2011 UNICEF Humanitarian Action for Children
building resilience

UNICEF
Office of Emergency Programmes
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Asia and Pacific Region

From earthquakes to cyclones to monsoons, 89 per cent of people who suffered from natural disasters in 2009 lived in Asia. In Pakistan alone, 20 million people were affected in 2010 by flooding that submerged one-fifth of the country’s land area, prompting UN Secretary-General Ban Ki-Moon to state: “Their hardship is on a scale I have never seen before. Words cannot describe what I have seen, what I have felt while being in Pakistan. It requires a response to match.” UNICEF’s ability to bolster prevention, readiness and response is crucial to lessening the impact of crises when they occur. Every missed opportunity to prevent risks and mitigate the impact of natural hazards and every failure to respond effectively to emergencies of all kinds result in a ripple of life-altering consequences, diminishing survivors’ health, nutritional status, and access to education and adequate water and sanitation. What’s more, emergency conditions also heighten children’s risk of separation, exploitation and abuse.

There has been no shortage of complex emergencies in the region, notably the ongoing conflicts in Afghanistan and Pakistan, as well as protracted humanitarian crises in the Democratic People’s Republic of Korea, Myanmar, the Philippines and Sri Lanka. Security conditions for staff movement and the smooth implementation of programmes still remain a concern, in particular in Pakistan and Afghanistan.

UNICEF is requesting US$1.1 million in 2011 to continue its work on disaster risk reduction and on improving the delivery, speed and coordination of emergency programmes in a region characterized by increased frequency and intensity of disasters. Without regional and in-country capacity development aimed at prevention, mitigation, preparedness and response, the wellbeing and lives of millions of vulnerable women and children will continue to be threatened. It is imperative to strengthen country office capacities to provide basic services before, during and after emergencies.

In Humanitarian Action for Children 2011, the Asia and Pacific Shared Services Centre (APSSC) is seeking additional funds to address such predictable smaller-scale emergencies as the Mongolian dzud – a summer drought followed by extreme cold and heavy winter snow, typically forecast in advance, that devastates livestock.

In 2011, the APSSC will continue to provide technical support to UNICEF country offices for disaster risk reduction, emergency preparedness and recovery in order to secure reliable access to essential services for women and children in line with the revised Core Commitments for Children in Humanitarian Action (CCCs). Through its unique and innovative structure with specialists in the four cluster areas that UNICEF is leading globally – nutrition; water, sanitation and hygiene (WASH); education; and child protection – APSSC will continue to strengthen UNICEF’s capacity to deliver cluster accountability at the country office level. This will include establishing strategic partnerships; mapping capacity, and defining standards and protocols; building the capacity of cluster members, including government counterparts; and strengthening inter-cluster collaboration. As a member of the regional Inter-Agency Standing Committee network, APSSC will further advocate for agencies to have a focus on children and other vulnerable groups.

UNICEF is currently scaling up its involvement in disaster risk reduction and climate change adaptation in the region. APSSC has recently employed a new Senior Disaster Risk Reduction Specialist to ensure that reducing risk gets prioritized and mainstreamed into the emergency response, early recovery and development efforts of the organization.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Disasters triggered by natural hazards in Asia-Pacific in 2010 included earthquakes in Afghanistan and China and a category four cyclone in Fiji and Solomon Islands.
In Mongolia, heavy snow during the slow-onset dzud disrupted road transportation and hindered access to basic services, which was a concern for pregnant women, the elderly and vulnerable children. In addition, dzud led to a loss of an estimated 8.5 million heads of livestock.

Flooding and torrential rains during the cyclone and monsoon season were particularly fierce in 10 countries, but especially in Pakistan, where four provinces – Balochistan, Khyber Pukhtoonkhwa, Punjab and Sindh with a total land area of the size of Italy – were deluged. Existing vulnerabilities worsened in Pakistan, including children at risk of separation, abuse and exploitation. Roughly half of nursing mothers reduced their breastfeeding and about 15 per cent stopped entirely, citing in part lack of privacy.

Security concerns for staff movement remain. In areas of Afghanistan previously perceived as relatively safe, humanitarian workers are being increasingly targeted. In Sri Lanka, there are still 580,000 internally displaced persons and more than 100,000 in Mindanao in the Philippines. The numerous disasters threaten the countries’ prospects of achieving the Millennium Development Goals (MDGs) and require interventions ranging from early recovery and disaster risk reduction to climate change adaptation and, ultimately, sustainable development.

KEY ACHIEVEMENTS IN 2010

In 2010, UNICEF estimated that US$1.9 million was needed to fund its humanitarian coordination and technical support work in the Asia and Pacific region. As of October 2010, a total of US$987,637 had been received, representing 52 per cent of the goal. Through UNICEF’s Asia and Pacific Shared Services Centre, preparedness activities were strengthened in 13 out of 22 country offices during the yearly monsoon and cyclone season. During the flooding in Pakistan, APSSC provided massive surge capacity for a prolonged period, sending the regional emergency adviser as well as senior nutrition, education and WASH emer-
emergency specialists to support the emergency response. In addition, APSSC identified supplementary surge capacity staff for the education and nutrition clusters as well as for conducting the rapid assessment. In Mongolia, during the dzud, the UNICEF Nepal emergency officer was sent to support the emergency coordination as part of inter-regional cooperation.

Prior to the annual monsoon and cyclone season, APSSC provided technical support to country offices to review and/or update emergency preparedness and response through training and simulation exercises. A compilation of the best practices used by country offices in emergency preparedness and response is being finalized.

Training sessions on nutrition in emergencies were held in Bangladesh, Indonesia and the Lao People’s Democratic Republic, while more in-depth training on community-based management of acute malnutrition was organized in the Democratic People’s Republic of Korea. In collaboration with Save the Children and the regional education cluster, APSSC held two training workshops for education cluster coordinators; one participant was sent to Haiti and four to Pakistan.

For WASH, a series of regional and in-country capacity-building exercises was organized on WASH in emergencies and cluster coordination for UNICEF staff and cluster members. Staff from four countries are currently responding to an emergency. For child protection, mostly indirect technical support was provided, due to the delay in recruiting a senior specialist.

APSSC also contributed to new initiatives, including the Harmonized Emergency Risk Management Initiative, which aims at integrating risk identification and assessments into UNICEF country plans and programmes. In the second half of the year, APSSC scaled up its efforts in disaster risk reduction by mapping past and current efforts, commissioning studies on children’s vulnerabilities/capacities, strengthening regional coordination and providing targeted support to country offices. In the future, disaster risk reduction should feature as an integral component of all UNICEF projects, particularly in areas highly prone to hazards and in the education and WASH sectors.

HUMANITARIAN ACTION: BUILDING RESILIENCE

UNICEF co-organized the High Level Meeting on Cooperation for Child Rights in the Asia Pacific Region that took place in Beijing, 5–6 November 2010. Attended by 28 governments, the conference represented an important opportunity to advance community-based and child-centred disaster risk reduction in the Asia and Pacific region. Based on a UNICEF-commissioned discussion paper, ministers present at the conference agreed on the Beijing Declaration on South-South Cooperation for Child Rights in the Asia Pacific Region, which highlighted the capacities of children as agents for change. The Beijing Declaration pursues regional and national strategies to strengthen community-based and child-centred disaster risk reduction and to ensure that these strategies translate into practical measures protecting the rights and interests of children. Along with the Hyogo Framework for Action 2005–2015 and the Regional Incheon Declaration from 28 October 2010, the Beijing Declaration will help governments and UNICEF integrate disaster risk reduction into humanitarian, early recovery and development interventions with a specific focus on children.

PLANNED HUMANITARIAN ACTION FOR 2011

UNICEF’s priority remains strengthening the ability of all 22 country offices in the region to prevent, mitigate, prepare for and respond to emergencies affecting women and children. Working with regional partners, the Asia and Pacific Shared Services Centre will focus on mobilization of resources for prevention and preparedness as well as swift mobilization of resources for emergency response, ranging from supplies to financial support to aid workers. Training and development of in-country capacity for risk assessments, emergency preparedness and humanitarian response, in line with the revised Core Commitments for Children in Humanitarian Action and the wider framework of UN humanitarian reform, will also be a priority.
TECHNICAL SUPPORT TO UNICEF PROGRAMMING IN EMERGENCIES (US$500,000)

APSSC will continue to support UNICEF’s ability to help nations prepare for and react to a range of disasters in the region caused by natural hazards and complex emergencies. APSSC will:

- Review and update preparedness activities of the country offices, in line with the CCCs, and ensure their inclusion into UNICEF programming and management tools such as Annual/Rolling Work Plans, Annual Management Plans and/or new country programme documents.
- Enhance Government, partner and UNICEF staff capacity on the revised Core Commitments for Children and develop performance indicators through in-country training initiatives, including simulations.
- At the onset of emergencies, provide support and/or facilitation and advice about access to financial and human resources as well as supplies to ensure a coordinated and results-based response.

TECHNICAL SUPPORT TO UNICEF CLUSTER LEADERSHIP ACCOUNTABILITY (US$400,000)

With senior specialists in all four clusters areas – WASH, nutrition, education and child protection – APSSC will continue to help UNICEF country offices fulfil their Inter-Agency Standing Committee cluster leadership and accountability requirements, as laid out in the CCCs. APSSC will:

- Advise country offices on how to set up effective management processes, including new lines of accountability for enhanced cluster leadership, inter-cluster and inter-agency networking and cluster focused contingency planning.
- Strengthen the capacity of UNICEF offices, counterparts and cluster members through the development and adoption of tools, including national and regional training initiatives such as the inter-cluster consultation planned in March 2011, intending to build on the ‘accountabilities framework’ and related ‘roles and responsibilities matrix’ as devised at the global accountabilities workshop in 2009.
- At the onset of an emergency, support UNICEF country offices in identifying timely and adequate human resources and provide advice on coordination strategies.
- As a member of the regional Inter-Agency Standing Committee network, advocate for agencies to have a special focus on children and vulnerable groups and also encourage inter-agency joint initiatives.

DISASTER RISK REDUCTION (US$200,000)

Considering the frequency and intensity of natural disasters in the Asia-Pacific region and the trend of more extreme events in the future due to demographic changes, haphazard development, poor environmental management and climate change, the Asia and Pacific Shared Services Centre is well situated to address future risk reduction challenges. Going forward, interventions will focus on building the resilience of countries, regions and cities by identifying and assessing disaster risks, reducing vulnerabilities and enhancing capacities across all UNICEF thematic areas (e.g., education, WASH, health, nutrition, HIV and AIDS, and child protection). APSSC will:

Introduce disaster risk reduction to UNICEF country offices across the region by facilitating introductory sessions, providing technical support and reviewing Common Country Assessments, United Nations Development Assistance Frameworks and UNICEF country programmes.

- Promote comprehensive risk assessments in hazard-prone regions of member countries to target UNICEF’s community-based and child-focused disaster risk reduction interventions.
- Develop technical guidance on how to undertake systematic vulnerability/capacity assessments to integrate disaster risk reduction across all UNICEF thematic areas.
- Support the development of specific disaster-risk-reduction action plans and seek integration of climate change adaptation and disaster-risk management approaches.
- Support the organization of a regional knowledge network focusing on challenges and lessons to be learned from promoting country-specific legal, institutional and participatory arrangements for addressing disaster risk reduction and climate change adaptation.

In 2010, damaging floods added to the humanitarian needs in Afghanistan, where children and women live in the midst of deadly conflict piercing the surface of the country’s social and political life. By late 2010, the total population of internally displaced people had increased to more than 440,000, 60 per cent of whom fled due to conflict. These individuals have heightened vulnerability to illness and undernutrition. Widespread violence has decimated infrastructure, and about 5 million children, mostly girls, cannot access education. Heavy flooding throughout the country damaged water systems and disrupted the lives of thousands of families. Relief efforts for internally displaced children and families are hindered by violence aimed at aid workers, and worsened security conditions are forecast for 2011, a testament to the need for strong, effective humanitarian aid and the challenges in providing it.

UNICEF is requesting US$29,750,000 to carry out its planned activities in Afghanistan. This request is aligned with the 2011 Consolidated Appeals Process (CAP) requirements. Full funding will empower the organization to respond to the many humanitarian needs experienced by children and women in Afghanistan and continue its work building the resilience of a vulnerable population. In 2011, UNICEF will continue to provide emergency relief to an estimated 2.4 million Afghan people – including children and women – who are affected by ongoing armed conflict, drought, floods and earthquakes.

UNICEF will continue to pre-position emergency supply items in order to respond rapidly to critical needs in the event of additional internal displacement. Coordination between clusters, specifically nutrition, WASH and education, will be strengthened to ensure a more comprehensive and timely response to emergencies. Mothers and children suffering from undernutrition, including micronutrient deficiencies, will receive timely treatment through integrated community- and facility-based care. UNICEF, through its WASH partners, will promote household toilet and hygiene education to more than 62,000 families and complete the rehabilitation of 1,000 nonfunctional water supply systems in several flood-affected provinces.

Child protection actors will be provided with services tailored to the needs of children affected by armed conflict and those who are victims of violence, abuse or exploitation. An advocacy strategy and action plan to prevent and respond to grave child rights violations under UN Resolution 1612 will be developed. In addition, UNICEF will respond to the needs of approximately 500,000 students by providing teaching/learning materials throughout schools in Afghanistan.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Despite significant progress in some areas, Afghanistan continues to suffer from ongoing conflict, resulting in a dramatic increase in humanitarian need for its chronically vulnerable rural population. Natural disasters, extreme weather and limited infrastructure further hinder effective recovery. Infectious diseases such as measles, pertussis and diarrhoea are endemic in Afghanistan. Any emergency can further aggravate the situation by increasing the number of children affected. Similarly, maternal health care for pregnant women may be compromised due to the lack of access to basic health services.

Ministry of education figures indicate that only 7 million of the 12 million school-age children are enrolled in school. About 37 per cent of students are girls. The current National Education Strategic Plan for Afghanistan indicates that only 15 per cent of teachers (2,007) meet minimum Grade 14 qualifications. Of these, only 28 per cent are female.

Coverage of the basic primary health services in Afghanistan falls perilously short of population requirements, leaving millions with limited or no access to basic health care. Only 52 per cent of people living in rural areas have
access to a health facility, and 38 out of 364 districts have immunization coverage below 50 per cent. An estimated 2.9 million children suffer from chronic undernutrition. Results from small-scale surveys and data nutrition rehabilitation programmes show that acute malnutrition in children under age 5 is a critical problem. Moreover, an estimated 75 per cent of women of childbearing age lack iodine, and more than 72 per cent of children 6-59 months are iron-deficient.

**KEY ACHIEVEMENTS IN 2010**

In 2010, UNICEF estimated that US$25,064,484 was needed for its humanitarian work in Afghanistan. As of October 2010, a total of US$9,572,677 had been received, or 38 per cent of that request.

Throughout 2010, UNICEF, in cooperation with the Government of Afghanistan and national and international partners, planned for the humanitarian needs of more than 2 million people. To ensure the effective management of schools, support was provided to 2,200 school management shuras (committees). UNICEF also provided psychosocial support to children in 200 schools in emergency-affected villages.

The capacity of 28 provincial Child Protection Action Networks was strengthened by the identification of gaps in delivery and by bolstering cooperation at the district and provincial levels. Capacity building took place in national and provincial legal aid mechanisms through cooperation with the judicial system.

Construction of 300 community water systems was completed in 2010. In these communities, effective hygiene promotion reached 150,000 families (1 million individuals). In response to floods and other natural disasters, 10,900 families (more than 68,000 individuals) benefited from family kits containing essential cooking supplies and plastic floor mats to meet their immediate needs. During these emergencies, safe and hygienic conditions for childbirth and care for newborns at the community and facility levels were ensured through distribution of more than 15,000 delivery kits, 10 midwifery kits and 20,000 newborn-care kits. From January–September 2010, more than 9,000 children were admitted to centres for treatment of severe acute malnutrition and more than 7,000 completed the treatment. Micronutrient supplementation benefited 214,000 children and 150,000 pregnant women in 11 high-risk provinces.
PLANNED HUMANITARIAN ACTION FOR 2011

Afghanistan, other UN agencies and NGOs will provide emergency relief in line with the Core Commitments for Children in Emergencies to meet the basic humanitarian needs of an estimated 2.4 million people, including children and women who have been affected by conflict, drought, floods and earthquakes. UNICEF will continue to preposition emergency supplies in order to respond rapidly to critical needs in case of additional internal displacement. Further emergency preparedness and risk reduction measures will be included as an integral part of planned humanitarian action, with national capacity development ongoing in all sectors.

NUTRITION (US$6,925,000)

Among the displaced and impoverished populations, 23,000 severely malnourished children and 216,000 pregnant and lactating women will benefit from the following key activities:

- Maternal and child undernutrition, including micronutrient deficiencies, will receive timely treatment through integrated community- and facility-based care. This is expected to reach severely malnourished girls and boys 6–59 months old.
- Children 0–6 months old in affected areas will be breastfed exclusively, and children 6–23 months old will receive adequate and nutritious complementary food with continued breastfeeding. Distribution of infant formula to communities with limited hygiene and sanitation tools.
- Out of a total of 239,100 beneficiaries, 11,088 are severely malnourished boys 6-59 months old, 12,012 are severely malnourished girls 6-59 months old and 216,000 pregnant and lactating women.
- Lactating mothers, as well as families and communities, will be supported and counselled by skilled emergency health workers and community support groups.
- The coordination mechanism between UNICEF and other agencies will be enhanced to ensure a more comprehensive and timely response to emergencies.

HEALTH (US$4,273,000)

In 2011, UNICEF will provide basic maternal, newborn and child health services, including measles immunization and vitamin A supplementation. UNICEF will provide an immediate response to the lack of access to adequate health care among more than 540,000 children 6-59 months old (280,800 girls and 259,200 boys) and 108,000 pregnant women affected by emergencies or living in underserved areas.

- Children, women and communities displaced by emergencies will have improved access to maternal, infant and child health services at the community and facility levels. Measles vaccinations will be provided to all children up to 15 years of age and children under 5 will receive vitamin A supplementation.
- 600 community health workers will be trained on immunization and maternal and child health.
- For districts with low immunization coverage (less than 50 per cent) due to insecurity or geographical inaccessibility, three rounds of immunization weeks will be conducted for children and mothers. Such action will be accompanied by other primary-health-care interventions, such as micronutrient supplementation, including zinc, and provision of oral rehydration salts.
- Up to 40,000 displaced people and returnees will be provided with basic items such as family kits.
- Some 108,000 pregnant women will be provided with safe delivery and newborn-care kits.

WATER, SANITATION AND HYGIENE (WASH) (US$10,742,000)

UNICEF will continue to provide safe water to displaced persons, returnee families and drought-affected communities, focusing on children and women. Around 953,000 beneficiaries (282,668 girls, 150,750 women, 294,206 boys and 225,376 men) will be reached through the following key WASH activities:

- The construction of 1,200 community water systems, including 1,100 borehole handpumps and 100 small pipe water system, will provide access to safe drinking water for more than 30,000 families. Training for community members on water supply system operations and management will be undertaken to ensure the sustainability of the newly constructed systems.
- More than 84,000 individuals in drought-affected provinces will benefit from construction of 40 strategic water points, including deep bore wells with power pumps, generators and overhead tanks and a minimum 3 kilometres of distribution pipes.
- UNICEF, through its WASH partners, will promote household toilet and hygiene education to more than 62,000 families (403,000 individuals).
- The rehabilitation of 1,000 nonfunctional water-supply systems in several flood-affected provinces will provide safe water to more than 140,000 individuals.
- Water-tankering services will be provided to approximately 300,000 internally displaced persons across the country.
• WASH facilities will be provided in 200 schools, benefiting more than 200,000 people including 80,000 girls and teachers.
• UNICEF will provide WASH emergency supplies to the rehabilitation and rural development bodies of all provinces for pre-positioning. These supplies include chlorine powder, water purification tablets, collapsible tanks, water containers and hygiene kits.

CHILD PROTECTION (US$1,338,000)
UNICEF will continue to address the child protection needs of around 4,000 Afghan children through the following key activities:
• UNICEF will establish the child protection sub-cluster with a clear strategy for child protection services and an action plan towards facilitating preparedness and response at the outset of an emergency.
• UNICEF will conduct capacity-building exercises for members of Child Protection Action Networks, the protection cluster, and monitoring and reporting mechanisms to foster better understanding of child protection issues during an emergency, with the goal of improving inter-agency coordination and adapting standard tools for emergency response in the Afghanistan country context.
• The organization will mobilize support from various stakeholders to prevent abuse, violence and exploitation of children in emergency situations as well as to provide services including legal aid and psychosocial support.

EDUCATION (US$5,329,000)
UNICEF will continue to provide education in emergencies to Afghan children through the following key activities to benefit nearly 600,000 people:
• UNICEF will cover the immediate winter-season needs of 584,237 students (186,637 female and 397,601 male, and also 12,246 teachers) in remote areas as well as the needs of the most vulnerable segments of the population.
• A contingency stock of major teaching/learning materials will be built up to respond to emergency requirements in the most-affected provinces.
• The education cluster, together with the ministry of education, will continue to prioritize access to education in insecure areas as well as education for returnees and internally displaced persons lacking formal or community-based education.
• UNICEF, through the education cluster and with support from the UN Office for the Coordination of Humanitarian Affairs, will ensure adequate reporting and effective information sharing, with due regard for age and sex disaggregation of data. Monitoring strategies will include information derived from field progress reports and regular joint reviews as well as mid-year and annual reviews.

CLUSTER COORDINATION (US$1,143,000)
To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs (national and sub-national) need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011

<table>
<thead>
<tr>
<th>By sector</th>
<th>US$</th>
<th>Total per sector (all beneficiaries)</th>
<th>Boys</th>
<th>Girls</th>
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<tr>
<td>Nutrition</td>
<td>6,925,000</td>
<td>239,100</td>
<td>11,088</td>
<td>12,012</td>
</tr>
<tr>
<td>Health</td>
<td>4,273,000</td>
<td>648,000</td>
<td>259,200</td>
<td>280,800</td>
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<td>WASH</td>
<td>10,742,000</td>
<td>953,000</td>
<td>519,582</td>
<td>282,668</td>
</tr>
<tr>
<td>Child protection</td>
<td>1,338,000</td>
<td>4,000</td>
<td>1,920</td>
<td>2,080</td>
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<tr>
<td>Education</td>
<td>5,329,000</td>
<td>596,483</td>
<td>406,173</td>
<td>190,310</td>
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<tr>
<td>Cluster coordination</td>
<td>1,143,000</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>29,750,000</strong></td>
<td><strong>2,440,583</strong></td>
<td><strong>1,197,963</strong></td>
<td><strong>1,242,620</strong></td>
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4. Ibid.
5. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.
Stunting, wasting, undernutrition – these harsh words should have no place in the vocabulary of childhood. Yet in the Democratic People’s Republic of Korea, they define the reality for many children and their mothers. Persistent domestic food shortages, brought about by recurrent natural disasters and decreased international food aid to the country, have added new dimensions to a landscape marked by food insecurity. These are grim tidings in a country where an estimated 37 per cent of the population depends on food aid.

Access to the population in need remains problematic in the Democratic People’s Republic of Korea, with the exception of the Expanded Programme on Immunization and micronutrient supplementation. UNICEF and other UN agencies follow the principle of ‘no access, no support’ and continue to advocate for access to people who need aid and transparency of information.

The Democratic People’s Republic of Korea is also one of the most flood-prone countries in the Asia-Pacific region. In 2010, torrential rains and floods resulted in serious damage in North Phyongan Province, affecting 7,750 families (23,651 out of 350,000 people living in Sinuiju city). Agriculture was seriously affected and a number of buildings were completely submerged in water, particularly in Sinuiju city.

UNICEF is requesting US$12 million for its 2011 humanitarian work in the country, an increase that reflects the expanded geographical reach of the organization’s programmes – which now reach more people – as well as record numbers of people affected by natural hazards and food insecurity. Without funding for key activities, the adverse effects of a lack of food will continue to haunt the country’s women and children, with no sign of abating.

In 2011, UNICEF will continue to work with the Government of the Democratic People’s Republic of Korea, non-governmental partners and other UN agencies to respond to the needs of 4.4 million people, including 3.3 million women of childbearing age, 573,000 girls and 581,000 boys. The focus will be on hard-to-reach people in rural areas, where newborns, infants and pregnant women are even more vulnerable than those in urban areas. A major goal will be reducing vulnerabilities among children under age 5 and women of childbearing age, particularly pregnant and lactating women, who live in counties made accessible to UNICEF.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Chronic food insecurity is one reason that the Democratic People’s Republic of Korea, despite some improvements in the population’s nutritional status, has higher rates of undernutrition than other countries in the region. The 2009 Multiple Indicator Cluster Survey showed rates of stunting at 32 per cent (45 per cent in Ryanggang Province), underweight at 19 per cent and wasting among children under age 5 at 5 per cent. There is a wide variation between provinces and between urban and rural settings, a clear indication of disparity issues. An estimated 28 per cent of pregnant and breastfeeding women are undernourished.

Lack of proper food in sufficient quantity continues to contribute to unnecessary deaths among women and young children. Although the mortality rate for children under age 5 fell from 45 to 33 deaths per 1,000 live births between 1990 and 2008, the infant mortality rate, calculated for babies under age 1, increased from 23 to 26 deaths per 1,000 live births during the same period. The rate of maternal mortality, at 250 deaths per 100,000 live births, has remained virtually stagnant since 1990. The high maternal mortality rate, which is partly due to the elevated proportion of women of childbearing age suffering from anaemia (one third), contributes to a high infant mortality rate. The country’s maternal and child mortality rates are among the highest in the region.

According to State of the World’s Children 2011, 100 per cent of DPRK population has access to improved water sources. However, the 2008 census revealed that, nationally, 22 per cent people above the age 15 spent time collecting water (often from unprotected sources) as one of their daily major activities to meet domestic needs. The situation of degraded water and sanitation infrastructure in rural clinics and hospitals has been aggravated by an absence of new investment; in schools, such deterioration compromises children’s health and education.
In the 2010 Humanitarian Action Report, UNICEF estimated that US$10 million was needed to fund its work in the Democratic People's Republic of Korea. As of October 2010, a total of US$2,050,636 – only 21 per cent – had been received. With this funding, priority was given to key interventions that would have the highest impact. Approximately 10,000 children (75 per cent of those admitted) made full recoveries from severe acute malnutrition in 105 provincial or county hospitals. Continued commitment on the part of partners to the community-based management of acute malnutrition helped to expand these efforts to three new vulnerable counties – Jongpyong, Pyoksong and Singhe. Community management of severe acute malnutrition was also more linked to integrated management of childhood illnesses at the community level.

To help prevent micronutrient deficiencies, Sprinkles, a micronutrient powder supplementation, was added to complementary feeding for 48,000 of the most vulnerable children 6–24 months old in 14 orphanages and 1,700 nurseries at the village level. With so many pregnant women suffering from anaemia, development and implementation of a protocol for providing micronutrient supplementation was crucial in preventing or treating the condition in 280,000 out of 350,000 pregnant women, meeting 80 per cent of needs.

UNICEF efforts were crucial in the immunization of 322,000 children and 330,000 pregnant women nationwide, which surpassed the organization’s target of immunizing 95 per cent nationwide. To avert unnecessary deaths from preventable and treatable childhood diseases, UNICEF distributed 11,876 essential medicine kits in accessible areas in 154 out of the country’s 208 counties. On a nationwide scale, 1.7 million children under age 5 received vitamin A supplements and deworming tablets procured by UNICEF during Child Health Days, which have taken place twice yearly for the past 10 years. Parents have been encouraged to bring their children to specified points for key immunization and health interventions.

Safe water is a cornerstone of proper hygiene and sanitation and, therefore, UNICEF continued its work promoting and supporting the establishment of sustainable, gravity-fed water systems in the country. Six community water systems were rehabilitated to provide clean water for 46,000 people, including 16,000 children, thereby helping to curb the recurrent spread of disease.

In August 2010, children and their families affected by torrential rains and floods in Sinuju City in North Phyongan Province received timely assistance from efforts coordinated by UNICEF, the International Federation of Red Cross and Red Crescent Societies, various NGOs and the ministry of city management. The emergency displaced 23,651 people, including 2,031 children.11 The rains also

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<th>CORE COUNTRY DATA</th>
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<tr>
<td><strong>Population (thousands 2009)</strong></td>
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<tr>
<td><strong>Child population (thousands 2009)</strong></td>
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<tr>
<td><strong>U5 mortality rate</strong>&lt;br&gt;(per 1,000 live births, 2009)</td>
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<tr>
<td><strong>Infant mortality rate</strong>&lt;br&gt;(per 1,000 live births, 2009)</td>
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<tr>
<td><strong>Maternal mortality ratio</strong>&lt;br&gt;(per 100,000 live births 2008)</td>
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<tr>
<td><strong>Primary school enrolment ratio</strong>&lt;br&gt;(net male/female, 2005–2009*)</td>
</tr>
<tr>
<td><strong>% U1 fully immunized (DPT3, 2009)</strong></td>
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<tr>
<td><strong>% population using improved drinking-water sources (2008)</strong></td>
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<tr>
<td><strong>HIV/AIDS prevalence rate</strong>&lt;br&gt;(% aged 15–49, 2009)</td>
</tr>
<tr>
<td><em><em>% U5 suffering from moderate and severe wasting (2003–2009</em>)</em>*</td>
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*Data refer to most recent year available during the period specified.
Since the Democratic People’s Republic of Korea is a flood-prone country, the inter-agency contingency plan is focused on preparedness and response, with trained personnel and pre-positioning supplies for rapid response in health, nutrition, water and sanitation and education. The UN resident coordinator’s office coordinates with the Government through the national coordination committee, while UNICEF, as cluster lead in the health, water and sanitation and education sectors, coordinates with other agencies and partner organizations.

These plans rose to the challenge during the August 2010 rains and flooding. The Government was able to take the lead in removing the affected population from the danger zone, including airlifting more than 5,000 people and relocating displaced persons to shelter in schools and temporary camps.

UNICEF, together with the Government of the Democratic People’s Republic of Korea, NGOs and other international agencies, will focus on assisting the most vulnerable and hard-to-reach people in rural areas. The organization serves as leader of the education, health and water and sanitation theme groups in the country. UNICEF expects to reach about 4.4 million people, including 3.3 million women of childbearing age and an estimated 573,000 girls and 581,000 boys. Slightly more than 60 per cent of intended beneficiaries live in rural areas.

Lack of data and limited humanitarian access to some parts of the country are expected to remain key challenges to UNICEF’s response in 2011. UNICEF and other UN agencies continue to advocate for access and transparency of information in the interest of improved planning. The UN country team follows the principle of ‘no access, no support’, except during the Expanded Programme on Immunization and vitamin A distribution.

UNICEF expects to focus on numerous nutrition-related areas to address the persistent nutritional needs of women, children and infants among an estimated 4 million people. Beginning with maternal nutrition and encompassing infant feeding practices (with an intensive effort to promote exclusive breastfeeding and appropriate complementary feeding), multiple micronutrient supplementation and treatment of severe acute malnutrition within communities, this work can have a life-saving impact on some of the country’s most vulnerable people. There is no routine nutrition surveillance apart from field visits and the exchange of information between agencies.

- To combat child death and sickness related to chronic undernutrition, UNICEF will promote adequate infant and young child feeding practices, including exclusive breastfeeding until babies are 6 months old, breastfeeding until age 2 and timely introduction of age-appropriate complementary foods. UNICEF will procure Sprinkles to improve the quality of children’s diet. This work will partly take place through the community Integrated Management of Childhood Illness approach.
- For 13,000 children already suffering from severe acute malnutrition, UNICEF will provide F-100 (therapeutic milk) and ready-to-use therapeutic food. This is expected to reach 70 per cent of children with severe acute malnutrition at hospital-based facilities and 95 per cent of children in communities through community management of acute malnutrition projects in the UNICEF target areas.
- In 200 villages in 8 focus counties, an estimated 2,716 vulnerable children will receive Plumpy’doz, a lipid-based nutrient supplement. This will help prevent undernutrition associated with the hunger season, which lasts from March to June and arises because of shortage of food stocks at the household level after a long and extremely cold winter.
- Because maternal nutrition is so important to maintaining the health of women and that of their babies, UNICEF will continue to provide micronutrient supplementation for pregnant and lactating women, as well as iron and folic acid tablets for adolescent girls 16–17 years old nationwide.
- UNICEF will help partners develop communication materials, including a poster and easy reference guides, for health facilities on the advantages of F-100, Plumpy’doz, Plumpy’nut and Sprinkles.
HEALTH (US$5,000,000)

In rural areas, newborns and pregnant women are particularly vulnerable. UNICEF will focus on improving the quality of maternal and neonatal care in the rural areas of 10 counties chosen because they are accessible by UNICEF staff to benefit a target population of 4 million people.

- To protect children and women from preventable diseases, 348,000 children and all 350,000 pregnant women in the country will be vaccinated, with the goal of reaching 95 per cent of those in need for all vaccines.

- Every year, diarrhoea accounts for 11 per cent of under-5 mortality, while respiratory infection accounts for 17 per cent. UNICEF will distribute 11,876 essential medicine kits designed for treating these childhood killers.

- To improve the prospects for survival and growth of the tiniest and youngest babies in rural areas, UNICEF will provide 220 kits related to newborn care, midwifery and emergency obstetrics.

- In addition, household doctors, who are also called section doctors, are required to cover small sections of the population countrywide. A total of 1,000 doctors will be trained in phases on essential newborn and maternal care.

- UNICEF will procure, and its partners will distribute, approximately 4 million vitamin A tablets and 3.6 million deworming tablets for biannual Child Health Days.

- The Health and Nutrition Theme Group, led by UNICEF and comprising three United Nations agencies – the World Health Organization, the United Nations Population Fund and the World Food Programme – as well as three NGOs – EUPS 1, 2 and 3 – and the Government of the Democratic People’s Republic of Korea, will update its inter-agency contingency plan and develop a joint health and nutrition preparedness plan to be introduced in disaster-affected areas.

- The ministry of public health will generate biannual status reports that look at key indicators, such as Expanded Programme on Immunization coverage, number of diarrhoea and pneumonia cases, and number of children receiving vitamin A and deworming tablets for children under age 5. These will be shared with other partners during the theme group meetings for programme monitoring purposes.

WATER, SANITATION AND HYGIENE (US$3,000,000)

Poor water, sanitation and hygiene are legitimate health concerns and also compound the misery brought about by undernutrition and natural disasters. In 2011, UNICEF, together with the ministry of city management and its partners, expects to meet the basic needs for safe WASH for up to 185,000 poor and vulnerable people, including 65,000 children, living in remote towns and villages.

- In small towns and rural villages with poor water and sanitation conditions and high rates of diarrhoeal disease, UNICEF will continue to promote gravity-fed water supply systems aimed to provide clean water to about 110,000 people, with a new emphasis on reaching rural areas.

- Demonstration latrines will be built and more than 110,000 persons will receive hygiene promotion lessons in communities and schools.

- More than 15,000 schoolchildren will gain access to running water in about 30 schools.

- Special attention will be given to ensure that nurseries, kindergartens, orphanages and health clinics have 24-hour running water in all project communities. This will benefit 12,000 nursery school and kindergarten-age children, 10,000 new and expectant mothers and about 15,000 infants.

- More than 200 local engineers and technicians will receive training on construction, repair and maintenance of water and sanitation facilities. Monitoring and surveillance and water quality will be strengthened through the provision of training and necessary consumables, such as chemicals, for water quality testing.

- UNICEF will procure and pre-position water and hygiene kits to help 50,000 people from 10,000 families in cases of emergency, targeting 50 per cent of the affected population, especially in flood-prone provinces.

- UNICEF expects to restore access to clean water and appropriate sanitation in education facilities and health centres in the event of future emergencies; this will benefit about 25,000 people.
ASIA-PACIFIC: DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA

EDUCATION (US$1,000,000)

In partnership with the Government of the Democratic People Republic of Korea’s Education Commission, UNICEF will concentrate on supporting emergency humanitarian aspects of education to benefit 250,000 children.

- UNICEF will help the Government and other partners finalize and implement a national emergency preparedness and response plan for the education sector. UNICEF will also pre-position supplies including school kits and tents for schools to benefit 20,000 schoolchildren and kindergarteners in case of emergency.

- The learning environment in kindergartens and primary and secondary schools will be more child friendly and child centred when 10,000 teachers and teacher trainers are trained in multi-level teaching techniques and child-friendly parameters, as well as by addressing the issue of equity in learning.

- At least 250,000 children will participate in extra-curricular activities that focus on developing life skills and good health and hygiene practices. These activities will be piloted in health and hygiene clubs in selected schools.

2. Food and Agriculture Organization of the United Nations, ‘Special Report: FAO/WFP Crop and Food Security Assessment
3. IFRC Disaster Relief Emergency Fund, ‘DREF operation update’, International Federation of Red Cross and Red Crescent Societies, 8 September 2010, p. 2.
6. Prevalence of underweight: China, 7 per cent; Mongolia, 6 per cent; East Asia and the Pacific, 14 per cent. Prevalence of stunting: China, 11 per cent; Mongolia, 21 per cent; East Asia and the Pacific, 16 per cent. World Food Programme, ‘Protracted Relief and Recovery Operations – Democratic People’s Republic of Korea 200114’, WFP, Rome, 11 May 2010, p. 6.
8. As measured by a mid-upper arm circumference of less than 22.5 centimetres. Multiple Indicator Cluster Survey, 2009.
11. IFRC Disaster Relief Emergency Fund, ‘DREF operation update’, International Federation of Red Cross and Red Crescent Societies, 8 September 2010, p. 2.
13. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.
The most severe and recent hardships affecting children and women in Myanmar are attributable to cyclones. As the worst natural disaster to ever befall the country, the legacy of Cyclone Nargis includes housing devastation, destruction of agricultural land and declining job opportunities for the many labourers who inhabit the delta. Children in hard-to-reach areas continue to suffer from undernutrition and inadequate sanitary facilities. Another cyclone, Giri, hit the impoverished area of Rakhine State in October 2010, affecting at least 260,000 people; more than 100,000 were left homeless and most infrastructure was destroyed in the most severely hit townships. Young children, in particular, have been placed at high risk of undernutrition and disease.

According to the most recent assessments in post-Cyclone Nargis Myanmar, humanitarian interventions have stabilized access to health services and improved child mortality and undernutrition rates. Support to education has prompted high rates of attendance (about 84 per cent) at primary levels, with little or no gender disparity. Despite these improvements, the slow recovery of the delta economy and the uneven distribution of support received across affected areas continue to pose challenges to the well-being of children and women, particularly in hard-to-reach areas.

The remote rural areas bordering Bangladesh, China, India and Thailand contain some of the most vulnerable populations and have endured protracted conflict and severe privation of basic public services during the past decades. The adverse impact of seasonal calamities, including floods, cyclones, landslides and crop loss due to rodent infestations, further threatens the health and welfare of children and women, particularly in hard-to-reach areas.

UNICEF is requesting US$9,950,000 for its 2011 plans in Myanmar, about half of the amount requested last year because the level of funds required to restore social infrastructure (schools and rural health centres) is significantly reduced. Following the Post-Nargis Recovery and Preparedness Plan developed by the international community in collaboration with the Government of Myanmar, UNICEF will continue to work directly with local partners, authorities and line ministries until the end of 2011 to maintain and improve access to basic services in the areas affected by Cyclone Nargis. UNICEF will also provide early recovery support to the communities that were devastated by Cyclone Giri in October 2010.

In 2011, UNICEF will continue to use institutional and community-based therapeutic feeding to monitor and address undernutrition. Efforts in health will continue to target the most vulnerable and hard-to-reach areas with an integrated maternal and child health package that helps to strengthen micro-planning at the township level and below. Water safety planning and community-led total sanitation will enhance communities’ resilience to water- and hygiene-related diseases. Child-friendly school initiatives will continue in the five worst-affected delta townships (Bogalay, Kungyangon, Labutta, Mawlamyainggyun and Pyapon). UNICEF also expects to help local partners establish community mobilization and referral systems to improve the area of child protection.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Children in the central dry zone are susceptible to seasonal droughts and floods that lead to food insecurity, poverty and restricted access to adequate nutrition, health care and education. In June 2010, mudslides in the Northern Rakhine State affected more than 28,000 households already suffering from some of the worst socioeconomic conditions in the country. Cyclone Giri, which made landfall in Rakhine in October 2010, left more than 100,000 people homeless and destroyed 339 schools. Occurring only weeks before the harvest and flooding large parts of the farmland, the cyclone has undermined the food security of the affected population and threatens the nutritional status of vulnerable children.

Local sentinel data suggest that the most significant child undernutrition occurs in remote border areas, with global acute malnutrition rates in parts of the Northern Rakhine State amounting to 16 per cent, compared with the national average of 11 per cent. In Northern Rakhine
State, the portion of households lacking sustainable access to safe water is 48.5 per cent, more than twice the national average of 20 per cent, while the coverage of antenatal care (7–22 per cent) is only a fraction of the national average of 64 per cent. Despite improved circumstances for the people affected by Cyclone Nargis two years ago, critical needs remain. According to the latest assessments, the prevalence of diarrhoea is still 13 per cent among children. Also, since only 41 per cent of births are attended by skilled health personnel, there is high risk of unnecessary complications for both mother and child. The slow recovery occurring in many communities across the delta and the high drop-out rates of primary school children (about 7 per cent in the worst-affected township of Labutta in 2009) exacerbates the problem of increasing numbers of adolescent boys and girls moving to urban centres in search of jobs (with more than 900 working children identified in the 195 villages supported in the delta).

A main concern for many of the Nargis-affected villages, particularly during the dry season, is access to safe water and hygiene. The delayed monsoon rains and unprecedented high temperatures in April and May 2010 required UNICEF to launch yet another emergency intervention in support of 55 delta villages, compared with the 24 villages provided with safe water during the 2009 dry season.

KEY ACHIEVEMENTS IN 2010

In 2010, UNICEF estimated that US$15,899,722 was needed to fund its humanitarian work in Myanmar. As of October 2010, a total of US$3,624,422 had been received, 23 per cent of the goal. Despite the shortfall in funding, UNICEF was able to improve the well-being of women and children affected by the cyclones. In 2010, UNICEF assisted up to 30,000 households in Rakhine State affected by the landslide and Cyclone Giri with family kits, emergency health kits, water purification tablets, bleaching powder and oral rehydration salts to prevent outbreaks of waterborne disease. Collapsed schools received school tents and temporary learning spaces, benefiting 27,000 children, who also received essential learning materials. Additionally, 1,700 severely and moderately undernourished children received therapeutic and supplementary feeding.

The areas affected by Cyclone Nargis received a strengthening of basic health services and supplies of essential assets, such as boats for the hard-to-reach areas. Due to the essential drug packages made available, 98 per cent of children under age 5 seeking treatment for diarrhoea received oral rehydration salts and zinc tablets. Twenty-four health centres were rebuilt according to new cyclone-resistant standards, and 51,700 households received insecticide-treated mosquito nets to stave off malaria.
In 2010, 280,000 children – an estimated 94 per cent of all children under age 5 in the nine townships worst affected by Cyclone Nargis – received vitamin A supplementation. In two of the worst-affected townships, UNICEF reached 60 percent – or 650 – of the severely undernourished children with therapeutic feeding. Micronutrients were provided to 81,150 pregnant and breastfeeding women.

UNICEF support to the national nutrition network continued to improve the coordination and the application of common international standards among all nutrition partners.

Through its continued coordination of the WASH cluster, UNICEF addressed such problems as the lack of household water storage and potential water shortages due to erratic rainfall. UNICEF met urgent drinking-water needs by providing 7.5 million litres of water and improved water storage capabilities for approximately 53,000 families. The provision of latrines and community awareness campaigns helped improve health risks from poor sanitation, and UNICEF provided technical training for seven local NGO partners to strengthen local capacity in the sector.

The child-friendly school initiative continues to see greater involvement from parent-teacher associations in school planning and management. The 49 child-friendly schools completed in the delta in June 2010 now demonstrate the required quality and safety standards suitable for schools in the Nargis-affected areas.

Through the 194 community support groups established in the delta with UNICEF support, 7,000 vulnerable children were protected and assisted, and community members continue to prevent and respond to cases of child abuse. Children in dire need can now benefit from stronger referral systems because social welfare officers in selected townships are receiving support in case management.

**HUMANITARIAN ACTION: BUILDING RESILIENCE**

There have been tremendous opportunities to build resilience in Myanmar following Cyclone Nargis and to reinforce the country’s capacity to respond to such an event in the future.

One way this has happened is through application of the build back better principle. In areas affected by the cyclone, all 24 health centres and 49 schools have been rebuilt by UNICEF to withstand the impact of another cyclone, and all have been equipped with appropriate sanitary and water facilities. The overall coverage of cyclone-resistant schools remains limited, but based on the Nargis experience, UNICEF is advocating for improved school infrastructure, gradually and realistically, across the country.

**PLANNED HUMANITARIAN ACTION FOR 2011**

UNICEF, as sector lead for nutrition and WASH and co-lead for education, will work together with the Government of Myanmar, other UN agencies and NGOs to focus on assisting the most vulnerable and hard-to-reach children in areas of Rakhine State (including Northern Rakhine State), Chin State and the Irrawady Delta. In 2011, UNICEF expects to reach more than 1 million people, including 190,000 women, over 380,000 girls and 370,000 boys living in emergency conditions.

**NUTRITION (US$970,000)**

In 2011, UNICEF will address acute undernutrition in the most vulnerable areas by expanding the existing nutrition surveillance, micronutrient support and therapeutic feeding programmes in the delta, Rakhine State (including North Rakhine State) and Chin State. This work may also expand to the central dry zone.

- UNICEF, along with the Government of Myanmar and other partners, will strengthen the national nutrition network; a key goal is to agree on standards and benchmarks.
- To prevent the deterioration of the nutritional status of children, at least 2,400 children with severe and moderate acute malnutrition in the delta, Rakhine State and Chin State will receive therapeutic and supplementary feeding.
- To maintain basic health, at least 90 per cent of children 6–59 months old will receive vitamin A supplements and at least 60 per cent of pregnant women will benefit from micronutrient support, including vitamin A, B1, iron and folic acid in areas in the delta, Rakhine State and Chin State targeted with the expanded immunization package.
- The nutrition surveillance system for timely warning and intervention will continue to be expanded to reflect emerging situations.

**HEALTH (US$1,300,000)**

UNICEF will address the health needs of children and women in the underserved and hard-to-reach areas in the delta, Rakhine State and Chin State by providing an integrated health and nutrition package (the
expanding immunization package includes micronutrient supplementation for children and pregnant and lactating women, antenatal and postnatal care, and treatment of common diseases such as diarrhoea and respiratory infections) directly to communities and by strengthening the micro-planning effort at the township level and below.

- Some 62,000 children under age 5 in hard-to-reach villages will receive routine vaccinations and up to 55,000 pregnant and lactating women will benefit from a basic package of maternal and child health services, health education and essential drugs to treat diarrhoea and acute respiratory infections.
- Planning and implementation at the local level can make the difference in outcomes for women and children. Micro-planning at the township level and below as a part of the strategy of reaching every community can help improve the access to health services of children and women in hard-to-reach areas in selected townships.
- Approximately 1,000 community members will be trained – including on providing first aid – to prepare and effectively respond to any type of natural disaster. This programme, initiated in the delta, may be expanded, in cooperation with the national Red Cross, to other disaster-prone areas of the country.

**WATER, SANITATION AND HYGIENE (WASH) (US$1,860,000)**

UNICEF aims to increase access to safe and sufficient water supply and increased proper sanitation and hygiene services in the delta, Rakhine State and dry zone.

- Since clean water is a key to better health, about 70,000 families will gain access to satisfactory water and good storage receptacles, while 4,100 will receive materials to construct and use sanitary latrines.
- A quality education is made up of many components, an important one being proper water and sanitation. UNICEF aims to provide 55 schools in the delta with adequate water and sanitation facilities and 50 schools in the areas affected by Cyclone Giri with adequate sanitation facilities.
- To take best advantage of the improved water resources, 5,500 schoolchildren will be taught how to apply improved hygienic practices by training teachers regarding school sanitation and hygiene education.

**CHILD PROTECTION (US$350,000)**

In 2011, children in 215 villages in nine townships in the delta, Rakhine State, Chin State and Sagaing Division will have access to child protection services through the establishment and continuous support of community-based child protection systems and the mobilization of community support groups.

- Child protection preparedness and a contingency plan for 2011 will be developed with all stakeholders, including the Department of Relief and Resettlement, the Department of Social Welfare, the Myanmar Red Cross Society, implementing partners (national and international non-governmental organizations) and UN agencies.
- Approximately 8,000 vulnerable children will benefit from interventions to protect them from abuse, violence and exploitation through community-based child protection as well as community mobilization.
- 800 of the children most severely affected by Cyclone Giri will have access to child-friendly spaces for psychosocial support and recreational activities.
- The child protection system will be strengthened in four of the targeted townships in collaboration with the Department of Social Welfare and partners, with a focus on prevention, response and the referral mechanism from the community level up to the Township Committees on the Rights of the Child.
- The capacity of more than 235 staff from nine implementing partners and 205 community support group members will be strengthened in the areas of family tracing and reintegration.

