 children through established child-friendly spaces in resettlement areas and communities in case of flooding, earthquake or any such emergency situation which results in the affected population having to be resettled to another area.
- Identification, tracing and reintegration services will be provided to 300 children displaced due to the effects of emergencies.

**HIV/AIDS**

- Children, young people and women will have access to essential information on prevention, care and treatment, youth friendly health services, including testing, counselling, Preventing Mother-to-Child Transmission and paediatric care.