**EDUCATION (US$5,270,000)**

The focus in 2011 will be on improving educational quality, with an emphasis on training teachers to use child-centred teaching methods, strengthening community involvement in school planning and management, and improving school facilities and their supplies.

- All children in targeted townships in the delta and North Rakhine State – about 360,000 children altogether – will experience an improved quality of primary education through improved teaching methodologies and the availability of learning materials.
- An additional 20 cyclone-resistant schools will be constructed in the delta, and the problem of existing schools lacking proper water and sanitation facilities will also be addressed.
- Disruption to the education of some 23,000 children most affected by Cyclone Giri will be minimized by setting up 150 temporary learning spaces.
- Life-skills-based disaster risk reduction activities will continue in 1,500 schools.
- 500 schools will conduct educational self-assessments and will develop and implement school improvement plans.
- Early childhood development services will be made available for 5,000 preschool children.
- 1,000 out-of-school adolescents will gain access to non-formal life-skills education programmes.
By sector | US$ | Total per sector (all beneficiaries) | Boys | Girls
---|---|---|---|---
Nutrition | 970,000 | 289,000 | 107,830 | 108,920
Health | 1,300,000 | 117,000 | 30,840 | 31,160
WASH | 1,860,000 | 380,000 | 75,620 | 76,380
Child protection | 350,000 | 8,000 | 3,820 | 4,190
Education | 5,270,000 | 383,200 | 188,000 | 195,200
Cluster coordination | 200,000 | | | 
Total | 9,950,000 | 1,060,200 | 375,270 | 384,680
Millions of children and women in Pakistan had their lives forever marked by flooding in July and August 2010, one of the worst natural disasters of the past decades in terms of the population, land area, number of households and social infrastructure affected. Unusually heavy monsoon rains that were part of an anomalous weather pattern across Asia caused the Indus River to overflow its banks, submerging one-fifth of Pakistan’s land at the peak of the flooding. More than 20 million people were affected, 7 million lost their homes, and an entire agrarian economy and way of life was altered. Six million boys and girls were severely affected. This extreme emergency, however, was only the most visible of the humanitarian crises of 2010.

In northern Pakistan, a landslide in January obliterated a village and dammed up the Hunza River, creating a lake that swallowed up the surrounding villages, affecting some 40,000 people. In north-western Pakistan, more than 1.2 million people remained displaced following the 2009–2010 conflict. Pakistani families are experiencing a bewildering array of humanitarian needs rooted in ongoing instability, temporary displacement and widespread poverty. The key challenges for mounting an effective humanitarian response include frequent population movements and an insufficient number of partners able to assist the most vulnerable populations.

Even before the flood waters began to rise, the humanitarian conditions were difficult as a result of political instability, insufficient services and poor nutritional status. The impact of the floods will be felt for years to come, with initial estimates from the Government of Pakistan and international financial institutions estimating billions of dollars in damage to the country’s economy and infrastructure. The cost in human terms is incalculable.

Even during the best of times, women in Pakistan have limited access to income-generating opportunities and are at greater risk of being dispossessed of property. After the floods, a rapid gender assessment showed that people believe there is significant risk of gender-based violence. As many as 10,044 schools have been damaged or destroyed. Many children are still out of school or in temporary structures or centres, and community-based organizations are reporting deprivation such as extreme poverty, increased child labour, early marriage, abandonment, institutionalization, child trafficking, and further erosion of the rights to education and health. The floods have exacerbated the pre-existing vulnerabilities of mothers and newborns as well as other children to disease, undernutrition, disability and death resulting from limited access to basic health-care services, which is partially due to socio-cultural and economic barriers faced by women. An estimated 740,000 pregnant women are now without a safe environment for childbirth, putting the lives of both mother and child at risk.

Water sources and systems have been damaged, and sanitation facilities have been destroyed. As a result, people are forced into open defecation. Women and girls are particularly affected by the lack of privacy and safety.

In Khyber Phaktunkhwa Province, an estimated 1.2 million internally displaced persons remain after the military operations in 2009–2010 in such areas as South Waziristan in the Federally Administered Tribal Areas (FATA). While a small number of these people were able to return to their areas of origin in December 2010, most have been hindered from going home by snowfall or are unwilling to return given the ongoing militant and military operations in their home areas.

The Ministry of Health confirmed 142 polio cases in 2010, up from 89 cases in 2009, and 1,392 measles cases were confirmed in 2010, up from 863 in 2009. The internally displaced population also faced an increase of malaria, acute watery diarrhoea and dengue fever in 2010.

In 2011, UNICEF is requesting US$295,951,000 for planned humanitarian activities in Pakistan. This includes support to children and women in both flood- and conflict-affected regions.

**CRITICAL ISSUES FOR CHILDREN AND WOMEN**

Critical needs remain in nutrition, health, water and sanitation in Pakistan. It is also essential to get children back to school and ensure that prevention and response programmes are put in place to protect them from any...
form of violence, including gender-based violence, abuse and exploitation. Some of the major protection risks include separation of children from their families, sexual exploitation, forced marriage, trafficking, school dropouts, child labour, and psychosocial issues related to the floods and the conflict. A large proportion of people, including children, may also have lost their identity papers, including birth registration certificates.

Children and women are most vulnerable in areas where their housing has been destroyed or is not adequate to withstand winter conditions. Appropriate winter-weather preparations are therefore critical. Given the geographical range, cultural differences and various stages of displacement, there is a need for diverse approaches to programme delivery including ongoing support to camp populations in Khyber Phaktunkhwa and Sindh and early recovery interventions in areas of return in progress nationwide.

**KEY ACHIEVEMENTS IN 2010**

In 2010, UNICEF estimated that US$66,871,298 was needed to fund humanitarian work in Pakistan. As of October 2010, US$18,995,215 had been received, 28 per cent of the goal. Following the flooding, UNICEF requested an additional US$251 million. Throughout the UNICEF response to conflict-related internal displacement, 513,552 children and 159,449 pregnant and lactating women have been screened for undernutrition. As a result of these screenings, 10,741 women were enrolled in supplementary feeding programmes, 5,882 severely malnourished children were treated in outpatient therapeutic feeding programmes and 962 children with medical complications were treated in stabilization centres. Out of the 1.7 million children UNICEF hoped to reach, 1.2 million children were vaccinated against measles and provided with vitamin A supplements. An additional 271,766 children were vaccinated against polio in Khyber Phaktunkhwa Province and the FATA region. In Khyber Phaktunkhwa, almost 1 million people were provided access to safe drinking water, over 260,000 were provided access to sanitation, and over 741,000 were provided hygiene kits. Approximately 4,000 schools were rehabilitated or reconstructed, allowing over 666,450 children to benefit from improved learning environments. Two-hundred-thirty-eight community-based child protection centres and child-friendly spaces were set up benefiting over 96,400 children (54,000 boys and 42,400 girls), and 1,100 children were reunited with their families after being separated. Over 3,000 women and their families from five districts in Khyber Phaktunkhwa were provided with voluntary counselling and testing for HIV.

In response to impact the flooding had on the nutritional situation of children and women, UNICEF established emergency nutrition services, including 273 new outpatient therapeutic feeding programmes – reaching out to 75,600 severely malnourished children – and 35 stabilization centres intended to reach approximately 7,500 severely malnourished children who have medical complications.
Additionally, UNICEF supported 277 supplementary feeding centres, in cooperation with the World Food Programme, benefiting 30,151 children aged 6–59 months old and 21,049 pregnant and lactating women. Over 8.2 million children were reached with vaccinations and deworming, and over 400,000 pregnant women received the tetanus toxoid vaccination and antenatal care. More than 2.8 million people were provided access to life-saving WASH services, including provision of sanitation services and hygiene promotion to more than 1.2 million, which prevented large-scale epidemics of acute watery diarrhoea and cholera. UNICEF has supported 160,000 beneficiaries nationally through an education package of temporary learning centres, education supplies and teacher training.

The 366 child-friendly spaces have provided access to psychosocial support and recreational opportunities to over 125,000 children.

To enhance rapid programme delivery for flood-affected communities, UNICEF established three field offices in Hyderabad, Multan and Sukkur. UNICEF’s preparedness planning and coordination in 2010, including updating provincial emergency plans and pre-positioning supplies, improved the timely and effective response to multiple emergencies. The monsoon floods, however, submerged a large amount of pre-positioned contingency supplies, resulting in a delayed distribution of emergency supplies to many children.

HUMANITARIAN ACTION: BUILDING RESILIENCE

Two years ago, when Amna left school at 11 years old, she was far from completing her primary education. The school she had attended in Jan Kili, a farming village located in Bajaur Agency of the Federally Administered Tribal Areas, lacked a latrine, so students were forced to use the open field. “As I was then a grown girl,” she said, “I felt uncomfortable going outside into the open when I needed to use a latrine.”

The Jan Kili Government Girls’ Primary School became part of a project to support education by ensuring that 50 primary schools had functioning water and sanitation facilities. Amna and her parents were delighted when she was able to return to school. Mr. Bahadar, Amna’s father, explained, “I am a poor man and want to educate my children, so I am very pleased that Amna can go back to school.”

“Good school sanitation and hygiene help every aspect of a child’s growth and development,” said UNICEF WASH officer, Mohammad Shakaib Jan. “They help prevent children, especially girls, from dropping out of school, especially in conservative areas where insecurity has already taken a toll on education. By developing school sanitation infrastructure, we invest in the future of children like Amna.”

PLANNED HUMANITARIAN ACTION FOR 2011

UNICEF is the cluster lead in WASH and nutrition, co-lead in education and lead of the child protection sub-cluster in Pakistan. In 2011, UNICEF will work with the Government of Pakistan, other UN agencies and NGOs to respond to the needs of over 18 million people, including 12 million children and 3.5 million women. UNICEF will build in disaster risk reduction and strengthen emergency preparedness and response plans for flooding to ensure that communities and institutions are better prepared.

During 2011, UNICEF will respond to ongoing security concerns in the Federally Administered Tribal Areas (FATA) as displacement could affect 300,000–400,000 people in hard-to-reach areas of Khyber Pakhtunkhwa Province. UNICEF will continue to support the estimated 1.2 million internally displaced people who remained in the province, following armed conflict in South Waziristan and other FATA agencies, as they return to their areas of origin and rebuild their lives.

NUTRITION (US$26,276,000)

The overall UNICEF strategy is to provide community outreach to 1.2 million children under age 5 as well as 700,000 pregnant and lactating women, and support provision of life-saving interventions for those identified with malnutrition. This will involve building capacity of government and community staff in the prevention, identification and treatment of under-nutrition and the delivery of nutrition behaviour messaging to prevent negative nutritional outcomes. The activities will target the most severely affected districts.

• UNICEF will treat 75,600 children for severe acute malnutrition, representing 60 per cent of the population at risk, through facility- and community-based management.

• 210,000 children and 123,000 pregnant and lactating women will be treated for moderate acute malnutrition, and all will receive micronutrient supplements.

• 464,000 children and 356,000 pregnant and lactating women at risk of undernutrition will be reached through supplementary feeding programmes.
• Long-term national capacity of health-care providers and community health workers will be ensured through training for 6,000 emergency nutrition service providers, who will screen all pregnant and lactating women as well as children under age 5 in the high-risk districts. Behaviour change messaging will be provided to pregnant women and caregivers on infant feeding in emergencies and community management of acute malnutrition.

• UNICEF will continue to strengthen nutrition cluster coordination, retaining staff capacity including cluster coordinators and information managers at the federal and provincial levels to provide effective coordination for response to the flood and to internal displacement.

HEALTH (US$57,450,000)

The overall goal is to support health-care initiatives to reach over 12 million beneficiaries, with a focus on vulnerable populations and community-based interventions. Emergency health interventions will reduce the burden of preventable death and illness nationwide, particularly among flood- and conflict-affected populations, ensuring that women and children have equal access to health services.

• UNICEF will complete the measles follow-up campaign in first-quarter 2011, reaching nearly 11 million children aged 6–59 months, in 68 districts.

• Maternal and neonatal tetanus elimination, a supplementary tetanus immunization campaign in high-risk areas, and revival of the interrupted Expanded Programme on Immunization will be strengthened, with beneficiaries including 1.5 million flood-affected children.

• Services for the prevention of parent-to-child transmission (PPTCT) of HIV will be strengthened in 10 high-risk districts, with the goal of reaching 10,000 women.

• Uninterrupted treatment, care and support services for populations at risk of HIV and AIDS will be continued in high-risk districts, benefiting 5,000–7,000 people.

WATER, SANITATION AND HYGIENE (WASH) (US$138,200,000)

For 2011, the WASH programme aims to reduce 5.9 million people’s vulnerability to water-related diseases by improving access to safe drinking water, adequate sanitation and hygiene awareness. These interventions will reach out to approximately 3.69 million people during the flood relief phase, 5 million flood-affected people in the early recovery phase and approximately 920,000 conflict-affected people.

• UNICEF will continue to support the coordination of the WASH cluster across the country, ensuring strong leadership and actively addressing inter-cluster and cross-cutting issues. This includes proactive attention to contingency planning and preparedness exercises and to early recovery interventions that seek to link with reconstruction and long-term development initiatives.

• Access to clean water, sanitation facilities and hygiene education will be improved for 920,000 people affected by conflict, including 300,000 internally displaced persons living in camps and 600,000 returnees.

• Improved access to clean water, sanitation facilities and education to promote hygiene will be supported to approximately 5 million flood-affected people, including approximately 1.5 million girls, 1.4 million boys, 1.1 million women and 1 million men.

• UNICEF will continue to strengthen WASH cluster coordination, retaining crucial staff at the federal and provincial levels.

CHILD PROTECTION (US$25,825,000)

UNICEF in 2011 will promote and support coordination mechanisms for the protection of children and women, as lead agency of the child protection sub-cluster, in close coordination with the Government of Pakistan, NGOs and civil society to ensure the safety and well-being of children and women. The Child Protection Unit will support 5.4 million children and adolescents and 120,000 women with services in the most severely affected areas.

• Messages will be disseminated to 5.5 million people on the separation of children from their families, extreme child labour, early and forced marriage, recruitment, trafficking, sexual exploitation and abuse, and gender-based violence.

• Child-friendly spaces, both mobile and stationary, will be constructed to provide services meeting the specific needs of the flood- and conflict-affected areas.

• Psychosocial support will be delivered to 700,000 children and 100,000 women. Provincial teams will be supported through intensive training on psychosocial skills. For a more holistic support system, 14,400 women, including survivors of gender-based violence, will be reached through 20 safe spaces for women, linked to other existing services and referral systems.

• UNICEF will continue to strengthen child protection cluster coordination, retaining staff capacity, including cluster coordinators and information managers at the federal and provincial levels.

EDUCATION (US$40,535,000)

The overall goal for 2011 is to provide access to education for children affected by the floods as well as those who have suffered from armed conflict. Access to education services will be provided to over two million children 4–12 years old in flood-affected districts and 800,000 children aged 4–12 in the conflict-affected districts of Khyber Pakhtunkhwa and FATA.

• 6,000 children in the conflict-affected areas who did not attend school will be provided with accelerated learning opportunities to help them catch up from lost years of education.
**ASIA-PACIFIC: PAKISTAN**

- 50,000 teachers in flood- and conflict-affected areas will be provided with emergency education training as well as psychosocial support and technical assistance to provincial teacher training institutions.
- 109,000 parent-teacher committee members will be trained in operation and school management. School safety and disaster management training will be provided for parents, teachers and host communities in returnee areas.
- 11,384 schools will be rehabilitated, established and/or furnished. One thousand temporary learning centres and 2,000 transitional school shelters and early childhood education centres will be provided with gender-sensitive WASH facilities to benefit over 1.9 million children (aged 4–12) and 39,000 teachers.
- The education cluster will continue to play a role in building an effective response and helping the education sector make a smooth transition from the early recovery phase to rehabilitation. The cluster aims to restore education access and services to 2.8 million flood-affected children – bringing millions of children back into school.

**HIV AND AIDS (US$1,528,000)**

To support women and their families (a total of 220,000 people) affected by HIV and AIDS and to enhance prevention of transmission, UNICEF will undertake the following:

- Distribution of information on transmission risks and prevention of HIV to about 220,000 women of childbearing age.
- Screening for 15,000 women at the household level to assess their risk of HIV in high-risk districts. One-hundred per cent of those meeting risk criteria will be referred to HIV voluntary counselling and testing, and all women testing positive will be referred into treatment care and support, and those who are positive and pregnant will receive PPTCT.
- Antiretroviral prophylaxis and virological testing within eight weeks of birth will be provided for all infants born to mothers living with HIV.

**CLUSTER COORDINATION (US$6,137,000)**

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs (national and sub-national) need to be adequately funded. In the case of Pakistan, the unprecedented size of the flood emergency resulted in UNICEF establishing WASH, Nutrition, Education and Child Protection clusters at the national level and in five provinces, staffed by close to 60 staff. Cluster costs include teams for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF as cluster lead expects to put in place an effective information mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

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5. Pakistan Ministry of Health, Health Management Information System – based the estimate that pregnant women compose 4.1 per cent of the affected population.
7. This request was through the Pakistan Floods Emergency Response Plan, August 2010, revised in September 2010. Office for the Coordination of Humanitarian Affairs, New York, September 2010.
8. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.

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**UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011**

<table>
<thead>
<tr>
<th>By sector</th>
<th>US$</th>
<th>Total per sector (all beneficiaries)</th>
<th>Boys</th>
<th>Girls</th>
</tr>
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<tr>
<td>Nutrition</td>
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<td>5,737,000</td>
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<td>Child protection</td>
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<td>HIV and AIDS</td>
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<tr>
<td>Cluster coordination</td>
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</tr>
<tr>
<td>Total</td>
<td>295,951,000</td>
<td>18,000,000</td>
<td>6,000,000</td>
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</table>

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www.unicef.org/hac2011 | 2011 UNICEF HUMANITARIAN ACTION FOR CHILDREN
In the Philippines, women and children face revolving cycles of conflicts and disasters. The country typically experiences annual displacement due to political conflict or natural disaster. Typhoon Ketsana (known in the Philippines as Ondoy), hit in 2009, and its aftermath – massive displacement, ill health, poor nutrition, dirty water – plunged millions of people into extreme distress that reached well into 2010. This was followed by Typhoon Megi, in October 2010. Such natural disasters, along with protracted armed conflict and exposure to violence, hinder attempts to alleviate the effects of poverty, unsafe water and inadequate sanitation facilities, limited health-service delivery and poorly functioning governance.

Of the total population of 93 million, 48 million are vulnerable to conflict or natural disaster, and 170,000 families are typically displaced by disaster annually. Displaced families suffer sporadic disease outbreaks, and undernutrition is endemic among children. Prolonged displacement and continued insecurity mean families are without income, a push factor for children to enter hazardous labour situations.

Destruction of school buildings, long distances between schools and evacuation centres, hidden costs and loss of important documents are factors limiting education for displaced students, causing many children to drop out. Violent incidents due to family feuds, local elections and typhoons interrupted children’s education in a number of provinces, particularly those in northern and central Luzon. In Maguindanao Province, schooling for an estimated 14,000 children was affected in 2010.

For 2011, UNICEF is requesting US$14,022,000 for humanitarian activities in the Philippines to cover the conflict-affected areas in Mindanao and potential natural disasters – earthquakes, floods, typhoons – that can occur anywhere in the country, as well as the after-effects of recent typhoons in the north.

UNICEF has a vital role as cluster coordinator of education, WASH, nutrition, and sub-cluster coordinator of child protection and gender-based violence. In 2011, it will mobilize health and nutrition supplies, non-food items, shelter, and child protection and education responses across all five affected regions.

**CRITICAL ISSUES FOR CHILDREN AND WOMEN**

Undernutrition is an ongoing problem for Philippine women and children. A joint UNICEF-World Food Programme assessment in 2009 found that 87 per cent of households faced food insecurity and 75 per cent were limiting their meal sizes, thereby decreasing dietary diversity, exacerbating pre-existing nutrition deficiencies, and aggravating the likelihood of undernutrition. Areas affected by armed conflict were generally found to have a poorer nutritional status and, therefore, an increased risk of disease and death. The same assessment revealed that global acute malnutrition prevalence in conflict-affected communities in Mindanao reached 9.6 per cent (95% CI > 7.6-11.6).

The Philippines continues to need assistance in helping children caught in armed conflict and those who are subject to trafficking. In 2010, 17 children were killed and 19 others were injured as a result of armed conflict, and the Government has documented 221 cases of child trafficking. In Mindanao, more than 50,000 children remain in camps for internally displaced people. At least 300,000 children who are continually exposed to violence and disasters require psychosocial support and need protective services against further harm and violence. An estimated 10,000 children who may have been involved with the Moro Islamic Liberation Front require community-based reintegration services as well as other basic services.

Children are the most vulnerable during emergencies, especially in the impact to health and nutrition. Common causes of deaths among children under age 5 are such preventable communicable diseases as pneumonia and diarrhoea, which account for more than one third of the deaths, while undernutrition is the major underlying
cause of death. Mortality figures easily increase if high-impact preventive public health interventions are not in place immediately after disaster occurs, especially among the poor and disadvantaged populations, where access to health services is already weak.

KEY ACHIEVEMENTS IN 2010

In 2010, UNICEF estimated that US$17,890,000 was needed for humanitarian activities in the Philippines. As of October 2010, a total of US$6,067,089 was received, or 34 per cent of the goal. During 2010, UNICEF used humanitarian action funds to make a strategic impact in the health sector, with an estimated 1 million people benefiting from emergency supplies. Nearly 20,000 children 6 months to 15 years old received a dose of measles vaccine through mobile health teams in evacuation centres. In addition, procurement of emergency drugs, supplies and cold chain equipment – including 270 units of inter-agency emergency health kits – supported basic health-care services to help prevent and treat common illnesses during emergencies.

More than 16,000 children were screened under the community-based management of acute malnutrition programme in 2010; of these, more than 500 were treated for severe acute malnutrition. In 24 flood-prone villages in Muntinlupa, Laguan and Rizal, which have an approximate population of 153,000 included an estimated 4,600 pregnant and lactating women, training sessions on infant and young child feeding in emergencies were held for 552 health workers.

UNICEF continued to deliver WASH services through partners to at least 36,000 families affected by the typhoons of 2009 and 2010 and those affected by war in Mindanao. The organization and its partners reconstructed wells, equipped many with pumps, and constructed latrines with washing facilities for 280,000 people. Forty thousand families received supplies promoting healthy hygiene practices. In conflict-affected areas of Mindanao, around 100,000 people, including 36,000 children, gained access to new latrines and to safe water via new or improved wells and storage tanks. Around 180,000 people in typhoon-affected areas benefited from similar initiatives.

In 2010, UNICEF continued in its role as co-lead, with Save the Children, of the Government’s National Education Cluster. UNICEF supported the Department of Education in preparing for emergencies with the production of a resource manual on disaster risk reduction for distribution in the most disaster-prone schools and school divisions. In the northern part of the Philippines, about 27 typhoon-damaged early learning centres were reconstructed, and 500 other affected centres received early childhood development packages – with both interventions benefiting about 31,700 preschoolers. In the conflict-affected areas in southern Philippines, UNICEF engaged Save the Children and Community and Family Services International to repair

### ASIA-PACIFIC: PHILIPPINES

<table>
<thead>
<tr>
<th>CORE COUNTRY DATA</th>
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</tr>
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<tbody>
<tr>
<td>Population (thousands 2009)</td>
<td>91,983</td>
</tr>
<tr>
<td>Child population (thousands 2009)</td>
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<tr>
<td>U5 mortality rate (per 1,000 live births, 2009)</td>
<td>33</td>
</tr>
<tr>
<td>Infant mortality rate (per 1,000 live births, 2009)</td>
<td>26</td>
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<tr>
<td>Maternal mortality ratio (per 100,000 live births 2008)</td>
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<tr>
<td>Primary school enrolment ratio (net male/female, 2005–2009*)</td>
<td>91/93</td>
</tr>
<tr>
<td>% U1 fully immunized (DPT3, 2009)</td>
<td>87</td>
</tr>
<tr>
<td>% population using improved drinking-water sources (2008)</td>
<td>91</td>
</tr>
<tr>
<td>HIV/AIDS prevalence (% aged 15–49, 2009)</td>
<td>&lt;0.1</td>
</tr>
<tr>
<td>% U5 suffering from moderate and severe wasting (2003–2009*)</td>
<td>7</td>
</tr>
</tbody>
</table>

*Data refer to most recent year available during the period specified.
or construct 73 temporary learning centres for about 6,000 displaced/affected children aged 3–18.

In addition, UNICEF helped establish 109 child-friendly spaces, providing psychosocial support to more than 50,000 children living in internally displaced person camps and in conflict-affected areas in Mindanao. Child protection networks and committees were organized in 109 camps and conflict-affected communities as well as in 67 flood-stricken communities in Metropolitan Manila and the Bicol region.

Displacement brings elevated risk of many kinds, including risks for HIV and sexually transmitted infections (STI). Youth in evacuation centres in Muntulupa, Marikina, Pasig, Taguig and Quezon City benefited from HIV and STI prevention services and were able to obtain referrals as needed for specialized care and support.

HUMANITARIAN ACTION: BUILDING RESILIENCE

During the 2009/2010 typhoon emergency response, UNICEF was given the opportunity to fine-tune its programme for building resilience in the chronically disaster-prone Philippines.

With the disruption of health services threatening disease outbreaks, UNICEF, as a key partner in the health cluster, took part in several assessments and provided essential materials and other support. Leading the nutrition cluster, UNICEF played an instrumental role in ensuring that the Government of the Philippines had a strong stance on infant formula milk distribution in evacuation centres, promoting breastfeeding and providing emergency complementary food for infants at risk.

The global WASH cluster deployed interventions to facilitate closing gaps in drinking-water distribution at all points of displacement and in flood-affected areas, including the restoration of water services and water quality testing following the risk of floodwater contamination.

As co-lead of the education cluster with Save the Children, UNICEF held several assessment missions with education authorities to evaluate the situation in affected areas. UNICEF focused on distributing supplies to enable children and teachers to resume schooling. As the lead of the child protection sub-cluster, UNICEF expanded its collaboration to deliver psychosocial care and support through child-friendly spaces in evacuation camps and affected communities.

PLANNED HUMANITARIAN ACTION FOR 2011

In 2011, UNICEF will work with the Government of the Philippines, UN agencies and non-governmental organization partners to respond to the needs of more than 300,000 women and children in conflict- and disaster-affected areas. UNICEF will focus on capacity building of emergency service providers and volunteers, provision of water and sanitation facilities, repair of learning structures, and provision or replacement of learning supplies and materials.

NUTRITION (US$875,000)

The overall goal for 2011 will be to develop capacity for implementation of community-based management of acute malnutrition and provision of ready-to-use therapeutic foods and multiple micronutrient powders as well as provide technical direction for design, implementation, monitoring and evaluation of emergency nutrition projects.

• 37,500 of the most vulnerable children will receive life-saving nutrition support in their communities; 12 new outpatient treatment centres and two stabilization centres in three different provinces will be established as points of referral.

• To save lives and prevent deterioration of the nutritional status of children under age 5, UNICEF will provide: ready-to-use therapeutic foods and other essential supplies for managing acute malnutrition; appropriate training for health staff in primary care centres, hospitals and NGO partners’ facilities; and technical support for updating national protocols and programmes for management of acute malnutrition.

• By conducting infant and young child feeding in emergencies training for NGO partners and refresher courses for government partners, UNICEF will monitor milk-code violations and ensure continued breastfeeding in evacuation centres. By reviewing and updating operational guidelines and tools in nutrition surveillance, it will provide timely and appropriate responses for those most vulnerable.

HEALTH (US$2,100,000)

To help prevent illness and mortality during emergencies, UNICEF, as a crucial health cluster member, will help the Government and communities ensure 60,000 women and children have access to life-saving public health interventions.
• The Vulnerability Assessment Committee has estimated needs for a population of 150,000 in emergency-affected areas. The following essential commodities will be procured and pre-positioned: 75 basic health kits, 105,000 micronutrient supplements, 150,000 doses of measles vaccines and bundled devices or immunization supplies, and 95,000 deworming drugs. Other situation-specific basic preventive/curative needs will be addressed as appropriate after rapid assessments depending on the nature and scope of the emergency.

• A disease surveillance system will be deployed in evacuation centres and affected communities using currently available tools in coordination with the health cluster and the World Health Organization.

• To increase access to accurate information during emergencies and to complement and increase utilization of available preventive health services in affected areas, the promotion of positive health behaviours for women and children will be supported by conducting rapid participatory assessments, generating key messages and information channels. Available materials and channels can be utilized as appropriate.

WATER, SANITATION AND HYGIENE (WASH) (US$3,500,000)
UNICEF will continue to provide WASH services for communities in return areas. There are 280,000 people, 69 per cent of them women and children, in Mindanao evacuation camps and return areas requiring water, sanitation and hygiene services.

• Access to safe water and sanitation facilities for children in 52 schools will be ensured.

• UNICEF will lead a joint assessment on WASH in conflict-affected areas and respective clusters.

• Activities such as WASH facility construction, training, distribution of jerrycans with water disinfectant, hygiene kits, education and communication materials, and cluster meetings will benefit a caseload of up to 500,000 people to ensure preparedness of WASH partners for Mindanao in the coming typhoon season and in typhoon-affected areas.

CHILD PROTECTION (US$3,500,000)
UNICEF and partners will build community-based systems linked to national systems to benefit more than 130,000 children exposed to chronic and rapid onset emergencies, recruitment into armed groups, unexploded ordinances, becoming unaccompanied and/or separated from their families, child trafficking and other child rights violations.

• Psychosocial support will be delivered directly to 136,000 children through child-friendly spaces in 600 targeted locations.

• More than 150,000 people will benefit from establishment of community-based child protection systems that include awareness sessions, child protection training for parents and community workers, and outreach to children through child-friendly spaces.

• Special assistance will be provided to 100 separated and unaccompanied children by strengthening the database for family tracing, expanding and strengthening reunification teams, and advocating temporary or long-term family-based care and equal access to basic services.

• An estimated 10,000 children who had been associated with armed groups will be reintegrated into their communities and helped by community reintegration packages, which include support for education, livelihood, life skills and effective parenting.

• Children at risk of recruitment by armed groups will benefit from life-skills, formal and informal education.

EDUCATION (US$3,710,000)
In 2011, UNICEF will continue to address the education needs of an estimated 100,000 children in areas affected by conflicts, typhoons, floods, earthquakes or tsunami. About 18 per cent, or 18,000 target beneficiaries, are 3–5 years old. The remaining beneficiaries (82 per cent, or 82,000) are children aged 6–18, including out-of-school youth and overage children in the secondary schools. In 2011, the overall goal will be to enhance national capacity for disaster risk reduction and response by:

• The policy framework for education in emergencies and disaster risk reduction will be clearly articulated within the Department of Education, by supporting development of emergency preparedness plans for education and by strengthening school-based disaster risk reduction systems.

• About 1,000 day-care workers, teachers and volunteer educators will be trained on alternative delivery modes of basic education (e.g., Modified In-school Off-school Approach (MISOSA), Instructional Management by Parents, Community and Teachers (IMPACT), conducting psychosocial sessions for displaced young children, and school-based disaster risk reduction and management, including orientation activities on quality education in emergencies for service providers and other stakeholders.

• Replacement of lost or damaged school supplies and learning materials (school packs, teacher packs, library books, etc.) will benefit 100,000 children.

• To ensure safe, secure and uninterrupted learning for children affected by emergencies, UNICEF and its partners will help establish and support at least 20 school-community partnerships in model schools of selected disaster-affected areas.
HIV AND AIDS (US$49,000)
Since urban areas are experiencing emergencies, there are recent increases in the numbers of HIV infections. UNICEF and its partners will ensure that young people are empowered to protect themselves from HIV and that services for the prevention of mother-to-child transmission are uninterrupted. UNICEF will support establishment/expansion of paediatric treatment for children in need through targeted referral and transport support.

- To help young people protect themselves from HIV, a directory of services, informative games and educational materials related to HIV and AIDS will be provided.

CLUSTER COORDINATION (US$288,000)
To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

1. UNICEF estimate, based on data extracted from The Manila Observatory and the National Statistics Office.
7. Number of Child Abuse Cases, Served, By Type of Abuse, By Sex, By Age, By Region, CY2009, Policy Development and Planning Bureau, Department of Social Welfare and Development (DSWD), unpublished report.
9. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.
10. This total includes 50,000 pregnant women.

### ASIA-PACIFIC: PHILIPPINES

#### UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011

<table>
<thead>
<tr>
<th>By sector</th>
<th>US$</th>
<th>Total per sector (all beneficiaries)</th>
<th>Boys</th>
<th>Girls</th>
</tr>
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<tr>
<td>Nutrition</td>
<td>875,000</td>
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<tr>
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<td>&gt;86,500</td>
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<td><strong>Total</strong></td>
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<td><strong>300,000</strong></td>
<td><strong>123,000</strong></td>
</tr>
</tbody>
</table>
ASIA-PACIFIC

Sri Lanka

Sri Lanka’s 30-year civil war took a serious toll on health-care services, water and sanitation facilities, education systems and protective safety nets for women and children living in Northern and Eastern Provinces. There is a massive effort at recovery under way, with each step both a promise for the future and a reminder of the past. Many of those who are able to return to their homes find their movements – and their livelihoods – circumscribed by fields littered with unexploded ordnance and landmines. Many children are able to attend school, but find they need to catch up from a severe schooling deficit wrought by years of violence and periodic displacement. Approximately 42,000 women find themselves alone as head of the household, often causing significant economic stress and a detrimental impact on the quality of care for children.

The humanitarian need of those who remain displaced is particularly acute. In the last months of fighting, more than 280,000 people were displaced due to the conflict, and around 100,000 are still threatened by poor nutrition and health care, insufficient sanitation and education, and unexploded ordnance and landmines. An additional 300,000 people displaced over the course of the conflict – some since 1990 – also remain in need of solutions. The great humanitarian challenge is to help Sri Lankans safely and completely return to their homes.

By December 2010, an estimated 325,800 people, or 102,000 families, had returned to their places of origin. During the conflict, thousands of Sri Lankans also fled to India and are now ready to return to their homeland. Of the more than 100,000 refugees in India, about 72,000 are living in 112 refugee camps in the state of Tamil Nadu in southern India, with about 34,000 living outside the camps.

The pace of return for internally displaced persons has been hampered by the high residual contamination of unexploded ordnance and landmines. Even those who have returned to their own land are unable to be fully self-reliant due to limited access to land that has been demined. The scale of reconstruction has been impressive, but the level of social-services infrastructure destruction – including schools, health centres, homes and civil administration buildings – was high. There are enormous shortfalls in providing sufficient services to those who have returned.

UNICEF is requesting US$9,825,000 to carry out its planned activities in Sri Lanka in 2011, half of the amount requested in 2010 due to the rapidly changing context.

Full and prompt funding by donors is crucial to ensure the well-being of children and women in a country marked by a long-standing civil war. In 2011, UNICEF will work with the Government of Sri Lanka, other UN agencies and NGO partners, and communities to respond to the needs of the 362,000 children and 214,000 women. UNICEF’s response will be determined by the pace of the resettlement process in Northern Province. Its focus will be on ensuring adequate access to safe drinking water, appropriate sanitation and hygiene, quality basic education, health and nutrition as well as building a stronger protective environment for children, both in temporary IDP sites and in returnee communities. UNICEF is working with authorities and partners to ensure that support for lasting recovery is present in all sectors of the humanitarian response.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Due to persistent mine contamination in areas of origin, the internally displaced people who remain in camps and those with host families are highly dependent on humanitarian aid. Returnees require a scaling up of basic social services to support the firm re-establishment of their lives. Much infrastructure was destroyed during the conflict, and children and families lost most of their belongings during multiple displacements. Some basic goods and support have been provided, but many essential services need to be restored; schools and health centres, for example, require repairs and essential supplies. And to prevent the outbreak of waterborne-related diseases, safe water and hygienic means of excreta disposal need to be provided to the resettled population.
Of particular concern in the post-conflict context is the high number of households headed by women alone. According to government figures, there are 42,000 female-headed households in the north, which often causes significant economic stress and may have a detrimental impact on the quality of care for children. In order to ease the economic burden on families, more children are seeking jobs, dropping out of school and/or getting married.

Many children are behind in terms of learning achievement. Some children have missed out on education altogether or require additional support to reach the same starting point as their peers in other parts of the country. Approximately 2,000 children live in institutions because their families require support and assistance to take them back. Children who remain in IDP sites still require safe play environments, temporary learning spaces and specific assistance to continue their education until they can return home. Water and sanitation services inside camps are also necessary until eventual resettlement.

**KEY ACHIEVEMENTS IN 2010**

In 2010, UNICEF estimated that US$20,082,000 was needed to fund its humanitarian work in Sri Lanka. As of October 2010, a total of US$10,781,415 had been received, or 54 per cent. In cooperation with the Government of Sri Lanka, as well as national and international partners, UNICEF was able to respond to the humanitarian needs of more than 230,000 returnees and 85,000 internally displaced persons, including more than 130,000 children, through the provision of health and nutrition, water and sanitation, education and protection services.

In 2010, nutrition aid focused on ensuring adequate management of acute malnutrition, which was carried out through the nutrition rehabilitation programme in both IDP sites and resettlement areas of all districts in the north. As cluster lead, UNICEF coordinated the nutrition response, working closely with the Government, UN agencies and NGOs. UNICEF helped develop the capacity of health workers and ensured supply of anthropometric equipment, therapeutic milk (F-75 and F-100), ready-to-use therapeutic Plumpy’nut and supplementary food, oral rehydration solution and multiple micronutrient supplements. Children under age 5 suffering from severe acute malnutrition were referred to the therapeutic feeding centres in Cheddikulam and Vavuniya hospitals. Prevalence of global acute malnutrition has dropped to 13.5 per cent in IDP sites primarily due to treatment of moderate and severe acute malnutrition in the camps. Complicated cases of severe acute malnutrition were referred to therapeutic feeding centres for treatment. UNICEF also supported the construction and equipping of health facilities in Kilinochchi, Mallaitivu, Mannar and Vavuniya.

The UNICEF-led WASH cluster ensured provision of safe water and adequate sanitation and hygiene for 280,000 internally displaced people, surpassing Sphere standards.
UNICEF supported the provision of water trucking, distribution of hygiene kits and provision of monthly hygiene promotion activities as well as care and maintenance of a water pipeline system, water storage tanks and latrines in IDP sites. In addition, UNICEF provided support for the rehabilitation or construction of 32 latrines benefiting 180 people, thus providing them with a hygienic and dignified way of excreta disposal, a safe and healthy environment, and less exposure to mines.

UNICEF supported the Department of Probation and Child Care Services in aiding vulnerable children. As of September 2010, 483 institutionalized children were reunited with families, and institutionalization was prevented in 1,145 cases through reunification packages, livelihood and other support to family care. In addition, in 2010, all children formerly associated with armed forces of groups were released and reunified with their families or placed in interim care while awaiting family tracing.

Mine-risk education continued in five districts in Northern Province and three in Eastern Province, in cooperation with national NGOs, the Humanitarian Demining Unit mine-risk education teams and the ministry of education. By October 2010, mine-risk education had reached an estimated 333,983 individuals in awareness-raising activities.

The education cluster, co-led by UNICEF, distributed essential learning supplies and equipment for approximately 75,000 retuemeen and host schoolchildren in Northern Province as well as for the more than 5,000 students remaining in IDP camps. Communities supported construction of temporary learning spaces during the protracted school rehabilitation phase.

UNICEF is leading the WASH and nutrition clusters as well as the child protection sub-cluster and is the co-lead of the education cluster with Save the Children. In 2011, UNICEF will continue to work with the Government of Sri Lanka, other UN agencies, local and international NGOs, and host communities in addressing the needs of 362,000 children and 214,000 women. It will focus on the return and resettlement process in Northern Province, while continuing to provide basic services to temporarily displaced persons remaining in camps and host communities. To reduce vulnerabilities among the estimated 580,000 internally displaced people as well as host communities and resettled families in northern Sri Lanka – and in alignment with its Core Commitments for Children in Humanitarian Action – UNICEF will work with partners to provide emergency relief in the areas of health and nutrition; water, sanitation and hygiene; education; and child protection. UNICEF will also work with partners to ensure improved coordination of humanitarian action and with the Government to develop national capacity for emergency preparedness and disaster risk reduction.

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NUTRITION (US$1,660,000)

UNICEF will continue to support the treatment and prevention of global acute malnutrition and will work with the Government of Sri Lanka to achieve key results.

- The UNICEF-led nutrition cluster will develop a joint nutrition surveillance system to be introduced in conflict-affected areas.
- The nutrition rehabilitation programme will continue to provide up to 30,000 children under age 5 with therapeutic and supplementary feeding for 12 months for treatment of severe and moderate acute malnutrition.
- More than 30,000 people in areas of resettlement, including adolescents, pregnant and lactating women and children under 5, will be reached through the Integrated Nutrition Programme providing a comprehensive nutrition package (infant and young child feeding, therapeutic feeding, management of severe and moderate acute malnutrition, and awareness-raising on nutrition issues).
HEALTH (US$2,300,000)
UNICEF will continue to provide essential health-care services, including both preventive and curative services, in resettlement areas and will work with the Government to build stronger and more resilient national systems for basic services.

- An estimated 10,000 children and 2,500 women in resettlement areas will have expanded access to essential health services with sustained coverage through five outreach mobile clinics equipped with essential drugs and equipment.
- An estimated 90,000 returnees will benefit from refurbishment of damaged health-care facilities and provision of equipment to maternal and paediatric units in returnee locations.
- Capacity building will be offered to health-care providers on emergency obstetric care, essential newborn care and life support, and immunization.
- Health and nutrition awareness-raising activities will be conducted to promote healthy practices that help prevent undernutrition and the spread of disease.

WATER, SANITATION AND HYGIENE (WASH) (US$995,000)
UNICEF will provide reliable access to safe water supplies and proper sanitation and hygiene facilities for up to 150,000 conflict-affected persons in areas of return as well as in IDP sites.

- Access to safe water supply will be ensured for 150,000 persons in resettlement areas as well as in IDP sites through the cooperation and linkages between the UNICEF-led WASH cluster and early recovery actors.
- Some 150,000 internally displaced persons and returnees will have access to sufficient safe water supplies through the immediate construction and durable rehabilitation of 750 water-supply systems, consisting of dug wells, tube wells/boreholes and rainwater-harvesting tanks in IDP sites, schools, temporary learning spaces and health-care facilities.
- The privacy and security of women and girls will be ensured through access to adapted sanitary facilities meeting Sphere standards through the repair and maintenance of emergency toilets and washing spaces for 25,000 in IDP sites and the provision of both permanent and temporary toilets with accompanying hygiene promotion for vulnerable returnee families and children. Sanitation in schools will also be provided in resettlement areas.

CHILD PROTECTION (US$800,000)
The UNICEF-led child protection sub-cluster will improve national capacity to monitor, document and report violations of child rights and to support community-based reintegration services as needed. Mine risk education will continue to be implemented with partners.

In collaboration with the Government of Sri Lanka and community-based systems, 250 protection structures, including child-friendly spaces and children’s clubs, will be established in IDP sites and return communities, reaching an estimated 25,000 children.

- 20,000 vulnerable children, including orphaned/separated as well as war-injured and disabled children, will be supported to find a long-lasting family and community environment or will be referred to available service providers as appropriate.
- With the aim of minimizing the risks of accidents from hidden mines and other explosive devices, all community members returning to a former conflict-affected area will benefit from community- and school-based mine-risk education. Advocacy against the use of landmines and other indiscriminate weapons will be carried out.
- Vulnerable families will receive cash assistance and self-employment grants.
- 2,000 young people, including children formerly associated with armed groups, will be reached through vocational training, on-the-job training and economic empowerment.

EDUCATION (US$3,970,000)
UNICEF and Save the Children will co-lead the education cluster to expand educational access and quality for all children.

- Formal education will be re-established for returnee children through rehabilitation of at least 30 permanent schools damaged by the conflict, benefiting approximately 6,000 children.
- Temporary learning spaces will be established and maintained, based on needs, in areas of return and in host communities while schools are repaired and rehabilitated.
- Learning and teaching kits and other educational supplies will be provided to schools on a needs basis.
- A crash teacher-training programme will reach approximately 500 inexperienced primary teachers in Northern Province, providing an introduction to basic classroom pedagogy, child development and effective classroom management.
- An Accelerated Learning Programme will be implemented with the support of the ministry of education to reintegrate and retain up to 100,000 children who have fallen behind in their education due to conflict and displacement. Teachers will be trained on how to conduct the Accelerated Learning Programme for their students.
CLUSTER COORDINATION (US$100,000)

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011

<table>
<thead>
<tr>
<th>By sector</th>
<th>US$</th>
<th>Total per sector (all beneficiaries)</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
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<tr>
<td>Nutrition</td>
<td>1,660,000</td>
<td>96,000</td>
<td>15,000</td>
<td>15,000</td>
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<tr>
<td>Health</td>
<td>2,300,000</td>
<td>90,000</td>
<td>20,000</td>
<td>20,000</td>
</tr>
<tr>
<td>WASH</td>
<td>995,000</td>
<td>150,000</td>
<td>27,000</td>
<td>27,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>800,000</td>
<td>78,000</td>
<td>39,000</td>
<td>39,000</td>
</tr>
<tr>
<td>Education</td>
<td>3,970,000</td>
<td>120,000</td>
<td>60,000</td>
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<tr>
<td>Cluster coordination</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>9,825,000</strong></td>
<td><strong>534,000</strong></td>
<td><strong>161,000</strong></td>
<td><strong>161,000</strong></td>
</tr>
</tbody>
</table>

2. Ibid.
4. These funding requirements are part of the Joint Plan for Assistance (JPA) for Northern Province in 2011, launched in-country on 1 February 2011.
5. A six-month Flash Appeal was launched on 18 January 2011 in response to devastating floods and landslides. The UNICEF requirement of US$9,903,600 through the Flash Appeal is in addition to the Humanitarian Action for Children requirement.
7. Source: Department of Probation and Child Care Services, Government of Sri Lanka, statistics 2008–2009 and administrative reports, social protection cluster tracking sheets, zonal office monthly reports and other documents compiled for the UNICEF Country Programme Mid-Term Review.
Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS)

CEE/CIS is a region prone to an array of natural disasters, from floods to earthquakes and avalanches, as well as occasional political crises. Such conditions leave women and children highly vulnerable to displacement, protection concerns and severe health problems. In 2010, a combination of floods and earthquakes in the Pamir Mountains and in southern Tajikistan resulted in displacement of families, destruction of schools and public health facilities, and loss of life.

In addition, 476 cases of polio were reported in the country, some 70 per cent of them in children, in the first outbreak since the European Region was certified polio-free in 2002. In spring 2010, the violent overthrow of the Kyrgyzstan Government became a regional humanitarian crisis when about 400,000 people were displaced and an additional 75,000 refugees, among them 30,000 children, briefly sought shelter in Uzbekistan.

In 2010, seasonal rains caused mudflows in Tajikistan and also in the Republic of Moldova, where some 20,000 people were affected. Severe heat waves, a phenomenon many scientists attribute to global climate change, sparked forest fires and caused the widespread destruction of property and crops in the Russian Federation. In addition, smog caused worsening health conditions, such as respiratory problems, severe dehydration and heat exhaustion, in much of Central Europe, especially the Russian Federation.

UNICEF is requesting US$900,000 for its regional support of humanitarian work in CEE/CIS in 2011, in order to strengthen readiness and response to the different types of disasters that could leave women and children in the region vulnerable to displacement, serious protection concerns and health-related issues. Since Central Asia, South Caucasus and Turkey lie in seismic zones, the region is prone to major earthquakes. The potential consequences of such a natural disaster would include widespread displacement and, in countries such as Kyrgyzstan, Tajikistan and Uzbekistan, where uranium waste is stored underground, a serious health risk of toxic poisoning. Therefore, it is critical that the UNICEF country offices in the region strengthen their own as well as their partners’ capacities to prepare and respond to such disasters.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

The recent challenges caused by the global economic crisis has increased levels of poverty in the region, which has severely affected the poorest and most marginalized segments of society. Specific impact on communities, such as the internally displaced persons from the region’s previous conflicts, is of concern. The situation of the separatist republic of Transnistria in the Republic of Moldova remains unresolved. In relation to the disputed territory of Nagorno-Karabakh, the Governments of both Armenia and Azerbaijan continue to participate in talks mediated by the Organization for Security and Co-operation in Europe, but progress is still slow in resolving the issue. The recent violence in Kyrgyzstan has also caused renewed fears regarding the use of landmines and the spread of light weapons in the region, posing additional hazards to children, youth and local populations.

KEY ACHIEVEMENTS IN 2010

In 2010, UNICEF estimated that US$1,650,000 was needed to fund emergency response work in the CEE/CIS region. As of October 2010, a total of US$2,110,059 had been received. In 2010, the CEE/CIS regional office supported the country offices in responding to a number of emergencies, including earthquakes in Tajikistan (January) and Turkey (March) and floods in Kazakhstan (March), Tajikistan (May), the Republic of Moldova (July) and Montenegro (November). UNICEF responded by supporting national authorities and partners in conducting rapid assessments and assisting relief response. In response to violence in the south of Kyrgyzstan, UNICEF has been an active member of the humanitarian country team and within this framework has been leading the WASH and education clusters (the latter as co-lead with
Save the Children), as well as the child protection and gender-based violence sub-clusters (the latter along with the United Nations Population Fund).

The regional office also coordinated a major vaccination effort throughout Tajikistan, curtailing the potential spread of a highly contagious outbreak of polio. The office also provided financial and technical resources to support those country offices impacted by small-scale floods and avalanches in the region.

Throughout 2010, integrating the newly revised Core Commitments for Children in Humanitarian Action with emergency readiness was a priority. The CEE/CIS office ran multiple assessments, technical training and risk-planning activities and simulations to improve reaction and response to the natural disasters common to the region.

A major priority has also been to contribute to national efforts in reducing disaster risks within the Central Asia and South Caucasus Region. Such efforts continue to be supported by the Disaster Preparedness Programme of the European Commission Humanitarian Aid Office (DIPECHO). UNICEF’s regional office has established partnerships with regional organizations such as the regional office of the United Nations International Strategy for Disaster Reduction to implement key aspects of the Hyogo Framework for Action, which is the global road map for reducing disaster risks and building resilience by 2015. Of the five priority areas identified by the framework, UNICEF has given a particular focus to Priority 1 (ensuring national and local commitment), Priority 3 (using knowledge and education to build a culture of safety and resilience) and Priority 5 (strengthening disaster preparedness). In the seven project countries of the region (i.e., Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan), UNICEF has established cooperation agreements with the relevant ministries, which in most cases are the ministries of emergency situations and the ministries of education. UNICEF has organized national events to draw attention to and mobilize action for the safety of children in disasters induced by natural hazards, such as earthquakes, floods and land/mudslides.

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### UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011

<table>
<thead>
<tr>
<th>By sector</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disaster risk reduction</td>
<td>400,000</td>
</tr>
<tr>
<td>Emergency preparedness and response planning</td>
<td>300,000</td>
</tr>
<tr>
<td>Regional human resource surge capacity</td>
<td>200,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>900,000</strong></td>
</tr>
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</table>
HUMANITARIAN ACTION: BUILDING RESILIENCE

A core aspect of the DIPECHO-funded disaster risk reduction programmes is to enhance the ability of selected schools to anticipate, prepare for and respond to future disaster events. Under the project, UNICEF will be working closely with principals, teachers and other school staff to review and enhance hazard-mapping, early warning system and disaster response plans. Simulation exercises, such as drills for earthquakes and fires, will be conducted to test the knowledge of both children and school staff concerning emergency response systems and procedures. These actions will contribute to building the resilience of schools against disaster risk.

In Kyrgyzstan, UNICEF is working with partners including the United Nations Development Programme and the Office of the United Nations High Commissioner for Refugees to implement a peacebuilding programme that specifically targets adolescents and young people. The programme will identify issues faced by such people in the post-violence period in the country and will help them rebuild their lives by providing learning and vocational training opportunities.

PLANNED HUMANITARIAN ACTION FOR 2011

In 2011, UNICEF’s CEE/CIS regional office will place priority on continuing to build capacities for emergency response among staff in country offices and partner agencies. Risk reduction activities will be further expanded, with particular focus given to the education sector. The regional team will work to integrate the revised Core Commitments for Children in Humanitarian Action to strengthen risk reduction activities and polices. The office will also continue to partner with the World Health Organization, the United Nations International Strategy for Disaster Reduction and other UN and NGO partner agencies to support all aspects of planning, preparedness and emergency response, with a focus on simulations, preparedness and response training for women and children in the region.

DISASTER RISK REDUCTION (US$400,000)

The CEE/CIS regional office will continue to guide and support the implementation of the DIPECHO-funded disaster risk reduction programme in Central Asia and South Caucasus, which covers risk reduction activities in the sector of education and early childhood development in the region’s seven project countries. Since this is a regionally negotiated programme, the regional office is responsible for its overall coordination, management and oversight.

- The regional office will provide technical guidance and support to the seven country offices in developing specific strategies, approaches and partnership networks for achieving the project outcomes. The office will proactively identify technical support needs and organize coverage of those technical gaps through identification and recruitment of experts.
- UNICEF will establish a special disaster risk reduction specialist position in Almaty, Kazakhstan, to serve country offices in the Central Asia and South Caucasus Region and to provide quality technical support for the DIPECHO programme. The position will also help strengthen UNICEF’s capacity to engage in and contribute to strategic discussions with other regional partners, including the United Nations International Strategy for Disaster Reduction, the United Nations Development Programme and the United Nations Educational, Scientific and Cultural Organization.
- The regional office will also plan and implement capacity-building initiatives regarding disaster risk reduction for UNICEF staff and government counterparts. In 2011, the CEE/CIS regional office plans to organize at least two regional events on disaster risk reduction in education. These events will strive to identify and document best experiences and success stories, which will then be disseminated throughout the region and possibly at the Global Platform for Disaster Risk Reduction scheduled for May 2011. To promote the exchange of information, experiences and materials among the seven project country offices, the regional office will launch an internal Intranet website in which project staff will have access to relevant guidance and resources. In addition, a web page will be developed within the regional office website to showcase the achievements of the disaster risk reduction programme in the CEE/CIS region.
- Expanding the disaster risk reduction programme beyond the Central Asia and South Caucasus Region will also be an important priority for the regional office. Country offices, especially in South Eastern Europe, will be supported in introducing elements of disaster risk reduction in their regular country programmes, especially when the country offices are developing their country programme documents. Efforts will also be pursued to increase resources for disaster risk reduction activities through mobilization of funding from potential government and private donors.
EMERGENCY PREPAREDNESS AND RESPONSE PLANNING (US$300,000)

In 2011, UNICEF globally will introduce new technical supports designed to improve overall project, planning and implementation, as well as to bolster disaster and security preparedness.

- The CEE/CIS regional office will work with the Office of Emergency Programme’s Early Warning and Emergency Preparedness unit to continue to pilot and introduce the web-based version of the emergency preparedness and response plan, which will now incorporate security as well as business continuity planning. The new Early Warning, Early Action system is an interactive system designed to coordinate live information exchange and interaction, as well as provide links to a range of other agency databases and action plans. This system will be critical for improving communication among regional and country offices at the onset of emerging crises. Training CEE/CIS staff and country offices to use these new tools will be a focus for the regional office.

- Country offices, UNICEF staff, humanitarian partners and government counterparts will be provided with technical assistance and capacity-building opportunities related to the Core Commitments for Children in Humanitarian Action, assessment and humanitarian standards and codes, the cluster approach and response to issues of displacement.

REGIONAL HUMAN RESOURCE SURGE CAPACITY (US$200,000)

The Kyrgyzstan crisis demonstrated the importance of having a regionally based surge capacity of UNICEF-trained staff for rapid emergency response. The ability of affected country offices to rapidly receive emergency response support from neighbouring offices and have staff in place with language skills (e.g., Russian) is crucial to the successful response to emergencies in this region.

- Further funding will be sought to strengthen the regional surge capacity, to enable rapid and efficient mobilization of trained staff to support emergency response within the region, in line with the Core Commitments for Children in Humanitarian Action and the cluster approach. Additional funding will also be sought to support deployment in the event of an emergency in the region.


In June 2010, a wave of deadly violence began in the multi-ethnic cities of Jalal-Abad and Osh in southern Kyrgyzstan and spread through these two provinces. Around 300,000 people were displaced within the country and another 75,000 sought refuge in Uzbekistan. The conflict created acute humanitarian needs for as many as 1.1 million people, including an estimated 400,000 children. At the height of the crisis, there was an urgent need for emergency support including medicine, shelter, food, water and protection.

On 25 June 2010, the situation changed unexpectedly, when nearly all refugees in Uzbekistan returned to Kyrgyzstan; at the same time, those displaced within Kyrgyzstan returned to their homes in large numbers. However, with more than 2,000 houses and thousands of other buildings (mainly businesses) destroyed, 14,000 returnees, including 5,600 children, are still living with host families or relatives in cramped and difficult conditions or in tents near their destroyed homes.

To make significant strides in stabilizing the welfare of women and children in Kyrgyzstan, particularly their nutritional status, access to safe water, and education and protection, UNICEF is requesting US$6,996,000 to carry out its planned activities. Together with the Government of Kyrgyzstan, other UN agencies and non-governmental organizations, UNICEF will continue to provide assistance to the approximately 14,000 displaced people in the south, as well as to other children and women who were directly or indirectly affected by the recent conflict. This includes more than 250,000 children under age 5 in Jalal-Abad and Osh Provinces and more than 1 million schoolchildren nationwide as well as 15,000 children and young people in affected areas who will continue to have access to psychosocial and recreational activities in the UNICEF-supported child-friendly spaces and youth clubs run by partners.

UNICEF will help improve access to health-care services by increasing the capacity of medical workers and through provision of essential life-saving medicines, equipment and micronutrients. Continued support will also be provided to peace and reconciliation activities in schools through the ‘Welcome to School’ initiative; improvement of water, sanitation and hygiene practices in schools and communities; and psychosocial activities. Special attention will also be given to youth through the establishment of youth clubs, creating opportunities for young people from different ethnic communities to interact in peace-building activities. UNICEF will maintain its role as cluster lead in WASH and education, and in the sub-clusters of child protection, nutrition and gender-based violence.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

The conflict in June 2010 exacerbated already pressing issues, including chronic deficiencies in medical care, lack of essential equipment and medical supplies, micronutrient deficiencies, lack of appropriate child-care facilities, weak education, child protection and social protection systems; and water, sanitation and hygiene needs.

Food insecurity has increased alarmingly due to the conflict. According to a recent survey, 329,800 persons in Jalal-Abad and Osh Provinces are currently food insecure. Prior to the conflict, micronutrient deficiency was highly prevalent in children under age 5, and a recent
rapid assessment conducted by UNICEF and partners in September revealed that in affected areas anaemia prevalence among children under 5 has increased by 4.5 per cent since July 2009. The deficiency has been exacerbated by poor diet and poor appetite resulting from stress and fear among the children.

Prior to the conflict, high rates of intestinal worm infestations in the population were caused largely by poor hygiene practices, poor water quality and poor sanitation practices. Evidence of poor sanitation awareness and a lack of proper sanitation facilities in households and schools can lead to increased diarrhoeal episodes and other sanitation-related disease. Currently, diarrhoea is one of the main causes of mortality and morbidity among children under 5 in Kyrgyzstan.

**KEY ACHIEVEMENTS IN 2010**

As a result of funding through the Flash Appeal launched in June 2010, UNICEF made a significant impact on the welfare of women and children affected by multiple emergencies in Kyrgyzstan. UNICEF, in partnership with the Kyrgyz Government, as well as other local and international partners, responded quickly to the humanitarian needs of the displaced. The organization helped ensure a well-coordinated and holistic humanitarian response.

In close collaboration with the ministry of health, UNICEF provided emergency health and nutrition supplies to hospitals in Jalal-Abad and Osh, and to temporary health centres and health outreach posts. An estimated 1 million people benefited from these efforts. UNICEF provided Sprinkles (micronutrient powder for home fortification) and UNIMIX powder to children’s hospitals and orphanages and to children affected with HIV, benefiting 43,000 children.

Due to an outbreak of polio in neighbouring Tajikistan in early 2010, two rounds of a nationwide polio vaccination campaigns for all children under age 5 were conducted, reaching a coverage above 95 per cent of the target population of 630,598 children.

Together with the ministry of education and science, UNICEF helped develop the ‘Welcome to School’ initiative that provided temporary learning spaces to 2,600 children whose schools were destroyed. Around 75,000 teachers received a ‘peace-building packet’, composed of a guidebook with 20 peace education lessons, which ensured that more than 1 million children in 2,133 schools received lessons on peace education and conflict resolution.

UNICEF established 45 child-friendly spaces in affected communities in Jalal-Abad and Osh Provinces providing access to psychosocial services to more than 6,000 children on a daily basis.

The crisis highlighted a need for WASH assistance and for the establishment of a UNICEF-led WASH cluster. The cluster response provided family water kits and ensured safe and clean water for those families unable to return to their homes. Some 40,000 children and 10,000 women benefited from these supplies. UNICEF also provided 224 (134 new and 90 rehabilitation) latrines to 25 schools, benefiting 11,000 students, and initiated a hygiene promotion campaign expected to benefit more than 250,000 students in Jalal-Abad and Osh.

**CORE COUNTRY DATA**

<table>
<thead>
<tr>
<th>Population (thousands 2009)</th>
<th>5,482</th>
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<tbody>
<tr>
<td>Child population (thousands 2009)</td>
<td>1,961</td>
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<tr>
<td>U5 mortality rate (per 1,000 live births, 2009)</td>
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<tr>
<td>Infant mortality rate (per 1,000 live births, 2009)</td>
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<tr>
<td>Maternal mortality ratio (per 100,000 live births 2008)</td>
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<tr>
<td>Primary school enrolment ratio (net male/female, 2005–2009*)</td>
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<tr>
<td>% U1 fully immunized (DPT3, 2009)</td>
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<tr>
<td>% population using improved drinking-water sources (2008)</td>
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</tr>
<tr>
<td>HIV/AIDS prevalence (% aged 15–49, 2009)</td>
<td>0.3</td>
</tr>
<tr>
<td>% U5 suffering from moderate and severe wasting (2003–2009*)</td>
<td>3</td>
</tr>
</tbody>
</table>

*Data refer to most recent year available during the period specified.

“I now know that if my child has a high temperature and stomach problems, I must go to the doctor straight away,” Kochokorova Asema said, while looking at her 7-month-old baby, Aida. “I am so thankful to our local doctors and the doctors from Bishkek.”

Kochokorova has taken her daughter to Osh Children’s Hospital to get treatment for diarrhoea. The ethnic violence in June 2010 and the after-effects left children vulnerable to diarrhoea, which is one of the main causes of death for young children in Kyrgyzstan. Cases of the illness were on the rise, and hospitals were lacking capacity and knowledge on how to manage the overflow of patients. As a response, UNICEF provided 35 diarrhoea kits to hospitals in Jalal-Abad and Osh supported training for 2,800 medical staff on management of diarrhoea.

Kyrgyzstan’s top doctors, including the chief paediatrician, have been working non-stop in the local hospitals to train medical staff and attend to patients. These efforts have contributed to reducing the number of deaths due to diarrhoeal diseases among children under age 5. Like 7-month-old Aida, 21,000 children have benefited from UNICEF’s interventions. To sustain the progress, the specific training for medical workers will be repeated.

In 2011, UNICEF will continue to work with the Government of Kyrgyzstan, other UN agencies and non-governmental organizations to increase sustainability of the emergency response and to strengthen the country’s emergency preparedness. Part of this work is taking the lead in the WASH and education clusters, and in the nutrition, child protection and gender-based violence sub-clusters. Efforts are designed to improve the welfare of more than 1.3 million women and children.

**NUTRITION (US$312,000)**

UNICEF will concentrate on ensuring that the nutritional status of children and pregnant women in Jalal-Abad and Osh is maintained and protected from the effects of the humanitarian crisis.

- 81,000 children aged 6–24 months will receive Sprinkles (micronutrient powders for home fortification) to prevent deficiencies; the expected coverage is 90 per cent.

**HEALTH (US$1,500,000)**

In close collaboration with the ministry of health and other cluster partners, UNICEF will continue its efforts to improve access to health-care services, to strengthen the capacity of medical staff and to pre-position life-saving medicines and equipment in the south.

- UNICEF will increase the capacity of 2,500 medical staff to handle the prevention, management and treatment of diarrhoea, micronutrient deficiency and acute respiratory infections through initial training, follow-up visits and monitoring.
- To improve access for women and children to timely life-saving interventions, referral criteria will be implemented and monitored in 14 primary health-care centres and 14 territorial hospitals.
- To prevent avoidable deaths of women and young children and improve the overall quality of care, 14 maternity and children’s wards will be supplied with crucial medicine and equipment. In addition, staff will receive essential training, which is expected to contribute to improved medical services in at least 70 per cent of childbirths in identified areas (more than 35,000 deliveries) and management and treatment of children under age 5 (more than 90,000 children under 5 are living in identified areas).
- To increase the survival chances of young children in the face of deadly diseases, around 50,000 parents in districts in Jalal-Abad and Osh will be provided with essential information on warning signs of such diseases as diarrhoea and pneumonia as well as on good feeding practices.

**WATER, SANITATION AND HYGIENE (WASH) (US$2,450,000)**

UNICEF will address the urgent needs for water, sanitation, and proper hygiene in schools and communities, with an emphasis on sustainability. The UNICEF-led cluster will provide support, coordination and capacity building to prevent water, sanitation and hygiene-related diseases from spreading.

- At least 70,000 students in Jalal-Abad and Osh Provinces will have improved sanitation facilities in their schools.
- 250 affected households in Osh Province will have new or rehabilitated latrines and hand-washing facilities.
- 260,000 students and 15,000 affected people will be empowered to protect themselves from diseases related to poor hygiene through an extensive hygiene promotion campaign in schools and communities.
- UNICEF will help strengthen the capacity of local governments and communities to respond to emergencies. Key to this effort will be increasing knowledge, developing...
policy guidelines and improving coping mechanisms. Supplies for 10,000 families will be pre-positioned in UNICEF and local government warehouses in Osh.

**CHILD PROTECTION (US$1,450,000)**

To meet the need for psychosocial support among children and women, UNICEF will support 36 child-friendly centres and focus on enhancing inter-agency coordination for child protection and gender-based violence.

- 15,000 children and youth will have access to recreational, educational and peace-building activities within the child-friendly centres.
- The capacity of child protection stakeholders will be strengthened through training in child protection and gender-based violence issues, case management, and referral and data collection as well as through the establishment and support of local community groups on child protection.
- To increase awareness about gender-based violence and support systems for survivors, 50,000 people will receive information on child protection and gender-based violence response through awareness campaigns in Jalal-Abad and Osh Provinces.

**CLUSTER COORDINATION (US$130,000)**

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs (national and sub-national) need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

5. Assessment of nutritional status of women and children in affected areas of Jalal-Abad and Osh oblasts, conducted by the Ministry of Health, the National Statistical Committee and UNICEF in September 2010; preliminary results, report is under development.
7. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.

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**UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011**

<table>
<thead>
<tr>
<th>By sector</th>
<th>US$</th>
<th>Total per sector (all beneficiaries)</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>312,000</td>
<td>81,000</td>
<td>39,690</td>
<td>41,310</td>
</tr>
<tr>
<td>Health</td>
<td>1,500,000</td>
<td>198,924</td>
<td>97,473</td>
<td>101,451</td>
</tr>
<tr>
<td>WASH</td>
<td>2,450,000</td>
<td>275,000</td>
<td>127,400</td>
<td>132,600</td>
</tr>
<tr>
<td>Child protection</td>
<td>1,450,000</td>
<td>15,000</td>
<td>6,000</td>
<td>9,000</td>
</tr>
<tr>
<td>Education</td>
<td>1,154,000</td>
<td>776,834</td>
<td>380,649</td>
<td>396,185</td>
</tr>
<tr>
<td>Cluster coordination</td>
<td>130,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>6,996,000</td>
<td>1,346,758</td>
<td>651,212</td>
<td>680,546</td>
</tr>
</tbody>
</table>
In 2010, a string of emergencies caused by natural disasters and epidemics affected thousands of children and women in Tajikistan, the poorest country in Central Asia. Imposing mountainous terrain and geographical isolation make assisting the most vulnerable children even more difficult. An earthquake in Vanj District in January and flooding in Kulob District in April knocked out schools, medical centres, and water and sanitation facilities, restricting women’s and children’s access to essential services, and weakening the health and nutritional status of close to 10,000 people. The first known outbreak of polio in the country since 1997 struck 458 people, nearly 90 per cent of them under age 15, and severely taxed the capacity of national response systems. The outbreak was contained, but not before it spread to several neighbouring countries. The global economic crisis, high food prices, political tension with Uzbekistan and deteriorating internal security, particularly in the Rasht Valley, have compounded the acute distress and humanitarian need of ordinary people in Tajikistan.

In addition to the polio outbreak and the earthquake, unusually heavy precipitation in April triggered widespread floods, landslides and mudflows in Kulob District. Flash floods in Kulob and surrounding areas in May destroyed houses and the belongings of 4,500 people, and killed at least 40. An estimated 16,000 people were affected by the disaster in rural areas around Kulob.

To make significant strides in stabilizing the welfare of women and children in disaster-prone areas of Tajikistan, UNICEF is requesting US$5,540,000 for 2011. Immediate and full funding can help children and women in Tajikistan find a foothold of health and stability. UNICEF plans to meet humanitarian needs in Tajikistan in 2011 consist of disaster prevention, disaster preparedness and humanitarian response to past and future emergencies. A major effort is required to build on the 2010 polio immunization rounds to prevent further outbreaks. UNICEF’s work on disaster risk reduction through education will help children, schools and communities be better prepared to cope with disasters. In all sectors, UNICEF will position supplies to ensure a swift response to meet the needs of the most vulnerable children. In 2011, UNICEF will continue to work closely with other UN agencies and others in the Rapid Emergency Assessment and Coordination Team (REACT), which coordinates international humanitarian assistance in Tajikistan, by leading the WASH cluster and co-leading the education cluster with Save the Children.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

The 2010 polio outbreak in Tajikistan highlighted that despite officially high immunization rates, there is a considerable risk in the number of susceptible children – one reason for the explosive outbreak. Moreover, the Government of Tajikistan requires continued support to ramp up immunization coverage.

The State of the World’s Children 2011 estimates that the country’s infant mortality rate is 52 per thousand live births, while the under-5 mortality rate is 61 per thousand. According to official estimates, in Tajikistan, 36 per cent of deaths of children under 5 occur during the neonatal period. Consequently, maternal and child health care is a top priority, especially in emergency situations.

The 2009 nutrition survey revealed positive trends in nutrition indicators, but rates of severe acute malnutrition and chronic malnutrition are still relatively high among children under age 5. Key factors contributing to the high prevalence of undernutrition are inappropriate feeding practices, early introduction of complementary feeding and a low exclusive breastfeeding rate (23.8 per cent). In addition, more than 47 per cent of households live below the poverty line. Poor nutritional status and poverty limit children’s resilience in emergency situations.
Emergencies destroying such social infrastructure as schools, medical centres and water and sanitation facilities limit children’s access to essential services. Disaster preparedness must receive priority attention alongside rapid rehabilitation of services and psychosocial support for children when disasters occur. Attention to children with disabilities and children in institutions, who are particularly vulnerable in emergency situations, can ensure their needs are met when crises occur.

KEY ACHIEVEMENTS IN 2010

In 2010, UNICEF estimated that US$6,200,000 was needed for its humanitarian activities in Tajikistan. As of October 2010, a total of US$200,000 – only 3 per cent of the goal – had been received. In 2010, UNICEF’s humanitarian work in Tajikistan was dominated by the response to the significant polio outbreak, which took on a regional character and required regional coordination. In close collaboration with the World Health Organization and the Government of Tajikistan, a rapid and comprehensive polio campaign was launched, which has successfully contained the spread of the virus. Administrative and independent monitoring data shows that 99 per cent of children younger than 15 years old were reached.

In addition, UNICEF responded successfully to the two significant natural disasters in 2010 by ensuring continued access to services for children; by rehabilitating schools, health facilities and water systems; and by providing nutritional support and also psychosocial assistance to affected children. Two thousand people (about 45 per cent of the affected population) in the flood-affected Kulob District of Khatlon region benefited from an emergency hygiene campaign that included distribution of chlorine tablets and dissemination of basic hygiene messages regarding the prevention of waterborne diseases. About 300 households (2,100 people) received water containers, hygiene kits, soap and water purification tablets.

In Kulob as well as the earthquake-affected Vanj region, about 22 winter school tents were provided to affected schools. In the absence of emergency funding, UNICEF mobilized its regular resources in order to be able to provide additional winterized tents, food items, blankets, hygiene and emergency health kits in coordination with REACT.

In collaboration with the department of Psychology and Sociology of the Tajik State University, about 750 children and 560 adults were reached with psychosocial support following the earthquake in Vanj.
HUMANITARIAN ACTION: BUILDING RESILIENCE

In collaboration with the European Commission, UNICEF Tajikistan is working to strengthen disaster risk reduction in the education sector. The aim is to mainstream disaster risk reduction into national education policies and strategies and integrate it into the school curriculum. Starting in 2008, UNICEF, together with the Ministry of Education and the Committee of Emergency Situations, has been piloting a school-based disaster risk reduction model in selected schools in disaster-prone areas. The model effectively facilitates capacity building of schools in disaster risk reduction through training for teachers and relevant local officials, emergency preparedness activities, community mobilization and provision of emergency preparedness and response-related supplies. The model aims to enhance knowledge and skills regarding disaster risk reduction among teachers and students, with the explicit aim of reaching out to and strengthening ties with the wider community through the students. These initiatives will contribute not only to strengthening school-level disaster risk reduction and preparedness, but will also boost the resilience of children and their communities when disaster strikes. Lessons learned and best practices from the initiatives will be used for upstream policy and system work for longer-term development.

PLANNED HUMANITARIAN ACTION FOR 2011

In 2011, UNICEF will continue to work with the Government of Tajikistan, other UN agencies and NGOs to improve the welfare of 3.1 million children as well as 3 million adults, including 1.8 million women of reproductive age. While it is uncertain which natural and human-made disasters will strike Tajikistan in 2011, UNICEF will ensure it stands ready to respond. Plans below set out the anticipated response to those emergencies that have already occurred, such as the polio outbreak, as well as those emergencies that are expected to occur. UNICEF will continue to play a lead role in the WASH cluster of the REACT team in Tajikistan and co-lead the education cluster with Save the Children.

NUTRITION (US$600,000)

In 2011, UNICEF will support the Government of Tajikistan and partners in the development of an appropriate plan of action and a sustainable programme to respond to the current nutritional status of children. Special areas of focus will include promotion of exclusive breastfeeding, appropriate complementary feeding and management of undernutrition.

- The nutritional status of 100,000 children and 50,000 mothers will benefit from the promotion of infant and young child feeding and therapeutic and supplementary feeding programmes with the World Food Programme and NGO partners.
- 20,000 undernourished children and mothers at risk will be provided with micronutrient supplements, including high-energy biscuits and vitamin and mineral complexes.
- 2,000 children with severe acute malnutrition will benefit from the distribution of therapeutic food, including F-75 therapeutic milk and ReSoMal, an oral rehydration solution.
- 500,000 children under age 5 across the country will benefit from a deworming campaign.

HEALTH (US$3,200,000)

In 2011, the overall goal of UNICEF in the health sector will be the prevention of disease outbreaks and the improved access to quality health care for vulnerable women and children.

- To prevent another disease outbreak, UNICEF will supply oral polio vaccine and social mobilization interventions to ensure a 99 per cent coverage rate against polio among 2.7 million children 0–15 years old. The organization will also supply 5.5 million diphtheria vaccines to cover 4.6 million people 7–39 years old.
- To improve access and quality of primary health-care services for the most vulnerable children, 600 primary health-care centres in emergency-affected areas will receive refresher training and a supply of health kits. Primary health-care centres that are unable to cope with the increased number of emergency patients will be targeted to receive the training and supplies.
- 10 maternity hospitals will have improved access and quality of basic neonatal care services through the provision of life-saving and critical relief supplies, including the distribution to each hospital of at least 2 baby warmers, 20 blankets and 1 set of essential medicines.
- Disaster-affected maternal health centres will benefit from the provision of safe water and sanitation to ensure safe delivery and neonatal survival.

WATER, SANITATION AND HYGIENE (WASH) (US$1,000,000)

As WASH cluster lead, UNICEF will help to maintain a steady supply of safe water and improved sanitary conditions for the women and children most at risk and for disaster-affected communities to ensure basic minimum WASH requirements. The emergency-affected population in rural areas (with special attention to hospitals, schools and mass care facilities) will benefit from improved WASH
to prevent infectious disease outbreaks. Ten emergency-affected schools and/or hospitals will receive assistance.

- Up to 30,000 households affected by natural or human-made emergencies will benefit from the distribution of 100,000 20-litre water containers, 270 packs of water purification tablets (50 each), 300,000 hygiene kits and 600,000 bars of soap.
- 300,000 people will be reached with organized communication campaigns for hygiene promotion that emphasize messages regarding the prevention of waterborne disease outbreaks.
- 30,000 households in emergency-affected areas will be ensured the minimum required amount of safe water (15 litres per person).

CHILD PROTECTION (US$300,000)

In 2011, UNICEF will address the protection needs of children that might arise from major earthquakes, flooding or a possible winter emergency.

- UNICEF will ensure that in case of extreme weather conditions, 10,000 children in residential-care institutions and boarding schools will have access to basic care and services, including health care, food, clothes and heating.
- 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 resulting in displacement. Special focus will be given to younger children as well as adolescents who might not be covered by the education sector.
- Identification, tracing and reintegration will be provided to 300 children who might be separated from their families due to the effects of emergencies. The children will be placed in family-based care settings until their families are located.
- The existing psychosocial support providers will be mapped and strengthened as part of the preparation process, as per identified needs.

EDUCATION (US$400,000)

To ensure children’s access to schooling in potential emergency situations, as well as an increased level of preparedness, UNICEF, as education cluster lead with Save the Children, plans to implement the following interventions:

- UNICEF will enhance capacity in emergency stocks through the procurement of 350 additional sets of emergency supplies (non-food and WASH items), targeting 350 households and a total of 2,500 people, 1,500 of which are children.
- Depending on need, at least one temporary learning centre for children in emergency-affected areas will be established or repaired. Some 1,500 schoolchildren will be provided with School-in-a-Box kits that contain essential school supplies for learning.
- Together with the health and nutrition sector partners, 7,000 children will benefit from UNICEF-supported early childhood development activities in emergencies.

CLUSTER COORDINATION (US$40,000)

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs (national and subnational) need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

| UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011 | ESTIMATED BENEFICIARY NUMBERS31 |
|-----------------|-----------------|------------------|-----------------|-----------------|
| **By sector**   | **US$**         | **Total per sector (all beneficiaries)** | **Boys**        | **Girls**       |
| Nutrition       | 600,000         | 650,000          | 300,000         | 300,000         |
| Health          | 3,200,000       | 6,000,000        | 1,650,000       | 1,550,000       |
| WASH            | 1,000,000       | 300,000          | 70,000          | 70,000          |
| Child protection| 300,000         | 20,000           | 10,000          | 10,000          |
| Education       | 400,000         | 9,500            | 4,500           | 4,000           |
| Cluster coordination | 40,000 | 9,500            | 4,500           | 4,000           |
| **Total**       | 5,540,000       | 6,200,000        | 1,600,000       | 1,500,000       |

2011 UNICEF HUMANITARIAN ACTION FOR CHILDREN | www.unicef.org/hac2011


5. REACT was established in 2001 to promote the sharing of information, logistics and resources between partners active in disaster management and humanitarian action. The team is composed of relevant representatives of the Government of Tajikistan, donors, the UN, other international organizations, and local and international NGOs.


10. Ibid., p. 36.


13. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.
For much of the past decade, millions of children and women in the Eastern and Southern Africa region have endured war, political instability, droughts, floods, food insecurity and disease. 2010 was no exception. In eastern Africa, an estimated 17.4 million people\textsuperscript{1} are food-insecure despite improvements in food security following favourable long rains, particularly in Ethiopia and the Sudan.\textsuperscript{2} Adverse weather patterns also caused severe flooding and landslides in early 2010; 48,000 people in Uganda and more than 55,000 in Kenya, Namibia, Rwanda and Zambia were temporarily displaced.\textsuperscript{3} Flooding and poor sanitation among displaced people led to outbreaks of cholera, acute watery diarrhoea and measles. Armed conflict in southern Somalia threatens children and women and impedes delivery of essential services. In Madagascar and Zimbabwe, political instability, deteriorating physical infrastructure and the public sector’s inability to deliver basic social services have led to further decline in the overall health and well-being of the population. Millions of children remain out of school across the region, the vast majority in countries affected by chronic crises.

During the past few years, Eastern and Southern Africa has faced more emergencies, both natural and human-made, than any other part of the continent.\textsuperscript{4} The impact of natural disasters and political crises in countries in Southern Africa has been complicated by the high levels of disease outbreaks. According to the World Health Organization, 25,013 acute watery diarrhoea cases and 51 deaths were reported countrywide in Somalia between January and May 2010. In Somalia, the United Nations Office for the Coordination of Humanitarian Affairs reported a steady decline in the cholera cases at Banadir Hospital in Mogadishu. In Uganda, 900 cholera cases and 33 deaths have been recorded in Kotido and Moroto Districts of Karamoja subregion since the outbreak in June 2010. According to the Ministry of Public Health and Sanitation in Kenya, a total of 2,722 cholera cases and 46 deaths have been reported since January 2010. The cholera outbreak is under control in 16 out of 27 affected districts in Kenya. In the United Republic of Tanzania, the World Health Organization confirmed 3,033 cases of cholera, 109 of measles and 109 of cerebrospinal meningitis since the beginning of 2010.\textsuperscript{5} Unprecedented measles outbreaks occurred in Eastern and Southern Africa, with only the Comoros, Eritrea, Kenya, Madagascar, the United Republic of Tanzania and Uganda largely spared. In addition, the high prevalence of HIV and AIDS in the region exacerbates the health response, with 35 per cent of all new infections and 38 per cent of all AIDS deaths globally occurring in nine of the 12 southern Africa countries.\textsuperscript{6}

UNICEF is requesting US$5.6 million for its humanitarian work in the region in 2011, an increased requirement compared with 2010, stemming from the need to strengthen country office capacity in emergency preparedness and response across all programme sectors. Additional funding will be needed to respond to a refugee influx should the humanitarian situation in the Sudan deteriorate in the wake of the January 2011 referendum.

In 2011, UNICEF’s Eastern and Southern Africa Regional Office (ESARO) will continue to strengthen its emergency preparedness and response capacity, and emphasis will be placed on supporting countries facing ongoing and/or potential new emergencies. Long-standing country support capacities for emergency preparedness and response are now being realigned under the wider framework of disaster risk reduction, with emphasis on risk reduction and continuing disaster and emergency preparedness. Within ESARO, this process is coordinated by the Regional Emergency Support Unit, along with the Emergency Core Group (technical specialists from child protection, health, WASH, nutrition and education sections).
ESARO will continue reinforcing technical assistance to those countries – particularly Burundi, Ethiopia, Madagascar, Mozambique, Somalia, Uganda and Zimbabwe – that are currently affected by emergencies, in order to meet UNICEF’s commitments as cluster lead in WASH, nutrition, education (with Save the Children) and child protection (sub-cluster). Capacity development of national authorities for emergency preparedness, response and risk reduction will continue in 2011. Major progress in advancing emergency preparedness and response, WASH and education in emergencies in sector planning and policy has been achieved across the region. The regional strategy for capacity development of education authorities will be independently evaluated in 2011.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Progress towards Millennium Development Goals in many countries in the Eastern and Southern Africa region remained impeded in 2010 by the recurrence of natural disasters, including drought and floods, acute food insecurity and disease outbreaks. The impact of natural disasters was exacerbated by conditions of conflict and political instability in Madagascar, Somalia and Zimbabwe. The situation of armed conflict presented an acute risk to children and women in southern Somalia, threatening the delivery of basic services – particularly protection – and the delivery of supplies. Ten out of the 20 UNICEF country offices in the region have responded to civil conflict or natural disaster emergencies, and have appealed for assistance. Economic growth across the region was hindered by the
wider global recession, and food shortages further challenged the poorest segments of the population. These crises continue to cause significant disruption to the lives of millions of children, and have left millions of children across the region without access to education.

Of an estimated 1 million of severely malnourished children in the region, over 500,000 were reached with appropriate treatment in all 20 countries. However, distribution is uneven as Ethiopia, Kenya, Malawi and Somalia, are the only countries reaching 50 to 90 per cent of their populations in need, accounting for approximately 70 per cent of total caseload. Given the current situation of increased risk for natural hazard in Eastern (drought) and Southern Africa (floods), combined with rising food prices, reinforcement of existing services for management of acute malnutrition in the entire region is essential. Only four countries in sub-Saharan Africa are on track for meeting the MDG sanitation target: Angola, Botswana, Rwanda and South Africa. If the current trend continues, only 32 per cent of the population of sub-Saharan Africa will be using improved sanitation in 2015. Seventeen countries in sub-Saharan Africa are on track for meeting the MDG drinking water target. If the current trend continues, 64 per cent of the population of sub-Saharan Africa will be using improved water supply in 2015. Access to water and sanitation in rural areas lag behind urban access. In 2006, 8 out of 10 users of unimproved sanitation lived in rural areas. In sub-Saharan Africa the poorest quintile is 16 times more likely to practice open defecation than the richest. Poor access to safe water and sanitation are with poor hygiene practices the main cause of renewed cholera outbreaks. Cholera, is a major health problem in the eastern and southern Africa sub-region and has become endemic in many countries of the sub-region particularly those of eastern and southern Africa. The cholera strains currently in the region cause severe forms of cholera, and is rapidly supplanted the old El Tor strain in many areas. The prevalence of the current hybrid strain may explain why we are seeing case fatality rates of 1–5 per cent (or higher) in recent outbreaks, as opposed to the less than 1 per cent historically accepted as the goal for response teams.

KEY ACHIEVEMENTS IN 2010

In 2010, UNICEF estimated that US$4.5 million was needed to fund coordination and technical assistance carried out by ESARO. As of October 2010, no funding had been received. Other resources, however, have been used to strengthen emergency preparedness and response capacities. Countries that have thus far benefited from the capacity-building activities include Burundi, the Comoros, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Rwanda, Somalia, South Africa, Swaziland, Uganda and Zimbabwe. Partners, including governments, in the Comoros, Rwanda and Uganda were provided with capacity-building support related to disaster preparedness. To combat the increasing number of measles and cholera cases in the region, the regional health team supported measles outbreak responses in all 14 affected countries during the end of 2009 and the beginning of 2010. Countries including South Africa and Zimbabwe were supported to conduct nationwide measles campaigns in response to the outbreaks.

UNICEF has reached more than 1,200 front-line responders with capacity development workshops on emergency preparedness, response and risk reduction in education. WASH cholera preparedness and response trainings were undertaken in the United Republic of Tanzania and Zimbabwe. In addition, the regional WASH in emergencies team provided surge support to Botswana, the Comoros, Lesotho, Madagascar, Namibia, Swaziland, Uganda and Zambia. UNICEF also supported country offices in the implementation of Security Council Resolution 1612 and monitoring and reporting of child rights violations in Burundi, Somalia and Uganda, through regional coordination, launching of field tools and review of good practices in the application of monitoring and reporting mechanisms. In addition, support was provided to the development of Policy Guidance for Protection of Civilians in conflict, with emphasis on Somalia, in partnership with the African Union.

HUMANITARIAN ACTION: BUILDING RESILIENCE

The frequency of humanitarian crises in the Eastern and Southern Africa region tests the response capacity of UNICEF and its partners to meet the needs of children, women and the population at large. ESARO efforts are focused on strengthening response and providing leadership to clusters during emergencies. Towards this end, 350 staff in 14 country offices received training on emergency preparedness. Capacity building on support related to humanitarian and disaster risk reduction was also made available to governments and partners in five countries. The Eastern and Southern Africa Education in Emergencies national capacity development strategy, which was developed by ESARO and is currently being replicated in all other regions globally, has reached more than 1,700 education front-line responders in 16 countries in the region. In the area of health, Lesotho, Malawi and Zimbabwe were supported to conduct high-quality measles campaigns specifically in response to the measles outbreak in those countries.
In 2011, ESARO will continue to work with UN agencies, NGOs and other partners to address humanitarian needs across the region. The regional team will continue to provide technical assistance to countries in areas of health and nutrition, education, child protection and WASH. This will include supporting countries applying the cluster approach, with an emphasis on ensuring global standards. In 2011, ESARO will continue to support all 20 country offices to strengthen their emergency preparedness and response capacity, with increased emphasis on adopting approaches to disaster risk reduction.

**EMERGENCY PREPAREDNESS AND RESPONSE AND DISASTER RISK REDUCTION (US$1,300,000)**

The Eastern and Southern Africa regional emergency support unit will coordinate efforts at the regional level, as well as of support offices in countries facing ongoing and/or potential new emergencies.

- The capacity of country offices in emergency preparedness and response will be supported and enhanced, and an adequate level of readiness to respond to emergencies will be aimed for, as per the Core Commitments for Children in Humanitarian Action.
- Country offices and partner agencies will strengthen emergency response in the region through simulations and training, the development of humanitarian action and resource mobilization plans and the re-evaluation of supply and human resource needs for crises.
- Country offices will be supported to better meet organizational commitments to achieve the resilience of nations and communities, as set out in the Hyogo Framework for Action and UNICEF’s disaster risk reduction framework.

**NUTRITION (US$1,600,000)**

In 2011, ESARO will work with the World Food Programme and other partners to support nutrition preparedness and response, with particular attention to supporting countries with established nutrition clusters.

- Country offices, including those with nutrition clusters, will collect and analyse nutrition data for use in anticipating needs prior to emergency and in planning a response, with attention paid to existing food security and vulnerability assessments.
- Country offices will respond to nutrition emergencies by increasing programmes to integrate management of acute malnutrition, with components of infant feeding in emergencies, micronutrients in emergencies, WASH and health programming.

**HEALTH (US$1,000,000)**

ESARO will continue its work to improve the health status of children and women in the region.

- Technical support to the cholera task force will be provided in order to strengthen the capacity of country offices to respond early and effectively to cholera and acute watery diarrhoea outbreaks.
- ESARO will collaborate with immunization partners and country offices to provide the necessary technical assistance to countries with a high number of unimmunized children in order to improve and curtail vaccine-preventable disease outbreaks.
- Country offices will receive technical support to organize measles supplemental immunization campaigns in countries scheduled for follow-up supplementary immunization activities in 2011 and also to plan Child Health Days to boost the level of immunity and prevent morbidity and mortality from measles outbreaks.
- The UNICEF country office in Angola will be supported in stopping the spread of polio through high-quality supplementary immunization activities, widespread advocacy and continued work with partners. The office will also be assisted to increase levels of routine immunization coverage.

**WATER, SANITATION AND HYGIENE (WASH) (US$700,000)**

In 2011, ESARO will support the region’s country offices in their work to improve emergency preparedness and also by providing surge support during emergencies. ESARO will continue to strengthen cholera preparedness and response in all cholera-prone countries by promoting WASH cholera preparedness and response training, as well as by initiating relevant research and supporting a partnership between UNICEF, the World Health Organization and Oxfam to form a cholera task force. UNICEF ESARO will continue promoting low-cost, high-impact interventions like hand washing with soap and household water treatment and safe storage to reduce the risk of diarrhoeal outbreaks.

- The UNICEF-led WASH cluster will ensure coordinated preparedness and delivery of emergency assistance and will develop, in collaboration with partners, a long-term and sustainable water resource, sanitation and hygiene strategy.
EASTERN AND SOUTHERN AFRICA

- ESARO will provide surge support to both the WASH cluster and country offices within 72 hours following a request from affected countries.
- UNICEF ESARO will ensure that lessons learned from disasters inside and outside the region are shared, and that both UNICEF and WASH cluster responses to disasters are in line with regional and global recommendations.

CHILD PROTECTION (US$500,000)

In 2011, ESARO will support country offices as they develop their capacity regarding child protection in emergencies.

- Guidance on the use and application of the separated children database will be provided to support the prevention, identification, documentation, tracing, care and reunification of separated children in displacement, including the provision of subregional training on the database and monitoring of its use and implementation.
- Capacity building relating to gender-based violence will ensure UNICEF fulfils its role as co-lead for that sub-cluster.

EDUCATION (US$500,000)

In 2011, ESARO’s overall goal is to strengthen the capacity of national education stakeholders across the region to respond to and reduce the risk of emergency situations, thus minimizing disruption to schooling for students and teachers and reducing the total number children out of school in the region, which is currently 8 million.

- Roll-out of the regional education in emergencies capacity development strategy will continue at the national and local levels of ministries of education and with education cluster/sector partners on emergency preparedness, response and risk reduction, in collaboration with partners.
- Education in emergencies coordination will be strengthened in all 20 countries in the region through support for the establishment and reinforcement of education clusters led or co-led by UNICEF or similar structures, as applicable, in coordination with Save the Children and other partners.
- Country offices in the region will be supported to ensure that child-friendly schools – which ensure a protective environment for all children, particularly girls – are reopened in a timely manner in the aftermath of emergencies in order to minimize disruption to schooling and provide relevant and quality education.
- ESARO will collaborate with regional protection, health, WASH and nutrition colleagues to ensure integrated and comprehensive support to country offices dealing with education crises.
- Child-friendly resources and manuals for students and teachers on disaster risk reduction at the school level will be developed for dissemination through each ministry of education to all schools across the region.
- Nomadic education in the Horn of Africa will be supported through flexible and alternative approaches, which correspond to the needs of pastoralist populations in vulnerable areas.

1. This figure includes the Democratic Republic of the Congo.
In late 2010, Burundi found itself in a tenuous transitional phase, bracketed by a recent past of political and social unrest and a near future threatening renewed violence and tension, already manifest by an increase in such criminal incidents as armed robberies, assassinations, grenade attacks and rapes recorded in the country.1 At stake is the well-being of children and women who must cope with expatriation and displacement and the risks of violence, underage recruitment into armed combat, loss of education access, undernutrition and recurrent epidemic illness that such upheaval engenders. The prospect of diminished rainfall in 2011 resulting from the La Niña phenomenon further dims the outlook for the people of Burundi.

As in other countries in the Horn of Africa, the humanitarian needs of the people of Burundi are rooted in a complex mix of natural and human-made circumstances, from both within and beyond the country’s borders. Since October 2010, nearly 16,000 Burundian refugees living in the Democratic Republic of the Congo began to be repatriated in Burundi with an average of 200 people per week expected to return through the end of 2011. Thirty-seven thousand Burundian refugees are still in the camp of Mutabira in the United Republic of Tanzania, and 41,000 Congolese refugees living in camps in Burundi are being gradually repatriated to the Democratic Republic of the Congo since October 2010. Limited access to land will challenge the sustainable reintegration of returnees as well as the provision of basic social services, which are already overtaxed.

Almost 13 years of political and social unrest are a lingering ill force in the lives of a generation of Burundi’s women and children. Tumultuous elections during the summer of 2010 have caused deterioration of the overall security situation and hazards are compounded by cholera and measles outbreaks. Unidentified armed groups operating regularly in various provinces and increased levels of banditry became an additional threat throughout the country in late 2010. In addition, recent arrests and the disappearance of opposition members, either arrested or in hiding, may prompt renewed social and economic instability and trigger population movements within Africa’s most densely populated country. As a result of displacement, schools and health services become overloaded and economic pressures on hosting populations are exacerbated by shrinking land access for agriculture – decreasing agricultural production and increasing food insecurity and undernutrition.2

These adverse political and societal circumstances are compounded by the consequences of such natural phenomena such as drought, hail or flooding that can be just as destructive. Drought brought about by La Niña threatens the agricultural season, which runs from September–January, and raises the prospect of increased admissions to therapeutic feeding centres in 2011. Although the acute malnutrition level (5.6 per cent) is no longer a major public health issue, the nutritional status of children under age 5 in Burundi remains fragile, with a high level of stunting at 46 per cent. In addition, recurrent cholera outbreaks in provinces located along Lake Tanganyika and measles outbreaks threaten lives. In 2010, four provinces (Bujumbura Rural, Bujumbura Mairie, Cibitoke and Bubanza) with low immunization coverage were affected by measles outbreaks.

UNICEF is requesting US$5,223,000 to carry out its planned activities in Burundi. Full funding will mean a greater positive impact on the lives of children and women who have already endured substantial hardship. UNICEF, together with the Government of Burundi, NGO partners, United Nations agencies and local communities, will work to meet the humanitarian needs of around 160,000 children, reaching an equal number of girls and boys. The focus will be on life-saving activities and recovery initiatives in response to further deterioration of a post-electoral situation. Priorities will be mitigating the impact of population displacement and reintegration on social services; managing food insecurity, overloaded schools and health facilities; and controlling measles and cholera outbreaks. UNICEF’s focus will be on ensuring access to health and nutrition, safe drinking water, and appropriate sanitation and hygiene as well as creating educational opportunities and building a stronger protective environment for children. Activities
will combine early intervention to save lives, support to community recovery efforts and strengthening of local capacity in emergency preparedness and response.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Children and women in Burundi are currently bearing the brunt of population movements and disruption of basic social services. Vulnerable children, particularly returnee children, face the ongoing challenge of integration into a Burundian education system that is already strained. As a result of the School Fee Abolition Initiative in 2005, primary school enrollment and participation continue to remain very high, resulting in large classroom sizes and poor quality of teaching – both further exacerbated by the presence of returnees, resulting in dropout rate of 5.6 per cent countrywide.3 The high level of stunting, as well as child protection issues, also threaten to children’s well-being. Disruption to the water supply in the provinces bordering Lake Tanganyika leads to recurring cholera outbreaks. In 2009, 12 out of 43 districts had measles immunization coverage below 90 per cent.

There is also a fear that some of the 380 children released from military recruitment could be re-conscripted in possible armed conflict stemming from the uncertain political climate.

KEY ACHIEVEMENTS IN 2010

In 2010 UNICEF estimated that US$6,546,599 was needed to fund its humanitarian work in Burundi. As of October 2010, a total of US$2,053,689 had been received, 31 per cent of the revised request.

Integrated nutrition centres cured 10,203 severely malnourished and 21,181 moderately malnourished children, utilizing the community-based management of acute malnutrition (CMAM) approach.

The national CMAM protocol was updated incorporating World Health Organization growth standards, and standardized tools were developed by the ministry of health with direct support of UNICEF and partners.

UNICEF provided technical support, contributed 522,116 doses of measles vaccines in the provinces of Bubanza and Bujumbura Rural to 474,651 children 9 months–14 years old (95 per cent of target) and continued basic emergency obstetric and neonatal care. UNICEF has also begun conducting an assessment of emergency maternal and neonatal care status at the national level.

UNICEF constructed 710 latrines equipped with 107 hand-washing facilities and 73 water tanks in 41 schools of Kirundo and Muyinga. Community-Led Total Sanitation was implemented in one commune (the governmental subdivisions of Burundi provinces) in each of eight provinces. The water supply network was rehabilitated in six Integrated Peace Villages (Villages Ruraux Intégrés)4 with financial contributions from European Commission

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CORE COUNTRY DATA

| Population (thousands 2009) | 8,303 |
| Child population (thousands 2009) | 3772 |
| U5 mortality rate (per 1,000 live births, 2009) | 166 |
| Infant mortality rate (per 1,000 live births, 2009) | 101 |
| Maternal mortality ratio (per 100,000 live births 2008) | 970 |
| Primary school enrolment ratio (net male/female, 2005–2009*) | 100/99 |
| % U1 fully immunized (DPT3, 2009) | 92 |
| % population using improved drinking-water sources (2008) | 72 |
| HIV/AIDS prevalence (% aged 15–49, 2009) | 3.3 |
| % U5 suffering from moderate and severe wasting (2003–2009*) | — |

*Data refer to most recent year available during the period specified.
Humanitarian Aid Office located in the Kibago, Nyanza Lac and Rumonge Communes in Bururi and Makamba Provinces. Ten primary schools located in project areas received 31 sanitation facilities.

During the back-to-school campaign, essential learning kits were given to 786,000 students in five provinces – Gitega, Kayanza, Muyinga and Ngozi – which have low education indicators. In addition, all primary public schoolteachers (35,700) have received teachers’ manuals for each key subject. UNICEF rehabilitated 158 classrooms to child-friendly school standards, benefiting more than 8,000 students. A training workshop on emergency preparedness, response and risk reduction was provided to 20 provincial administrators in seven target provinces.

The reintegration of 626 children formerly associated with armed forces or groups is being monitored since their demobilization in 2009. This is done in coordination with the government team that is overseeing the disarmament, demobilization and reintegration effort.

### HUMANITARIAN ACTION: BUILDING RESILIENCE

UNICEF contributed to the measles vaccination campaign by providing vaccines and technical support in the provinces of Bubanza and Cibitoke, with the goal of reaching 474,651 children 9 months–14 years old. The campaign coverage performance reached 95 per cent.

Twenty provincial education administrators and partners in seven target provinces received a training workshop on emergency preparedness, response and risk reduction and are ready to roll out the capacity building. Two-hundred-thirty front-line responders at the provincial and communal levels will be offered training. Expected results include a provincial capacity analysis as well as mapping with growth and contingency plans for the education sector.

The Burundi Country Office is currently supporting the training for seven Provincial Platforms on Disaster Risk Reduction and the development of provincial contingency plans. The Provincial Platform, a decentralized body of the National Platform is a cross-sectoral body led by the Provincial Head of Civil Protection, the ministry of interior and partners (UN agencies, NGOs, local communities). The Provincial Platform is part of the national framework for preparing and responding to emergency situations. Acute malnutrition can now be identified earlier and receive this life-saving treatment closer to home.

### PLANNED HUMANITARIAN ACTION FOR 2011

In 2011, UNICEF will continue its work leading the education, nutrition and WASH clusters in Burundi as well as the child protection sub-cluster. The organization will work with the Government of Burundi, other UN agencies and NGOs as well as host communities in addressing the needs of more than 175,000 people, including 15,000 women, 80,000 girls and 80,000 boys.

### NUTRITION (US$1,380,000)

- **17,263** children suffering from severe acute malnutrition (out of 23,017 children under age 5 estimated to be malnourished in the zone of intervention) will be treated by outpatient nutritional services in 13 priority provinces.
- **360** health personnel will be treating acute malnutrition according to the norms and standards of the new Community-based Therapeutic Care-CMAM national protocol.
- Community-based screening and referral systems will be strengthened in 13 priority provinces.
- **68** health authorities at the national and sub-national levels will have increased capacity to monitor and analyse nutritional indicators and trends.

### HEALTH (US$590,000)

Children and women will have access to life-saving interventions through population- and community-based activities and will access behaviour-change communication interventions to improve health-care and feeding practices to achieve the following:

- Through two rounds of Child Health Days, 1.4 million children under 5 will receive deworming tablets and vitamin A supplementation, and 408,558 pregnant women will receive tetanus toxoid vaccines and deworming tablets.
- **300 health personnel** and community health workers will have increased preparedness and capabilities in response to cholera outbreaks and implementation of the Expanded Programme on Immunization following the strategy of reaching every child in every district.
- Some 80 per cent of 80,000 households among the target population will have access to at least three mosquito-treated nets as a result of distribution of 250,000 nets.
- **30 kits** of essential drugs and equipment will be pre-positioned so that 30,000 people can access life-saving
interventions and behaviour-change communication interventions.

WATER, SANITATION AND HYGIENE (WASH) (US$980,000)
The UNICEF-led WASH cluster will ensure coordinated preparedness and delivery of emergency assistance. UNICEF will work with partners to develop a long-term, sustainable WASH resource strategy in line with the move towards disaster risk reduction.

- UNICEF will construct 10 safe water facilities in peace villages, primary schools and health centres.
- To improve hygiene and sanitation, UNICEF will construct 120 gender-separated latrines in 10 schools and health facilities.
- To reduce waterborne and water-related diseases, hygiene promotion activities will be conducted in primary schools through hygiene clubs for continuous follow-up of hygiene and sanitation activities at school. Hygiene education among 25 households in cholera-prone areas and areas with high undernutrition rates will promote healthy hand washing, treatment of household water (including the use of ceramic pot filters) and safe water storage.

CHILD PROTECTION (US$393,000)
UNICEF will support some 5,000 children affected by armed conflict, including children associated with armed groups and orphans and vulnerable children, to achieve the following:

- In collaboration with civil society partners and grassroots and community-level committees, 200 people in the at-risk communes of Bubanza, Cibitoke and Kayanza Provinces will be sensitized to prevent child recruitment.
- The basic social needs of 626 children separated from armed groups will be strengthened.
- An emergency preparedness and response plan will be created according to an overall assessment of the psychosocial capacities of stakeholders.

- A functional integrated assistance centre will be reinforced to enhance access for survivors of sexual gender-based violence in Gitega and surrounding areas.
- Child protection issues will be addressed by partners of the child protection working group in a contingency plan and in the early warning and preparedness and response plan.

EDUCATION (US$1,170,000)
UNICEF will continue to lead the education cluster, in partnership with the ministry of education, National and Provincial Platforms and international and local NGOs, in raising awareness on the critical role of education in emergencies. UNICEF will also establish a mechanism to prepare for and respond effectively to emergency situations at decentralized levels in all 17 provinces of the country.

1,800 primary schoolchildren will access six disaster-resistant, child-friendly schools in the provinces of Kayanza, Kirundo and Muyinga.

An estimated 43,000 primary schoolchildren in 70 selected schools across seven provinces will benefit from actions to reduce disaster risk at the school level.

HIV AND AIDS (US$500,000)
UNICEF will ensure that children, young people and women have access to HIV/AIDS information and assistance regarding prevention, care and treatment, and that these services are continued in crisis situations to achieve the following:

- Some 90 per cent of the population affected during crises will be reached and provided with information on prevention, care and treatment.
- Some 80 per cent of the population affected by emergencies will have access to relevant HIV and AIDS prevention, care and treatment services, including post-rape care, post-exposure prophylaxis, treatment for sexually transmitted infections, prevention of mother-to-child transmission of HIV (PMTCT) and antiretroviral treatment.

<table>
<thead>
<tr>
<th>UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011</th>
<th>ESTIMATED BENEFICIARY NUMBERS†</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>By sector</strong></td>
<td><strong>US$</strong></td>
</tr>
<tr>
<td>Nutrition</td>
<td>1,380,000</td>
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<tr>
<td>Health</td>
<td>590,000</td>
</tr>
<tr>
<td>WASH</td>
<td>980,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>393,000</td>
</tr>
<tr>
<td>Education</td>
<td>1,170,000</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>500,000</td>
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<tr>
<td>Cluster coordination</td>
<td>210,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,223,000</strong></td>
</tr>
</tbody>
</table>

† Estimated numbers by sex, based on the assumption of equal sex ratios.


- Some 80 per cent of the emergency-affected population previously on HIV-related care and treatment will continue to receive antiretroviral medicines for PMTCT, and children and young people on antiretroviral therapy will continue their treatment.
- Psychosocial support will be provided to the identified orphans and vulnerable children.

**CLUSTER COORDINATION (US$210,000)**

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

2. 2007 nutrition survey data: stunting level 46 per cent, underweight 35 per cent and wasting 5.6 per cent.
4. Peace Villages were created to provide a place for Burundians returning from the refugee camps in the United Republic of Tanzania for settlement and integration into the community.
5. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.
Children and women in Eritrea remain vulnerable to pervasive undernutrition that limits young children’s physical growth and development and to landmines that demarcate an often hidden border between safety and danger. High consumer prices, drought and floods contribute to continuing levels of food insecurity, and a perennial political impasse with neighbouring Ethiopia hinders efforts to reduce poverty, lessen disaster risk and develop human capacities. Finding a way to work amid government restrictions to deliver effective assistance is crucial to improving the immediate well-being of the country’s most vulnerable people.

Many Eritreans continue to be vulnerable to threats posed by unequal access to food, health services, education and employment – compounded by the unrelenting impact of natural hazards such as floods and drought. Although forecasts for the 2010 primary crop harvest seemed positive despite delays and erratic rainfall patterns in parts of the country, Eritrea continues to remain vulnerable to household food insecurity and undernutrition. The presence of landmines is also a physical threat to children, who suffer half the fatalities and casualties associated with the devices. Fetching water, collecting firewood and taking care of livestock, which are normal activities for many children around the world, can be deadly in Eritrea.

Food shortages, declining aid and the continued ‘no war, no peace’ stalemate with Ethiopia are contributing to vulnerability and underdevelopment in Eritrea. The lack of updated data on crucial aspects of vulnerability continues to be a challenge, although field observations and information from available studies covering various sectors suggest that continuing levels of undernutrition and micronutrient deficiencies, poor sanitation coverage, low school enrolment for nomadic and children who are old-for-grade, as well as risks associated with exposure to landmines and unexploded ordnances remain the key humanitarian issues facing the country.

To make significant strides in stabilizing the welfare of women and children in Eritrea, particularly their nutritional status and access to safe water, education and protection, UNICEF is requesting US$14,075,000 to carry out its planned activities in 2011. Any delay in fully funding programmes will further limit the health and human potential of Eritrea’s vulnerable population.

In 2011, UNICEF will help Eritrean children realize their rights to survival and well-being by promoting investment in the areas that touch children’s lives the most. The organization hopes to increase equitable and sustainable access to health services, nutrition interventions, proper sanitation and clean water and protection services. Close to 1.5 million people, including 445,000 boys and 255,000 girls, will benefit from UNICEF’s efforts.

Although the environment in the country is challenging in terms of both humanitarian action and general development efforts, results are still absolutely necessary – and can still be achieved – for children and women. Limitations are perpetuated by two main factors: the stalemate with Ethiopia and the status of external relations reflected through the imposition of targeted sanctions by the United Nations and European Union because of the country’s involvement in regional conflicts. The role of the UN and UNICEF, specifically, is imperative, both at the level of service delivery as well as in overall capacity development, to improve social safety nets and enhance the resilience of vulnerable households.

UNICEF recognizes the potential of the country’s complex operating environment – which in Eritrea includes fuel shortages, partner capacity gaps, a limited private sector and civil society, funding shortages and travel restrictions on international staff – to have an impact on programme results. The organization is, however, using available options to expand the reach of its programmes and its ability to monitor conditions. These include the use of contracted staff for field monitoring to verify implementation of programmes; consult with communities and beneficiaries; and strengthen the communication channels between UNICEF and the Government of Eritrea’s regional and subregional administrative units.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

The deleterious effects of drought and high consumer prices show up as poor sanitation coverage and a rise in undernutrition. A rapid screening using mid-upper arm circumference, conducted in April and May 2010, showed that global acute malnutrition rates among children under
In addition, diarrhoeal disease related to poor sanitation remains among the three leading causes of under-5 mortality.\(^6\)

The risk of injuries from landmines and unexploded ordnances remains high. Since 2008, community-based mine risk education teams have reported 132 casualties – about 70 per cent of them children – from mines and explosive remnants of war, mainly among internally displaced persons and in resettled communities.\(^6\)

The decline in livelihoods is also having an impact on basic education. During the 2008/09 academic year, the net enrolment rate for elementary schools declined by 0.1 per cent – a slight decline, but one in contrast to the trend of increasing enrolment in other countries in the Horn of Africa. Just more than half of Eritrean school-age children are out of school, and the drop-out rate increased from 5.5 per cent in 2009 to 7.7 per cent in 2010.\(^7\)

### KEY ACHIEVEMENTS IN 2010

In 2010, UNICEF estimated that US$24.8 million was needed to fund its work in Eritrea. As of October 2010, US$6,617,536 – only 27 per cent of this request – had been received. Despite the shortfall, funding from donors enabled UNICEF and its partners to meet immediate humanitarian needs. Alternate programme funds were used where possible to partially cover funding gaps. In this context, significant progress was achieved in the area of nutrition. Some 5,997 severely malnourished children received outpatient treatment in their communities (with a cure rate of 68 per cent), and 2,510 children were admitted to inpatient therapeutic feeding centres (with a cure rate of 86 per cent).

Approximately 37,240 people (out of a population of 1 million in need) across the country’s six regions now have access to safe drinking water and sanitation, after a total of 75 wells, boreholes and piped water supplies were either constructed, rehabilitated or protected with support from UNICEF. About 4,000 students gained access to sanitary, child-friendly water facilities in 60 schools. Unofficial reports, however, indicate that access to water and sanitation remains low in health facilities, thus providing opportunities for future programming and linkages with young child survival and development interventions.

Mine risk education reached 196,445 people in 2010, including 147,334 children, or nearly 92 per cent of the total number of children targeted for this intervention. Mobile teams made visits to 225 communities in all regions. This outreach increased awareness of the dangers of landmines and unexploded ordnances and explained how to reduce risk in contaminated environments.

### EASTERN AND SOUTHERN AFRICA: ERITREA

#### CORE COUNTRY DATA

<table>
<thead>
<tr>
<th>Population (thousands 2009)</th>
<th>5,073</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child population (thousands 2009)</td>
<td>2,432</td>
</tr>
<tr>
<td>U5 mortality rate (per 1,000 live births, 2009)</td>
<td>55</td>
</tr>
<tr>
<td>Infant mortality rate (per 1,000 live births, 2009)</td>
<td>39</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births 2008)</td>
<td>280</td>
</tr>
<tr>
<td>Primary school enrolment ratio (net male/female, 2005–2009*)</td>
<td>42/36</td>
</tr>
<tr>
<td>% U1 fully immunized (DPT3, 2009)</td>
<td>99</td>
</tr>
<tr>
<td>% population using improved drinking-water sources (2008)</td>
<td>61</td>
</tr>
<tr>
<td>HIV/AIDS prevalence (% aged 15–49, 2009)</td>
<td>0.8</td>
</tr>
<tr>
<td>% U5 suffering from moderate and severe wasting (2003–2009*)</td>
<td>15</td>
</tr>
</tbody>
</table>


*Data refer to most recent year available during the period specified.
HUMANITARIAN ACTION: BUILDING RESILIENCE

Hirgigo, Eritrea: In Northern Red Sea, one of Eritrea’s hottest and driest regions, a nationwide campaign on sanitation and hygiene is taking place involving mass media, community leaders and faith-based organizations. This coastal region is home to Semrawit, a 7-year-old girl, and her family. The region suffers from shortage of water, and in their quest to find this meagre resource, families are prone to drink unsafe water and relegate activities like hand washing to the back burner. In fact, it has become evident that many of the children attending feeding centres have no access to safe water at home and that diarrhoea is responsible for their poor health and undernutrition.

In recognition of these challenges, the Government of Eritrea adopted a community-led total sanitation approach in 2007. Communities are mobilized not only to build their own toilets using locally available materials, but also to take responsibility for healthy hygiene. One result is that Global Handwashing Day is commemorated countrywide each year. A visit to Semrawit’s school finds a beehive of activity, where the children have been provided with soap to take to their families for hand washing. “I am happy to take the soap to my mother. If we all wash hands at home, then we will not fall sick,” she said.

In 2011, UNICEF will continue to work with the Government of Eritrea, UN agencies and non-governmental partners to respond to the needs of about 1.5 million people, primarily children, mired in poverty, plagued by food insecurity and vulnerable to natural hazards. UNICEF’s focus will be on ensuring access to health and nutrition care, safe drinking water, and appropriate sanitation and hygiene, as well as on improving mine risk education and child protection.

In order to strengthen the resilience of vulnerable households, UNICEF will continue to work to fulfil its Core Commitments for Children in Humanitarian Action. Emphasis will be placed on promoting systems strengthening of national and sub-national authorities for prevention and response to emergency conditions affecting children and women of childbearing age.

NUTRITION (US$8,500,000)

The need for nutrition support from UNICEF, including therapeutic feeding to sustain sick children, blanket feeding for children and women on the brink, and micronutrient and vitamin A supplementation for nearly the entire population, has quadrupled in the past year in Eritrea. UNICEF and its partners will further strengthen systems and continue to support the Government in its efforts to care for those who are undernourished in all six regions of the country. Approximately 530,000 children and women will benefit from the following interventions:

- To support the nutritional needs of children and mothers in the high-risk areas throughout the country, an estimated 70,000 children under age 5 and 30,000 pregnant and breastfeeding women will receive blanket feeding.
- To bring treatment closer to where children live in order to save more lives, 8,000 severely and 35,000 moderately undernourished children will receive therapeutic and supplementary feeding through supplementary feeding programmes and via community- and facility-based therapeutic feeding programmes.
- An estimated 500,000 children under age 5 will receive vitamin A supplements twice a year.
- Technical and financial support will be provided to the ministry of health for the national nutrition sentinel site surveillance system and micronutrient survey to monitor the nutritional status of children.

HEALTH (US$1,500,000)

In 2011, UNICEF will support government counterparts in addressing the main causes of child mortality, including acute respiratory infection and diarrhoeal disease, through community-based interventions and systems strengthening for service delivery in all six regions. An important area of work is training and empowering institutions for preventive and curative maternal and child health and immunization for children and pregnant and lactating women. UNICEF’s interventions will benefit an estimated 1 million people.

- Vaccinations are essential to child health. UNICEF will fund training for health workers and outreach activities so that an estimated 130,000 children under age 1 can be vaccinated against tuberculosis, polio, diphtheria, pertussis, tetanus, hepatitis B, haemophilus influenzae type b and measles through fixed and outreach services. UNICEF will also procure vaccines, injection safety material and cold-chain equipment.
- UNICEF will help train health staff and community health workers in community Integrated Management of Neonatal and Childhood Illnesses. An estimated 1 million people will benefit from improved health services, procurement of essential drugs and equipment and the expansion of the programme to an additional 80 villages.
- Mothers and newborns need special attention. UNICEF-supported training of health staff is expected to have an impact on 100,000 pregnant women and their newborn children.
WATER, SANITATION AND HYGIENE (WASH) (US$1,075,000)

In 2011, UNICEF will support government partners at the national and regional levels to improve the situation of 80,000 people living in drought-affected areas who do not yet have access to safe water and sanitation facilities. The focus will be on infrastructure development and community-led hygiene promotion to achieve the following results:

- Displaced families often have precarious access to proper sanitation. In the regions of Debub and Gash-Barka, 10,000 families in resettlement areas for internally displaced persons and in returnee and host communities will construct and use 10,000 toilets.
- More than 20,000 people will benefit from safe water supplies from 12 boreholes, some of which are newly constructed and equipped with submersible solar-powered pumps.
- Positive behaviour change is crucial to making best use of safe water and upgraded facilities. More than 50,000 people will benefit from hygiene promotion and education as part of WASH-related disease prevention, including face and hand washing with soap. In addition, environmental hygiene activities carried out by community hygiene teams will also have an impact on the incidence of trachoma.
- Safe water supplies and sanitation through community-led total sanitation will be supported in those communities where UNICEF is supporting therapeutic feeding and blanket feeding programmes. The areas selected are based on nutrition studies conducted in the country’s six regions by the ministry of health, with the support of UNICEF.

CHILD PROTECTION (US$2,000,000)

In 2011, UNICEF will focus on systems strengthening for mine action and on family based interventions in support of orphans and vulnerable children. Mine-action systems strengthening has five humanitarian pillars: destruction of device stockpiles, demining, victim assistance, mine risk education and advocacy. UNICEF’s efforts in the latter three areas will benefit 400,000 people.

- 300,000 vulnerable children and 100,000 women in high and medium war-impacted communities will be provided with mine risk education with UNICEF’s assistance of national authorities.
- Victim support – including emergency first aid, mobility devices and other psychosocial support – will be provided to an estimated 500 landmine-affected victims.
- The injury surveillance system will be strengthened to improve monitoring and responsiveness to people affected by mine injuries.
- Approximately 1,000 orphans and vulnerable children and their families will be supported during emergency situations with the provision of information and relief items, including tents, blankets and cooking utensils.

EDUCATION (US$1,000,000)

In 2011, UNICEF’s planned interventions in education will have a community orientation, with a specific focus on expanding access to education for nomadic children in four regions (Anseba, Gash-Barka, Northern Red Sea and Southern Red Sea) to benefit 51,000 children.

- The establishment of schools and learning spaces will reach 15,000 nomadic and resettled internally displaced children.
- UNICEF will support the expansion of complementary elementary education to reach 6,000 out-of-school children 9–14 years old.
- UNICEF will pre-position emergency education supplies for 30,000 children, including learning materials and recreation kits. Capacity development will be supported for key officials in the ministry of education and regional administrations to respond to emergency issues affecting the education sector.

By sector | US$ | Total per sector (all beneficiaries) | Boys | Girls
--- | --- | --- | --- | ---
Nutrition | 8,500,000 | 530,000 | 245,000 | 255,000
Health | 1,500,000 | 1,000,000 | 210,700 | 219,300
WASH | 1,075,000 | 80,000 | 20,776 | 21,624
Child protection | 2,000,000 | 400,000 | 147,000 | 153,000
Education | 1,000,000 | 51,000 | 24,990 | 26,010
Total | 14,075,000 | 1,561,000 | 445,000 | 255,000
UNICEF is requesting US$57,416,000 for its support of humanitarian work in Ethiopia. This is almost US$11 million less than the 2010 request, due to the improved harvest season of 2010 and integration of the emergency nutrition strategy (Enhanced Outreach Strategy) in non-food-insecure areas with regular nutrition programming. The precarious welfare of women and children in the chronically food-insecure regions of Ethiopia, however, means that full funding is crucial. To meet the needs and reduce the vulnerability of more than 6 million emergency-affected children, UNICEF will continue to partner with the Government of Ethiopia, UN agencies and international and national NGOs to provide emergency relief in line with the organization’s Core Commitments for Children in Humanitarian Action and the Government’s new development plan.

In order for efforts to reflect Ethiopia’s concerns related to food security, public health hazards and displacement, UNICEF will focus on ensuring access to health and nutrition care, safe drinking water, and appropriate sanitation and hygiene. The organization will also focus on improving the response related to emergency education and child protection. Such work is expected to benefit a total of 7 million people.

CRITICAL NEEDS OF CHILDREN AND WOMEN

More than 1 out of 4 women in Ethiopia is affected by undernutrition and anaemia, a key contributing factor to high maternal and neonatal mortality as well as infant undernutrition.

The nutrition and food security situation in Ethiopia improved in 2010 following a good mid-year harvest and improved availability of water and pasture. In most parts of the country, the second-season rains (June–September), which were normal to above normal, were also expected to bring about a good harvest. Despite these improved harvests, however, chronically food-insecure areas in the country will need more than a year of good harvests to recover from consecutive past years of drought. In these areas, an estimated 210,000 children will need treatment for severe acute malnutrition in 2011. Outbreaks of malaria, measles and meningitis also threaten children’s well-being.

Communities in hard-to-reach areas of the Afar and Somali regions are at a greater risk of communicable disease outbreaks than those in other areas due to poor infrastructure and lack of access to health services. In those hard-to-reach areas, women, particularly pregnant women, have only minimal access to health facilities for preventive and curative services, especially skilled care at delivery and emergency obstetric and newborn care.

The persistence of such risk factors as low coverage of safe drinking water and poor hygiene and sanitary practices, coupled with the potential for flood-induced waterborne diseases like acute watery diarrhoea, will continue to pose challenges in 2011. Evolving potential emergency situations in neighbouring countries, including the political developments in the Sudan and the impact on children who may seek refuge in Ethiopia, will be closely monitored.

KEY ACHIEVEMENTS IN 2010

According to the mid-2010 review, an estimated US$68,660,000 was needed for UNICEF’s humanitarian activities in Ethiopia. As of October 2010, a total of US$22,973,851, or 33 per cent of the revised request, had been received. An additional US$21,326,000 carried forward from 2009 was also programmed. Ethiopian capacity to manage severe acute malnutrition continued to expand in 2010 under ministry of health leadership, with UNICEF support (see Building Resilience panel, below). In districts identified as high-priority 1 to 3, access to life-saving treatment for children was improved, with a total of 5,967 out of 9,335 health posts (64 per cent) now implementing outpatient therapeutic programmes, an increase of 44 per cent from 2009. With a 78 per
Almost 10 million children (81 per cent) received essential child survival interventions, including vitamin A supplementation, deworming, screening and referral to World Food Programme supplementary feeding programmes. One million pregnant and lactating women received nutritional screening and those undernourished were referred for supplementary feeding.

Major nutrition cluster achievements include: seven emergency nutrition intervention projects were implemented in 22 priority 1 and 2 woredas, or local administrative units; 47 ad hoc surveys were coordinated and their data and reports were quality checked and approved; the therapeutic feeding programme reporting rate increased from 49 per cent to an average of 80.3 per cent in December 2009 and third quarter 2010, respectively; new methodologies and timing for nutrition assessments and response were developed in an effort to strengthen nutrition surveillance in Ethiopia; and funds were secured for the revision of the national guidelines for emergency nutrition assessment and response.

From January through June 2010 in the Afar and Somali regions, 234,000 people lacking access to health services, including 112,000 children under age 5, were treated by UNICEF-supported mobile health and nutrition teams. In addition, 157,500 people in flood-affected areas of Afar, Amhara, Gambella, Oromiya and Tigray regions benefited from the distribution of emergency drug kits. Immunization campaigns helped prevent measles in more than 1 million children in the worst-affected region of Southern Nations, Nationalities and Peoples.

More than 760,000 people in flood-affected regions had access to clean water through the provision of water-treatment chemicals by UNICEF. Water tankering, used as a last resort in some cases, brought clean water to 51,850 people. Emergency communication interventions, which were designed to enhance awareness and influence behaviour for healthy hygiene practices, continued through a variety of media channels.

In education, 66,958 children affected by drought, flood or conflict continued their education at temporary learning centres stocked with learning materials.
In 2011, UNICEF will work with the Government of Ethiopia, other UN agencies, NGOs and communities to respond to the needs of an estimated 7 million people, among them 6 million children who live in areas vulnerable to natural disasters and political tensions – including the Afar; Amhara; Gambella; Oromiya; Somali; Southern Nations, Nationalities and Peoples; and Tigray regions. UNICEF continues to lead the WASH and nutrition clusters and the child protection sub-cluster, and also co-leads the education cluster. In addition, since February 2004, UNICEF has supported the Government’s emergency nutrition coordination unit. UNICEF will seek opportunities to link its emergency interventions to early recovery and development. Because early warning of impending emergency situations is crucial, UNICEF will continue working with the Government and partners to strengthen nutrition and disease surveillance systems.

To help meet the needs of refugees in Ethiopia, UNICEF will work with partners in the Refugee Task Force headed by the Office of the United Nations High Commissioner for Refugees to provide contingency planning related to the potential refugee situation, in particular with regard to the Sudan’s referendum.

In 2011, UNICEF will take advantage of the opportunity to strengthen systems related to disaster risk reduction and emergency preparedness and response to address structural vulnerabilities facing Ethiopia. This includes support for the development and roll-out of the draft Disaster Risk Management Policy – specifically decentralizing emergency preparedness and response planning, management of non-food items and participation in various forums discussing the country's social protection agenda.

**NUTRITION (US$26,665,000)**

To help prevent deterioration of the nutritional status of children and to provide life-saving treatment for children with severe acute malnutrition, UNICEF will undertake a number of actions to benefit over 6 million people.

- UNICEF will provide immediate response to an estimated 210,000 children affected by severe acute malnutrition, while continuing to implement its Enhanced Outreach Strategy in collaboration with the World Food Programme.

- Early indication of deterioration in children’s nutritional status is crucial for a timely response to alleviate sickness and save lives. UNICEF will lead the nutrition cluster in support of the development and roll-out of a nutrition surveillance system to provide timely and accurate information on the nutritional status of children countrywide, with a focus on the most vulnerable districts and the identification of sentinel sites. In addition to ad hoc surveys, other sources of nutrition surveillance to be implemented or conducted in selected sentinel sites include routine therapeutic feeding programme monthly reports, monthly community-based nutrition reports, quarterly Child Health Days and early warning systems.

- Approximately 5,354,000 children and 600,000 pregnant and lactating women will benefit from a series of essential child survival interventions, including management of severe acute malnutrition for 210,000 children as noted above, nutritional screening (with referral to supplementary feeding programmes as appropriate), vitamin A supplementation and deworming, as well as the promotion of appropriate infant and young child feeding practices. Pregnant women and lactating mothers will receive nutritional screening and those who are undernourished will be referred for supplementary feeding.
UNICEF and Government partners will work to establish a reliable and decentralized system of emergency preparedness and response planning, including the establishment of a pipeline for non-food items. An estimated 100,000 people affected by emergencies will be supported with such non-food items as temporary shelter material, blankets and kitchen utensils.11

**HEALTH (US$9,991,000)**

UNICEF will focus on strengthening health systems while supporting preventive and immediate response to disease outbreaks in affected areas of the country, including the hard-to-reach areas of the Afar and Somali regions. Efforts are designed to benefit over 3.5 million people.

- Basic rural and remote health services are essential for the well-being of children and women. Twenty mobile health teams will continue to provide care to 2 million people in the Somali region, six mobile teams will help meet the basic health needs of 90,000 people of the scattered pastoralist population in the Afar region, and two mobile health teams will provide access to essential care for 302,000 people in the South Omo Zone of the Southern Nations, Nationalities and Peoples region.

- UNICEF will continue to work closely with the World Health Organization in support of government-led health cluster coordination, as well as with partners to ensure the needs of women, boys and girls are met through effective coordination, collaboration, preparedness and timely response, including support of disease surveillance and early warning systems.

- UNICEF will ensure measles vaccination for displaced persons as a result of conflict, floods or drought (with a 95 per cent coverage target). UNICEF will also provide vitamin A supplementation and deworming medication for an estimated 20,000 internally displaced persons, of which 2,800 children under age 5 (14 per cent) will be targeted in the measles campaign, and will ensure that a targeted 4,000 households each receive two insecticide-treated mosquito nets.

- In collaboration with the World Health Organization, UNICEF will provide technical support, drugs and kits to case treatment centres to enable management of acute watery diarrhoea in 32,000 people, to prevent malaria in 100,000 people in flood-affected areas, and to vaccinate 1 million children in high-risk areas against measles.

**WATER, SANITATION AND HYGIENE (WASH) (US$13,277,000)**

The overall goal for 2011 is to provide reliable access to safe water and proper sanitation and hygiene for an estimated 5 million people affected by drought, floods and acute watery diarrhoea outbreaks.

- The UNICEF-led WASH cluster will coordinate preparedness and delivery of emergency assistance and will develop a sustainable, longer-term water resource strategy and annual work plan in line with the Government of Ethiopia’s move towards disaster risk reduction.

- Both droughts and floods can impact access to safe water. About 480,000 people from drought- and flood-affected areas will have access to safe water provided by various means, including construction or rehabilitation of existing systems, receipt of household water treatment chemicals and safe storage receptacles, and, as a last resort in some cases, through water trucking.

- Preparing for outbreaks of acute watery diarrhoea is crucial, and containing them when they occur can save lives. UNICEF will provide important WASH-related information to children and women to help them prevent the illness. Preparedness and containment measures are expected to benefit an estimated 4 million people in 55 districts at risk of or directly affected by the illness.

- UNICEF will target 140 health centres, schools and therapeutic feeding programmes in localities at high risk for acute watery diarrhoea outbreaks and with malnutrition problems, with a target population of 700,000 people. The organization will also work to ensure increased access to clean water and the establishment of latrines and hand-washing facilities that are culturally appropriate, secure, sanitary, user-friendly and gender-appropriate.

**CHILD PROTECTION (US$1,687,000)**

The most vulnerable children are at risk of resorting to negative coping mechanisms to deal with various hazards, including chronic food insecurity. To assist such children, UNICEF will work with the ministry of women, youth and children and the ministry of labour and social affairs in several areas.

- Child-focused social welfare services will cater to the needs of at least 15,000 out of an estimated 40,000 vulnerable children in the worst-affected regions of Gambella and Somali.

- UNICEF and its child protection sub-cluster entities will support the establishment of local and community-based child protection mechanisms to monitor, report and respond to child rights violations and other concerns regarding children. UNICEF will help to prevent sexual abuse and exploitation of children and women by monitoring, reporting and advocating against sexual violence and by providing post-rape health and psychosocial care and support.

- UNICEF will assist in the prevention of child separation and will facilitate the identification, registration and medical screening of separated children.

- UNICEF and partners will ensure that family tracing systems are implemented with appropriate care and protection facilities.
EDUCATION (US$3,450,000)
UNICEF will ensure that 210,000 children (out of 280,000 affected) in flood, drought and conflict-affected areas have access to quality education in child-friendly learning spaces.

- 210,000 children will be able to continue their education in temporary or rehabilitated safe and child-friendly learning centres due to the provision of tents and learning and teaching materials.
- The integration of these children will be ensured through the provision of psychosocial support and critical catch-up education programmes. Some 2,500 teachers and 450 parent-teacher associations will be trained on psychosocial techniques.

HIV AND AIDS (US$700,000)
UNICEF will strengthen the ability of drought, flood- and conflict-affected communities to reduce vulnerability and exposure to HIV, through activities to benefit 6,000 people.

- To enable people in crisis-affected communities to have full access to HIV and sexual and reproductive health services, including services to respond to sexual violence, UNICEF will ensure that children, young people and women have access to information regarding HIV and AIDS prevention care and treatment.

CLUSTER COORDINATION (US$1,646,000)
To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs (national and sub-national) need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

2. This figure includes 5.3 million children who are reached through the Enhanced Outreach Strategy for Child Survival in the most vulnerable districts. In total, the programme reached 12 million children throughout the country through supplementation of vitamin A and deworming tablets, measles vaccination and screening for acute malnutrition.
5. Ethiopian Meteorological Agency.
8. Ethiopia-based classification system, where 1=highest priority; also referred to as hot-spot woredas, or districts.
11. One non-food kit includes blankets, plastic sheets, jerrycan, laundry and body soap, plastic basins, cups, plates, cooking pot, jug, ladle, polypropylene bags and ropes. One kit is provided per household.
12. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.
13. This amount includes US$1,500,000 for non-food items, such as shelter materials, jerrycans and utensils.

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**UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011**

<table>
<thead>
<tr>
<th>By sector</th>
<th>US$</th>
<th>Total per sector (all beneficiaries)</th>
<th>Boys</th>
<th>Girls</th>
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<tr>
<td>Nutrition</td>
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<td>15,000</td>
<td>7,500</td>
<td>7,500</td>
</tr>
<tr>
<td>Education</td>
<td>3,450,000</td>
<td>210,000</td>
<td>106,050</td>
<td>103,950</td>
</tr>
<tr>
<td>HIV and AIDS</td>
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<td>6,000</td>
<td>3,000</td>
<td>3,000</td>
</tr>
<tr>
<td>Cluster coordination</td>
<td>1,646,000</td>
<td>6,000</td>
<td>3,000</td>
<td>3,000</td>
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<td><strong>Total</strong></td>
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<td><strong>7,000,000</strong></td>
<td><strong>3,000,000</strong></td>
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www.unicef.org/hac2011 | 2011 UNICEF HUMANITARIAN ACTION FOR CHILDREN
Kenya

While 2010 has seen some improvement in the humanitarian situation in Kenya, progress has been tempered by the chronic vulnerabilities of emergency-affected populations. Despite recent good rainfalls, recovery has been mitigated by high food prices and the lingering impact of the 2007–2009 drought. More than 40,000 children are suffering from severe acute malnutrition, and weather patterns predicted for 2011 could introduce another period of drought. The current influx of Somali refugees, coupled with the potential for displaced populations from the Sudan, adds to concerns about refugee and host community welfare as well as to the vulnerability of children and women.

Humanitarian concerns in Kenya centre on the chronic vulnerability of pastoral populations, residents of urban informal settlements and refugees dealing with extreme climatic conditions, high food prices and the deterioration of political and security conditions in neighbouring countries. Increasingly frequent cycles of drought result in food insecurity, high levels of undernutrition in children, increased risk of diarrhoea and disease outbreaks due to lowered immunity and poor levels of routine vaccination coverage. Acute malnutrition levels remain unacceptably high. Surveys of 11 of 22 districts report global acute malnutrition rates above 15 per cent, the emergency threshold. The health system's capacity to respond to the chronic vulnerabilities and repeated shocks is impeded by the lack of qualified staff and inadequate outreach in hard-to-reach areas, including those affected by drought. While the Government of Kenya has made efforts to deploy additional staff to these underserved areas, the reach of the health system remains limited.

There is a risk in 2011 of a return to high levels of food insecurity as La Niña-influenced climatic predictions indicate reduced rainfall in much of the north-eastern sector of the country. Further-constrained water access in arid areas could also reverse gains made in cholera prevention, and the effects of undernutrition could increase the susceptibility of up to 1.4 million children to communicable diseases. At the same time, planned evictions from the Mau Forest complex – to be carried out by the Government in an effort to reclaim and restore one of the country’s largest water-sheds – could also require humanitarian response for up to 200,000 affected people, if not properly managed.

There is also a potential influx of Sudanese refugees in the aftermath of that country’s referendum in early 2011. Anticipated indictments from the International Criminal Court expected in late 2010, related to Kenya’s post-election violence of 2008, leave open the potential for internal tension and population displacement.

UNICEF is requesting US$16,168,000 for its 2011 humanitarian work in Kenya. The organization has aligned its request with the 2011 Consolidated Appeals Process (CAP) requirements. This amount represents a decrease of almost US$7 million compared with 2010 due to improvements in the food security situation; however, continued funding is required to support recovery and prevent deterioration.

In 2011, UNICEF will continue to work with the Government of Kenya, other UN agencies and NGO partners to respond to the needs of up to 1.9 million children affected by multiple urgent situations in the country. UNICEF strategies in all sectors seek to respond to immediate needs, but also aim to build the Government’s and people’s capacities to cope with and respond to future adverse conditions. Ongoing support to sectoral coordination for emergencies (cluster functions) will continue to focus on nutrition, education, child protection and WASH.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

The influx of Somali refugees in Kenya is expected to continue, bringing heightened protection concerns for children in refugee and host communities. The protracted conflict in Somalia has not only contributed to an ongoing influx of refugees, but also to deterioration of security conditions in north-eastern Kenya.

There are heightened child protection concerns relating to the impact of the conflict on children in refugee and host communities. Limited humanitarian space negatively impacts the ability of humanitarian programmes to address the food security and refugee crises.
Displacement of children due to eviction, conflict or flooding carries a high risk of separation and exploitation as well as reduced access to basic shelter and social services. Access to durable solutions in the aftermath of displacement is also extremely limited.

**KEY ACHIEVEMENTS IN 2010**

In mid–2010, an estimated US$23,092,245 was needed for UNICEF’s humanitarian activities in Kenya. As of October 2010, a total of US$14,177,026 (61 per cent of the revised request) had been received. UNICEF’s support of the measles immunization mop-up campaign reached 284,169 children under 5 (113 per cent of the target), bringing the national coverage for measles up to 87 per cent.

As part of integrated outreach services, about 1 million (or 42 per cent) of the 2.4 million targeted women and children in emergency-affected districts received high-impact interventions including routine immunization, oral rehydration therapy and insecticide-treated mosquito nets. This support continued in 100 districts until December 2010.

Approximately 400,000 children under 5 in emergency-affected districts (67 per cent of the target) accessed quality curative services for treating diarrhoea because essential supplies were available and health-care workers had improved their skills and knowledge in this area.

Some 18,352 children affected by severe acute malnutrition accessed treatment with a recovery rate of 84.1 per cent. Some 17,183 children under 5 affected by moderate acute malnutrition accessed treatment and 83.5 per cent of those recovered. Undernutrition rates in the refugee camps declined from 17 per cent global acute malnutrition in 2009 to between 5.6 per cent and 10.1 per cent of those recovering.

Improved coordination contributed to enhanced reporting rates for core nutrition data, which increased from 56 per cent in 2009 to 87 per cent in 2010 in arid districts.

All child-friendly spaces in Dadaab refugee camps were fully staffed and operational in 2010. Attendance at such spaces increased by 50 per cent in the second quarter (from 5,712 to 8,811), with a 100 per cent increase in the attendance of girls (from 1,498 to 2,933). Legal assistance had been provided to 220 children as of September 2010. The working group on child protection in emergencies (child protection sub-cluster) established a work plan for 2010–2011, which included the development of common assessment tools and a code of conduct. Children’s rights were highlighted in Kenya’s draft policy on internally displaced persons.

Safe and adequate water was provided to 313,000 people (150 per cent of the target) in communities affected by drought, flooding and cholera, through rehabilitation and the construction of water supply schemes. Some 31,500

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**CORE COUNTRY DATA**

| Population (thousands 2009) | 39,802 |
| Child population (thousands 2009) | 19,652 |
| U5 mortality rate (per 1,000 live births, 2009) | 84 |
| Infant mortality rate (per 1,000 live births, 2009) | 55 |
| Maternal mortality ratio (per 100,000 live births 2008) | 530 |
| Primary school enrolment ratio (net male/female, 2005–2009*) | 81/82 |
| % U1 fully immunized (DPT3, 2009) | 75 |
| % population using improved drinking-water sources (2008) | 59 |
| HIV/AIDS prevalence (% aged 15–49, 2009) | 6.3 |
| % U5 suffering from moderate and severe wasting (2003–2009*) | 7 |


*Data refer to most recent year available during the period specified.*
children (78 per cent of the target) gained access to gender-appropriate sanitation and hygiene facilities and hygiene promotion in their learning environments. About 3.75 million people accessed safe water by using household water treatment supplies and chlorinated community water points. They also improved their knowledge of hygiene and sanitation practices, in part contributing to a 60 per cent reduction in the cholera caseload as of mid-October (compared with the same period in 2009).

Through the distribution of education and early childhood development kits and temporary school tents, 26,500 schoolchildren affected by floods were able to continue their education (nearly full coverage). In addition, 240 national and district education officers were trained on the technical components of education in emergencies preparedness, response and risk reduction (96 per cent of the target). Peace education was integrated into the life-skills curriculum and broadcast as a weekly radio lesson to all Standard Eight classes (where the children are 14–15 years old). This reached more than 700,000 children, well above the targeted 100,000. The ministry of education played a leading role in coordinating the education cluster that is working to finalize the first-ever emergency preparedness and response plan for the education sector.

UNICEF supported cross-sectoral preparedness planning and pre-positioning in flood-prone districts in the Nyanza, Western North Eastern and Coast Provinces, as well as high-risk areas for conflict and displacement in the Rift Valley Province in advance of the constitutional referendum.

UNICEF, together with the Government of Kenya, other UN agencies and NGOs, will focus on assisting the country’s most vulnerable people. UNICEF co-leads the nutrition, education, child protection and WASH clusters along with the relevant government ministries and expects to reach 1.9 million people living in emergency conditions in 2011, including about 988,000 girls and 912,000 boys. UNICEF will ensure that recovery initiated in 2010 is sustained and cluster programmes are scaled up in response to any deterioration in the food security situation. It will also increase its focus on supporting refugee and host populations, specifically in child protection and education. Disaster risk reduction will be a cross-cutting approach to ensure that UNICEF contributes to building resilience at the community, district and national levels.

**NUTRITION (US$6,310,000)**

Through preventive and curative actions, UNICEF will aim to prevent and address high levels of acute malnutrition in young children and women while strengthening systems and capacities that contribute to the reduction of morbidity and mortality associated with undernutrition.

- Coverage of integrated high-impact nutrition interventions at the health facility and community levels will be increased. This will include the management of moderate and severe acute malnutrition, infant and young child feeding and micronutrient supplementation. Such coverage will target 250,000 children under 5 affected by moderate malnutrition, 40,000 children under 5 affected by severe acute malnutrition, and 55,000 pregnant and lactating mothers.
• Nutrition information and a surveillance system at the national and sub-national levels will be strengthened.
• Government capacities to improve coordination systems at the national level and scale-up coordination at the sub-national level will be strengthened.

**HEALTH (US$2,001,000)**
UNICEF will work to minimize the impact of emergencies on the health status of 2 million children under 5 and pregnant and lactating mothers.
• Some 85 per cent of children under 5 in selected districts of North Eastern, Rift Valley, Eastern, Nyanza, Western and Coast Provinces will receive increased measles immunization coverage.
• At least 1,120,000 children under 5 and pregnant and lactating women will have access to services including immunization, prevention of mother-to-child transmission of HIV and obstetric care during emergencies through integrated outreach services delivered using procured essential health supplies.
• At least 550,000 children under 5 at risk of acute watery diarrhoea will access oral rehydration therapy for treatment of mild cases.
• Insecticide-treated mosquito net coverage will increase in North Eastern, Eastern, Nyanza, Western and Coast Provinces by 1,320,000 (45.3 per cent) to 1,520,000 (52.9 per cent) by the end of 2011, with a target of two nets per family and a focus on boys and girls under 5.

**WATER, SANITATION AND HYGIENE (WASH) (US$4,378,000)**
UNICEF aims to provide reliable access to safe water, proper sanitation and hygiene facilities for up to 1.6 million people afflicted by drought, floods or disease outbreaks.
• 400,000 people affected by drought, floods and cholera will have improved access to safe water supplies and adapted, improved sanitation and hygiene practices through construction/rehabilitation and promotional activities.
• 1.6 million individuals will receive basic WASH emergency supplies in order to adopt proper hygiene and sanitation practices at the household level.
• 48,000 children in 80 emergency-affected schools will have access to safe WASH facilities in their learning environments.
• Human-rights principles and standards will be increasingly applied in disaster preparedness and response through a national cholera-focused multimedia disaster and risk communication campaign.
• The UNICEF-supported national WESCOORD Group (WASH cluster) will ensure coordination in preparedness and response at the national and district levels.

**CHILD PROTECTION (US$1,241,000)**
UNICEF will support the Government of Kenya in establishing a child protection system that will respond to the needs of vulnerable children in the following ways:
• 150,000 children will be protected from separation during times of emergency and, if separated, they will be reunited with their caregivers and provided with psychosocial support, post-rape care services and legal assistance in a sensitive and timely fashion.
• A child protection system framework will be established in the Dadaab refugee camp/host community with continued support for the functioning of child-friendly spaces and legal assistance.
• Gender-based violence and child protection will continue to be integrated into the national working group on internally displaced persons. This will include the provision of training of national- and field-level protection partners on child protection in emergencies, integration of child protection in assessments, monitoring and advocacy initiatives.

<table>
<thead>
<tr>
<th>By sector</th>
<th>US$</th>
<th>Total per sector (all beneficiaries)</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>6,310,000</td>
<td>345,000</td>
<td>142,000</td>
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</tr>
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<td>Health</td>
<td>2,001,000</td>
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<tr>
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<td>Cross-sectoral</td>
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<td>Cluster coordination</td>
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<td>912,000</td>
<td>988,000</td>
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<tr>
<td>Total</td>
<td>16,168,000</td>
<td>1,900,000</td>
<td>912,000</td>
<td>988,000</td>
</tr>
</tbody>
</table>
EDUCATION (US$1,198,000)

Emergency education assistance will continue for 155,000 boys and girls in the following ways:

- 40,000 boys and girls will access education through parental sensitization on the importance of early childhood development and primary education and through provision of essential learning materials.
- 100,000 boys and girls in schools will be reached with disaster risk reduction messages to ensure school and learner safety.
- 60 disaster-prone districts will have enhanced emergency-response capacity through training of 180 district education board members (120 male and 60 female) on education emergency preparedness and response.
- 15,000 primary schoolchildren in the Dadaab refugee camp will have access to improved education and learning environments.
- The education cluster, co-led by UNICEF and the ministry of education, will oversee and promote linkages to multi-sectoral interventions using the national emergency preparedness and response plan.

CROSS-SECTORAL PREPAREDNESS AND COORDINATION (US$500,000)

UNICEF will work with the Government and partners to improve the protection of children’s rights during emergencies through multi-sector disaster risk reduction initiatives.

- The Government will receive technical assistance in reviewing the disaster management system in order to incorporate a disaster risk reduction approach that is child-focused. UNICEF will also aid in the decentralization required by the new constitutional framework in which disaster risk reduction is a shared function of the national and as well as the county governments.
- Up to 30,000 newly displaced men, women and children will have access to essential household items.

CLUSTER COORDINATION (US$540,000)

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs (national and sub-national) need to be adequately funded. In Kenya, UNICEF supports and develops the capacity of Government sector leads to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, cluster/sector leads will strengthen monitoring mechanisms that track progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

2. A durable solution is achieved when internally displaced persons no longer have any specific assistance and/or protection needs that are linked to their displacement and can enjoy their human rights without discrimination on account of their displacement. It can be achieved through return, local integration or resettlement (*IASC Framework on Durable Solutions for Internally Displaced Persons*, The Brookings Institution – University of Bern Project on Internal Displacement, Washington, DC, April 2010, p. 5).
3. These represent coverage rates of above 50 per cent of those in need of treatment, the SPHERE standard. These rates were preliminary as of November 2010.
4. UNICEF co-leads the nutrition cluster with the Ministry of Public Health and Sanitation, the education cluster with the Ministry of Education, the child protection cluster with the Ministry of Gender and Children’s Affairs, and the WASH cluster with the Ministry of Water and Irrigation.
5. The interventions include supporting and promoting exclusive breastfeeding until the age of 6 months; supporting and promoting adequate complementary feeding from the age of 6 months; twice-yearly vitamin A supplementation; therapeutic zinc supplementation for diarrhoea management; multiple micronutrient fortification; iron-folate supplements for pregnant women; preventing acute malnutrition; managing moderate and severe acute malnutrition; improving hygiene practices, including hand washing; deworming for children; iron fortification of staple foods; and salt iodization.
6. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.
In Madagascar, extreme poverty, recurrent natural disasters and a political crisis have created a potent recipe for crisis. The suspension of most external assistance to the country has resulted in reduced capacity of the Government of Madagascar to respond to emergencies. Food insecurity has become a daily reality for many. In fact, unless food insecurity in the southern areas of Androy, Anosy and Atsimo Andrefana is addressed immediately, it is very likely that the nutritional status of 136,000 children-at-risk under age 5 will deteriorate – requiring an emergency intervention during the first three months of 2011. This will be a crucial year for UNICEF in its efforts to improve the welfare of Madagascar’s women and children. In addition to being one of the poorest countries of the world, ranked 145 out of 182 countries in the 2009 Human Development Report, due to its geographical location and its topography, Madagascar is continually exposed to drought and tropical cyclones. The island is hit by two or three cyclones in an average year, affecting around 360,000 people per year for the past five years. These emergencies, coupled with poverty, increase hardship – particularly food insecurity, in some areas – among an already vulnerable population. In 2010, the Food Security Early Warning System (SAP) declared 53 municipalities to be food-insecure, compared to 44 municipalities in 2009 and 10 in 2008. Food insecurity in the southern region of the country affects around 720,000 people, more than half of the population, and including 129,600 children under age 5. UNICEF is requesting US$19.2 million for its 2011 humanitarian work in Madagascar, a 40 per cent increase over the 2010 request. Government suspension of funding for procurement of essential drugs and vaccines as well as fuel for vaccine refrigerators has prompted a significant increase in the request for funds for health-related work – funding necessary to stave off a massive crisis in health-care services that millions of people depend on. Without funding for key humanitarian activities, the well-being of women and children in Madagascar will be jeopardized to the point of requiring additional emergency intervention. In 2011, UNICEF will continue to work in partnership with its counterparts in district government, UN agencies, non-governmental organizations and communities to respond to the needs of the drought-affected people in southern Madagascar. UNICEF will also respond to the needs of an estimated 300,000 people likely to be affected by the 2010–2011 cyclone season.

To avert a potential humanitarian crisis in the major cities due to an ongoing political crisis that has led to decreased budget support from the government and suspension of most development aid in the country, UNICEF is engaged in close monitoring of the situation through the ‘Multi-cluster Rapid Assessment’ (McRAM). In a context of already-eroding social services, and where the capacities of government structures at all levels to assess and respond to emergencies has been weakened, UNICEF’s focus will be on ensuring adequate access to health, nutrition, safe water, sanitation and hygiene, educational and protection services. The political crisis is having an adverse impact on the ability to provide social services to children and women, and on their ability to access these services.

Lack of government funding to treat those children and women who are severely malnourished and those at risk jeopardizes the well-being and development of the population. To continue filling this gap, UNICEF will double its 2011 contribution by diverting resources from other important programmes in Madagascar. The government budget reduction will further hamper health-care services because the petrol used by refrigerators for storing vaccines is typically purchased with government funds. This is likely to have an impact on coverage rates for key antigens and could possibly lead to outbreaks of preventable disease.
Regarding access to safe water and sanitation, the Joint Monitoring Progress report of March 2010 documents a recent downward trend in access to water and sanitation. In 2006, 47 per cent of households had access to improved water facilities (JMP, 2008, page 47); by 2008, only 41 per cent had access (JMP, 2010, page 45). The reversal in enrolment rates could largely be due to the 30 per cent increase in school expenses borne by families.

**KEY ACHIEVEMENTS IN 2010**

According to the mid-2010 revised request, UNICEF estimated that US$11,113,565 was needed to fund its humanitarian work in Madagascar. As of October 2010, a total of US$331,565 – 3 per cent – had been received. Donor funding, complemented by the use of pre-positioned stocks and regular resources, helped UNICEF achieve some results.

Through its own resources, UNICEF has been fully supporting 145 outpatient treatment units for severe acute malnutrition in southern Madagascar and stabilization units in 17 out of 45 hospitals across the country. UNICEF made the funding available to maintain the support until the end of 2010 after which the service availability will be at risk – jeopardizing the health of more than 250,000 children under age 5.

UNICEF responded to the damage created in the south-east by tropical storm Hubert. In collaboration with the non-governmental organization Diakonia, UNICEF helped repair 84 classrooms damaged by flooding in 69 schools, achieving 100 per cent of its planned target for the year. In addition, 10,794 students were able to restart classes in 48 temporary classrooms after tropical storm Hubert. More than 26,000 students in 150 schools benefited from 328 School-in-a-Box kits and 152 recreation kits to replace materials lost during the floods. To enhance training for students and teachers on disaster preparedness, 5,950 disaster management manuals and 196 teacher guides were distributed.

Partnering with local water authorities and the non-governmental organizations Action Socio-Sanitaire, Organisation Secours (ASOS) and Saint Gabriel, UNICEF distributed water, sanitation and hygiene kits to 3,544 families, 191 schools and 25 health centres. One-hundred-seventy water points used by 50,000 people were disinfected. Another 1,450 people gained access to safe sanitation through construction of 29 community latrines, and 1,100 students benefited from new latrines at 23 schools.

In areas affected by tropical storm Hubert, UNICEF procured essential medicines for 179 health centres serving more than 1.4 million people, or 95 per cent coverage of the population in need. Mosquito nets were supplied to 3,864 families, and 2,418 families received blankets. Midwife kits were provided to 13 health centres. As a preparedness measure should the nutritional situation deteriorate, UNICEF reinforced the capacity of health centres to treat severely malnourished children in the area affected by Hubert.

Child rights violations were monitored through 19 child-friendly spaces in Antananarivo, reaching more than 1,700 children in collaboration with local partner Union of Professional Graduate Social Workers. The family tracing and reunification programme traced 513 children reported as missing and reunited 350.
**HUMANITARIAN ACTION: BUILDING RESILIENCE**

Building resilience into the system capacity of Madagascar has been actively integrated in each sector. On the country’s west coast, UNICEF implemented a programme in collaboration with two regional education authorities to ensure that school teachers and students are adequately prepared in the event of a cyclone, flood or drought. A total of 154 teachers and administrative staff received training, with the expectation that they will train 101,000 students. One achievement of the education cluster focusing on disaster preparedness was the production of a film on tsunami preparedness, which will be provided to all regional education authorities on the east coast.

Working together with regional health and nutrition authorities, UNICEF scaled up community management of acute malnutrition, with an emphasis on health-system strengthening and community mobilization for routine and emergency activities.

Partnering with Saint Gabriel, a non-governmental organization, UNICEF developed and implemented a programme to train and raise awareness among mayors, school directors, health-centre chiefs, community-based organizations and Fokontany heads (village chiefs) on WASH principles and practices in emergency response. To ensure a timely and rapid response in the event of a cyclone or flooding, pre-emergency cooperation agreements have been developed with the participating organizations.

**PLANNED HUMANITARIAN ACTION FOR 2011**

UNICEF, together with partners including the Government of Madagascar, other UN agencies and non-governmental organizations, will focus on assisting the most vulnerable women and children in the drought-affected, food-insecure southern region and areas prone to cyclones. One important aspect of UNICEF’s assistance is the leadership of the education, nutrition and WASH clusters as well as the protection and child protection sub-cluster. UNICEF expects to reach more than 1 million women of childbearing age and around 560,000 girls and 584,000 boys under 5 years old. Emergency response will continue to be an integral part of the overall country programme strategy. Emergency planning, implementation and monitoring will continue across all sectors, with a focus on preparedness, rapid response, early recovery and risk reduction.

**NUTRITION (US$2,000,000)**

As nutrition cluster lead, UNICEF will provide an immediate response to any rising level of acute malnutrition among 129,600 children under age 5 in the food-insecure southern region, among the 300,000 people affected by cyclones and in urban areas by working closely with regional government partners, non-governmental organizations and the World Food Programme.

- Through the nutrition cluster, UNICEF will ensure a coordinated nutrition response to make certain that all gaps are addressed without duplication.
- Anthropometric equipment, therapeutic feeding supplies and Drugs required for the treatment of malnourished children will be provided to health-care facilities in the affected districts.
- Systematic nutrition screening at the health centre and community level will be provided; treatment will be provided for children diagnosed with severe acute malnutrition.
- 9,720 children 6–59 months old will be treated for undernutrition through community management of acute malnutrition.

**HEALTH (US$4,900,000)**

As an active participant in the health cluster and working closely with regional government partners, other UN agencies and non-governmental organizations, UNICEF will respond immediately to lack of access to health care among 720,000 food-insecure people in the south and 300,000 people affected by cyclones.

- In collaboration with the World Health Organization, UNICEF will provide technical assistance to strengthen the decentralized health cluster and ensure a better-coordinated response.
- To improve access to health care, UNICEF will provide essential drugs, oral rehydration salts, zinc and malaria prevention supplies to health facilities in emergency-affected districts.
- To ensure continuity of services, damaged equipment and supplies at health centres in cyclone-affected areas will be replaced.

**WATER, SANITATION AND HYGIENE (WASH) (US$6,500,000)**

UNICEF will provide reliable access to safe water supplies and proper sanitation and hygiene facilities for up to 300,000 cyclone-affected persons, 720,000 food-insecure people in the south, and 500,000 vulnerable people in the cities of Antananarivo, Diego, Majanga, Tamatave and Tulear. The following key results will be achieved through extensive support to the regional government, non-governmental organizations and the private sector:
EASTERN AND SOUTHERN AFRICA: MADAGASCAR

UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011

<table>
<thead>
<tr>
<th>By sector</th>
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<th>Total per sector (all beneficiaries)</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>2,000,000</td>
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<td>134,064</td>
</tr>
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<td>55,700</td>
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</tr>
<tr>
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<td>Youth and HIV and AIDS</td>
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<td>25,000</td>
<td>12,750</td>
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</tr>
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<td>Total</td>
<td>19,200,000</td>
<td>3,174,300</td>
<td>556,665</td>
<td>534,835</td>
</tr>
</tbody>
</table>

ESTIMATED BENEFICIARY NUMBERS

10. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.
The South Central Zone of Somalia is the epicentre of the crisis. The conflict here generates some of the highest numbers of forcefully displaced persons in the world. More than 80 per cent of those in need of humanitarian assistance in the country live here. The UN estimates there are roughly 1.46 million internally displaced persons in Somalia—19 per cent of the country’s population.

UNICEF works with more than 100 partners, including the Government of Somalia, other UN agencies, NGOs and local communities to provide emergency relief in line with the Core Commitments for Children in Humanitarian Action. The organization is the largest provider of water, education, primary health care and nutrition services in the country. Results achieved for children thus far are a testimony to the dedication of partners and national staff as they seize opportunities within Somalia’s volatile context to reach out and assist vulnerable people.

UNICEF has existing practices in the Somalia country programme, ensuring that the most disadvantaged persons are identified. This includes internally displaced persons, pastoralists, the urban poor, girls, and children caught up in armed conflict.

To make significant strides in stabilizing the welfare of women and children in Somalia, particularly their nutritional and health status, access to safe water, and education and protection, UNICEF is requesting US$60,698,000 to carry out its planned activities. UNICEF has aligned its request with the 2011 Consolidated Appeals Process (CAP) requirements. In 2011, UNICEF programming will focus on meeting the needs and reducing the vulnerabilities of children and women who are among the more than 2 million people displaced or affected by conflict. Work will touch on nearly every area of humanitarian intervention: essential health care, nutrition, WASH, education and child protection services, with UNICEF leading the nutrition and WASH clusters and co-leading the education cluster with Save the Children. Emergency preparedness and risk reduction measures are an integral part of the planned humanitarian action, alongside national capacity development, where possible.

UNICEF must maintain the capacity to scale up planned response quickly in 2011, given the fragility of the country’s situation and indications that the number of people in need could rapidly increase during the coming months. Somali children, both boys and girls, are affected by the volatile environment, which impacts access to and delivery of services, as well as by a complicated aid environment, including limited and unpredictable funding flows with decreasing flexibility to reach those in need during windows of opportunity.

Where humanitarian operations are still possible, building capacity to make communities more resilient continues. During August 2010, anti-government elements banned the operation of some international NGOs in areas under their control, which affected the welfare of thousands of women and children in the nutrition, livelihoods and education sectors, including children in need of life-saving treatment for undernutrition. Given the already overstretched capacity of local NGO partners, the quality of emergency services in some locations remains a concern.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Somalia also has one of the lowest primary school enrolment rates in the world, with only 22 per cent of children receiving primary education in the South Central Zone. There is a high prevalence of child protection

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violations, including recruitment and use of children and young people in armed conflict.

Women and children lack nourishment due to persistent shortages of food (resulting from conflict, displacement, droughts and flooding), low-quality diets, poor feeding practices and inadequate home management practices. In the South Central Zone, 1 in 22 children under age 5 is acutely malnourished\(^5\) and is at high risk of death.

In addition, throughout the country, more than 50 per cent of deaths in children under age 5 are caused by respiratory infections, malaria and diarrhoea, the latter caused by lack of access to safe water\(^6\) and poor food and domestic hygiene. Routine immunization coverage is among the lowest in the world.

**KEY ACHIEVEMENTS IN 2010**

In 2010, UNICEF estimated that US$66,020,900 was needed to fund its humanitarian work in Somalia. As of October 2010, a total of US$36,509,777 – or 55 per cent of the request – had been received. Approximately 1.5 million children under age 5 and 1.3 million women of childbearing age were reached at least once during the nationwide Child Health Days campaign with an essential package of life-saving health and nutrition services. This included children and women in all districts of Mogadishu and in the Afgoye Corridor, despite security challenges.

The country has remained polio-free since March 2007, a significant achievement. Through support to facilities across the country, an estimated 2.5 million people had access to basic primary health care, and 260 maternal and child health clinics received supplies that included essential drugs, vaccines, renewable materials and basic equipment.

UNICEF, along with more than 60 national and international partners, is implementing approximately 90 per cent of the overall nutrition response in Somalia, reaching 111,376 acutely malnourished children from January to October 2010. This includes 44,033 children with moderate acute malnutrition through 350 supplementary feeding programmes; 67,343 children with severe acute malnutrition through 318 outpatient therapeutic programmes and 31 stabilization centres; and 19,000 pregnant and lactating women. From July 2010 to October 2010, UNICEF opened 70 supplementary feeding programmes through partners to ensure the continuation of nutrition services in the South Central Zone following the World Food Programme’s suspension in this area.

Together with more than 30 national and international partners, UNICEF provided access to safe water to 1.2 million people in emergency-affected areas through sustained operation and maintenance of water supplies, including chlorination. Work continues on the construction and rehabilitation of 62 water sources, serving about 162,000 people. Hygiene education is being provided to the 250,000 beneficiaries of water and sanitation projects,
and emergency/temporary water trucking was provided to 10,000 people in drought-affected communities.

With more than 100 national and international partners, UNICEF supported the enrolment of some 92,000 emergency-affected or displaced children in school7 or 30 per cent of children out of school in emergency-affected areas, including 36,000 girls. More than 3,600 teachers (720 women) received training in pedagogy, life skills, child rights, psychosocial care and support and emergency education.

UNICEF’s protection programmes mobilized 189 internally displaced persons and vulnerable host communities to prevent and respond to child protection violations, and more than 770 gender-based violence cases were documented and referred to services. Through a network of 20 local human rights monitoring organizations, more than 640 individual cases of grave child rights violations were documented and 60 per cent of the children were referred to services, including advocacy action at the community level. A UNICEF-led community initiative, which targets children and youth at risk of recruitment as well as ex-child combatants in Galguduud, Merka and Mogadishu, was launched.

In response to conflict and floods in the South Central Zone, 5,554 households (with a total of 33,324 people) out of an estimated 170,000 households in need received shelter and non-food items.8

HUMANITARIAN ACTION: BUILDING RESILIENCE

Merka, a town situated 90 kilometres south of Mogadishu, was serving a population of 60,000 people by shallow wells. A perennial water shortage compounded by surface contamination, which was resulting in chronic outbreaks of diarrhoea and cholera, was taking a high toll on young child mortality and morbidity.

As a key player in the Merka Water Project, a public-private partnership, UNICEF recommended drilling boreholes, piping water into the town and supplying it through water kiosks. Challenges to the project included implementing it in phases due to its considerable cost. Also, because Merka is frequently engulfed in conflict, it was only accessible to UNICEF staff for short periods of time. However, because part of the work involved building the capacity of local actors, the project continued even when the location was inaccessible to UNICEF staff. Now completed, the new water supply system currently benefits 31,500 residents.

Given the volatile political and security environment, UNICEF had to renegotiate with new authorities repeatedly during the project cycle to gain and maintain support for the project, while at the same time establish a sustainable way for the communities to manage and operate their new water system. Because of its public-private partnership approach, which brought together communities, businessmen, local authorities and other stakeholders, the effort led to the formation of the Merka Water Board for management. Despite chronic insecurity, the board’s work continues, ensuring a safe and sustained water supply to residents.

UNICEF is the largest service provider in key sectors in Somalia and leads the nutrition, education and WASH clusters and the child protection sub-cluster. UNICEF will continue to work with the Government of Somalia, UN agencies and non-governmental partners in 2011 to meet the pressing needs of children and women who are among the 2 million people displaced or otherwise affected by conflict.

NUTRITION (US$18,149,000)

• In 2011, UNICEF will continue to target supplementary feeding programmes in areas of the South Central Zone classified by Somalia’s Food Security and Nutrition Analysis Unit as having highly critical or critical nutrition vulnerability (where World Food Programmes are currently unable to operate) through improved and sustained access to and utilization of integrated quality nutrition services targeting 174,600 children and 22,000 pregnant and lactating women.

• At least 70 per cent (54,600) of an estimated caseload of 78,000 children with severe acute malnutrition will be reached.

• At least 52 per cent (120,000) of an estimated caseload of 230,000 children with moderate acute malnutrition will be reached.

• About 25 per cent (22,000) of an estimated 84,000 acutely malnourished pregnant and lactating women will be treated.

HEALTH (US$16,668,000)

In 2011, the overall goal will be to strengthen access to essential primary health-care services for up to 1.5 million children and 1.3 million women of childbearing age.

• 90 per cent of children under age 5 and 70 per cent of women of childbearing age in target areas will receive high-impact and basic life-saving packages of health...
and nutrition interventions through Child Health Days.

- 250 maternal child health clinics (125 in the South Central Zone, 47 in the North East Zone and 78 in the North West Zone) will have sufficient essential drugs, vaccines, basic equipment and training. Outreach health services will also be strengthened for life-saving interventions to address common neonatal and childhood illnesses such as diarrhoea and pneumonia, reaching an estimated 2.5 million women and children.

**WATER, SANITATION AND HYGIENE (WASH) (US$12,359,000)**

UNICEF will ensure that 1.6 million internally displaced and disaster-affected people have increased and sustained access to safe water, appropriate sanitation facilities and hygiene promotion in 2011.

- 274,000 men and women and 224,000 children will access safe water through rehabilitation and construction of new water supplies.
- 32,000 men and women and 26,000 children will have access to sanitation facilities, and 1.2 million people will practice minimum hygiene practices.
- 720,000 men and women and 589,000 children will continue to access safe water and sanitation through operation and maintenance of facilities, including chlorination.
- Emergency supplies, including gender-specific hygiene items, will be provided to 5,000 households (30,000 people total) and will be pre-positioned in the North East and South Central Zones.
- Communities and local authorities in 10 districts will be trained on the basic level of disaster preparedness, including early warning and early response systems.
- The UNICEF-led WASH cluster will ensure coordinated preparedness and delivery of emergency assistance, as well as link with partners to develop a longer-term and sustainable WASH strategy.

**CHILD PROTECTION (US$5,537,000)**

Through community mobilization, psychosocial care and support services, and advocacy and other emergency protection initiatives, a targeted 200,000 children from some of the most vulnerable communities affected by conflict and displacement, primarily from the South Central Zone, will benefit from an enhanced protective environment as the overall goal in 2011. Intensified fighting in southern and central Somalia has further exacerbated existing protection risks for civilians and made the need for a comprehensive emergency child protection response greater than ever.

- At least 200 vulnerable communities in the South Central Zone (with an estimated child population of 180,000) and displaced communities in the north of the country will be mobilized to prevent and address child protection in emergency issues.
- At least 100,000 children in crisis-affected areas will be directly reached with school-based and community-based psychosocial care and support services.
- Grave child rights violations will be monitored and reported and as many as possible addressed through referral to services and advocacy actions at the community level.
- At least 1,000 children who are either at risk or were formerly involved with armed forces and groups will be supported with the provision of community-based rehabilitation services, including skills training, non-formal education, psychosocial care and family tracing.
- High-level advocacy with parties to the conflict (depending on access) will lead to the signing of concrete and time-bound action plans for the prevention and immediate and unconditional release of children unlawfully recruited or used in the conflict. This affects several thousand children reportedly used in the conflict.

**UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011**

<table>
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<tr>
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<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>18,149,000</td>
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<td>100,000</td>
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<td>Education</td>
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<td>61,400(^a)</td>
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<td>Shelter and non-food items</td>
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<tr>
<td>Cluster coordination</td>
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EASTERN AND SOUTHERN AFRICA: SOMALIA

EDUCATION (US$6,371,000)
In 2011, UNICEF will ensure that more than 61,000 school-age children – including youth and other excluded children affected by conflict, displacement or emergency – will have increased access to quality and equitable educational opportunities, in order to mitigate the psychosocial impact of conflict and provide a sense of normalcy, stability and structure during times of crisis.

- Teaching, learning and recreational materials, including textbooks, will be provided to 200 functional schools/centres for 60,000 children and youths.
- Training related to emergency education curricula will be delivered to 1,500 teachers and 60,000 children, youth and other excluded children who are not in school due to displacement or conflict. The training will focus on appropriate life-saving and life-sustaining information related to health, nutrition, hygiene, psychosocial care issues, mine risk awareness, early marriage and risk of child recruitment in emergency affected areas.
- Improved capacity to plan, manage and mobilize resources for school enrolment for children, youth and other excluded children in emergency affected areas will be provided to 1,400 community education committee members (980 men and 420 women), 150 school administrators and other education actors (105 men and 45 women).
- As co-lead of the education cluster, UNICEF will work with partners to ensure a coordinated and integrated emergency education response, with a focus on conflict and disaster-affected communities.

SHELTER AND NON-FOOD ITEMS (US$804,000)
The overall goal for 2011 is to improve living conditions for up to 8,000 households (48,000 people) affected and/or temporarily displaced by the rapid onset of conflict or flooding through the provision of shelter and non-food items.

UNICEF will pre-position supplies in Mogadishu, Galkayo, Mandera, Hargeisa and Bossaso to meet the immediate needs of those displaced by emergency.

CLUSTER COORDINATION (US$810,000)
To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs (national and sub-national) need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF, as cluster lead, expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

3. The Somalia Inter-Agency Standing Committee estimates that 1.46 million people are currently displaced.
4. This includes 17 per cent girls and 27 per cent boys, according to the Survey of Primary Education in Somalia 2006–2007. The Primary Education Survey represents a significant achievement for the education sector of Somalia. The cooperation between three ministries of education, UNICEF, the Department for International Development and the United Nations Educational, Scientific and Cultural Organization, as demonstrated in the instigation and continued development of the Primary Education Survey process, reflects a commitment and dedication to the children of Somalia.
7. Out of a planned 100,000 children.
8. The United Nations High Commissioner for Refugees leads the shelter cluster and implements a large part of the shelter response. UNICEF’s role is to fill the gaps in the response and to implement actions in some areas of the South Central Zone, where access has been challenging using local partners.
9. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.
10. This number includes the total number of girl and boys who are newly enrolled (60,000) – it costs approximately US$110 to educate one child in Somalia during one year. UNICEF will continue to support more than 400,000 existing children in schools, including education facilities.
Uganda is in the midst of an extensive recovery from a deep humanitarian crisis that affected the entire northern region. At the same time, recovery may also be affected by the Ugandan presidential elections and the referendum in the Sudan in early 2011, which draft estimates indicate may cause an additional 100,000 new refugees to seek shelter in Uganda. There are currently still more than 112,000 displaced persons in northern Uganda, including 28,000 children. Additionally, climate change is expected to produce increasingly erratic rainfall, resulting in floods and landslides, and exacerbating the effects of cyclic drought. Although severe acute malnutrition and global acute malnutrition are below emergency levels, undernutrition is persistent in the north and north-eastern regions and sanitation coverage in some districts is significantly below the national average.

Natural hazards, including the effects of the La Niña phenomenon and a significant increase of landslides in mountainous areas and flooding in the plains, threaten approximately 120,000 people. Half a million inhabitants – including 125,000 children – of the north-eastern region of Karamoja will be vulnerable to an increased nutritional crisis in 2011 given the expected significant rain failure and drought.

Uganda’s transition from a country requiring substantial humanitarian aid to one needing recovery assistance and able to focus on coherent development of its national preparedness capacities depends on how these factors – many of which are beyond the control of the Government or any humanitarian actor – play out during the coming year.

UNICEF estimates that at least 732,000 people, including approximately 183,000 children, will require humanitarian support to ensure survival during the expected turbulence of 2011. The organization expects to increase resilience and strengthen positive coping mechanisms for these individuals.

In the context of increased recovery programming, UNICEF is requesting US$10 million for its 2011 humanitarian work in Uganda, less than half of what was requested for 2010. Full funding will enable the organization to maximize its positive impact on the lives of children and their families at a crucial moment in Uganda’s history. In 2011, UNICEF will focus on building the resilience of communities to both natural and conflict-related disasters. To date, this has been undertaken by increasing the capacities of the Government and partners, such as by training district governments to prepare for and respond to disaster. Support will focus on early recovery and transition-related interventions designed to strengthen the delivery of basic services related to health, nutrition, WASH, education and child protection. UNICEF will also ensure its Core Commitments for Children in Humanitarian Action are advocated at all levels of emergency preparedness. Planning for rapid life-saving interventions will ensure that contingency plans and domestic standards for emergency response have a child focus.

UNICEF will also continue the transition from the Inter-Agency Standing Committee clusters to a government-led sector humanitarian coordination mechanism for the country. Towards this end, as a result of a UNICEF-organized inter-agency emergency preparedness and response workshop with the Office of the Prime Minister, UNICEF will contribute to the follow-up actions of an inter-agency task force that will drive the outcomes of this process.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

As the Government of Uganda strives to reach the status of a middle-income country and regional leader, the country’s unequal distribution of wealth, poverty, along with corruption, affects the resilience of children and women. Some of the main problems affecting children include poor nutrition interventions in health and agricultural policies and strategies. In addition, minimal access to improved water sources plagues women and children, and ranges from 12 to 85 per cent coverage, with marked differences between districts and regions. In most villages in northern Uganda, water coverage is as low as 30 per cent and sanitation is less than 10 per cent.

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In terms of child protection, only 21 per cent of children under age 5 are registered in Uganda, resulting in the denial of essential children’s rights and in inaccurate governmental planning and budgeting, which puts children at a further disadvantage. Child protection issues also are evidenced in cases of sexual violence, which is experienced by 21 per cent of girls and 7 per cent of boys 15–19 years old, and by the high percentage of unaccompanied children.

In education, teacher absenteeism, now above 30 per cent, has undermined the quality of teaching and learning and has also resulted in low educational achievement and learning outcomes. In many districts, less than 6 per cent of children 3–5 years old participate in early childhood education.

**KEY ACHIEVEMENTS IN 2010**

In 2010, UNICEF estimated that US$27,096,711 was required to fund its humanitarian work in Uganda. As of end-October, only US$4,919,350 – or 18 per cent – had been received. This limited the scope of UNICEF’s emergency activities, but significant results were achieved nonetheless.

UNICEF improved access to education in 2010, with approximately 820,000 schoolchildren enrolled in primary schools located in emergency-affected areas, compared to a countrywide enrolment of 8.3 million. Forty-eight per cent of these children are girls. UNICEF has also taken strides in building both protection and emergency response capacities and, through the child protection committee working groups at the district level, in improving community-level resilience. In March, UNICEF successfully responded to a major landslide in the east of the country, where at least 300 people lost their lives, by providing improved access to WASH services, and learning and safe spaces for children. Some of the tents were also used as accommodations during the first wave of displacement. UNICEF contributed antiretroviral drugs to more than 53 per cent of the 1.4 million pregnant women living with HIV in order to prevent transmission of the virus to their infants, up from 45 per cent coverage in 2008. UNICEF also promptly supported the ongoing hepatitis E and cholera response in Karamoja to reach about 7,000 households through intensive community mobilization and WASH interventions. In addition, UNICEF reached 8,700 children with severe acute malnutrition between January and June with appropriate treatment. Based on the current increasing caseload trend, the treatment target of 12,000 vulnerable children was exceeded in 2010.
HUMANITARIAN ACTION: BUILDING RESILIENCE

‘Preparing together for joint response’ was the motto of the emergency preparedness and response planning workshop organized by UNICEF and convened by the Office of the Prime Minister in August. Hailed as a groundbreaking first step in looking at resilience from a national perspective, the workshop produced a report outlining key recommendations for humanitarian partners to implement, with the aim of improving the coordination of disaster response. As one of the leaders of the resulting task force, UNICEF was assigned to design and develop these new national systems and to ensure that the links among household, community, district and national structures are bridged. A key achievement will be household coping mechanisms for early warning systems, meeting minimum standards, and end-user reporting in the hands of women and children. UNICEF’s team experts in technology for development will lead the way in adapting technology to empower and engage communities. For example, redesigning communication systems will permit more efficient and timely birth registration and protection reporting by directly linking the source with the response system. Mothers and children will soon be able to use rapid short message service technology as another platform for reporting cases of child abuse.

PLANNED HUMANITARIAN ACTION FOR 2011

Following the handover of cluster coordination responsibilities in 2010, UNICEF’s work in Uganda in 2011 will include ensuring continued coordination of cluster activities through the delegated agencies responsible for managing humanitarian response. UNICEF expects to partner closely with the Government of Uganda, other UN agencies and a host of NGOs to meet the humanitarian needs of about 732,000 people, including approximately 183,000 children. Additionally, UNICEF will support emergency capacity enhancement actions with the Government of Uganda so that national disaster preparedness and response systems are improved and able to protect women and children during disasters.

NUTRITION (US$3,000,000)

UNICEF will support a scale-up of community-based nutrition interventions and the strengthening nutrition services.

• 115 health facilities will be equipped for case identification and management for 12,928 children with severe acute malnutrition or other nutrition-related illnesses.
• To ensure timely response and action, UNICEF will strengthen nutrition surveillance systems for emergency preparedness and response.

HEALTH (US$2,000,000)

UNICEF will provide preventive and curative health care for children under age 5 and pregnant women in displaced camps, areas of return and emergency-affected regions.

• To improve individual resilience to disasters, UNICEF will support the scale-up and operationalization of community case management and commodity security for essential drugs for 732,000 women and children who were treated in 2010.
• UNICEF will initiate social mobilization and vaccination efforts to assist an estimated 3,961,500 people at risk for meningitis.

WATER, SANITATION AND HYGIENE (WASH) (US$2,000,000)

• In 2011, the key goal will be to ensure access to adequate safe water supply and sanitation in affected and host communities, in line with Sphere standards.
• UNICEF will ensure access to safe water and sanitation for up to 232,000 people in areas affected by drought or flooding, in areas experiencing waterborne disease outbreaks, or in former camps for internally displaced persons that have remaining vulnerable people.
• UNICEF will assist with the construction and rehabilitation of 100 water sources (for communities, schools and health centres), including household water treatment, and with sanitation facilities, including in 30 schools and/or health centres.
• Hygiene practices will be promoted in all affected areas, with a focus on household water safety and hand washing with soap at critical times.
• As part of emergency response planning, all districts in the northern and north-eastern regions, and some in the western regions, will be provided with training and supported to update their preparedness plans. UNICEF will also improve capacity for emergency coordination in these districts.

CHILD PROTECTION (US$1,500,000)

UNICEF will provide protective and reintegration services (interim care, counseling, family tracing, reunification and psychosocial support) and will respond against violence for an estimated 252,000 children in northern and north-eastern Uganda.
EDUCATION (US$1,500,000)

For 2011, the overall goal will be to expand and enhance safety and health in schools and to mobilize communities for timely school enrolment and retention.

- UNICEF will improve access to a safe learning environment for up to 780,000 schoolchildren (50 per cent boys and 50 per cent girls) in the north and north-eastern regions and among refugee communities.
- To improve quality education and learning outcomes, UNICEF will support the existing 155 children’s clubs and establish 97 new ones. UNICEF will also support systems that prevent, identify and address protection, emergencies and risk reduction. Three thousand children in primary grades 1 to 3 and in early childhood development centres will receive learning and teaching materials, and 270 teachers and early childhood development caregivers will be trained and mentored.

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4. Ibid.
6. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.

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UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011

<table>
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<tr>
<th>By sector</th>
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The situation of the children and women of Zimbabwe remains very fragile. The crises affecting them are multiple and complex: political and economic instability, abject poverty, the deterioration of the social service sector, an HIV epidemic that has raged across the country, erratic rains, and food insecurity. Only 10 per cent of children in the country eat a nutritious diet, exclusive breastfeeding is only 6 per cent, and as a result, undernutrition affects 34 per cent of children 6–59 months old. Diminished water and sanitation access, particularly in rural areas, means that 33 per cent of all Zimbabweans must practise open defecation. Social and education limitations perpetuate violence, exploitation and the trafficking of children. Assistance is hampered by systemic vulnerability, the country’s reduced resources and its lack of child protection mechanisms.

In 2010, a large measles outbreak that sickened approximately 10,900 people (suspected cases), affecting 98 per cent of districts. There were also isolated cholera incidents, with 774 cumulative cases in 2010. In total, more than 6.6 million women and children were affected by some aspect of the country’s emergency conditions and required intervention to save their lives or maintain their basic well-being.

UNICEF is requesting US$119,973,000 for its 2011 humanitarian work in Zimbabwe, in line with the 2011 Consolidated Appeals Process (CAP) requirements. Any delay in funding puts the well-being of vulnerable women and children at risk during a crucial time in Zimbabwe’s transition out of complex crisis and into political and economic recovery. In 2011, UNICEF, working hand-in-hand with the Government of Zimbabwe, UN agencies and civil society partners, will continue to respond to the needs of women and children, providing humanitarian, recovery and transitional activities across a wide array of sectors and with a geographical reach across the country.

Funding will enable UNICEF to assist some of Zimbabwe’s most vulnerable people: mothers and newborns, orphans and other vulnerable children, child migrants on the move across borders and those affected by HIV and AIDS. The goal is to provide better access to education, water and sanitation, essential medicines and improved nutrition and health facilities, as well as to support development of a child-friendly legal and social protection system.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Among the most vulnerable people in Zimbabwe are pregnant women and their newborn children. Maternal mortality has more than doubled since 1990, with AIDS and preventable diseases ranking as the primary causes of maternal and neonatal deaths. The AIDS epidemic affects more than 7 per cent of women (15–24 years old) and at least 145,224 children. Women, particularly adolescent girls, are at a higher risk of HIV infection. AIDS has been a key factor in the 20 per cent rise (from the Millennium Development Goals baseline) in mortality among children under age 5.

Child health is also compromised by crises in nutrition. Fewer than 10 per cent of Zimbabwean children receive an acceptable diet. Thirty-four per cent of children 6–59 months old are undernourished or stunted; 1.5 per cent of children have moderate acute malnutrition and 0.9 per cent have severe acute malnutrition. The undernourished condition of children impairs cognitive development, educational success and, ultimately, livelihood opportunities.

Approximately 35 per cent women and children remain vulnerable to disease outbreaks due to poor access to safe water, sanitation and hygiene, particularly in rural areas, where approximately 60 per cent of pumps are broken and only 46 per cent of the population has access to improved sanitation facilities. A harrowing 33 per cent of all Zimbabweans must practice open defecation.
Although school enrolment (91 per cent) has remained steady, educational quality is plummeting due to a crisis of educational standards and teacher motivation caused by extremely low teacher wages, limited access to resources and out-migration. Families are increasingly unable to afford tuition costs and education materials. In 2010, approximately 2 million youth were excluded from the education system, with no viable alternatives. This social context has made children more vulnerable to violence, exploitation and abuse. More than 1.6 million children in Zimbabwe are orphaned or made vulnerable by HIV and AIDS and lack comprehensive access to basic services and protective care.

**KEY ACHIEVEMENTS IN 2010**

UNICEF estimated that US$108,700,000 was needed to fund its humanitarian work in Zimbabwe, according to the mid-2010 revised request. As of October 2010, a total of US$19,819,156 had been received, or 18 per cent of the 2010 request. In close collaboration with the Government of Zimbabwe, UN agencies and NGOs, UNICEF continued to achieve significant results for children and women in 2010. UNICEF helped strengthen the early emergency preparedness of national systems, communities and individuals. At the same time, the organization helped the transition to recovery by ‘building back better’ services in education, justice and social welfare, as well as by helping to improve water and sanitation facilities. One important achievement was strengthening the health system with the support of the Health Sector Investment Case, which identifies high-impact priority interventions to scale up progress towards the Millennium Development Goals.

Measles outbreaks, which can put millions of children at risk, were effectively halted when National Immunization Days against measles reached 98 per cent of all children aged 6 months to 15 years. More than 375,000 mothers and their newborns benefited when 417 health workers received training in such crucial areas as emergency obstetric care and rapid HIV testing. Approximately 90,000 people affected by AIDS, including at least 1,320 HIV-positive children, received help from 1,449 trained volunteers and also had access to psychosocial assistance and support for treatment adherence.

UNICEF added 229 new sites for treating severe acute malnutrition, bringing the total number of health facilities providing such treatment to 677 (or 47 per cent of existing facilities). More than 13,200 children were treated for the condition at the additional sites. Non-governmental organization partners helped to add infant and young child feeding services to these facilities. In addition, the scourge of cholera was put at bay when 211,000 people in areas at high risk for the disease gained access to safe water.

Through the Education Transition Fund, a transitional funding mechanism for development partners to jointly support
At the height of the cholera epidemic in 2008, Sarah Masarakufa from Budiriro mourned the death of her 2-year-old daughter, Shumirai. Cholera, usually a treatable disease, had spread beyond expected parameters due to rundown health delivery services and lack of clean water and waste disposal. Sarah explained that until support arrived, her home had no running water for more than two months.

In 2010, UNICEF worked in partnership with 20 local authorities and the Zimbabwe National Water Authority to ensure that more than 2 million people had improved access to safe drinking water, including provision of essential treatment chemicals, rehabilitation of water supply systems, drilling and rehabilitation of boreholes, and provision of sewer cleaning equipment. When the next rainy season increases the risk of disease outbreak, families like Sarah’s will have a reduced risk of disease as well as the necessary skills and awareness about what the community can do if systems fail.

UNICEF’s work is providing support to national structures that will help the service sectors prevent, respond to and cope with a crisis, as well as provide quality care and facilities.

**PLANNED HUMANITARIAN ACTION FOR 2011**

UNICEF, working with the Government of Zimbabwe, UN agencies and civil society partners, will continue to meet the needs of children and women in 2011 through humanitarian relief, recovery programming and transitional activities designed to strengthen essential social services. UNICEF, as co-lead of the nutrition cluster with the Government, co-lead of the WASH cluster with Oxfam and co-lead of the education cluster with Save the Children and the Government, expects to reach about 6,612,000 people, particularly mothers and newborns, orphans and other vulnerable children, child migrants, and those affected by HIV and AIDS.

- During this crucial time for Zimbabwe, UNICEF will continue to respond to the humanitarian needs of women and children while helping to strengthen national capacity in critical sectors and build resilience through disaster risk reduction strategies. One goal is to ensure that some of the basic systems, such as health, education and social protection, can respond effectively to the periodic emergencies and continue to assist with socio-economic recovery.

**NUTRITION (US$11,796,000)**

In 2011, UNICEF will focus on nutrition surveillance and coordination and on direct support to undernourished children.

- More than 17,000 children – about 70 per cent of those in need – will be treated for severe acute malnutrition.
- UNICEF, along with the Government and other partners, will develop a comprehensive nutrition policy as part of the overarching national food and nutrition framework.
- As lead of the nutrition cluster, UNICEF will support increased government ownership in coordination of nutrition activities. The cluster will continue to expand direct curative and preventive nutrition interventions that address both moderate and severe acute malnutrition. It will also establish a sector-wide strategy and accountability framework that is responsive to the transitional environment in Zimbabwe and which includes specifics on emergency preparedness and response.
- Preventive Infant and Young Child Feeding will be scaled up nationally, prioritizing the 25 most affected districts.
Vitamin A supplementation will reach at least 80 per cent of the under five population.

**HEALTH (US$55,400,000)**

UNICEF, together with the Government of Zimbabwe, UN agencies, NGO partners and the wider community, will reach at least 80 per cent of the population, with a special focus on children and pregnant and lactating women, with quality basic health care services.

- 372,295 children under age 1 and 508,855 pregnant women will continue to be protected from disease through the Expanded Programme on Immunization’s outreach services. In addition, 573,744 children (70 per cent) who are not already fully immunized will receive missing vaccinations.
- Up to 1 million people, including 100,000 pregnant women and their children, will benefit from integrated paediatric AIDS services within maternal health, immunization and nutrition programmes.
- The preparedness of maternal health services will be revitalized through increased capacity of 1,000 midwifery staff, provision of equipment and supportive supervision.
- The health sector recovery will be supported to ensure that 95 per cent of essential medicines are in stock in 95 per cent of all health facilities. Emergency preparedness activities designed to reduce and mitigate risks associated with epidemics or natural disasters will be coordinated with the health cluster.
- UNICEF will procure essential medicine for all health facilities in Zimbabwe and will therefore reach about 70 per cent of the population.

**WATER, SANITATION AND HYGIENE (WASH) (US$30,335,000)**

In 2011, UNICEF aims to provide reliable access to a safe water supply as well as proper sanitation and hygiene services in cholera-prone communities in rural and urban Zimbabwe.

- Up to 4 million people, including 500,000 vulnerable women and children, will have improved access to safe and sufficient water through the distribution of essential treatment chemicals in 20 urban locations, the construction of boreholes and emergency rehabilitation in cholera-prone targeted urban centres and rural areas.
- Vulnerable households will be better equipped for emergencies with the pre-positioning of essential items such as soap, water purification tablets and oral rehydration salts.
- More than 2 million children and women will obtain culturally appropriate information on key hygiene practices through participatory health and hygiene education programmes and the training of health workers and school health masters. About 200,000 students in 400 schools will be able to access safe water and rehabilitated sanitation facilities, and more than 3 million schoolchildren will receive soap for hand washing.
- Improvements to sanitation infrastructure, along with promotion of safe practices, will reduce open defecation.

**CHILD PROTECTION (US$9,475,000)**

Together with the Government of Zimbabwe, UN partners and civil society, UNICEF will strengthen the protection and improve the well-being of vulnerable children. The focus will be on 55,000 ultra-poor households that have limited or no capacity for income generation and as many as 900,000 children who are orphans, displaced, survivors of gender-based violence, in contact with the law or living with HIV and AIDS.

- A national, child-sensitive social protection programme that includes cash transfers and HIV and AIDS prevention, care and support will benefit 55,000 households by 2013.
- About 25,000 young survivors of violence will gain access to essential legal, care and support services, including a victim-friendly system of child-friendly police, courts and clinics.
- All children will benefit from efforts towards the domestic application of key international child rights instruments. Such work will align legal and regulatory frameworks with international standards.
- UNICEF and partners will continue supporting programmes to prevent irregular child movement and trafficking. The focus will be on 10 districts that have the highest numbers of migrants moving within Zimbabwe and across borders.
- UNICEF will improve sector coordination through direct technical support to existing protection coordination mechanisms, including government-led task forces, gender-based violence sub-cluster and advocacy for the establishment of a permanent government-led child protection working group.

**EDUCATION (US$11,615,000)**

UNICEF will continue to support the recovery of the Zimbabwe education system through support for more than 3.7 million primary and secondary schoolchildren (from early childhood to ordinary level), including those who have not attended school in recent years.

- Procurement and distribution of teaching and learning materials will be extended to include secondary schoolchildren. About 60,000 primary schoolteachers will be trained in child-friendly teaching methodologies.
- UNICEF will continue to co-lead the education cluster with Save the Children to strengthen sector monitoring, preparedness and resilience in emergencies and also through the recovery process. UNICEF will support up to 20 local and international organizations in locally driven
efforts to improve access to primary and secondary school for children in hard-to-reach locations.

• Children in about 270 schools in insecure areas will have access to a safe, healthy and more protective environment through strengthened partnerships and links with emergency WASH in the case of cholera outbreaks, as well as to protection networks to respond to potential violence or abuse in schools.

CLUSTER COORDINATION (US$1,352,000)

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, as well as support some critical recovery actions, all cluster coordination costs (national and sub-national) need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF, as cluster lead, expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

10. Ibid.
11. Ibid.
12. Ibid.
18. Ibid.
20. Timely reporting in Zimbabwe is difficult, but based on 2009 indicators showing that at least 12,000 children (about 4,000 in the fourth quarter) benefited from the expanded treatment services, it is expected that the 2010 target will be surpassed.
21. The victim-friendly system is a national system that is designed to enable child survivors of abuse to access justice and services that are sensitive and protective of children’s special needs and rights; it includes courts, clinics, police services and inter-agency coordination.
22. Basic education in Zimbabwe refers to early childhood (usually age 0–6) to Form Four/O level (usually age 16).
23. Total number of beneficiaries may not be equal the sum of sectoral beneficiaries per sector, due to overlap in services provided to individuals.

### UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011

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<tr>
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<th>Total per sector (all beneficiaries)</th>
<th>Boys</th>
<th>Girls</th>
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Middle East and North Africa

Djibouti • Iraq, Egypt, Jordan, Lebanon and the Syrian Arab Republic • Occupied Palestinian Territory • Sudan • Yemen
The Middle East and North Africa region is marked by long-term political instability in Iraq, the Occupied Palestinian Territory, the Sudan and Yemen. The number of internally displaced people in the region is estimated in the millions, and many women and children lack access to essential services and protection systems. Natural disasters are also a growing concern, as climate change combined with increases in rapid urbanization, resource depletion and the degradation of the environment is resulting in more frequent disasters. During the past 19 years, approximately 100 million people in the region have felt the impact of these hazards, resulting in damage of around $39 billion, further challenging the economic stability of millions of vulnerable people.

It is anticipated that economic recession will exacerbate poverty and rising youth unemployment in 2011. The acute crises in Iraq, the Occupied Palestinian Territory, the Sudan and Yemen, and the extremely fragile situation in Lebanon, are expected to further impact the lives of women and children.

UNICEF is requesting US$2,240,000 to continue its work pre-empting risks to the women and children of the Middle East and North Africa region. During 2011, UNICEF’s Middle East and North Africa Regional Office (MENARO) will work to strengthen both regional and in-country capacity to prevent, prepare for and respond to crises affecting children, with a focus on Djibouti, Iraq, the Occupied Palestinian Territory, the Sudan and Yemen, and on Tindouf, Algeria. Funding for Djibouti drought relief, which last year was included in the request for this region, is now covered in a separate *Humanitarian Action for Children* request.

Emergencies are becoming more complex and politicized, and require an increasingly widespread level of advocacy engagement. In 2011, the regional team will continue to strengthen ties to government partners by clarifying sensitive issues and advocating for awareness and an effective response. Standard security and coordination systems throughout the region will be ensured as well, with the goal of communicating the effects of emergencies on children and promoting UNICEF programmes designed to minimize those risks.

In anticipation of a potential humanitarian crisis in the Sudan, MENARO will continue to support country offices in preparedness planning and in building country and regional capacities for responding to the increased vulnerabilities of children and women in and outside the Sudan. If the humanitarian situation deteriorates, UNICEF will require additional funding to respond adequately.

An estimated 165,000 refugees of Sahrawi origin have been living in Algeria for the past 35 years in five camps, located in and around Tindouf (south-west Algeria). Living conditions are very difficult, and the quality of such essential social services as health and education remains insufficient, as does access to safe drinking water and sanitation.

**CRITICAL ISSUES FOR CHILDREN AND WOMEN**

In 2010, women and children in the Middle East and North Africa region continued to be negatively affected by the unstable political atmosphere in a number of countries and by a lack of access to essential services and protection systems. In such conflict-affected countries as Iraq, Lebanon, the Occupied Palestinian Territory, the Sudan and Yemen, children run higher risks of displacement and disability, of use by armed forces or groups, and of life without parental care. In Tindouf, Algeria, women and children constitute nearly 80 per cent of the refugee population, and there are an estimated 6,500 children under age 1. The under-5 mortality rate is estimated at 62 per 1,000 live births. Dehydration caused by acute diarrhoeal disease remains the primary cause of illness and death, followed by respiratory infections and such vaccine-preventable diseases as measles, diphtheria and whooping cough. Acute and chronic malnutrition, the poor quality of drinking water, inadequate sanitation facilities and insufficient knowledge of basic hygiene and nutrition practices all contribute to high levels of morbidity and mortality in children and women.
UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011

<table>
<thead>
<tr>
<th>By sector</th>
<th>US$</th>
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<tbody>
<tr>
<td>Disaster prevention: Conflict monitoring</td>
<td>240,000</td>
</tr>
<tr>
<td>Risk mitigation</td>
<td>250,000</td>
</tr>
<tr>
<td>Capacity development to address residual risks</td>
<td>500,000</td>
</tr>
<tr>
<td>Support to Sudan emergency preparedness</td>
<td>400,000</td>
</tr>
<tr>
<td>Emergency response in Algeria</td>
<td>850,000</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>2,240,000</strong></td>
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KEY ACHIEVEMENTS IN 2010

In 2010, UNICEF estimated that US$5 million was required for humanitarian activities in the Middle East and North Africa, including US$4 million for drought relief in Djibouti. As of October 2010, a total of US$3,321,603, or 66 per cent of the goal, had been received. During the past year, the Middle East and North Africa regional office strengthened both regional and in-country capacity to prevent and prepare for deterioration of conflict-related crises in Iraq, the Occupied Palestinian Territory, the Sudan and Yemen as well as the increased food insecurity in Djibouti and Yemen. MENARO supported rapid and efficient response to these emergencies by bolstering emergency planning and oversight, mobilizing resources and deploying crucial technical staff. MENARO provided training on emergency response in the Sudan; supported development of early warning systems in Algeria, Lebanon and the Sudan; enhanced efforts towards disaster risk reduction by developing a regional strategy and documenting good practices in Algeria and Iran; and supported the country offices in Jordan and Lebanon with education programming for reducing risks. In addition, MENARO is in the process of developing a talent pool in disaster risk reduction for the region.

In 2010, country offices were provided with support to meet cluster lead commitments in the water, sanitation and hygiene (WASH), nutrition and education clusters, and the child protection sub-cluster through a cluster coordinator training held in Tunisia.

The regional office has supported the UNICEF country office in the Sudan on contingency planning, coordination and resource mobilization in view of potential humanitarian crisis following the referendum in January 2010.

UNICEF’s interventions in Tindouf, Algeria, have been focusing on immunization for several years, reaching out to 35,000 children, and education programmes have been provided for the benefit of 30,000 primary and mid-level school-age children.
Within the context of disaster risk reduction, MENARO is supporting the Jordan Country Office to create and maintain safe learning environments, teach and learn disaster prevention, and build a culture of safety and resilience around school communities. UNICEF is working with the ministry of education as well as the United Nations country team and the International Strategy for Disaster Reduction to increase resilience among Jordan’s most vulnerable populations against natural and human-made hazards by improving policies, coordination, planning, information and capacities. The project supports UNICEF’s commitment to sustainable disaster risk reduction, making Jordan’s social, economic and environmental development sustainable by avoiding shocks from disasters.

Specifically, this project will increase the awareness of children, teachers and parents in Jordan’s most vulnerable schools about self-preparedness and mitigation of disasters, with a particular focus on earthquakes.

UNICEF Jordan’s approach will be to partner with the Government in order to enable maximum coverage, ultimately intending to reach all public schools in the country and to help build awareness and develop capacity within the Government. Project coordination, monitoring and liaison will be undertaken with the ministry of education to advance these goals.

In 2011, a primary goal for UNICEF in the Middle East and North Africa region is to strengthen disaster preparedness by providing country offices with technical assistance and resource mobilization. UNICEF’s Middle East and North Africa Regional Office will work to coordinate response and minimize the impact of conflict and natural disasters on women and children across the region. The regional office will continue to offer technical assistance to countries, using the inter-agency cluster coordination mechanism to meet UNICEF’s commitments as cluster lead in WASH, nutrition, education and child protection.

Another focus for 2011 is to strengthen both regional and in-country capacity to prevent, prepare for and respond to crises affecting the region’s children – particularly in Djibouti, Iraq, the Occupied Palestinian Territory, the Sudan and Yemen. Also critical is pre-empting and communicating highest risks to the most vulnerable children, for example, by supporting targeted interventions on increasing children’s awareness of their environment and the risks to which they are exposed by ensuring disaster risk reduction is integrated into school curricula. Where prevention is not possible or appropriate, approaches will focus on mitigating risks, including sharing best practices on school safety, such as regular drills. MENARO will adopt actions based on specific ‘Disaster Risk Reduction’ and ‘Humanitarian Training Centre’ initiatives. Its Humanitarian Support Unit will also work to increase national capacity to respond to residual risks, such as earthquakes and water scarcity.

Risk Mitigation (US$250,000)
A priority for 2011 is to strengthen preventive planning in order to lessen the effects of such natural disasters as drought, flooding and earthquakes and the devastating consequences for communities and natural resources. MENARO will work to strengthen ties with regional governments and non-government partners by ensuring a more effective and collaborative strategy to respond quickly and effectively at the onset of crises.

Disaster Prevention: Conflict Monitoring (US$240,000)
MENARO will expand its research to support advocacy, planning and decision-making for the Sudan, the Occupied Palestinian Territory and Yemen.

At least two countries in the Middle East and North Africa region will benefit from an improved monitoring mechanism that tracks a series of standard indicators on the health, well-being and development of children living in a protracted conflict.

MENARO will play a key role in strengthening the capacity of both staff and partners to implement the Inter-Agency Standing Committee cluster coordination system by organizing another cluster coordinator training in the Sudan.

UNICEF will reaffirm global commitments to the Hyogo Framework to provide a cohesive and consistent approach to disaster risk reduction (DRR) in the education sector. For instance, efforts will include integrating DRR into school curricula and providing a regional vision for increased capacity for the region’s nations to anticipate and, where possible, mitigate the impact of an emergency on the citizens of their respective countries by developing DRR education programming based on hazard exposure.

Planned Humanitarian Action for 2011

- MENARO will expand its research to support advocacy, planning and decision-making for the Sudan, the Occupied Palestinian Territory and Yemen.
- At least two countries in the Middle East and North Africa region will benefit from an improved monitoring mechanism that tracks a series of standard indicators on the health, well-being and development of children living in a protracted conflict.
- MENARO will play a key role in strengthening the capacity of both staff and partners to implement the Inter-Agency Standing Committee cluster coordination system by organizing another cluster coordinator training in the Sudan.
- UNICEF will reaffirm global commitments to the Hyogo Framework to provide a cohesive and consistent approach to disaster risk reduction (DRR) in the education sector. For instance, efforts will include integrating DRR into school curricula and providing a regional vision for increased capacity for the region’s nations to anticipate and, where possible, mitigate the impact of an emergency on the citizens of their respective countries by developing DRR education programming based on hazard exposure.
• DRR practices will be integrated into national and regional education policies and plans. Strategies to achieve greater safety and resilience at the local level will be taught in schools and through public awareness campaigns by December 2011.

• MENARO will work with UNICEF country offices to train staff in use of the Early Warning, Early Action systems in order to comply with global requirements.

CAPACITY DEVELOPMENT TO ADDRESS RESIDUAL RISKS (US$500,000)

UNICEF will focus on developing the capacity of the region to absorb loss and recover from emergency situations.

• A regional training centre for humanitarian preparedness and response will be established in the region with the goal of building capacity of governmental officials in emergency preparedness and response.

• A subregional standby capacity to cover the immediate emergency supply needs of 50,000 people in Iraq, Jordan, Lebanon, the Occupied Palestinian Territory and the Syrian Arab Republic will be established in Jordan at a site easily accessible by road.

• MENARO will work to ensure that at least 80 per cent of UNICEF country offices in the region have active and operational emergency preparedness and response plans, in line with humanitarian reform and the revised Core Commitments for Children in Humanitarian Action.

• MENARO will bolster surge support by developing an emergency roster from which to draw experienced personnel to rapidly deploy at the onset of crises.

SUPPORT TO SUDAN EMERGENCY PREPAREDNESS (US$400,000)

MENARO will continue to closely monitor the situation in the Sudan and provide technical assistance and oversight by supporting the contingency planning preparation and coordination of efforts, and by deploying technical advisers to the country.

EMERGENCY RESPONSE IN ALGERIA (US$850,000)

In Tindouf, Algeria, UNICEF plans for 2011 are to implement programmes in the areas of health, early childhood development and education.

• UNICEF will support mother and child health through the procurement of equipment, developing early childhood development material and providing life-skills training.

• In the area of education, UNICEF will work to ensure that younger children benefit from early childhood development opportunities, including life skills, while reinforcing primary and mid-level school attendance through provision of basic school supplies and recreational equipment.

2. According to local authorities.
Food and water, intimately interlinked, cannot be taken for granted in Djibouti. Rainfall since September 2007 has been less than half the normal average\(^1\) and the drought has tested the population’s ability to adequately feed itself. As the country’s children and women face parched earth and extreme undernutrition, an influx of refugees from conflict in neighbouring Somalia further stretches resources and government capacity. In Djibouti, 120,000 people – 15 per cent of the population – are already experiencing a crushing lack of food, health care, nutrition support, drinking water and sanitation facilities. The number of asylum seekers in Djibouti increased by 20 per cent over the last year, to some 14,500 by late 2010.\(^2\)

In February 2010, the Government of Djibouti, in collaboration with UN agencies, conducted a rapid assessment that showed that those bearing the brunt of emergency conditions are pastoralist nomads and semi-nomads. The assessment concluded that priority sectors for emergency response are food aid, health, nutrition, WASH, and animal husbandry and agriculture. Rural areas across the country are considered priority zones, with particular emphasis on the north-west.

In 2010, the UN system in Djibouti launched a US$39 million Drought Appeal, covering October 2010–October 2011. This Appeal includes nearly US$4.8 million for nutrition and WASH interventions carried out by UNICEF.\(^3\) In line with this, UNICEF is requesting US$4,255,000 for its 2011 humanitarian work in Djibouti to respond to increasing needs of the population affected by persistent drought, food insecurity and armed conflict in neighbouring countries. Without funding for key activities, the shortfall of food, water and safe housing will continue to threaten the welfare of Djibouti’s children and women.

UNICEF will focus on drought relief through actions related to nutrition, health, social protection and WASH.

Interventions will emphasize community participation, including involvement of girls and women in key management and decision-making roles. Such participation is an important precondition for developing ownership and ensuring sustainable results. Priority will be given to strategies that reach the poorest and address gender inequities.

Strategic partnerships within the UN family will be maintained on sensitive issues, particularly emergency preparedness and response. The National Contingency Plan – including the Government of Djibouti, bilateral partners and the UN system – will be ensured through assigned roles and responsibilities for each sector.

**CRITICAL ISSUES CHILDREN AND WOMEN**

The humanitarian situation in remote areas – including the regions of Dikhil and Tadjoura, part of Ali Sabieh Region, the town of Obock and the poorest suburban areas in Djibouti City – remains alarming. Poor road conditions and the conflict with Eritrea have already made some places inaccessible. These difficulties have reduced the frequency of mobile health unit activities. The increased threat of epidemics, such as acute watery diarrhoea, further complicates high levels of morbidity and mortality related to acute respiratory infections and diarrhoeal and vaccine-preventable diseases. In May 2010, the Ministry of Health confirmed cholera cases in several parts of the country along the Djibouti Ville-Obock migration route.\(^4\)

The number of children under age 5 suffering from global acute malnutrition is estimated to be 25,000, 6 per cent of whom have severe acute malnutrition.

The main challenges for the WASH sector are rehabilitating the water supply to Djibouti City and the peri-urban population, protecting rural water points that are contributing to diarrhoeal diseases, improving sanitation conditions in Balbala (the largest slum area in Djibouti) and creating new water supply points.
Growing instability in the region has increased the number of children who are migrants, living on the street or orphans. The majority of these children have limited access to social services and no external support. The Ministry of Health has a limited number of qualified staff and low storage and logistic capacities to manage supplies of nutritional products and essential drugs – a situation compounded by poor coordination between the national and regional levels and a non-functional health information system.

**KEY ACHIEVEMENTS IN 2010**

By late 2010, UNICEF had made significant achievements in nutrition, health, sanitation and hygiene, as well as improvements in education and the welfare of children. The national health information system and health communication were improved through implementation of the Djibouti Health Information System and the radio connection between rural posts and districts. As a result, all districts and Djibouti City are regularly providing data on time to the central level. Community-based management of severe acute malnutrition cases has been scaled up countrywide, with systematic screening of children and use of ready-to-use therapeutic food (RUTF). UNICEF ensured the provision of key supplies such as therapeutic milk (F75, F100, ResoMal and RUTF), essential drugs, anthropometric equipment and tools as well as other materials necessary for therapeutic feeding centres. Achievements included enrolling 15,900 children, 60 per cent of whom were cured. More than 50,000 children and women benefited from social mobilization and communication campaigns to improve infant and young child feeding practices.

Access to safe drinking water has improved for about 75 per cent of 120,000 people in the northern and western regions. People now have access to safe water supplies, rehabilitated wells, cisterns, hygiene supplies (such as jerrycans), water bladders, soap and water filters. Community-led efforts in more than 35 per cent of the affected localities centred on specific strategies to reach the poorest, to address gender equity and to provide information about safer hygiene practices.

In social protection, 700 orphaned and vulnerable children benefited from a social services package. Among these children, 461 received school kits, access to tutoring and vocational training. In addition, conditional cash transfers for food were entrusted to caregivers and 195 children living on the street now have access to a safe, child-friendly environment equipped with WASH facilities.

**CORE COUNTRY DATA**

<table>
<thead>
<tr>
<th>Population (thousands 2009)</th>
<th>864</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child population (thousands 2009)</td>
<td>372</td>
</tr>
<tr>
<td>U5 mortality rate (per 1,000 live births, 2009)</td>
<td>94</td>
</tr>
<tr>
<td>Infant mortality rate (per 1,000 live births, 2009)</td>
<td>75</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births 2008)</td>
<td>300</td>
</tr>
<tr>
<td>Primary school enrolment ratio (net male/female, 2005–2009*)</td>
<td>44/39</td>
</tr>
<tr>
<td>% U1 fully immunized (DPT3, 2009)</td>
<td>89</td>
</tr>
<tr>
<td>% population using improved drinking-water sources (2008)</td>
<td>92</td>
</tr>
<tr>
<td>HIV/AIDS prevalence (% aged 15–49, 2009)</td>
<td>2.5</td>
</tr>
<tr>
<td>% U5 suffering from moderate and severe wasting (2003–2009*)</td>
<td>17</td>
</tr>
</tbody>
</table>

*Data refer to most recent year available during the period specified.
UNICEF, together with the Government of Djibouti, other UN agencies, NGOs and partners, will help improve the well-being of 120,000 people affected by drought and other hardships, including 33,400 women and 25,000 girls and 29,000 boys. UNICEF’s immediate goal during 2011 is to reduce the vulnerabilities – and improve the lives – of more than 54,000 children affected by drought and other hardships. Emergency preparedness and risk reduction measures are included as an integral part of the planned humanitarian action, along with national capacity development where possible.

**NUTRITION (US$1,875,000)**

The overall goal for 2011 will be to improve the nutritional status among vulnerable groups, especially children, women of childbearing age and the most nutritionally deprived.

- Management of undernutrition will be strengthened within 30 peripheral health centres at the district level and in community-selected sites.
- Blanket feeding will be implemented within 40 health centres, emphasizing protection, support and promotion of infant and young child feeding, including implementation of baby-friendly hospital initiatives in 10 maternity wards and promotion of the international code of marketing of breast-milk substitutes. To increase the exclusive breastfeeding rate in Djibouti, which at 1.3 per cent is currently the lowest in the world, there will be a focus on counselling for infant and young child feeding at all maternal and child health centres and at the community level in an integrated manner.

**HEALTH (US$600,000)**

In 2011, UNICEF will improve sanitary conditions for vulnerable populations in the Ali Sabieh, Arta, Dikhil, Obock and Tadjourah Regions and will reduce the risk among vulnerable populations in suburban areas.

- Two rounds of national Child Health Weeks and supplementary immunization measures, including provision of cold chain equipment and vaccine supplies, will ensure that nearly 25,000 children aged 6–59 months receive two doses of vitamin A supplementation and two doses of oral polio vaccine and that 15,000 will receive deworming tablets.
- Epidemic surveillance and response systems will be strengthened through an efficient national health information system, integration of the Expanded Programme on Immunization and staff capacity building. Insecticide-treated mosquito nets will be provided to 25,000 children under age 5 and to 5,000 pregnant women to prevent and reduce the incidence of malaria.

**WATER, SANITATION AND HYGIENE (WASH) (US$1,250,000)**

UNICEF in 2011 will assist the affected men, women and children in vulnerable areas through provision of safe water supplies, adequate sanitation and hygiene education.

- Access to clean water and sanitation benefiting 120,000 individuals in drought-affected localities will be improved through water trucking, rehabilitation of existing water points, installation of handpumps and construction of cisterns.
- To enhance the prevention of epidemics, UNICEF will continue with two hygiene promotion campaigns and ensure government at the local and national levels is
prepared for cholera outbreaks. Construction and use of sanitary latrines, hand washing with soap and the relationship between hygiene and diarrhoeal diseases will also be promoted.

- 35 communities will benefit from strengthening the water-quality monitoring and surveillance capacities of key institutions.
- The impact of climate change on the vulnerability and risk to UNICEF WASH programming will be analysed.

CHILD PROTECTION (US$400,000)
UNICEF will undertake a rapid assessment on protection and establish a coordination mechanism for a sub-cluster lead of protection.

- 10,000 orphans and vulnerable children will be provided with a social services package, including access to school, conditional cash transfers for food and vocational training for school dropouts.
- Services will be expanded from 195 children living on the street to reach 500 by establishing a drop-in centre, which will offer such services as schooling, leisure activities, light vocational training and awareness on HIV and AIDS.

EDUCATION (US$80,000)
The goal for 2011 will be to continue to raise awareness of the critical role of education in emergencies and establish mechanisms to prepare and respond effectively to emergencies.

- 50 teachers will be trained to coach the children in mapping hazards.

HIV AND AIDS (US$50,000)
The goal in 2011 for UNICEF is to ensure that information about sexual and reproductive health and rights will be made available through focused programmes in youth centres in emergency areas to at least 42,000 adolescents to help protect themselves against HIV.

- The capacity of 10 health and 10 administration staff on prevention of mother-to-child transmission of HIV (PMTCT) will be strengthened. UNICEF will continue to support the Ministry of Health and provide training to district political and administration officers and district health authorities in PMTCT and paediatric AIDS.
- 150 health-care providers and Children’s Desk Officers will be trained in post-exposure prophylaxis, and kits will be made available in all districts.
- PMTCT services will be scaled up in 30 health centres by providing HIV test kits, antiretroviral drugs and other consumables.

2. Ibid.
5. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.
Unremitting violence not only sets the backdrop of daily life in much of Iraq, it has also weakened governance and crippled the ability of the country to feed, protect and educate its citizenry. Political and economic turmoil has led to the great vulnerability of women and children, who are threatened by poverty, undernutrition, lack of safe water and sanitation, insufficient educational resources and the prospect of personal violence and abuse. Iraqis must contend with threats of drought, decimated infrastructure and a large population of refugees and internally displaced people.

The number of displaced Iraqis is counted in the millions, with a large number of Iraqis seeking refuge in neighbouring countries and more than a million displaced inside the country since the height of 2006 violence. Return of people to their homes is thwarted by continuing fears and insecurity. Vulnerable Iraqi women and children – whether in Iraq, or in Egypt, Jordan, Lebanon or the Syrian Arab Republic – require sustained, intense assistance to assure basic living standards and fundamental protection in a context of war, violence and political discord.

The overall rate of displacement has reduced significantly; however, displacement increased by 38 per cent in March 2010 and 78 per cent in April due to political uncertainty surrounding the Iraqi elections.1 Fewer families have reported they would like to return to their place of origin, with 37 per cent stating their intention to integrate in their new location.2

Iraqi refugees in the Syrian Arab Republic who are registered with the United Nations High Commissioner for Refugees (UNHCR) stand at 153,042 as of September 2010. Approximately 1,500 Iraqis approach UNHCR for registration every month. Of registered refugees, 55,415 are under age 18 and 73,601 are women. Among those in the special needs category are 62,788 refugees, including 5,830 at-risk children and adolescents, 9,121 at-risk women, 328 unaccompanied or separated children, 665 single parents and 3,277 individuals in fractured families. Prohibition of work in the Syrian Arab Republic has led Iraqi refugee children to drop out of school and work for additional family income. The majority of vulnerable Iraqis in Jordan are registered with UNHCR and total some 30,700 as of August 2010.

In Lebanon, the total number of registered Iraqis remains consistent with expectations. At the end of September 2010, 7,884 Iraqi refugees and asylum seekers were registered with UNHCR; 54 per cent, or 4,271, are women and children – a change from early years when single males constituted the majority.

In Egypt, as of 30 September 2010, a total of 6,551 Iraqi nationals, 49 per cent of them women or girls, were registered with UNHCR. Estimates for the total number of Iraqis in Egypt, including those not registered with UNHCR, range from 15,000 to 20,000. Iraqi migrants and refugees in Egypt live in an urban context, where the cost of living increased in 2010 and is expected to continue to increase in 2011. A deteriorating socio-economic environment and barriers to accessing formal employment, public health care and education leave many migrants and refugees highly dependent on international assistance.

UNICEF is requesting a total of US$40,056,000 for its work assisting vulnerable Iraqis, including: US$22,000,000 to carry out planned activities in Iraq; US$14,200,000 to assist vulnerable Iraqi women and children in the Syrian Arab Republic; and US$2,831,000 for those living in Jordan, US$525,000 in Lebanon, and US$500,000 in Egypt. This request is in line with the UNHCR-led Regional Response Plan for Iraqi Refugees.

In Iraq, UNICEF, in cooperation with the Government of Iraq, other UN agencies, non-governmental organizations and community-based organizations, will seek to reach more than 2.6 million people, mostly children and women, by providing potable water and improved sanitation. UNICEF is requesting a total of US$40,056,000 for its work assisting vulnerable Iraqis, including: US$22,000,000 to carry out planned activities in Iraq; US$14,200,000 to assist vulnerable Iraqi women and children in the Syrian Arab Republic; and US$2,831,000 for those living in Jordan, US$525,000 in Lebanon, and US$500,000 in Egypt. This request is in line with the UNHCR-led Regional Response Plan for Iraqi Refugees.

In Lebanon, the total number of registered Iraqis remains consistent with expectations. At the end of September 2010, 7,884 Iraqi refugees and asylum seekers were registered with UNHCR; 54 per cent, or 4,271, are women and children – a change from early years when single males constituted the majority.
non-formal or vocational education to working children. One-hundred-thirty schools are to be rehabilitated and 70 classrooms extended to benefit at least 19,000 Iraqi students.

In Jordan, UNICEF will ensure that newly arrived Iraqi children receive sufficient support within the existing public schools and social support systems.

In Lebanon, UNICEF will continue to help alleviate harsh living conditions for refugees and asylum seekers through provision of financial assistance, assistance for education, and access to medical, mental health and psychosocial support services.

In Egypt, the priority for 2011 will be to continue to support access to affordable, comprehensive, decentralized public and other healthcare facilities, mental health services and psychosocial support services.

**CRITICAL ISSUES FOR CHILDREN AND WOMEN**

Poverty is a critical issue for Iraqi children and women. Twenty-three per cent of Iraqis are living on less than US$2 per day, and the unemployment rate is 15 per cent.\(^3\) Furthermore, the impact of rising food prices – which doubled between 2004 and 2008 and led to a 20 per cent drop in protein acquisition in poorer households\(^4\) – aggravates undernutrition among children and women. Further vulnerability stems from the high number of Iraqi households that are headed by single women. Conflict has disrupted and degraded education and has adversely affected the well-being, development and mental health of Iraqi children. Constant threats of drought have led to food insecurity in the south, and the threat of waterborne disease persists for more than 6.5 million people.

Most vulnerable of all are those who are internally displaced persons, because they face meagre living conditions, poor water and sanitation, and threats of eviction arising from land ownership disputes. Security fears, and poor water and sanitation facilities and food insecurity contribute to the reluctance of internally displaced persons to return home.\(^5\)

**KEY ACHIEVEMENTS IN 2010**

In 2010, UNICEF estimated that US$49,857,545 was needed to fund its humanitarian work in Iraq and for Iraqis in neighbouring countries. As of October 2010, a total of US$7,220,298 had been received for Iraq and US$10,158,315 for the regional response to vulnerable Iraqis living in Egypt, Jordan, Lebanon and the Syrian Arab Republic. In Iraq, UNICEF procured and distributed 1,000 measuring boards and ‘UNIscales’ (efficient and accurate scales developed for use in multiple circumstances), as well as 5 metric tons of F-100 and 2 metric tons of F-75 (therapeutic milk products to treat severe malnutrition) benefiting more than 2,000 undernourished children.

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In the Syrian Arab Republic, hosting high numbers of Iraqi refugees, UNICEF will support the ministry of education in improving school standards and capacities. A school attendance goal of 25,000 Iraqi children will be set for the beginning of the 2011 school year, with an additional 1,000 children receiving vocational education. There will be improved data collection on non-enrolment, dropout, absenteeism and poor academic performance – along with improved outreach to out-of-school children, including...
Two-hundred-thousand people, including 43,000 children under age 5 and 17,000 pregnant women, gained increased access to quality primary-health-care services through construction or rehabilitation of facilities in Anbar, Basrah, Missan and Thiqar. More than 135,000 children benefited from measles vaccination mop-up efforts, while social mobilization campaigns reached out to 5.4 million children under age 5. Rehabilitation of water and sanitation systems was undertaken in 48 vulnerable communities, resulting in increased access to safe water and sanitation for more than 1 million people. In addition, 100,000 people in 19 highly vulnerable and underserved communities benefited from hygiene awareness and water conservation campaigns and received essential emergency supplies.

Some 286,700 students (38 per cent of them girls) and 17,390 teachers (44 per cent female) were directly supported through humanitarian education interventions. The Accelerated Learning Programme benefited 60,000 youths (30 per cent female) providing a second chance for those whose education had been interrupted by conflict. The education unit provided teaching and learning materials to reduce education costs for the most vulnerable communities and installed 44 prefabricated classrooms in 13 schools to mitigate overcrowding and enhance learning. Learning spaces were added for 8,721 students (4,201 girls, 4,520 boys). Psychosocial care training was provided for 1,575 teachers (979 female, 569 male). UNICEF formed agreements with six partners in 16 governorates to provide education on protection risks and violence against children and women; 7,500 children and 750 teachers were trained. A family support centre was established for female victims of sexual violence.

In the Syrian Arab Republic, UNICEF collaborated with four international non-governmental organizations and the ministry of education to implement the child-friendly school model in 120 schools attended by more than 6,000 Iraqi students (65 per cent boys and 45 per cent girls) and 100,000 Syrian children. In addition, with the support of UNICEF and non-governmental organizations, the ministry of education has begun implementation of the accelerated vocational training programme, which directly benefits to 500 Iraqi adolescents. UNICEF has enabled the ministry of health to recognize the value of primary-health-care services and has assisted the ministry in expanding the nutrition surveillance system as part of its delivery of basic services reaching 155,000 Iraqi refugees.

In Jordan, UNICEF assured the enrolment into public school, with a minimum fee, of all Iraqi children for the 2009/10 and 2010/11 school years. Three thousand teachers received training in psychosocial counselling, and 200 Iraqi children were provided with access to early childhood education. UNICEF established multi-purpose rooms to serve more than 10,500 vulnerable children, disabled children and community members.

In Lebanon, under the 2010 integrated Regional Response Plan for Iraqi Refugees, UNICEF has been supporting Iraqi families and children through two targeted, consistent projects implemented by two non-governmental organizations in close collaboration with the ministries of education and social affairs. Around 300 Iraqi and Lebanese children are participating in after-school support classes and recreational community-based activities. Twenty-five dropouts, working children and youth are gaining access to accelerated learning programmes. Capacity building is being offered to 100 teachers and caregivers for enhanced integration of Iraqi children in hosting schools. One-hundred-twenty-five Iraqi families are benefiting from psychosocial counselling, and 140 parents are participating in awareness and life-skills sessions.

In Egypt, UNICEF supported health and psychosocial interventions for Iraqi refugees through capacity development activities with the Psychosocial Training Institute, which trained and graduated 17 workers to provide psychosocial support to an estimated 1,400 refugee children, families and communities in 13 centres. UNICEF also enhanced the capacity of 20 primary health workers to provide a comprehensive health screening to 2,917 refugee children aged 0–5 and to provide their mothers with awareness, advice and support regarding nutrition and disease prevention through one-on-one education and group teaching sessions. A referral system also was established for special need cases to the general medical system.

HUMANITARIAN ACTION: BUILDING RESILIENCE

UNICEF will continue to foster greater cooperation with government partners, non-governmental organizations and civil society in order to increase capacity and provide requisite safety nets for community resilience. Immunization programmes will continue to protect the health of children and women. Nutritional supplements will be provided to at-risk children to maintain a healthy weight. Area-based education programming will be expanded and strengthened through zonal offices and will include a focus on the Accelerated Learning Programme – which addresses issues facing young adults who missed the opportunity for education through war and displacement by offering them an opportunity for second chance learning. Building resilience in WASH capacity will be developed for government staff at all levels. Awareness of water conservation will also be promoted. UNICEF will develop a social safety net system to reach the most vulnerable and at-risk children and women and provide psychosocial support for the well-being of children and their families.
UNICEF has multiple cluster responsibilities in Iraq as lead of the education and WASH clusters, deputy lead of the health and nutrition cluster with the World Health Organization, and deputy of the protection cluster with UNHCR. In 2011, UNICEF will continue to work with the Governments of Iraq, Egypt, Jordan, Lebanon and the Syrian Arab Republic, other UN agencies and NGOs in addressing the needs of 3.5 million vulnerable Iraqis.

UNICEF intends to build resilience for the most vulnerable children and women in Iraq mainly through area-based interventions targeting the needs of up to 2.7 million through emphasis on education, improved WASH, child protection and the health and nutrition sectors.

In Syria, Jordan, Lebanon and Egypt, UNICEF will support the local governments in making sure Iraqis have access to basic services and to enable the establishment of a protective environment for all children.

NUTRITION (US$980,000)
In 2011, in the nutrition sector in Iraq, UNICEF will continue to provide timely interventions targeting the nutritional needs of the most vulnerable children.

- 140,000 of the most undernourished children and women will be reached with life-enhancing nutritional interventions, including oral rehydration salts, vitamin A, zinc and water purification tablets.
- UNICEF will continue to help ensure active monitoring of disadvantaged children under age 5.

HEALTH
IN IRAQ (US$4,965,000):
The overall goal in the health sector in 2011 is to assist the ministry of health in sustaining basic health and maternal services for the most vulnerable children and women.

- The health needs of 50,000 children and women will be addressed through maintaining rapid response capacity to sudden-onset crises that may occur in 2011, such as population displacement or a disease outbreak, through supporting the ministry of health.
- UNICEF will continue vaccination of 2 million vulnerable children by supporting the national immunization programme with provision of vaccination equipment, logistical assistance and training for health workers.
- Support to expansion of the ministry of health’s nutrition surveillance system will be continued with provision of growth monitoring supplies, therapeutic feeding, and supplies of vitamin A, iron tablets and folic acid.

IN SYRIA (US$2,150,000):
The following UNICEF activities will aim to reach 145,000 Iraqi refugees:

- Health and nutrition will be supported through the ministry of health’s national immunization programme with the provision of vaccination equipment, logistical assistance and training for health workers.
- Support to expansion of the ministry of health’s nutrition surveillance system will be continued with provision of growth monitoring supplies, therapeutic feeding, and supplies of vitamin A, iron tablets and folic acid.
- Health workers will be trained on outreach activities, and training materials will be provided to the ministry of health and local non-governmental organizations. Health awareness-raising activities will be supported for Iraqi families on maternal skills and child health issues, including breastfeeding.

IN EGYPT (US$500,000):
- Through establishment of a referral system and through capacity development activities of the Psychosocial Training Institute, staff workers will be trained to provide psychosocial support to refugee children, families and communities.
- The capacity of primary-health-care workers will be enhanced to provide a comprehensive health screening to refugee children from age 0–5 and provide their mothers with awareness, advice and support regarding nutrition and disease prevention through one-on-one education and group teaching sessions.

WATER, SANITATION AND HYGIENE (US$7,840,000)
In 2011, UNICEF’s WASH sector will have the goal of saving lives of up to 200,000 people in Iraq by providing greater access to potable water, improved sanitation conditions and hygiene awareness campaigns.

- More than 200,000 people living in vulnerable communities will benefit from increased quality access to potable water.
- Hygiene awareness education among the communities where WASH is working will be provided.
- Selected communities in targeted areas will benefit from improved sanitation and capacity building of partners to ensure sustainability of repaired and improved infrastructure.
- The refurbishment of sanitation facilities in schools in the most vulnerable areas will encourage more children to attend school.
CHILD PROTECTION

IN IRAQ (US$4,120,000):
The overall goal for 2011 in child protection will be to strengthen and monitor abuses against children and advocate for greater awareness on the rights of the child.

- UNICEF and its partners will strengthen monitoring, reporting, prevention and response services for up to 50,000 girls, boys and women and will initiate awareness-raising advocacy campaigns.

IN SYRIA (US$3,920,000):
Child Protection and Adolescent Development and Participation (ADAP) will be provided through continued psychosocial support to 1,000 refugee children, 1,500 adolescents and 500 mothers through the Child Friendly Spaces and dedicated units at clinic level.

- UNICEF will ensure that services are provided to adolescents through training workshops to 500 service providers/decision makers representing concerned partners of ADAP; UNICEF will enhance the infrastructures of six adolescent-friendly spaces, benefiting 1,500 adolescents.

IN JORDAN (US$700,000):
Psychosocial support will be provided by supporting Iraqis in accessing durable solutions, as well as interim solutions for those in a protracted refugee situation.

- High-quality social and community-based psychological services will be provided to Iraqis, giving attention to the continuity of care arrangements and sustainability of service provision.

IN LEBANON (US$325,000):
A monitoring mechanism for children’s physical security, protection and well-being will be established and child protection training provided.

- Mental health and psychosocial services will be offered to children and families.
- Advocacy to prevent child labour will be conducted.
- UNICEF will provide identification, protection and assistance to victims of trafficking.

EDUCATION

IN IRAQ (US$3,570,000):
The overall goal in the education sector in 2011 will be to develop the capacity of the ministry of education and provide emergency response and preparedness measures to support the most vulnerable children in selected targeted districts.

- The educational needs of 300,000 children and youths will be addressed, including the provision of accelerated learning programmes to afford second-chance education for young people.
- Refurbishment of damaged schools and construction of new schools where mud schools are still in use in the most vulnerable communities as well as provision of learning materials for schools will be ensured.
- UNICEF will build the capacity of the ministry of education through training and workshops.

IN SYRIA (US$7,830,000):
Outreach to out-of-school children, including non-formal (10,000 children) or vocational education (1,000 adolescents) to working children will be improved.

- 130 schools will be rehabilitated and 70 classrooms extended to benefit at least 19,000 Iraqi students.
- In Jordan (US$1,700,000):
  - The capacity of ministry of education will be increased with an aim to improve the ability to integrate Iraqi and vulnerable children in the formal education system in order to benefit children. In addition, the capacity of the ministry of education staff will be built up in the area of psychosocial support.
  - Inclusive education for all children will be advocated.

IN LEBANON (US$200,000):
Education committees will be established, and 200 parents will be provided with specific interventions for improved participation in schools activities.

- Measures to increase enrolment and retention rates for girls and boys will be implemented. Fifty staff of the ministry of education and the ministry of social affairs including social development centres will be supported in order to better integrate Iraqi refugees into the national school system.
- 200 children and adolescents at risk will be provided with educational support.
- 150 teachers will be trained.
- HIV AND AIDS ($45,000)
  - In 2011, the overall goal in Iraq will be to raise awareness of HIV and AIDS and mother-to-child transmission of HIV.
  - Up to 100,000 people will be reached regarding the prevention of mother-to-child transmission of HIV through training, advocacy, campaigns and awareness raising.
To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

2. Ibid., p. 4.
7. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.

### UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011

#### ESTIMATED BENEFICIARY NUMBERS

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<tr>
<th>By sector</th>
<th>US$</th>
<th>Total per sector (all beneficiaries)</th>
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The Sudan is home to more internally displaced persons than any other country in the world, with nearly 4.3 million people displaced after many years of conflict. Flooding, undernutrition, lack of sanitation and health care and inadequate education, as well as direct threats from violent conflict, continue to be the reality for many Sudanese. The spectre of secession by Southern Sudan via a referendum in January 2011 raises concerns about the potential for additional acute needs and may further complicate delivery of humanitarian assistance. The unstable political atmosphere and insecurity permeating the country already hamper humanitarian relief, as do administrative hurdles, making many at-risk populations hard to reach – or entirely inaccessible.

Darfur presents an ongoing humanitarian crisis in the western areas of Northern Sudan, with more than 260,000 people newly displaced or displaced again in 2010 and approximately 1.9 million internally displaced people – of which at least 50 per cent are children under age 18 – living in camps and camp-like settings.

The eastern area is one of the poorest parts of the country and is beset with outbreaks of disease, high rates of undernutrition (approximately 16 per cent of children under age 5 moderately or severely underweight) and maternal and infant mortality that is higher than the national rate. In Southern Sudan, intertribal conflicts, cattle raiding and attacks by the Lord’s Resistance Army (LRA) continue to cause population displacement. Increased tensions could lead to armed conflict – depriving children of educational opportunities or separating them from their families, leaving children and women vulnerable to violence and abuse, and limiting access to health, nutrition and WASH services.

UNICEF is requesting US$160,262,000 to carry out its planned activities in the Sudan. This request is in line with UNICEF requirements in the upcoming 2011 United Nations and Partners Work Plan for Sudan. Immediate and full funding is needed to prevent further deterioration of the welfare of women and children in the Sudan. In 2011, UNICEF Sudan will help provide humanitarian assistance to an estimated 14 million people affected by conflict, natural disasters and disease epidemics by working with the Government of the Sudan, NGOs, community-based organizations and UN agencies. A detailed contingency plan and pre-positioned supplies will be in place to ensure timely humanitarian intervention even in the worst-case scenario of potential instability and violence as a result of the referendum.

UNICEF will continue to work as cluster lead for nutrition, WASH and education, and as sub-cluster lead for child protection. Because the three Darfur states (North, West and South Darfur) are sites of frequent conflict and areas of Southern Sudan face intertribal conflicts, providing humanitarian aid is often challenging.

There were, however, some breakthroughs in 2010. After intensive advocacy and after more than seven months without access to the Jebel Mara corridor in Darfur, where fighting has been taking place since February, UNICEF and the World Health Organization were able to deliver essential drugs and medical and nutritional supplies to three local clinics on an emergency mission in cooperation with non-governmental partners and the ministries of health in the states of North Darfur and South Darfur.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

The Sudan is facing high levels of acute malnutrition above the emergency threshold of 15 per cent and high mortality risks for children, especially during the lean season, which lasts from May to August. Maternal mortality rates also remain high (2,054) in Southern Sudan and 94 in Northern Sudan, per 100,000 live births, with many pregnant women lacking access to minimum antenatal care and delivery services due to cultural practices, limited health facilities and lack of empowerment.

In Southern Sudan, local conflicts and LRA attacks continue to threaten an estimated 290,000 civilians, including 145,000 children. LRA activities escalated during 2010; more than 200 children were abducted and some were killed.
KEY ACHIEVEMENTS IN 2010

In 2010, UNICEF estimated that US$172,025,003 was needed to fund its humanitarian work in the Sudan. As of October 2010, a total of US$66,805,039 – or 39 per cent of the goal – had been received. UNICEF provided immediate support for therapeutic feeding services in response to extremely high levels of acute malnutrition. Some 63,000 children 6–59 months old were admitted to therapeutic feeding centres. More than 9 million children received vitamin A tablets and approximately 6 million were dewormed. Polio-free status has been maintained with two rounds of polio campaigns, during which more than 9 million children under age 5 were vaccinated. In Northern Sudan, 89 per cent of children under age 1 received three doses of pentavalent vaccine and 77 per cent were vaccinated against measles. A campaign was conducted in response to a measles outbreak in West Darfur, and a meningitis outbreak was contained in Kassala, South Darfur, South Kordofan and West Darfur through vaccinations.

Almost 3.2 million people were supplied with chlorinated water and more than 450,000 people received safe water and sanitation facilities. In Northern Sudan, some 152,000 people in camps for those who are internally displaced and returnee locations accessed improved sanitary facilities. In Southern Sudan, 52,000 students benefited from upgraded sanitation facilities, 30 per cent of which were exclusively for girls.

At least 306,546 conflict-affected and vulnerable children in Northern Sudan received access to basic education, and 1.6 million children and 23,000 teachers in Southern Sudan received essential educational materials. In addition, at least 5,102 regular teachers and 865 unqualified volunteer teachers in Southern Sudan were trained on basic subjects and on child-friendly and child-centred learning to improve their response to children’s needs for psychosocial support, reintegration assistance and accelerated learning.

At least 1,227 conflict- and emergency-affected children in the country benefited from protection services, including family tracing and reunification, interim care support, psychosocial care, education and life-skills/HIV education and vocational training. By August 2010, 140,875 individuals in Northern Sudan, including 90,000 children, had been provided with mine and unexploded ordnance risk education.

Also during 2010, the Sudan Information Campaign for Returns and Reintegration established a presence in four internally displaced person areas in the state of Khartoum in Northern Sudan, in collaboration with partners. Information on a variety of logistical, geographical and protection topics was provided to internally displaced persons considering return to Southern Sudan.
HUMANITARIAN ACTION: BUILDING RESILIENCE

As Fatima Mohammed sat in the Um al-Gora health clinic in the state of Kassala with her daughter, Alawiya, she explained, “My child had diarrhoea and other mothers advised me to come here.” When Alawiya was brought to the clinic 10 weeks before, she was suffering from malnutrition. Treatment was started immediately, and she responded well; now she returns for monitoring and food rations.

The outpatient care unit in Kassala, built by UNICEF with funds from the European Commission Humanitarian Aid Office, specializes in the treatment of malnutrition and is part of the state wide programme for community-based management of acute malnutrition. The programme allows patients to receive treatment at home using special ready-to-use therapeutic foods, such as Plumpy’nut, thereby reducing the burden on hospitals and allowing a great number of patients to be treated.

The programme’s roll-out in Kassala has been very successful. Within six months of its implementation, 30 centres were established in six localities; another 15 were planned by the end of 2010. By June, 410 members were trained in its implementation, and 1,079 children had been treated for malnutrition.

PLANNED HUMANITARIAN ACTION FOR 2011

In 2011, as the cluster lead agency for nutrition and WASH and sub-cluster lead for child protection, UNICEF will continue to work with the Government of the Sudan, other UN agencies, local and international NGOs and host communities in addressing the needs of more than 35 million beneficiaries. The government in Southern Sudan asked the United Nations and partners to support return of more than 150,000 southern Sudanese from Northern Sudan before the end of 2010. Potential movement of a large number of people will put further strain on the already limited resources and basic services in Southern Sudan.

HEALTH AND NUTRITION
(NUTRITION: 21,920,000; HEALTH: 31,749,000)

In Northern Sudan, almost 9.6 million people, including 1.6 million children under 5, will be reached with health interventions and 6.8 million people, including 5.5 million under 5 will be reached to respond to nutrition emergencies to achieve the following:

- Two rounds of Child Health Weeks will reach more than 6 million children with vitamin A, deworming and nutrition social mobilization activities.
- Approximately 80,000 children will be treated for severe acute malnutrition.
- At least 80 per cent of internally displaced persons and host populations will access integrated primary health-care services.
- 90 per cent of primary health-care facilities will have increased access to a basic package of health services, including immunization, antenatal care and treatment of common diseases.
- Enhanced and prompt response will be provided in 100 per cent of meningitis cases and in acute watery diarrhoea outbreaks and other emergencies, while adequate and effective mitigation measures will be timely implemented in epidemic-prone areas.
- Improved access to immunization services will be ensured for 95 per cent of children under age 1, who will receive three doses of pentavalent vaccine and one dose of measles vaccine.
- Some 160 health staff will be trained on and supplied with the essential nutrition package.

In Southern Sudan, 3.2 million children under age 5 and about 2 million women of childbearing age will have increased access to basic health services.

- A basic package of health, nutrition and hygiene services in health facilities and communities will be provided for 600,000 children under age 5.
- Immunization campaigns will be organized for children under 5 suffering from polio and measles, and tetanus toxoid vaccines will be administered to women of childbearing age.
- There will be improved delivery of integrated maternal health and nutrition services, including basic emergency obstetric care for 93,000 pregnant women, with an emphasis on the training of maternal health workers.
- Approximately 10,000 severely malnourished children under age 5 will be provided with appropriate therapeutic care, and 104,300 pregnant and lactating women will receive multiple micronutrient preparations.

WATER, SANITATION AND HYGIENE (WASH)
(US$34,354,000)

In Northern Sudan, about 3 million internally displaced persons, returnees and people in hard-to-reach areas will have access to sufficient safe water supplies based on the Sphere standards.

- 750 water supply systems and 5,000 sanitation systems will be operated and maintained in camps for internally displaced people and host communities.
• Boreholes will be drilled and 800 water systems will be installed.
• 3 million people in high-risk areas, including internally displaced persons, will have access to chlorinated water supplies.
• 200 schools will be provided with WASH facilities to serve 80,000 children, teachers and schoolworkers.
• More than 3 million people will be reached with appropriate hygiene and sanitation messages through radio, television, schools, health centres and community hygiene promoters.

In Southern Sudan, WASH services will benefit 327,000 people to achieve the following:
• Access to safe water through new and rehabilitated water schemes will be increased, as will the maintenance capacity at local levels.
• People will be reached with key hygiene promotion messages on effective water treatment and storage, hand washing with soap and regular latrine usage.
• Some 100,000 people will access improved safe means of excreta disposal and sanitation facilities.
• Internally displaced persons and returnees will be supported through the distribution of pre-positioned WASH supplies.

CHILD PROTECTION (US$17,962,000)
UNICEF will continue to address the immediate and longer-term humanitarian needs of children while working to strengthen and mainstream protection mechanisms.

In Northern Sudan:
• The release, family reunification and reintegration of children associated with armed groups will be supported to facilitate sustainable livelihoods, achieve sustainable peace and contribute to recovery and development.
• Access to child-friendly justice systems will be provided for more than 2,000 children through family and child protection police units in 15 states.
• The risk of injuries from landmines and unexploded ordnance will be reduced through risk education aimed at 140,000 at-risk individuals, as well as advocacy for demining and improvement of victim information management systems with regards to children.

In Southern Sudan, a total of 54,500 children affected by emergencies will benefit from the following protection services:
• Identification, registration, family tracing and reunification, and interim-care services will be provided for separated, unaccompanied and abducted children, and humanitarian assistance, including psychosocial support, will be given to conflict- and emergency-affected children.

• UNICEF will raise awareness for prevention of use and recruitment of children by armed groups.
• Coordination will be enhanced for child protection programming under the newly created cluster coordination mechanism, and emergency child protection responses to separated children and psychosocial support will be provided.

EDUCATION (US$22,266,000)
The UNICEF emergency education project will reach disadvantaged children through the establishment of safe and conducive learning spaces and the provision of basic education supplies for children and teachers.

In Northern Sudan:
• Approximately 297,500 children will receive basic education opportunities in environments that are conducive to learning, and 60,000 children will receive early childhood development and pre-primary education opportunities.
• 6,424 teachers will acquire knowledge on teaching techniques, learner-centred approaches, classroom management and different core subjects, including peace-building and other cross-cutting issues like HIV and AIDS.

In Southern Sudan:
• About 1.3 million emergency-affected children will be provided with learning opportunities through provision of learning spaces, relevant learning and teaching materials.
• As cluster lead, UNICEF will aim to ensure effective coordination, facilitation and technical support for the education cluster and ministry of education and Government of Southern Sudan for the implementation of humanitarian assistance in the area of education.

HIV AND AIDS (US$4,010,000)
UNICEF will reach out to more than 17 million people in 10 states in Northern Sudan to achieve the following:
• 2.5 million in-school and 15 million out-of-school young people in 10 states will be provided with correct information to reduce their risk and vulnerability to HIV.
• 1.5 million pregnant women and infants in antenatal care and health facilities will receive comprehensive prevention of mother-to-child transmission services, including routine counselling.

In Southern Sudan:
• An estimated 250,000 young women will be reached with HIV information and life-skills education, as well as access to HIV prevention, care and treatment services.
• About 70,000 pregnant women will have access to improved HIV services, including voluntary counseling and testing centres. Prevention of mother-to-child
transmission services, including counselling and provision of antiretroviral prophylaxis, will be provided to at least 80 per cent of HIV-infected pregnant women and their babies.

- Nearly 30,000 sexually active persons in vulnerable communities will gain access to HIV testing services by scaling up access to HIV testing and counselling through establishment of 50 voluntary counselling and testing sites.

NON-FOOD ITEMS AND EMERGENCY COORDINATION (US$19,767,000)

In Northern Sudan:
- Non-food and shelter items will be sourced and procured for pre-positioning with NFI Common Pipeline hub warehouses for distribution to more than 1.8 million people.
- Effective emergency preparedness response will be ensured through close inter-agency and internal UNICEF coordination.

In Southern Sudan:
- Non-food items will be pre-positioned to ensure about 20,000 families affected by emergencies will receive kits.

COMMUNICATION AND ADVOCACY (US$981,000)

In Northern Sudan:
- 500,000 internally displaced persons will be given information to help them decide on returning, local integration, and key child survival, health, and social development issues.

In Southern Sudan:
- Up to 2 million people affected by emergencies will be provided with communication materials with integrated key messages focusing on the UNICEF programme area’s priorities for emergency preparedness and response.

CLUSTER COORDINATION (US$9,472,000)

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs (national and sub-national) need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF, as cluster lead, expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

2. OCHA, Internal Update, OCHA, Khartoum, 3 October 2010.
3. The under-five mortality rate in Kassala is 81 per 1,000 live births, in Gadaref it is 137 per 1,000 live births and in the Red Sea State, it is 126 per 1,000 live births. The maternal mortality ratio is very high in Kassala, at 1,414 per 100,000 live births, the second-highest rate in Northern Sudan. In the Red Sea State, it is 699 per 100,000 live births, while in Gadaref, it is 699 per 100,000 live births. Source: Ministry of Health, Government of Sudan, Sudan Household Survey, 2006.
5. The pentavalent vaccine combines five different vaccines in one injection to protect against five diseases: Haemophilus influenza type B (Hib) disease, diphtheria, pertussis, tetanus and hepatitis B.
6. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.

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### UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011

<table>
<thead>
<tr>
<th>By sector</th>
<th>Northern Sudan US$</th>
<th>Southern Sudan US$</th>
<th>Total Sudan US$</th>
<th>Total per sector (all beneficiaries)</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>12,809,000</td>
<td>9,111,000</td>
<td>21,920,000</td>
<td>6,800,000*</td>
<td>2,748,884</td>
<td>4,050,000</td>
</tr>
<tr>
<td>Health</td>
<td>19,800,000</td>
<td>11,949,000</td>
<td>31,749,000</td>
<td>14,800,000**</td>
<td>4,500,000</td>
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</tr>
<tr>
<td>Water, sanitation and hygiene (WASH)</td>
<td>22,646,000</td>
<td>11,708,000</td>
<td>34,354,000</td>
<td>3,327,000</td>
<td>1,019,790</td>
<td>1,007,400</td>
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<tr>
<td>Child protection</td>
<td>13,308,000</td>
<td>4,654,000</td>
<td>17,962,000</td>
<td>314,500</td>
<td>151,800</td>
<td>162,700</td>
</tr>
<tr>
<td>Education</td>
<td>11,730,000</td>
<td>10,536,000</td>
<td>22,266,000</td>
<td>1,657,500</td>
<td>981,500</td>
<td>676,000</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>3,284,000</td>
<td>726,000</td>
<td>4,010,000</td>
<td>1,570,000</td>
<td>553,455</td>
<td>543,455</td>
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<tr>
<td>Non-food items</td>
<td>16,784,000</td>
<td>2,983,000</td>
<td>19,767,000</td>
<td>1,820,000</td>
<td>263,570</td>
<td>260,950</td>
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<tr>
<td>Communication and advocacy</td>
<td>981,000</td>
<td>981,000</td>
<td>1,962,000</td>
<td>6,500,000</td>
<td>3,275,000</td>
<td>2,875,000</td>
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<tr>
<td>Cluster coordination</td>
<td>3,118,000</td>
<td>4,135,000</td>
<td>9,472,000</td>
<td>16,000,000</td>
<td>6,000,000</td>
<td>6,000,000</td>
</tr>
</tbody>
</table>

Total: 104,460,000 55,802,000 160,262,000

*This doesn’t include Southern Sudan. **This number includes Northern Sudan and health/nutrition in Southern Sudan.
Almost a year after the Government of Yemen and rebel forces in the northern governorate of Sa’ada signed a truce, around 320,000 internally displaced persons still live in camps, in scattered settlements or with host communities in the region. People in Sa’ada Governorate who have not been displaced also continue to suffer from lack of access to basic services and emergency relief assistance as a result of the conflict. Following mediation efforts of the Qatari Government in the autumn of 2010, limited handover of power to local authorities in Sa’ada has, in theory, taken place. However, these positive developments have yet to be translated into improved access for humanitarian agencies.

In southern Yemen, repeated clashes between government troops and armed elements dubbed Al-Qaida are particularly worrisome; thousands of civilians in the conflict-affected areas have been forced to flee their homes without having their basic needs guaranteed. Moreover, the presence of around 170,000 refugees in the region has placed significant strains on government capacity to respond. In other areas of the country, flooding and other natural disasters have caused havoc and exposed residents to suffering and epidemic outbreaks. High levels of undernutrition and food insecurity remain a concern.

In the midst of protracted emergencies, stabilizing the welfare of women and children in Yemen is crucial. UNICEF is requesting US$20,294,000 to carry out its planned activities, approximately the same amount as last year. UNICEF has aligned its request with the 2011 Consolidated Appeals Process (CAP) requirements. UNICEF in 2011 will continue to lead and remain the provider of last resort in the nutrition, WASH and education clusters as well as the child protection sub-cluster. UNICEF will focus on decreasing the alarming levels of childhood undernutrition, offering life-saving vaccinations and ensuring universal access to safe drinking water, sanitation and hygiene in emergencies throughout the country. UNICEF will also provide safe learning environments, either by rehabilitating schools or by providing temporary learning spaces. Finally, UNICEF will continue to provide child-friendly spaces and psychosocial support for children exposed to emergency situations.

Widespread high levels of undernutrition among children are of critical concern to Yemen. Fifteen per cent of children under age 5 suffer from moderate and severe wasting. The situation is more serious in the conflict-affected areas in the north: A UNICEF nutrition assessment carried out in five districts of Sa’ada in July 2010 revealed that the rate of severe acute malnutrition was 17 per cent and moderate acute malnutrition 28 per cent. These figures are far above the World Health Organization emergency thresholds of 15 per cent for global acute malnutrition and 5 per cent for severe acute malnutrition.

Children in Sa’ada are also at risk of morbidity and mortality due to vaccine-preventable and/or waterborne diseases. The current vulnerability will be exacerbated if health services are not re-established to protect young children weakened by high rates of acute malnutrition as well as lack of safe drinking water and hygiene.

Children and women are frequently exposed to violence. A report published in the autumn of 2010 by UNICEF and the ministry of social affairs and labour revealed that 17 per...
In Yemen, more than one quarter of school-aged children are out of school. This percentage is even higher in the conflict-affected areas of the north. The number of damaged schools (250) and subsequent lack of safe learning spaces have been chief constraints in providing education for children.

KEY ACHIEVEMENTS IN 2010

In the mid-2010 request, UNICEF estimated that US$9,669,689 was needed to fund its humanitarian work in Yemen. As of October 2010, a total of US$6,343,774 had been received, or 66 per cent of the goal. The main thrust of UNICEF’s emergency response in 2010 was addressing the needs of families affected by the conflict in Sa’ada. However, UNICEF took part in developing a joint UN contingency plan for the southern governorates (coordinated by OCHA) in the summer of 2010; the organization distributed non-food items in Shabwa and Abyan Governorates to conflict displaced population, and also responded to the water, sanitation and hygiene needs of victims of floods in Ibb and Hodeidah Governorates.

Despite low funding levels in the health sector, UNICEF supported the ministry of health to mount an immunization campaign for measles in five districts of Sa’ada, immunizing 224,000 children under 15, reaching 75 per cent of the targeted group.

As of October 2010, 12 new sites for outpatient treatment of severe malnutrition have been established in conflict-affected areas, including parts of Sa’ada, bringing the total number of such sites in the region to 32. Over 11,000 children were treated at these sites in 2010. Hundreds of doctors and community volunteers received training on community-based management of acute malnutrition, breastfeeding promotion and nutrition screening.

Together with its partners, UNICEF has provided over 46,000 internally displaced adults and children in the northern governorates and 5,000 people from host communities with safe drinking water and thousands more displaced persons with access to basic sanitation. Over 130,000 people in the conflict-affected governorates benefited from hygiene kits and/or hygiene promotion.

Despite security concerns and low funding levels in the educational environment, 125,000 children in Sa’ada, Hajjah and Amran Governorates have received educational opportunities through the provision of essential teaching and learning materials and almost 70,000 were given necessary school supplies.

In 2010, UNICEF provided psychosocial support to around 3,500 children suffering from abuse or experiencing vulnerability related to health, poverty or separation from their families. Around 50,000 people have been reached by campaigns to raise awareness of mine risks, birth registration and protection from abuse and exploitation.


*Data refer to most recent year available during the period specified.
In 2011, UNICEF will continue to work with the Government of Yemen, other UN agencies, local and international NGOs as well as host communities in addressing the needs of nearly 1.2 million women and children affected by conflict, including those displaced in the northern and southern governorates and those affected by other potential emergencies. The organization will also continue to lead the WASH, nutrition and education clusters in Yemen, as well as the child protection sub-cluster. Due to the precarious security environment in Sa’ada Governorate, full return of displaced persons to their home areas in Sa’ada is deemed unlikely in 2011. Lack of access to some of the emergency areas, e.g., almost the entire Sa’ada Governorate and parts of the southern governorates of Abyan and Shabwa, will almost certainly remain a challenge to humanitarian efforts.

**HEALTH (US$2,151,000)**

Child death and illness from preventable and treatable diseases is unnecessary. UNICEF will contribute to the reduction of under-5 child morbidity and mortality by providing all available vaccine antigens and an essential package of health services.

- At least 60,000 children under age 5 in Sa’ada will benefit from a full set of vaccines (three doses of polio (oral) and Pentavalent (injectable) vaccines and two doses of measles vaccine).

**WATER, SANITATION AND HYGIENE (WASH) (US$5,145,000)**

Mortality and morbidity related to lack of safe potable water, sanitation and hygiene is a real threat to children and women. At least 120,000 internally displaced adults, children and members of vulnerable host communities in conflict-affected areas in the northern and southern parts of the country as well as populations affected by natural disasters will benefit from one or more of the WASH humanitarian components: access to safe water, sanitation and hygiene promotion. A key goal of this work is to the well-being, dignity and education of affected people.

- WASH facilities in 20 schools in Sa’ada and Hajjah will be improved for the benefit of at least 8,000 children.
- Government capacity for emergency preparedness and response will be enhanced, e.g., by introducing a clear strategy for emergency preparedness and response.

**CHILD PROTECTION (US$2,969,000)**

UNICEF aims to provide life-saving measures to children exposed to abuse, violence and exploitation; build the engagement of local communities in the implementation of the protective environment; and enhance the coordination between agencies, including on the collection and analysis of evidence of abuse, violence and exploitation in the governorates of Sa’ada, Hajjah, Amran, Sana’a, Aden, Abyan and Shabwa.
• The incidence, circumstances and perpetrators of acts of violence against children are to be monitored by the Government and other service providers; children will be able to access appropriate and coordinated support to remediate such violence. Duty bearers and service providers work within communities to prevent violence against children within target areas.
• 1,600 children who have experienced violence will be assisted to overcome their psychological, medical and legal issues and be reintegrated into their communities.
• 2,000 separated and unaccompanied children will be identified and placed in family-based care or an appropriate alternative to ensure their safety. Unaccompanied immigrant children will be assisted to secure appropriate accommodation, including repatriation.
• 7,000 children and their caregivers will be able to access psychosocial support, referrals and recreation by attending child-friendly spaces; they will receive psychosocial support services that build resilience and social relationships and foster mental well-being.
• 100,000 persons (50,000 children and 50,000 adults) will benefit from awareness-raising activities aimed at reducing exposure to conflict-associated risks, such as exploitation, violence and accidents with explosive remnants of war. Mine risk education will target all children in affected areas — both displaced and from host communities.

EDUCATION (US$2,077,000)
UNICEF aims to improve educational access, retention and quality for Yemeni children through enhanced professional development training for school principals and teachers, and by providing support to the ministry of education to ensure that educational delivery is better managed.
• Ensure access to quality education for 218,000 children affected by the instability in different parts of the country by establishing safe learning spaces equipped with essential teaching and learning materials.
• More boys and girls will stay in school because school principals and teachers will be trained in effective school management strategies and child-centred teaching methods.
• Education service delivery will improve because personnel with the ministry of education will receive training in educational planning and analysis.

CLUSTER COORDINATION (US$1,000,000)
To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

8. Nutrition assessment in five western districts of Sa’ada Governorate, July 2010, supported by UNICEF and the Ministry of Public Health and Population, as well as assessments carried out by Médecins Sans Frontières-Spain and Save the Children in Haradh and parts of Amran Governorate.
9. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.

<table>
<thead>
<tr>
<th>UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011</th>
<th>ESTIMATED BENEFICIARY NUMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>By sector</strong></td>
<td><strong>US$</strong></td>
</tr>
<tr>
<td>Nutrition</td>
<td>6,952,000</td>
</tr>
<tr>
<td>Health</td>
<td>2,151,000</td>
</tr>
<tr>
<td>WASH</td>
<td>5,145,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>2,969,000</td>
</tr>
<tr>
<td>Education</td>
<td>2,077,000</td>
</tr>
<tr>
<td>Cluster coordination</td>
<td>1,000,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20,294,000</td>
</tr>
</tbody>
</table>
Latin America and the Caribbean

The region of Latin America and the Caribbean is marked by extreme natural disasters, ranging from intense hurricanes, torrential rains and flash flooding to prolonged drought, intense volcanic activity and devastating earthquakes. In addition to the repeated loss of livelihood that leaves the most vulnerable populations in a cycle of poverty, displacement caused by disaster increases risks of abuse, sexual and gender-based violence, HIV transmission, exploitation and trafficking – each already a significant problem in the region. Severe droughts are causing serious water shortages in South America’s Gran Chaco region from Paraguay to the Plurinational State of Bolivia, and food and nutrition crises in Central American dry corridors stretching from Guatemala to Honduras and Nicaragua.

Currently, nearly 24 per cent of children under age 5 in the entire Latin America and Caribbean region are stunted due to poor nutrition. Lack of preparedness for and response to these crises increases risks for women and children, who are already extremely vulnerable. With great disparities between rich and poor in the region, the main challenges to disaster response are addressing the needs of the poorest and working with national structures for more effective disaster management.

The consequences of such disasters can be seen in countries throughout the region. In 2010, the earthquake in Haiti took the lives of more than 220,000 people, including more than 100,000 children. It led to worsening poverty, the displacement of more than 1.6 million women and children and an outbreak of cholera in provinces across the country. Severe droughts elsewhere have caused food shortages and nutrition crises, especially in the dry corridors of Central America – Guatemala, Honduras and Nicaragua – and the Chaco region encompassing the Plurinational State of Bolivia and Paraguay where, according to the Survey on the Situation of Indigenous Populations, 94.3 per cent of indigenous households are suffering from food insecurity. Sudden-onset disasters or a worsening of the drought has the potential to create a situation of severe acute malnutrition. In addition, developments are subject to the influence of seismic activity all along the Pacific ‘Ring of Fire’, El Niño and global climate change, making them all the more intense and unpredictable.

These events call for strengthening response and widespread advocacy of disaster risk reduction goals among all segments of the region’s population, including children. Prior to responding to disasters, focusing on developing long-term solutions to such problems as the spread of preventable disease, and lack of sustainable water supplies, sanitation systems and hygiene promotion activities is equally critical in bettering the lives of people in these most marginalized areas.

UNICEF is requesting US$13 million for its 2011 humanitarian work in Latin America and the Caribbean to strengthen preparedness and response to the many disasters that affect the region. A strong focus will be on strengthening disaster risk reduction mechanisms in cooperation with national governments and partners. UNICEF is committed to developing evidence-based approaches, therefore contribution is sought to undertake a comprehensive study of the impact of disasters on the well-being of children and to generate evidence on the return of investments in disaster risk reduction. UNICEF will continuously monitor activities in the region and promote the exchange of good practices.

Funding for regional activities will focus on assisting countries that are highly vulnerable to natural hazards and which have limited coping capacities, as well as those which face notable disparities (regional technical assistance to all countries in Latin America and the Caribbean, direct contributions to countries not already included individually in the 2011 Humanitarian Action for Children or those possibly facing emergencies in 2011). In turn, this effort will increase capacities for emergency assistance for a minimum of 500,000 children affected by disasters through a multi-sectoral approach. In addition, funding received will set in motion activities for the reduction of disaster risk for about 1 million children in the most vulnerable countries of the region – including Barbados, Belize, Colombia, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti,
Honduras, Jamaica, Nicaragua, Peru and the Plurinational State of Bolivia. This will include provision of safe education for 500,000, safe water and sanitation for 100,000, prevention of post-disaster forms of child abuse and violence, psychosocial traumatic consequences, including messaging on key health promotion messaging (hygiene, HIV and AIDS messaging and assistance) for about 1 million children and prevention of deterioration of nutritional status for about 100,000 children in Guatemala, Peru, the Plurinational State of Bolivia and other vulnerable countries.

The main challenges of response to disasters in Latin America and the Caribbean are addressing the needs of the poorest in a region with the greatest disparities between rich and poor, and working to empower emerging national structures for disaster management. To address these challenges, UNICEF is focusing on an innovative approach that combines: reinforcing governmental capacity to respond to emergencies, with UNICEF technical or direct operational support when needed; assisting national partners through coordination support in key sectors as defined by the humanitarian reform cluster responsibilities, either using the formal cluster mechanisms or a cluster-like approach; and increasing efforts at risk prevention and mitigation in the various sectors (education, WASH, nutrition and protection) essential to reducing the risks faced by children in emergency situations (e.g., school preparedness and education around disaster risk, resistance of water and sanitation systems, surveillance and timely detection and treatment of undernutrition, and prevention of all forms of preventable disease, and of child abuse).
CRITICAL ISSUES FOR CHILDREN AND WOMEN

Millions of women and children in the Latin America and Caribbean region remain trapped by grim economic conditions that are compounded by fallout from natural and human-made emergencies. Inequality and poverty continue to be the region’s main challenges: In 17 countries, more than one third of the population lives below the national poverty line. According to the United Nations Development Programme’s Human Development Report, the region accounts for the most unequal countries in the world, including Brazil, Colombia, Haiti, Honduras, Panama and the Plurinational State of Bolivia. In places where development gains are recurrently wiped away when disasters occur, the poorest tend to remain in a chronic cycle of poverty.

The disasters that mark the region are made worse by poor sanitary conditions and a lack of access to safe water, a combination that leaves this already vulnerable population susceptible to increased health risks for diarrhoea, pneumonia and other diseases. These emergencies also raise acute malnutrition levels, especially in countries like Guatemala and Haiti, where 43.4 per cent and 24 per cent of children under age 5, respectively, are in a state of chronic malnutrition.

Violence, abuse and exploitation, already critical problems in this region, increase with the displacement that follows disaster. About 550,000 children have been trafficked and are still in a situation of exploitation, while 6 million children suffer severe abuse, including abandonment. Parental abuse is the cause of death for 80,000 children under the age of 18 annually.

KEY ACHIEVEMENTS IN 2010

In 2010, UNICEF estimated that US$1.8 million was needed to fund its humanitarian work in Latin America and the Caribbean. As of October 2010, no funding had been received. The regional office, however, was able to use funds from the Disaster Preparedness Programme of the European Commission Humanitarian Aid Office (DIPECHO) that were carried over from 2009, as well as resources from the Government of the Netherlands and UNICEF emergency thematic funds to respond quickly and effectively when the earthquake devastated Haiti. In 2010, the Americas and the Caribbean Regional Office (TACRO) responded swiftly to send emergency supplies, deploy surge capacity and provide technical assistance to support the response and recovery operations during major emergencies in Chile and Haiti.

Following the devastating earthquake in Haiti, the regional team immediately mobilized emergency supplies for shelter (tarpaulins and blankets), water, sanitation and health (water tanks, jerry cans, oral rehydration salts), education (School-in-a-Box and recreation kits) and other emergency items from its regional hub in Panama. It also deployed specialized human resources, such as emergency operations specialists to set up the first operational base to support field operations based in Santo Domingo, communication and child protection specialists. It also furthered the goals of the Core Commitments for Children in Humanitarian Action by providing technical support to UNICEF and cluster response strategies in education, protection, and water and sanitation, encouraged the inclusion of disaster risk reduction aspects in the 3-6 months early recovery programming, and developed a Transformative Agenda for Children to convene all humanitarian actors to work towards achieving common goals for the future of Haitian children. In response to the cholera emergency which started late October 2010, the regional office organized immediate air supply delivery in the first week, with 470,000 chlorine tablets, 32,000 sachets of oral rehydration salts, 200 family water purification kits and other emergency items. It also provided a senior health specialist and supported the identification of specialized human resources to be deployed from the region both in Haiti and to support contingency planning in the Dominican Republic.

These operations confirmed the importance of UNICEF’s focus on preparedness. Throughout the rest of the year, aid was provided to country offices across the region during similar, if less severe, disasters. In Chile, the regional office supported coordination efforts by the Government in the aftermath of the February earthquake, specifically through the deployment of dedicated capacities to coordinate WASH activities, in cooperation with Oxfam, and the implementation of psychosocial recovery activities for children. During Tropical Storm Agatha, the office provided surge capacity support to ensure coordination and technical assistance to the WASH sector to benefit children and their families in El Salvador. When floods washed through the northern part of Brazil, support was provided to the Government to deliver shelter supplies. During the first announcement of a state of emergency caused by a severe drought and food shortage in the dry corridor of Guatemala, nutritional response was supported in terms of strategic planning, development of fundraising documents and surge capacity of a nutrition specialist for technical assistance.

In Colombia, the regional office continued to provide technical assistance to address the forced displacement and recruitment of children by illegal armed groups, and provided specific support to strengthen capacities of the national WASH and education partners by organizing emergency and risk reduction capacity-building activities. At the tail end of the hurricane season, the regional office assisted the Belize country office in developing an emergency fundraising strategy to support the government request for assistance in nutrition and education after Hurricane Richard devastated the country. The regional office shipped jerrycans and water tanks at the request of Barbados in support of post-Hurricane Tomas displaced people in St. Lucia and St. Vincent and supported flood-affected Colombia, Costa Rica, and the Bolivarian Republic of Venezuela to identify supply needs and develop emergency fundraising strategies.
TACRO also continued to strengthen emergency preparedness and response by organizing Early Warning, Early Action trainings in 11 countries, which benefited about 200 UNICEF staff. It conducted 17 capacity-building workshops for disaster risk reduction activities in the education sector, involving a total of 681 nationals, 25 NGO staff and 101 UNICEF staff through DIPECHO and Dutch-funded programmes related to education in emergencies. TACRO continued to play a convening role for WASH partners in the region and formalized the regional WASH cluster as part of the Risk, Emergency, and Disaster Task Force Inter-Agency Workgroup for Latin America & The Caribbean (REDLAC). In addition, TACRO advised country offices in Colombia and Nicaragua to initiate capacity building through national WASH platforms, with cluster/UNICEF support. This process is currently under way in Ecuador and the Plurinational State of Bolivia.

PLANNED HUMANITARIAN ACTION FOR 2011

TACRO, together with partners including government agencies across the region and other international agencies through the REDLAC mechanism, will continue to strengthen its ability to respond quickly to the array of natural disasters that characterize the region, as well as humanitarian situations deriving from socio-political issues. UNICEF will work to build adequate emergency assistance capacity response, with goals of immediately reaching 500,000 women and children affected by disasters or socio-political developments. It will also work to prevent or reduce emergency risks for the 1 million most vulnerable and poorest children in the region.

CAPACITY BUILDING FOR EMERGENCY RESPONSE (US$2,000,000)

TACRO will analyse and communicate the needs of children and women in emergency situations to national governments and partners through REDLAC at the regional level and through the United Nations Emergency Technical Teams (national inter-agency humanitarian platforms coordinated by OCHA), as well as provide technical assistance so that a minimum of 500,000 children will be adequately assisted in emergency situations.

- Country offices will be trained in regional emergency preparedness and response plans, and in tools such as the Early Warning, Early Action system. TACRO will monitor the future implementation of these practices among country offices and in partnership with governments.

MULTI-SECTOR DISASTER RISK REDUCTION (DISASTER RISK REDUCTION) (US$2,300,000)

TACRO will support reducing the disaster risk to 1 million children in the most disaster-prone and vulnerable countries, such as Barbados, Belize, Colombia, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Nicaragua, Peru and the Plurinational State of Bolivia.

- In-depth quantitative and qualitative research will illuminate the impact of disasters on children in Latin America and the Caribbean; TACRO will develop recommendations for proven disaster risk reduction activities in a holistic approach, including all relevant sectors and their inter-connections.

On 13 October 2010, in commemoration of the International Day for Disaster Risk Reduction, TACRO promoted and supported the organization of events and activities in the Latin America and Caribbean region to raise awareness and educate children on disaster risk and building a culture of resilience. In Ecuador, a dedicated disaster risk reduction space in the Science Museum was unveiled; in the Dominican Republic, a fair for children was organized within the framework of a wider national conference on disaster risk reduction; and in Panama, an art exhibit, including live performances and the final of the ‘Risk Land’ National Olympics game took place in the ‘Conéctate’ ministry of education building.

On 13 October, the Interactive Museum of Science in Quito opened an exhibit that tackles the origins and effects of disasters through multimedia displays and an interactive playground. “Girls and boys will learn about how to contribute to disaster prevention though these games,” said Lucia Mosquera, communications officer at the museum. Ms. Mosquera described the exhibit as an innovative space that will promote the importance of awareness in disaster risk prevention.
LATIN AMERICA AND THE CARIBBEAN

- TACRO will work to strengthen cooperation between country offices and government partners by providing technical assistance to address disaster prevention and mitigation in a multi-sector coordinated approach focusing on the most vulnerable.
- Regional advances in disaster risk reduction will be tracked and collected in a public database in order to develop awareness and increase civilian participation, as well as to encourage international experience-sharing to promote South-South cooperation.

NUTRITION (US$1,500,000)

TACRO will build capacities to support nutrition surveillance, timely detection and response to severe and moderate acute malnutrition cases. In addition, TACRO will promote the prevention of undernutrition through community-based approaches, with a specific focus on Guatemala, Peru and the Plurinational State of Bolivia and increased activities in Brazil, Colombia, the Dominican Republic, Ecuador, Honduras, Nicaragua and Uruguay.

- Materials that promote nutritional surveillance and ensure an adequate and timely response in emergencies will be culturally adapted and available in Spanish.
- Regional advocacy for promotion of good nutrition practices, especially in priority disaster-prone areas already affected by chronic malnutrition, will be undertaken through community-based approaches, in cooperation with the Pan American Health Organization and the World Food Programme, among other partners.

HEALTH (US$1,200,000)

UNICEF, together with partners including government agencies across the region and other international agencies, will focus on minimizing the health risks of the chronically poor population and continue to strengthen its ability to respond quickly to the array of natural disasters that characterize the region, in coordination with regional actors through the cluster mechanism.

- To prevent or reduce emergency risks for the 1 million of the most vulnerable and poorest children, UNICEF will work to build adequate emergency assistance capacity response, with the goal of being able to immediately reach 500,000 women and children affected by disasters or socio-political crises.
- UNICEF will support capacity-building activities and operational assistance for vaccine coverage, deworming medication and insecticide-treated mosquito nets for malaria and dengue-endemic areas.

- The regional team will provide technical assistance to government offices and partners to increase availability of antibiotics, oxytocin, iron/folic acid and antiretroviral therapies, and will ensure one basic emergency obstetric care facility per 100,000 people.

- UNICEF will participate in the health cluster led by the Pan American Health Organization and the World Health Organization to coordinate actions and support the diffusion of educational and health-promotion messages through community-based organizations and NGO networks, as well as national and local media channels.

WATER, SANITATION AND HYGIENE (WASH) (US$2,500,000)

TACRO will work to assess local governments’ ability to support water supply, sanitation and hygiene promotion in emergency situations and disaster risk prevention and mitigation.

- Regional readiness will be strengthened for emergency WASH supply delivery, surge capacity of WASH experts and cluster coordinators, and provision of technical support in water and sanitation systems and hygiene promotion in emergency situations, in cooperation with regional partners such as Oxfam and the International Federation of Red Cross and Red Crescent Societies, especially in high-risk locations that can be affected by extreme disasters such as hurricanes and flooding.

- Regional advocacy will be strengthened for disaster prevention, mitigation and preparedness in the WASH sector and global tools from the global WASH cluster will be adapted to the regional context to enable the provision of technical support in priority countries, such as Colombia, Ecuador, the Dominican Republic, Honduras, Nicaragua, the Plurinational State of Bolivia and others.

CHILD PROTECTION (US$1,500,000)

One of the main goals for 2011 is to raise awareness of protection risks in emergency situations and increase the capacities to better protect children and women from exploitation, abuse and violence, and unaccompanied children in emergency situations.

- TACRO will also raise awareness and provide technical assistance for the strengthening of national child protection systems and national response capacities in emergency situations with governments and partners. It will coordinate with the regional protection working group for Latin America and the Caribbean and the relevant national coordination entities to strengthen their capacity and achieve a better response to child protection issues in emergencies.

- The office will undertake regional capacity building to strengthen internal capacities and those of partners, as well as create a regional roster on child protection in emergencies and translate and adapt guidelines to better prevent and respond to all forms of abuse to children.

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EDUCATION (US$2,000,000)

To ensure accessibility to education in emergency situations, TACRO will work with relevant government bodies (ministries of education and civil defence) and partners to support emergency response and reduce disaster risk and impact through the following structural and non-structural measures:

- Technical assistance will be provided to government agencies and partners to strengthen educational response in emergency situations.
- TACRO will advocate regionally for disaster response, prevention, mitigation and preparedness in the education sector. UNICEF will ensure that strategies are implemented in countries that will not receive any DIPECHO or Education in Emergencies and Post-Crisis Transition funds – including the Bolivarian Republic of Venezuela, the Dominican Republic, El Salvador, Panama, Paraguay and the Plurinational State of Bolivia – to ensure equal capacity development and participation.

3. For Colombia, Guatemala and Haiti, please refer to the countries’ dedicated chapters in the 2011 Humanitarian Action for Children.
4. Sectoral coordination mechanisms through standing national platforms with government leadership (disaster management agency and sectoral line ministries), with the specific support of the sector cluster-lead agency and active national and international partners.
6. While there are multiple sources of information, and often they vary, it is widely agreed that chronic malnutrition is the most prevalent nutrition problem in the region. Based on recent estimates using the new World Health Organization standards of 13 countries (Argentina, Bolivia, Brazil, Colombia, Guatemala, Ecuador, El Salvador, Haiti, Honduras, Mexico, Nicaragua, the Dominican Republic and Peru) by the Pan American Health Organization, the condition affects approximately 23.6 per cent of children under the age of 5 in the region. Lutter, Chester K., and Camila M. Chaparro, ‘La Desnutrición en Lactantes y Niños Pequeños en América Latina y El Caribe: Alcanzando los Objetivos de Desarrollo del Milenio [Malnutrition in Infants and Young Children in Latin America and the Caribbean: Achieving the Millennium Development Goals], Pan American Health Organization, Washington, D.C., 2008.
9. For Colombia, Guatemala and Haiti, please refer to the countries’ dedicated chapters in the 2011 Humanitarian Action Report.
The great humanitarian burden in Colombia is centred on violence related to a conflict that has disrupted the lives of Colombians for four decades and continuously violates international humanitarian and human rights law. The existence of illegal armed groups, the near-constant threat of violence related to conflict and illegal drug trafficking, massacres, landmine accidents, extortion and forced recruitment put women and children at grave risk. During the past decade, hundreds of thousands of Colombians on average each year have been forced to abandon their homes – 289,000 in 2009 alone1 – placing Colombia second only to the Sudan in its number of internally displaced people. Against this backdrop of political turmoil, Colombians have also been exposed to natural hazards. by 13 January 2011, the weather phenomenon La Niña caused flooding and landslides affecting close to 2.2 million people in 717 municipalities located in 28 of the country’s 32 departments.2 The heavy rains have already diminished access to safe drinking water, health care and education, and are expected to continue through March 2011. Taken together, these emergency conditions have increasingly eroded the rights of children, particularly those in rural communities and those who are already excluded from opportunity because of race, gender or geographical location. Reaching these children and their families is one of the key challenges to providing humanitarian assistance in Colombia.

UNICEF is requesting US$10.3 million for its 2011 humanitarian work in Colombia, an increase of more than US$4 million compared with 2010. These funds are needed to expand aid to the most vulnerable communities and address increased emergency situations caused by natural disasters during the last months of 2010 and the escalating effects of ongoing armed conflict. Humanitarian action in 2011 by UNICEF will encompass: flexible educational programmes in child-friendly learning spaces, improved access to emergency health-care services and supplies; increased access to nutritional supplements for children who have been displaced or are deprived from access to health services; HIV prevention programmes for pregnant women and children; improved access to safe drinking water, and hygiene and sanitation facilities; prevention of child recruitment by illegal armed groups; prevention of accidents caused by landmines; and psychosocial support to children and adolescents affected by emergencies.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

The current dynamics of the conflict, including the actions of illegal armed groups that have emerged after the paramilitary demobilization, continue to gravely affect civilians – especially women and children – violating international humanitarian law and human rights law. These actions include threats, killings, abductions, disappearances, displacement, confinement, gender-based violence, forced recruitment, ongoing use of landmines and improvised explosive devices, and unexploded ordnance contamination.

The recruitment and use of children by illegal armed groups continues to be an extensive, systematic and habitual practice in Colombia. Estimates of the number of children participating in illegal armed groups range from 8,000 by the Government to 11,000, according to non-governmental sources.3 Although the exact magnitude and territorial coverage remains unknown, the United Nations observed a significant increase in the information received on cases of recruitment of children.4

An average of 750,000 people are affected by natural disasters in Colombia each year; 44 per cent of them are under age 18.5 Natural disasters tend to have a disproportionate effect on young children, especially in terms of their access to safe drinking water and health-care services as well as food security. It is anticipated that the devastation caused by the floods and landslides will further tax already overburdened health-care facilities and cause serious damage to water and sanitation systems as well as hamper the right to education. At least 36 per cent per cent of all displaced persons in Colombia are children.6

An even greater negative impact is observed on indigenous and preschool-aged children of African descent and pregnant and lactating women. Infant and child mortality

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rates are higher within these two vulnerable groups, which require culturally sensitive care practices and assistance to detect and treat cases of undernutrition and childhood illnesses. Rural communities experience a situation of extreme vulnerability because the emergency situations increasingly hamper the rights of children who already suffer from exclusion due to race, gender and geographical location. This poses new challenges for humanitarian action, especially in capacity development for preparedness and rapid response.

**KEY ACHIEVEMENTS IN 2010**

In 2010, an estimated US$6 million was needed for UNICEF’s humanitarian activities in Colombia. As of October 2010, US$503,328, only 8 per cent of the funding goal, had been received. Funds from other sources, however, allowed UNICEF to improve the prospects of women and children in the following ways. UNICEF facilitated an integrated response in health, nutrition, water and sanitation, protection, and education to benefit 43,000 children and adolescents – representing 10 per cent of all children affected by violence, displacement and other emergencies in the Colombian Pacific Coast.

Nutritional care, including micronutrients and education, was provided by UNICEF and partners for 500 pregnant and lactating women to benefit 6,500 children under age 5. Food, nutrition, protection and support for early child development benefited 3,900 rural children under 5 and their families who were affected by armed conflict.

Safe water and sanitation for 2,000 families were ensured by UNICEF through providing safe water supply systems, water storage tanks and basic sanitation supplies. These families also received training and support for using culturally adapted good sanitation and hygiene practices.

UNICEF provided educational supplies and 30 school tents in child-friendly spaces for 8,500 children affected by natural disasters and other emergencies. In addition, UNICEF implemented the Education in Emergencies model developed by the national working group in a rural school affected by floods and internal displacement, benefiting 1,200 children.

In the sector of child protection, 62,000 children and adolescents were discouraged from becoming involved in illegal armed groups through UNICEF-facilitated activities. UNICEF also provided technical support to inform 14,300 children and adolescents about safe practices to prevent accidents involving landmines and provided psychosocial support for 21,000 children.

Due to a lack of funding, humanitarian action to address HIV and AIDS was not undertaken in 2010.
HUMANITARIAN ACTION: BUILDING RESILIENCE

During 2010, UNICEF supported the Recruitment Prevention Initiative for children of the Awa ethnic group living in Nariño Department in southern Colombia. The testimony of a teenager who participated in the project is quoted here:

“My name is Jetis Rafaela Pai. I come from the La Brava Reservation. I’m very pleased of participating in this project because I have learned to know my culture better, to know that I am valuable as a person, that I can participate, that I can talk about what I like and don’t like, get to know other peoples, other persons, and better value what we are. What I like best is the Golombiao, the ‘Game of Peace’. It teaches us that we, as women, can be equal to men. It teaches us to respect ourselves, to decide things for ourselves and take decisions. I also like to participate in traditional dances and represent my people.”

PLANNED HUMANITARIAN ACTION FOR 2011

UNICEF will work with the Government of Colombia, other UN agencies and NGOs to address the needs of 444,000 people, including 9,000 women, 208,000 boys and 223,000 girls. As lead agency supporting the national round tables on WASH, education and nutrition in emergencies, UNICEF expects to achieve a number of key results. Among these is increasing the capacity of local authorities, communities and families to prepare for and mitigate the effects of emergency situations on Colombian children and adolescents. UNICEF will respond effectively to their humanitarian needs in nutrition, health, water and sanitation, education, child protection, and HIV and AIDS by strengthening coordination and functioning of emergency working groups, coordinating and facilitating institutional response, providing technical assistance and supplies, and sharing knowledge of high-impact strategies.

NUTRITION (US$700,000)

UNICEF will establish a national working group and three sub-national groups on nutrition in emergencies, with annual action plans focusing on nutrition in emergencies preparation, response and recovery for children under age 5, pregnant women and infants. The sub-national working groups will function in the departments of the Pacific Coast and in the La Mojana region.

• UNICEF will provide nutrition services and supplies in emergency situations for 20,000 children and 4,000 pregnant and lactating women of African descent and indigenous communities affected by natural disasters, armed violence and displacement. Nutrition services will include the promotion and protection of breastfeeding and complementary and responsive feeding, positive caregiver-child interaction, early and adequate stimulation, detection and treatment of moderate and severe acute malnutrition, micronutrient supplementation and attention to special nutritional needs, including those related to HIV and AIDS.

HEALTH (US$580,000)

UNICEF will establish the Child Health in Emergencies thematic sub-group that will have an annual action plan that includes preparation, response and recovery.

• UNICEF will work to reduce the rates of illness among 50,000 children, adolescents, pregnant and lactating mothers of African descent and indigenous communities affected by natural disasters, armed violence and displacement by providing access to services and emergency health supplies including immunization and vitamin A, insecticide-treated mosquito nets, obstetric care and preventive therapy for respiratory infections.

• UNICEF will offer training for 3,000 parents or key caregivers on parenting and family care practices for children younger than age 6 who have been affected by violence or displacement.

• In order to reach the indigenous populations, UNICEF will provide advocacy and technical assistance to launch an Indigenous Health in Emergency Model in Nariño Department and the implementation of an early childhood development humanitarian strategy adapted to the cultural context of the indigenous communities in Chocó Department.

WATER, SANITATION AND HYGIENE (WASH) (US$1,050,000)

UNICEF will provide technical support to the National Advisory WASH in Emergencies Commission (CASH) to ensure enhanced inter-agency coordination. An inter-agency contingency plan will be developed to better guide response in line with national standards and to respond to priorities and specific needs of children and women.

• UNICEF will provide disposal and sanitation facilities and drinking water for 2,000 families (10,000 people) and strengthen institutional response to ensure functioning water supply systems. A campaign to raise awareness of healthy hygiene practices and disaster risk reduction will run parallel to the WASH programme and be implemented by youth volunteers.
CHILD PROTECTION (US$3,520,000)

Two-hundred-thousand children who are affected by natural disasters and forced confinement or displacement, are in high risk of accidents from mines and unexploded ordnance, or are associated with armed groups and/or at risk of recruitment will be protected.

- Psychosocial assistance, through the ‘Return to Happiness’ methodology,7 will be provided to 50,000 children affected by forced confinement, displacement or natural disasters.
- Protection against violence, exploitation, gender-based violence and recruitment will be provided to 5,000 children affected by the armed conflict in Cauca, Chocó, Nariño and Putumayo Departments and in the La Mojana region.
- 50,000 people will be informed about the risk of landmines and unexploded ordnance and will be empowered through adoption of safe behavioural practices through training in five departments for teachers who are responsible for delivering mine-risk education messages.
- 80,000 children living in areas heavily affected by the armed conflict8 will be involved in specific activities (educational, cultural, recreational, life skills) aimed to prevent their association with illegal armed groups.
- A recognized system of signs indicating schools as protected humanitarian spaces will be established to prevent use by legal or illegal armed groups.
- A system for monitoring the situation of children affected by armed conflict will be implemented within the framework of UN Security Council Resolutions 1612 and 1882.

EDUCATION (US$3,450,000)

UNICEF will establish safe and accessible spaces for children under age 6 near educational primary facilities to ensure access to early childhood education or home-based care, where they will interact with peers and caregivers in a caring environment, have access to play materials and receive urgent psychosocial support.

- To ensure the right to education for 26,000 children affected by disaster, the repair and rehabilitation of schools will make them safe, disaster-resilient and child-friendly, in accordance with INEE Minimum Standards for Education in Emergencies.10 Basic services will be provided, such as water and sanitation, cleaning, basic repair and access for people with disabilities.
- UNICEF will provide 30,000 children with flexible educational models11 adapted to the needs of those affected by emergencies.
- To raise awareness on emergency preparedness and response, UNICEF will provide training on psychosocial support, gender-based violence, disaster risk reduction and other emergency themes for education personnel, caregivers and communities.

HIV AND AIDS (US$500,000)

UNICEF will provide technical assistance to the emergency action plans of the National Working Group on Children, Adolescents and HIV and the national network to ensure prevention and response covering 50,000 people.

- UNICEF will support the national response on HIV and AIDS to ensure adequate supply management during emergencies of antiretroviral medicines and other critical supplies used to prevent vertical and post-exposure prophylaxis (PEP kits).
- UNICEF will ensure HIV testing in emergencies in the rapid needs assessment framework of the United Nations Emergency Team.

CLUSTER COORDINATION (US$500,000)

As lead agency supporting the National Roundtables on WASH, Education and Nutrition in Emergencies, UNICEF is required to play a significant role to enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination

<table>
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<tr>
<th>UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011</th>
<th>ESTIMATED BENEFICIARY NUMBERS12</th>
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<tr>
<td><strong>By sector</strong></td>
<td><strong>US$</strong></td>
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<tr>
<td>Nutrition</td>
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<td>Health</td>
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<td>Child protection</td>
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<td>HIV and AIDS</td>
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<td>Cluster coordination</td>
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<td><strong>Total</strong></td>
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costs (national and sub-national) need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include supporting the Government in coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates with the Government of Colombia impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning by the Government at national and sub-national levels.

7. Return to Happiness is a primary attention strategy in mental health for children and adolescents that have been affected by intra-family violence, armed conflict or natural disasters. It is applied through a systematic, experiential and participatory methodology in which adolescent and youth volunteers that also have been affected are trained as recreational therapists and receive conceptual and methodological tools for working with children. This also is a strategy for strengthening social fabric and mobilizing communities around the knowledge, promotion and guarantee of their rights.
8. About 10 per cent of the total estimated children affected by forced confinement, displacement or natural disasters in a year.
9. Especially in the departments of Cauca, Chocó, Nariño and Putumayo and in the region of La Mojana.
11. The education in emergencies model seeks to provide continuity of educational services through the rehabilitation of affected infrastructure and provision of temporary learning spaces, and to facilitate back-to-school processes through replacement of instructional and recreational materials, training for teachers and community agents in psychosocial care and protection. The model of education in emergencies seeks to provide continuity of educational services from the recovery of the affected educational infrastructure and provision of temporary spaces for education, and facilitate back to school processes through the replacement of instructional materials, recreational and training of teachers and community agents in psychosocial care and protection.
12. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.
“Not being able to get one’s head above water” captures the overwhelming nature of Guatemala’s emergency conditions during 2010. Not only does the country continue to be severely affected by erratic rains as a result of the El Niño phenomenon but in 2010, Tropical Storm Agatha and the Pacaya volcanic eruption caused damages and losses of around US$1.5 billion in the country, affecting 911,000 people; nearly 4 percent of the population.¹ The irregular rains and unusually high temperatures have negatively affected crop production, heightening the population’s food insecurity and leading to high levels of malnutrition.² Structural vulnerabilities in Guatemala, including limited land planning processes, poor economic and territorial development and the decline of the existing ecosystems pose challenges to effective disaster recovery and preparedness.

UNICEF is requesting US$2.65 million for its planned humanitarian work in Guatemala during 2011. This request is prompted by the extensive nature of the emergency in the country. The complex situation of women and children cannot be overlooked and requires immediate and full funding. In compliance to the organization’s Core Commitments for Children in Humanitarian Action, UNICEF will continue to work along with the Government of Guatemala, NGOs and cluster partners to provide a response to more than 100,000 children and women living in areas affected by natural disasters.

UNICEF’s focus will include improved access to health and nutrition services, as well as safe water, sanitation and hygiene campaigns and supplies. The organization will also concentrate on improving the response to education in emergencies, child protection and HIV/AIDS. Specifically, UNICEF will provide support to the Ministry of Education in the preparation of school safety plans, drills, disaster risk reduction and education in emergency activities to reinforce the education cluster approach, including school materials, furniture, and textbooks. UNICEF will establish and strengthen shelters and temporary housing in safe areas to improve child protection systems and will provide the necessary assistance and support to young people affected by HIV/AIDS.

**CRITICAL ISSUES FOR CHILDREN AND WOMEN**

Poverty in Guatemala is one of the leading causes of chronic malnutrition. While over half of the country lives in poverty, the rates are even more dramatic for the indigenous population and children.³ Approximately 75 per cent of indigenous people are considered poor, compared to 36 per cent of non-indigenous people. Among children, 59.2 per cent of those under age 18 live in poverty and 19 per cent live in extreme poverty.

Chronic malnutrition is a serious ongoing concern for children in Guatemala. It affects 49 per cent of the population under age 5.⁴ The gaps between urban and rural areas are considerable; while in rural areas the chronic malnutrition level is 52 per cent, in urban areas it is 29 per cent. Only 50 per cent of children 0–5 months old are exclusively breastfed.⁵ Chronic malnutrition is aggravated in times of floods, drought and other natural disasters, as crops are lost and family income decreases.

Access to basic social services such as health, safe water and sanitation is disrupted and school attendance is limited in emergencies. Not surprisingly, Guatemala continues to be one of the countries in the region with the highest mortality rate during the drought season.

The situation of children exposed to violence in Guatemala is dramatic. In 2009, 533 violent deaths were reported, as well as four children killed monthly by stray bullets. These figures increased during 2010. The General Prosecutor reports an estimated 8,000 cases of sexual abuse committed against children each year.⁶ In the area of health, 1,300,000 boys, girls and adolescents do not have access to health services.⁷ Only 78.7 per cent of the population has access to safe water sources and just 54.5% has access to sanitation services.⁸
tance to more children and women, the funding received helped to improve the welfare of those affected by the multiple emergencies in the country. UNICEF activities during 2010 were achieved as a result of the funding received from Guatemala’s participation in two Flash Appeals: (1) Food and nutrition insecurity caused by the drought of 2009–2010; (2) Meet emergency needs resulting from Tropical Storm Agatha and the eruption of the Pacaya volcano.

Many lives were saved as UNICEF and partners provided timely humanitarian support. Approximately 500 children with severe acute malnutrition from the departments of Baja Verapaz, Chiquimula, El Progreso, Escuintla, Jalapa, Retalhuleu, Sololá, Suchitepéquez and Zacapa were treated with ready-to-use therapeutic food provided by UNICEF. Brigades of nutritionists from the ministry of public health conducted nutritional assessments in shelters and affected communities and provided timely treatment. Educational material on feeding practices for children under age 2 was distributed to 10,000 households. Some 10,000 measuring strips to assess mid-upper arm circumference were provided and used to evaluate children in shelters and affected communities. In addition, powdered multiple micronutrients were provided to treat 20,000 children.

To reduce the spread of waterborne diseases, UNICEF provided water tanks and centrifugal pumps for cleaning wells, along with portable latrines, pit latrines, containers for household water storage, calcium hypochlorite, personal hygiene kits and garbage bags. It is estimated that these efforts benefited around 123,500 people (21 per cent of the affected population: 17,000 boys, 15,000 girls and 91,500 women) in shelters and in the most-affected communities.

In response to the Pacaya and Agatha emergencies, new cases of diarrhoea were treated through the timely distribution of 40,000 sachets of oral rehydration salts and 26,000 bottles of cotrimoxazole. These supplies were provided to 6,588 boys, 7,245 girls and 7,231 women (2 per cent of the total population affected).

In addition, 900 recreational kits were distributed to 15,000 children (6 per cent of the total children affected) in shelters and at the community level to prevent the risks of sexual abuse and exploitation. Some 500 children were registered and protected in shelters with their families. Twenty-five girls who were victims of abuse, sexual exploitation and trafficking were given shelter in the specialized residential care home “El Refugio de la Niñez” (The Children’s Shelter). In addition, 115 psychologists received training on how to provide psychosocial support using the Return to Happiness methodology, which benefited 2,500 children.

In 50 schools (representing 10 per cent of those schools affected by the various emergencies) 3,300 girls and 2,700 boys had the opportunity to resume classes when UNICEF distributed backpacks with school supplies and materials.

LATIN AMERICA AND THE CARIBBEAN: GUATEMALA

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<tr>
<th>CORE COUNTRY DATA</th>
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<tr>
<td><strong>Population (thousands 2009)</strong></td>
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<td><strong>Child population (thousands 2009)</strong></td>
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<td><strong>U5 mortality rate (per 1,000 live births, 2009)</strong></td>
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<td><strong>Infant mortality rate (per 1,000 live births, 2009)</strong></td>
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<td><strong>Maternal mortality ratio (per 100,000 live births 2008)</strong></td>
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<tr>
<td><em><em>Primary school enrolment ratio (net male/female, 2005–2009</em>)</em>*</td>
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<tr>
<td><strong>% U1 fully immunized (DPT3, 2009)</strong></td>
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<tr>
<td><strong>% population using improved drinking-water sources (2008)</strong></td>
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<tr>
<td><strong>HIV/AIDS prevalence rate (% aged 15–49, 2009)</strong></td>
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<tr>
<td><em><em>% U5 suffering from moderate and severe wasting (2003–2009</em>)</em>*</td>
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*Data refer to most recent year available during the period specified.

In terms of education, in 2009 the net enrolment levels were low: pre-primary 56.63 per cent; primary 98.33 per cent; secondary basic 39.36 per cent; diversified 21.02 per cent.10

**KEY ACHIEVEMENTS IN 2010**

UNICEF received US$1,424,695 for its work in Guatemala, which represents 15 per cent of the US$9,362,310 requested through two Flash Appeals. While full funding would have made it possible to provide humanitarian assis-
“We were left with nothing; now my husband will have to struggle for us to survive. The food that we receive is barely enough to distribute among the entire family,” said Marisela Quin Ordóñez, mother of two children, living in the community of Las Marias where Tropical Storm Agatha destroyed homes and crops in Guatemala in 2010.

For over two months, Marisela and her family have been living along with 90 other families in temporary shelters established by the Government of Guatemala in the settlement of Las Marias, in Patulul, Suchitepéquez. These families share basic services, such as sanitation facilities, a kitchen, dining room and bedrooms. They receive food provided by the Government as well as international aid.

In response, the Food and Nutrition Security Programme of the Guatemalan Ministry of Health – with support from UNICEF and the World Food Programme – have carried out nutritional activities, such as distributing and promoting adequate use of multiple micronutrients powder and encouraging proper hygiene and hand washing, with the overall goal of improving the nutritional status of children under age 5 and pregnant and lactating women. The creation of peer groups among mothers has encouraged breastfeeding and complementary feeding and has promoted healthier diets.

UNICEF will have a positive impact on the lives of more than 100,000 children in the most-affected regions and communities (departments of Baja Verapaz, Chiquimula, El Progreso, Escuintla, Jalapa, Sololá, Suchitepéquez and Zacapa). Guatemala is among the 10 most vulnerable countries in the world to climate change impacts. This statement has been confirmed by the emergency situations which affected the country in the last couple of years (nutritional crises, the eruption of the Pacaya volcano, the impact of Tropical Storm Agatha and unexpected heavy rains) that left children and families with unresolved humanitarian needs. unicef, along with other UN agencies, key partners including Action Aid, Plan International and World Vision and local NGOs, will continue to provide their support to the Government to respond to those most affected by these natural disasters.

**NUTRITION (US$1,000,000)**

UNICEF will continue to provide immediate assistance to children with severe acute malnutrition. The work will encompass prevention and support strategies to help combat the deterioration of their nutritional status and provide treatment for those in need. The following interventions will benefit an estimated 22,000 children:

- UNICEF will strengthen and reinforce a nutritional surveillance system for emergency situations.
- 660 children with severe acute malnutrition will receive treatment, to support a full recovery and sustained health.
- Combat the effects of malnutrition. Around 22,000 children and women in rural areas will receive micronutrients through fortified food, supplements or multiple micronutrient preparations.
- Training of 500 health staff, community workers and mothers to improve feeding practices of infants and young children.
- 22,000 children will receive vitamin A supplementation.

**HEALTH (US$200,000)**

UNICEF’s efforts will be directed towards improving community-based approaches for preventive and curative health actions and promoting immunization for 5,000 children.

- UNICEF will ensure that 90 per cent of children between 12 and 23 months old in shelters and affected communities receive routine life-saving vaccinations.
- Children will receive essential health services in a sustained manner, with adequate coverage.
- 5,000 children will receive deworming medications.
- Children will receive essential supplies for home health care.
- 40 per cent of the affected population will receive antibiotics, iron and folic acid.
- 90 per cent of those people affected by emergencies will receive key education and health promotion messages.

**WATER, SANITATION AND HYGIENE (WASH) (US$800,000)**

The overall goal in this area is to provide safe drinking water, proper sanitation services and healthy hygiene education and tools to an estimated 25,000 children affected by drought, floods and other disasters.

- UNICEF in joint collaboration with the ministry of health, Catholic Relief Services, Oxfam and Water for People, will provide access to safe drinking water for 25,000 children in communities.
• 90 per cent of the affected population will be provided with appropriate, safe, sanitary toilets and hand-washing facilities.
• 80 per cent of the affected population is aware of the proper handling and use of water resources at the household level, including adequate excreta disposal. To help prevent waterborne diseases, in particular diarrhoea. Healthy personal hygiene will be promoted, particularly among children and women.
• Establishment of 100 WASH hygienic facilities in schools and shelters.

**CHILD PROTECTION (US$300,000)**

UNICEF, in joint collaboration with the Government of Guatemala, will assist in the development and roll-out of a child protection system in areas affected by the emergencies. At least 25,000 children in emergency-affected areas will have a mechanism to protect them against violence, abuse and exploitation.

- Ensure that violations to the rights of children and women affected by emergencies are monitored, recorded, reported, followed-up and appropriately addressed.
- Strengthening of the existing government structures and programmes will ensure that the separation of children from their families is avoided and that care is provided within a family context.
- Provide information and training to governmental staff to help prevent exploitation and abuse of children and women, including gender-based violence, in emergency situations.
- 150 government staff will receive training on how to provide psychosocial support to the affected children and their caregivers.

**EDUCATION (US$300,000)**

UNICEF will ensure that 25,000 girls and boys in areas affected by emergencies have temporary learning spaces to guarantee the continuity of their education, as well as access to fundamental information for their own welfare.

- Over 25,000 children in preschool and primary school age will benefit from school materials (furniture and textbooks).
- 300 safe learning spaces will be made available for 12,500 children.
- Children and teachers affected by humanitarian crises will have access to psychosocial services.
- Training will be provided to 300 psychologists and teachers to provide psychological support.

**HIV AND AIDS (US$50,000)**

UNICEF, the ministry of health and UNAIDS will joint efforts to strengthen the capacity communities vulnerable to emergencies in order to reduce exposure to HIV infection in humanitarian crises and to meet the needs of those affected HIV and AIDS.

- UNICEF will increase from 10 to 70 percent of those people in the affected departments who receive information on HIV prevention, care and support.
- Approximately 400 children will receive information services on HIV prevention, care and treatment during humanitarian crises.

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3. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.
12. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.
The situation for women and children in Haiti was defined in 2010 by catastrophic emergencies that raised extreme challenges for the population. The earthquake on 12 January killed more than 220,000 people and displaced 2.3 million. At the end of 2010, an estimated 1 million people, including 400,000 children, were still living in crowded temporary settlements that elevate health and protection risks. After the onset of the cholera outbreak in mid-October, cholera quickly spread and sickened more than 117,580 people by the end of the year, causing the deaths of 2,481, including 169 children under age 5. The impact of these crises was particularly severe due to the already deep vulnerability of children; the major emergencies further exacerbated food insecurity, degraded water and sanitation infrastructure, elevated protection risks for children, decimated the school system and led to disruptions in a weak health sector.

When cholera emerged in the rural Artibonite region, it rapidly gained a foothold and spread nationwide, confirming that stark disparities in access to social services across the country represent a real and pressing threat to the health and stability of the nation as well as a denial of children's basic rights. The humanitarian response rapidly introduced life-saving services and interventions designed to meet basic needs of earthquake- and cholera-affected children – but the challenge is ensuring that these services are decentralized and firmly rooted in sustainable community-based structures.

The passage of Hurricane Tomas in November, just as the cholera epidemic was expanding, resulted in flooding that caused 21 deaths, left 6,810 people homeless and led to the temporary evacuation of more than 48,000.¹ The hurricane likely accelerated the transmission pattern for cholera and other water- and sanitation-related diseases in affected areas. It also destroyed 75–90 per cent of harvests in Grande-Anse, Nippes, Nord-Ouest, Sud and Sud-Est Departments, which will likely have a detrimental impact on food security and children’s nutritional status in these areas.

Finally, violent protests and social unrest associated with hotly contested elections resulted in restricted movement for people seeking life-saving services and restricted access to project sites for humanitarian workers.

Return and/or resettlement processes are also complicated by the fact that more than 64 per cent of displaced persons in camps were tenants before the earthquake and already among the poorest of the poor.² Dependency among this vulnerable group, combined with the challenges of private or ambiguous land ownership, rubble removal and the need for proper urban planning for reconstruction, means that return and/or resettlement requires not only political commitment and additional funding but also innovative development-oriented solutions to shift the balance of services from camps to communities, empower vulnerable children and build resilience for recovery, especially in relation to preventing cholera infection.

To create favourable conditions for return, UNICEF will support reconstruction, restoration and expansion of such basic community services as water, sanitation, education and primary health care, including HIV and AIDS services, as well as nutrition programmes and community-based protection systems in return areas.

In 2011, UNICEF is requesting US$156,967,000 for its humanitarian work in Haiti. This request exceeds the Consolidated Appeals Process (CAP) requirements because it includes commitments related to the expanded cholera response. Immediate and adequate funding is needed to avoid further degradation of the humanitarian situation in Haiti and to build on the resilience already demonstrated by the country’s women and children.
Prior to the earthquake, more than 4 out of 10 Haitian children were living in absolute poverty, 10,000 were living with HIV, fewer than half attended primary school, and just over half had access to primary health care. The earthquake exacerbated these gaps and disparities.

Undernutrition levels prior to the earthquake were also grim, with one-quarter of children under age 5 chronically undernourished, and 9 per cent suffering from acute malnutrition and 2.2 per cent from severe acute malnutrition. Although emergency interventions such as blanket feeding, micronutrient supplementation and WASH prevented further deterioration of the nutrition situation, the phase-out of this blanket feeding, combined with the impact of cholera, social unrest and flooding could result in a degradation of the nutritional status of children. Meanwhile, more than one out of five children in rural areas have no access to sanitation facilities and approximately one in five lack access to a safe drinking-water source. Thus, the vast majority of Haiti’s children remain vulnerable to the spread of cholera and other water- and sanitation-related diseases.

Despite progress made on enhancing community-based child protection systems and strengthening mechanisms to prevent trafficking and illegal adoption, children continue to face these threats. In addition, the risk of violence and other forms of exploitation, such as gender-based violence, can also increase HIV transmission. More than 60,000 children live in residential child-care centres and some 173,000 in situations of domestic service.

KEY ACHIEVEMENTS IN 2010

In the immediate aftermath of the disaster, UNICEF appealed for US$222,757,000, adding US$127,243,000 in requirements through the Humanitarian Action Report over a two-year time frame. As of October, US$66,992,052 had been received against the report requirements. With the generous funding of donors, UNICEF was able to contribute to immediate and effective responses to the country’s emergencies including the coordination of over 400 partners in the UNICEF-led WASH, education and nutrition clusters, as well as the child protection sub-cluster.

Close to 1.94 million children were immunized in successive accelerated campaigns since January 2010, and during the Child Health Week in November, some 1.35 million children received vitamin A capsules and deworming tablets in addition to the catch-up vaccinations. Immediately after the earthquake, nearly 1.8 million people gained access to basic health-care services after 177 emergency kits were distributed to health facilities through partners. More than 163,000 households benefited from distribution of 360,000 mosquito nets for malaria prevention in four departments in the south.


*Data refer to most recent year available during the period specified.
Nutritional needs for many were already extreme before the earthquake and intensified in the wake of the January disaster. UNICEF supported the establishment of 107 baby-friendly tents, where 48,900 mothers and pregnant women received advice and assistance related to proper infant and young child feeding, including exclusive breastfeeding. The tents were also able to welcome more than 102,000 children under age 1. More than 1,250 children with severe acute malnutrition received life-saving treatment in one of 28 stabilization centres supported by UNICEF, and another 10,000 children who were severely malnourished but without complications received treatment in 159 outpatient therapeutic feeding programmes.

More than 680,000 people had access to safe drinking water via water trucking during the early recovery phase (January through May), and the installation by partners of 11,300 latrines provided access to emergency sanitation for 804,000 people. UNICEF’s support to water trucking was gradually phased over to partners and replaced by investments in more sustainable options. Repair of water pipes has restored access to safe water for 100,000 people in earthquake-affected urban areas, and another 5,000 people regained access to safe water after springs were disinfected and rehabilitated. Water and sanitation improvements benefited 76,000 children in 150 schools.

For the return to school in April, more than 1,600 tents were used to erect more than 225 temporary learning spaces, and 138 schools were given table benches. By the end of the year, about half of the 720,000 targeted primary school children and 2,000 teachers received teaching and learning materials, and by the end of the year 94 out of a planned 200 semi-permanent schools were completed, with the remainder to be completed in the first quarter of 2011. More than 11,300 teachers and education personnel were reached with a combination of trainings on the adapted and detailed curriculums and psychosocial care for children.

More than 100 staff members of local non-governmental organizations received training on how to prevent child exploitation and trafficking, and UNICEF facilitated registration of over 4,950 separated children. More than 1,265 were reunited with their families, and the rest were accommodated with safe temporary care. The quality of care in 360 residential child-care centres hosting 25,300 children was evaluated, and immediate needs were addressed in half of the centres. Approximately 94,800 children continue to benefit from recreation and psychosocial support in 369 child-friendly spaces.

Cholera prevention efforts include distribution of over 10.9 tons of chlorine and more than 45 million water purification tablets to progressively reach 3 million people with safe water. To reach children in 5,000 schools, 865,000 bars of soap have been distributed, and 90,000 hygiene kits have been distributed to families affected by cholera or the earthquake in displacement sites. Cholera treatment efforts include UNICEF’s support to 24 cholera treatment centres and 48 smaller treatment units as well as a network of oral rehydration points where children can access oral rehydration therapy (ORT). By the end of the year, more than 3.8 million ORS sachets had been distributed, along with enough diarrhoea disease kits to treat up to 4,900 severe cases and 19,600 moderate cases. Some 450 tents have also been distributed to all 10 departments to facilitate expansion of cholera treatment centres and units.

HUMANITARIAN ACTION: BUILDING RESILIENCE

Haiti celebrated Global Handwashing Day on 15 October 2010, and UNICEF worked in partnership with the ministry of health, the ministry of education, the water and sanitation directorate and 70 non-governmental organization partners to reach displaced persons living in 42 camps and 16 rural communities in Grand-Goâve, Gressier, Léogâne, Petit-Goâve and Port-au-Prince. A month-long radio programme was launched in advance of the celebrations and was combined with hygiene kit distribution and sensitization activities in 110 schools. Global Handwashing Day helped place the importance of proper health and hygiene practices in the forefront of children’s minds.

Less than one week after Global Handwashing Day, however, cholera was confirmed in Artibonite Department. The outbreak spread quickly through the country, taking advantage of water and sanitation gaps in both urban and rural areas, where more than four out of five children have no access to proper sanitation facilities and approximately one in five children lack access to a safe drinking-water source. Despite record high case/fatality rates, there is some evidence that these rates in Port-au-Prince and Ouest Department were consistently lower than rural departments, most likely due to the relatively higher presence of services, humanitarian partners and supportive communications-related interventions, such as those offered during Global Handwashing Day. All children throughout the country, however, remain at grave risk, and it is clear that emergency response was not enough to protect children from cholera. Long-term programming to narrow the gaps in access to sustainable, basic social services across the country is key to reducing risks and building resilience.
UNICEF will provide leadership for the WASH, education and protection clusters in Haiti during 2011 and will continue to work with the Government of Haiti, other UN agencies and non-governmental organizations. A focus of UNICEF’s work will be cholera prevention and response to ensure that the most vulnerable children in urban slums, residential child-care centres and schools receive life-saving preventive and curative services. Enhancing disaster preparedness and undertaking contingency planning with the Government and communities to reduce risks for children and mitigate the impact of disasters is paramount. Capacity building both for government entities and local communities is designed to enhance provision of social services and reduce the vulnerability of children.

**NUTRITION (US$19,653,000)**

The overall goal for 2011 in the nutrition sector will be to ensure that the nutritional status of children is protected from the effects of humanitarian crisis. UNICEF will also provide effective nutrition cluster coordination in support of the ministry of health.

- 10,000 children aged 0–59 months suffering from severe acute malnutrition, will be treated with timely and quality care, representing 30 per cent of all children with severe acute malnutrition; 8,000 children with severe acute malnutrition will be screened for HIV.
- 50,000 pregnant women, or 17 per cent of all Haitian women who are pregnant, will have increased knowledge on infant feeding and nutrition including cholera prevention.
- 250,000 mothers, representing 43 per cent of pregnant and lactating women, will be supported and counselled on methods for breastfeeding, complementary feeding and cholera prevention.
- 286,535 children aged 6–59 months will be reached with vitamin A supplementation, and if necessary, oral rehydration salts with zinc – reaching 85 per cent of children in affected zones, aged 6–59 months.
- 253,470 children aged 12–59 months – 85 per cent of children in affected zones, will be reached with albendazole for treatment of worms.
- 159,800 children aged 6–24 months will be reached with iodine supplementation (85 per cent of children in affected zones). In areas with food and nutrition insecurity, 70 per cent of children 6–23 months reached with micronutrient supplementation.
- 667,080 women of childbearing age will be reached with iodine supplementation (85 per cent of women 15–49 years old in affected zones), and 71,400 mothers reached with iron and folate acid supplementation prior to giving birth and with vitamin A supplementation after giving birth.

**HEALTH (US$33,169,000)**

The overall goal for UNICEF in the health sector will be to ensure that mortality among children and women is prevented, especially in the context of cholera. UNICEF will continue to work with the Ministry of Health and with members of the health cluster.

- Up to 3 million people will receive preventive and curative services, including distribution of critical health supplies. The capacity of nurses, auxiliary health-centre staff and community health workers will be improved in order to recognize and manage cholera cases.
- UNICEF will strengthen the capacity of community and health facilities to implement Integrated Management of Childhood Illnesses (IMCI) strategies, including family-care practices, inside and outside the camps.
- Three additional health-care facilities providing quality emergency obstetrics and neonatal care services – 24 hours a day, seven days a week – will be established, thereby contributing to a reduction in maternal mortality, while utilization of antenatal and postnatal health services is increased and access to child health care through IMCI services expanded.
- Children will be protected as an increased number of health facilities will offer prevention of mother-to-child transmission of HIV services and paediatric treatment for HIV and AIDS.

**WATER, SANITATION AND HYGIENE (WASH) (US$39,463,000)**

The overall goal for UNICEF in 2011 will be effective WASH cluster coordination with the Directorate for Water and Sanitation, at both the national and decentralized levels, and effective support to the health sector in tackling cholera, both in the immediate crisis and given the very high likelihood of this becoming an endemic problem in Haiti.

- Up to 3 million people will receive preventive and curative services, including distribution of critical health supplies. The capacity of nurses, auxiliary health-centre staff and community health workers will be improved in order to recognize and manage cholera cases.
- UNICEF will strengthen the capacity of community and health facilities to implement Integrated Management of Childhood Illnesses (IMCI) strategies, including family-care practices, inside and outside the camps.
- Three additional health-care facilities providing quality emergency obstetrics and neonatal care services – 24 hours a day, seven days a week – will be established, thereby contributing to a reduction in maternal mortality, while utilization of antenatal and postnatal health services is increased and access to child health care through IMCI services expanded.
- Children will be protected as an increased number of health facilities will offer prevention of mother-to-child transmission of HIV services and paediatric treatment for HIV and AIDS.
sources, and 145,000 in poor urban and rural areas will gain new access

- Information on health risk reduction through improved hygiene practices will be provided for 300,000 people. Fifty schools and child-care centres will be provided with water, gender-appropriate sanitation and hand-washing facilities.
- WASH sector support will be ensured to the cholera treatment centres, and the mass promotion of oral rehydration salts will be used at the first sign of diarrhoea.

CHILD PROTECTION (US$23,912,000)
In 2011, UNICEF will work to ensure that children’s right to protection from violence, abuse and exploitation is progressively realized through expansion of the protective environment. UNICEF will ensure effective coordination of the child protection sub-cluster in support of government counterparts.

- 500,000 children in residential child-care centres, child-friendly spaces and other community spaces will be reached with cholera prevention and response interventions.
- More than 500,000 earthquake-affected and other extremely vulnerable children, and 20,000 women at risk or survivors of violence, will be better protected and will have access to essential services, including HIV-related prevention, care, support and treatment services.
- Children’s and women’s access to social and judicial services in all departments will be improved through better community-based child protection systems.

EDUCATION (US$20,390,000)
The overall goal for 2011 is to ensure children’s access safe and secure learning opportunities and to crucial information for their well-being. Along with Save the Children, UNICEF will ensure effective coordination of the education cluster in support of the ministry of education.

- 1.5 million school children will enjoy a healthier school environment when 5,000 schools receive an integrated package of cholera prevention and response interventions.
- Children will access learning opportunities when 100 additional semi-permanent schools are built, therefore enabling continuity of education for 90,000 children; 400,000 children and 10,000 teachers will benefit from new learning and teaching materials; 100,000 children will have access to the Accelerated Learning Programme (ALP) and 10,000 displaced children will be reintegrated in schools or ALP.
- Safe learning environments will be fostered through training for 50 master trainers and 2,500 teachers on psychosocial support and disaster risk reduction (DRR); 50 local education officials will be trained on minimum standards of DRR in schools; 50 local education authorities and planners will receive training on emergency preparedness and response.
- 50 local education personnel will receive training on data collection and analysis, and seven local education departments will be equipped with computers to facilitate data analysis.

UNICEF MULTI-SECTORAL PILOT PROJECT IN ACCRA CAMP (US$10,000,000)
The overall goal for 2011 is to create a favourable environment for return, shift the balance of service provision from internally displaced person camps to the neighbourhood/community level, and provide sustainable livelihood solutions for people to relocate.

- UNICEF will ensure that 25,000 residents of Accra Camp have access to quality services in their neighbourhood of origin and will support housing and livelihood solutions.
- UNICEF will ensure that the model of return/reintegration is monitored and assessed in order to assist in relocation efforts in other settings for internally displaced people.

<table>
<thead>
<tr>
<th>By sector</th>
<th>US$</th>
<th>Total per sector (all beneficiaries)</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>19,653,000</td>
<td>300,000</td>
<td>153,408</td>
<td>166,192</td>
</tr>
<tr>
<td>Health</td>
<td>33,169,000</td>
<td>3,000,000</td>
<td>676,200</td>
<td>703,800</td>
</tr>
<tr>
<td>WASH</td>
<td>39,463,000</td>
<td>2,500,000</td>
<td>586,500</td>
<td>563,500</td>
</tr>
<tr>
<td>Child protection</td>
<td>23,912,000</td>
<td>520,000</td>
<td>240,000</td>
<td>260,000</td>
</tr>
<tr>
<td>Education</td>
<td>20,390,000</td>
<td>405,200</td>
<td>200,000</td>
<td>200,000</td>
</tr>
<tr>
<td>Multi-sector returns pilot in Accra Camp</td>
<td>10,000,000</td>
<td>25,000</td>
<td>12,250</td>
<td>12,750</td>
</tr>
<tr>
<td>Cluster coordination</td>
<td>10,380,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>156,967,000</strong></td>
<td><strong>3,000,000</strong></td>
<td><strong>676,200</strong></td>
<td><strong>703,800</strong></td>
</tr>
</tbody>
</table>

www.unicef.org/hac2011 | 2011 UNICEF HUMANITARIAN ACTION FOR CHILDREN
CLUSTER COORDINATION (US$10,380,000)

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs (national and sub-national) need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs and incorporates capacity development of government counterparts to ensure gradual management of all actors through sector working groups (as opposed to emergency coordination mechanisms). In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided in support of national objectives and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and joint management and/or knowledge transfer with relevant ministries will be assured.

9. Total number of beneficiaries may not be equal the sum of sectoral beneficiaries by sector, due to overlap in services provision provided to individuals.
Burkina Faso • Cameroon • Central African Republic • Chad • Congo • Côte d’Ivoire • Democratic Republic of the Congo • Niger
Life in West and Central Africa is marked by chronic poverty, recurring food insecurity and poor diets that have left a generation of children undernourished. Cyclical drought, severe pressure on limited natural resources and outdated farming practices cripple food production in the Sahel region; in 2010, nearly 10 million people faced a serious food crisis, while 859,000 children under 5 years old needed treatment for severe acute malnutrition.1 Natural and human-made hazards multiply these needs and have taken a toll on infrastructure and access to basic services, hastening the spread of epidemics: during 2010, cholera, meningitis, measles and polio epidemics occurred in at least 20 countries in the region. The death rate among infants and children under age 5 in West and Central Africa is the highest in the world,2 and more than a dozen countries in the region rank at the bottom levels of the Human Development Index.3 Flooding, which is prominent in 20 countries in the region, further devastates lives, destroying homes, schools and property, and compromising sanitary conditions that hasten the spread of cholera and other epidemics. Political instability affects a significant number of countries in the region, particularly during elections, and can turn violent, creating a ripple of consequences that include displacement, abuse and exploitation. The highest-risk groups include the most vulnerable among the population: children. In addition, many of the region’s countries have seen a significant decrease in donor support, impacting both development and emergency capacity on the ground.

The UNICEF West and Central Africa Regional Office (WCARO) is requesting US$18,044,000 to provide technical support, coordination, planning and other assistance to further the organization’s humanitarian response in the region.4 This includes US$9,751,000 to support countries not separately profiled in Humanitarian Action for Children (Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Mali, Mauritania, Nigeria, Sierra Leone and Togo). In 2011, UNICEF will continue to work with governments, other UN agencies and NGOs to respond to the dire food crisis. UNICEF will continue to strengthen its capacities to respond quickly with supplies that will curtail the spread of disease. Although the region reported 32 per cent fewer cases of meningitis in 2010 than in 2009, the disease remains a serious problem, with 25,756 meningitis cases and 2,715 deaths reported as of October 2010. With the annual occurrence of floods in the region, efforts to educate high-risk populations about the sanitary practices that can minimize the spread of cholera and other diseases are as crucial as supporting the ability of health systems to treat these diseases.

Cyclical flooding affects both rural and urban communities. UNICEF will transfer a pilot project for the prevention and response to cholera in the region surrounding Lake Chad, and integrate WASH activities into the nutrition response in the Sahel region. Communicating the reality of gender-based violence will be a priority at country and regional levels, along with the implementation of community-based monitoring systems to track grave violations of children’s rights.

UNICEF will also offer training and technical support to strengthen education preparedness and response capacity of government and non-governmental partners and other UN agencies. These efforts will ensure continuous and quality education for children during times of crisis.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

It is no surprise that more than a dozen countries in the West and Central Africa region sit at the bottom ranks of the Human Development Index.5 Poor nutrition is compounded by natural and human-made disasters, leaving millions of women and children at risk for death or deteriorated health. The rate of death for infants and children under age 5 in the region is the highest in the world,6 as a result of staggering undernutrition and widespread diseases such as meningitis, measles and cholera. Levels of global acute malnutrition exceeded 10 per cent throughout West and Central African Sahel countries in 2010. In the Niger, the
epicentre of the nutrition crisis, the national survey of June 2010 registered a national prevalence of 17 per cent global acute malnutrition. In Mauritania, the prevalence of global acute malnutrition reached 12.4 per cent nationally and nearly 20 per cent in the more populous border regions of Gorgol and Guidimaka.³

Although the region has a generally low HIV prevalence, it is home to 5.7 million people living with HIV and 50 per cent of the global number of HIV-positive women with unmet need for services for the prevention of mother-to-child transmission of HIV.

Cyclical disasters lead to the displacement and economic devastation of an already vulnerable population. In 2010, floods affected 1.7 million people across the region. Nigeria, the hardest hit, had more than 300,000 people affected. The destruction of homes, crops and livestock caused by these floods further contributed to the chronic poverty of the region. These disasters and political instability across the region increased the numbers of internally displaced people to more than 519,000.

**KEY ACHIEVEMENTS IN 2010**

UNICEF estimated that US$40,025,300 was needed to fund its humanitarian work in the West and Central Africa region in 2010. As of October 2010, a total of US$4,911,757 had been received, representing 12 per cent of the goal. Nonetheless, UNICEF’s work was crucial in preventing the needless deaths caused by malnutrition and disease in the region. More than 64,000 children under age 3 received ready-to-use food (Plumpy’doz) for three months during the peak of the hunger season in Chad, Mauritania and the Niger. Regional hubs were established in Accra, Ghana, and Douala, Cameroon, to ensure the rapid delivery of

<table>
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<tr>
<th>UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011</th>
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<tr>
<td>By sector</td>
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<tr>
<td>Emergency preparedness and response planning</td>
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<tr>
<td>Nutrition</td>
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<td>Health</td>
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<td>Water, sanitation and hygiene (WASH)</td>
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<td>Child protection</td>
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<td>Education</td>
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<tr>
<td>HIV and AIDS</td>
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<td><strong>Total</strong></td>
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</table>
The West and Central Africa region suffers from recurrent cholera epidemics exacerbated by political and economic instability and severely degraded sanitation environments. In 2010, WCARO continued its focus on monitoring zones where risk is highest and curtailing the spread of cholera with pre-positioned supplies and increased campaigns promoting the best hygiene practices and methods of home water treatment.

A pilot programme in Guinea and Guinea-Bissau yielded gains that bear replication. Tools for mobilizing supplies and education campaigns were updated to promote hand washing with soap at critical times, the treatment of water and the disposal of excrement. Additionally, a workshop was organized with key radio stations to refine key messages and agree on a strategy for better communication.

These efforts proved successful. After the pilot programme’s implementation, the nearly 10,000 cholera cases seen annually in Guinea and Guinea-Bissau fell dramatically, to about 100 cases per year. Expanding this successful system that focuses on early warning and education and swift WASH response in high-risk zones is a priority.

WCARO will also provide technical, coordination and planning support to help country offices assist millions of vulnerable people throughout the region. The regional office will also distribute funds to several country teams to cope with ongoing smaller-scale emergencies that nevertheless require a coordinated response and adequate resources. UNICEF will work to improve the dire nutrition crisis in the West and Central Africa region with therapeutic feeding to infants and children under age 5. The focus will be on such countries as Chad and the Niger, where levels of undernutrition are highest and more than 400,000 are affected. Other crucial areas include educating high-risk populations regarding the best sanitary practices to curtail the spread of disease. In addition, capacity of UNICEF and partners will be expanded to prepare and respond to such emergencies as flooding and displacement by strengthening disaster plans and pre-positioning supplies for swift response at the onset of a crisis. In anticipation of a potential humanitarian crisis related to an influx of refugees into neighbouring countries as a result of the referendum in the Sudan, country offices in the Central African Republic, Chad and the Democratic Republic of the Congo are updating their multi-hazard preparedness plans based on planning figures from the United Nations High Commissioner for Refugees. Should the situation deteriorate, UNICEF will require additional funding to adequately respond.

EMERGENCY PREPAREDNESS AND RESPONSE PLANNING (US$3,225,000)

To swiftly respond to vulnerable populations at the onset of crises, WCARO will increase emergency preparedness and response in the region through the following actions:

- UNICEF will map areas at high risk for cholera to prepare vaccine stocks, develop epidemic awareness campaigns that teach risk reduction practices and establish child protection networks prior to flood season.
- WCARO will implement disaster risk reduction programmes within schools to prepare children for potential emergencies.
- An emergency regional fund will be established and used to increase surge capacity and maintain regional supply hubs in Douala, Cameroon, and the UN Humanitarian Response Depot in Accra, Ghana.
NUTRITION (US$2,950,000)
WCARO will work with governments and NGOs to coordinate response to nutrition emergencies, with a goal of swift response and readiness prior to the onset of crises. The following actions are expected to reach 435,000 people across the region:

• WCARO will expand its management of acute malnutrition programmes in most countries of the region in order to be ready to provide blanket feeding of children during crisis situations.
• WCARO will monitor nutrition conditions by undertaking at least one nutrition survey with SMART methods per year at the peak of the hunger season.
• Projects that target treatment of severe acute malnutrition and nutrition surveillance will be launched in Cameroon, Congo, the Democratic Republic of the Congo, Ghana, Mauritania, Sierra Leone and Togo. Data will be collected using RapidSMS technology.

HEALTH (US$1,300,000)
In 2010, the new long-term meningitis conjugate A vaccine was introduced in Burkina Faso, Mali and the Niger; large-scale outbreaks are still occurring, however, in Chad and Nigeria. While approximately 19 million people between the ages of 1–29 have been vaccinated in the countries where the meningitis conjugate A vaccine was introduced, 15 million people in these three countries still need to be reached, as do people in Cameroon, Chad and Nigeria. UNICEF will continue to improve this vaccination programme and secure stock of vaccines and drugs to ensure treatment to an estimated 400,000 people.

• WCARO will provide technical support to countries in the midst of meningitis, cholera and measles outbreaks to help country offices with outbreak control activities and investigations of high-risk areas.

WATER, SANITATION AND HYGIENE (WASH) (US$5,725,000)
UNICEF will continue to concentrate on cholera risk reduction by expanding its newly decentralized prevention efforts in Guinea to neighbouring countries and to the region surrounding Lake Chad. WCARO will work to supporting provision of adequate water and sanitation conditions at the onset of disasters.

• WCARO will reinforce national and local preparedness by promoting hygiene, including adequate hand washing and water treatment strategies in high-risk areas across the region. Chlorine will be distributed through local bleach solutions for water treatment. A total of 300,000 people will be reached across the region with these efforts.

CHILD PROTECTION (US$1,355,000)
Women and children will be protected against violence, neglect and exploitation through improved access to humanitarian assistance and basic protection services. To accomplish this goal, WCARO will work with country offices to reinforce knowledge, preparedness and response.

• In Mauritania, the regional team will work with partners at the national level to empower them to rapidly assess emergency risks and respond quickly by focusing on children at risk for displacement. This is expected to reach 20,000 children.
• In Liberia, funding received through Humanitarian Action for Children will strengthen social protection interventions at the household and community levels by providing safety nets and cash transfers to 2,000 vulnerable households. Five thousand children in institutional care will benefit from family tracing and reunification activities and victims of violence and abuse will be supported.
• The regional office will coordinate efforts to improve preparedness and response to gender-based-violence and advocate for national awareness and prevention in Gabon.
• In Togo, humanitarian funding will be used to train 200 social workers in psychosocial support and counselling, Identification Documentation Tracing and Reunification of separated children data collection, case management and setting up referral systems. An estimated total of 8,700 beneficiaries (6,000 children, 2,700 women) in flood-affected areas will have access to protection services including tracing and reunification of separated children, psychosocial support and care for victims of sexual and gender-based violence.

EDUCATION (US$2,689,000)
UNICEF, in collaboration with government and non-governmental partners, will continue to address critical gaps in the provision of access to inclusive and protective quality education and psychosocial support during emergencies.

• In collaboration with the ministry of education, UNICEF Mauritania will organize activities for enhanced education in emergency preparedness and response capacity and strengthen national and sub-national coordination and disaster risk reduction, reaching out to 20,000 children and 100 education staff.
• Educational supplies, ranging from School-in-a-Box kits, recreation kits and tarpaulins, will be provided for up to 10,000 children in Liberia who require emergency education support.
• WCARO will reinforce education in emergencies preparedness and response capacity in the region through targeted field-level support, trainings, advocacy and strengthened coordination mechanisms. It will also support the most flood-prone countries in the development of integrated disaster risk reduction strategies.
HIV AND AIDS (US$800,000)

To ensure that countries of the region are prepared to implement a swift and effective HIV response in humanitarian crises, the regional team will collaborate with partners and governments to support countries through the following actions:

- To ensure regional and country preparedness, UNICEF will focus on rolling out the new IASC guidelines for HIV in emergencies in the countries of the region, with priority given to ‘chronic emergency’ countries (e.g., the Democratic Republic of the Congo, Chad, etc.) and those at risk of humanitarian crisis (e.g., Cameroon, Congo, the Niger, etc.).

- To decrease the HIV vulnerability that is heightened by emergencies, country offices will stock health centres with HIV post-exposure prophylaxis (PEP) and HIV test kits and provide adequate supplies and medicines to care for people living with HIV among the displaced population.

- To reduce flood-related morbidity and mortality of children under age 5, including reduced mother-to-child transmission of HIV among 105,000 flood-affected people – including 3,164 pregnant women and 15,000 children under age 5 – WCARO will provide support to countries in establishing HIV prevention and prevention of mother-to-child transmission of HIV interventions. The office will also support the management of HIV exposure through sexual violence.

- In Cameroon, Guinea, Guinea-Bissau, and Mali, the regional office will use Humanitarian Action for Children funding to do the following: stock health centres with HIV post-exposure prophylaxis (PEP) kits and train health providers in the management of PEP; and continue HIV prevention, care and treatment services to affected people (displaced and host), especially women and children in need of antiretrovirals for the prevention of mother-to-child transmission of HIV. The aim is to reach up to 4,000 pregnant women and their infants, 500 children and adolescents living with HIV, as well as 15,000 young people.

4. Six-month Emergency Humanitarian Action Plans (EHAP) for Liberia and for Côte d’Ivoire and neighbouring countries (Burkina Faso, Ghana, Guinea, and Mali) were launched on 14 January 2011 in response to the humanitarian consequences of the political crisis in Côte d’Ivoire. The UNICEF requirements of US$5,715,593 and US$5,696,627, through the respective EHAPs, are in addition to the Humanitarian Action for Children requirements for these countries. Humanitarian needs are likely to be reviewed as inter-agency assessments are carried out and as the volatile situation changes.
Burkina Faso’s systemic poverty and paucity of resources have made responding to recent catastrophic flooding and virulent epidemics all the more challenging. Unprecedented floods in Ouagadougou in September 2009 and subsequent torrential rains and flooding in many parts of the country from July through September 2010 affected several hundred thousand people. The flooding dramatically increased the risk of disease and undernutrition. Outbreaks of meningitis resulted in 5,980 cases in the first half of 2010, and 40 per cent of those affected were children under age 5. While the prevalence of global acute malnutrition in Burkina Faso was reduced from 21.2 per cent in 2003 to 11.3 per cent in 2009, the country is still considered to be at emergency undernutrition levels.

The primary threats facing women and children in Burkina Faso stem from high water levels and disease. Flooding in the capital city, Ouagadougou, affected 150,000 people. In addition, from July through September 2010, heavy rainfall caused major flooding in five of the country’s most food-insecure regions, ultimately affecting 140,000 people in 18,000 families. In the context of poor hygiene and sanitation, the aftermath of floods is a major risk for boys and girls, especially those under age 5.

Meningitis also proved deadly in 2010, when five districts crossed the epidemic threshold for the disease, with at least 10 cases per 100,000 persons per week in each district. Another 23 districts reached alarm levels, with 5 cases per 100,000 persons per week in each district. A total of 5,980 cases were recorded in the first half of 2010, with 841 deaths, representing a fatality rate of 14.1 per cent. Children under 5 composed 40 per cent of all cases.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Flooding, particularly during the lean season, can have a life-threatening impact on the rural and peri-urban poor populations in Burkina Faso. Floods increase the possibility of waterborne diseases and worsen food security. Children are at risk for undernutrition and are exposed to increased mortality risks long after the floods have ended. Damage to schools and use of schools as temporary shelters also hinder children’s access to education.

Burkina Faso’s high poverty level, at 46.4 per cent of the population and low adult literacy (29 per cent), particularly for women, pose constraints in promoting key family practices to reduce the negative impact of floods on an already vulnerable population. These are particularly acute when trying to address undernutrition and key preventive measures such as exclusive breastfeeding, which remains very low in Burkina Faso, at 6 per cent.

Only 14 per cent of the humanitarian needs of the population affected by the July and August 2010 floods had been met by October 2010, with key sectors like education and protection having yet to receive funding. In addition, limited government resources (human and financial), difficulties in accessing the population before the end of the rainy season and diminished capacities of health and other delivery systems have made providing aid a challenging task.

KEY ACHIEVEMENTS IN 2010

In the immediate response to the floods of late July and early August 2010, UNICEF carried out life-saving interventions for those most in need. Based on the early assessment,
UNICEF mobilized US$720,000 from the United Nations Central Emergency Response Fund to cover immediate life-saving interventions to ensure safe access to potable water, improved sanitation facilities and a hygiene-friendly environment and to prevent undernutrition and treat children under age 5 with severe acute malnutrition. An Emergency Humanitarian Action Plan was created at the beginning of September to cover humanitarian needs related to WASH, nutrition, health, child protection and education, with requested funding of US$14.2 million.

By late 2010, UNICEF had helped to make significant achievements in a vulnerable population’s nutrition status and access to health services, sanitation and hygiene, as well as improvements in the education and welfare of children. To assist facilities and communities offering life-saving treatment to children with severe acute malnutrition, UNICEF provided therapeutic products (ready-to-use therapeutic food and drugs) and technical assistance to all 63 health districts, regional hospitals and to nine international NGOs. More than 21,600 children (6–59 months old) out of 72,000 suffering from severe acute malnutrition were treated from January through July 2010, compared with 26,000 throughout all of 2009.

UNICEF, together with the World Health Organization, helped to contain the meningitis epidemic and manage 5,980 cases in the 23 affected districts. A meningitis vaccination campaign that reached 678,386 people, including 407,031 children 2–17 years old, was also organized in five districts.

In response to the 2009 floods in Ouagadougou, UNICEF provided the ministry of health with consumables, essential drugs and medical equipment, and helped re-establish child health-related services. More than 47,000 people (32 per cent of them children under age 5), attended newly established health services in the districts of Ouagadougou. More than 17,000 people aged 9 months and older received measles vaccination; 11,471 people aged 2 years and older received meningitis vaccination; and 21,601 people were given deworming medication. More than 80,000 people participated in Communication for Development activities implemented by youth associations on safe hygiene practices and the prevention of malaria, cholera and HIV. Six new water points helped 1,800 people in relocation areas to access a permanent supply of safe water. UNICEF also provided improved sanitation facilities and hygiene behaviour promotion services for 1,000 families (7,000 people).

About 15,000 children 3–11 years old benefited from temporary classrooms with tents, renovated classrooms, classroom equipment, playing and learning kits and psychosocial support. In addition, psychologists treated 791 severely traumatized children. Child-friendly spaces and psychosocial support services reached a total of 3,811 affected children, young people and women. UNICEF also worked with municipal councils on a census that allowed for 4,966 flood-affected children to be registered and receive new or replacement birth certificates.
HUMANITARIAN ACTION: BUILDING RESILIENCE

The national multi-risk contingency plan, developed by CONASUR and the UNICEF country and regional offices, was adopted in February 2009 and was central in facilitating the response to the September 2009 floods and those of 2010. UNICEF continued in 2010 to support government partners at local and national levels to revise the contingency plan and strengthen coordination and ownership of the response through the cluster approach. Most importantly, UNICEF’s supply division in Copenhagen, along with the country office, worked to train CONASUR staff in planning and managing emergency stocks, including national and local pre-positioning. UNICEF is also helping to manage and equip two large new CONASUR emergency warehouses.

To meet the pressing need for food among the country’s undernourished women and children, UNICEF supported the operation of the National Nutrition Council, which is led by the Ministry of Health and includes various international agencies, NGOs and research organizations. UNICEF funded the training and operational costs for regional nutrition focal points appointed in 2009. Annual Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys and monthly case reports of severe acute malnutrition from NGOs help to strengthen the system.

PLANNED HUMANITARIAN ACTION FOR 2011

UNICEF, together with a number of partners, including the Government of Burkina Faso and NGOs, will focus on assisting the most vulnerable and hard-to-reach populations in the rural areas that have been hard hit by drought, floods and disease. UNICEF expects to reach about 150,000 people living in emergency conditions in 2011, including 80,000 children. The organization will help to ensure the coordination of the humanitarian response for flood-affected populations in the nutrition, health, WASH, child protection and education sectors, and will contribute to achieving key health cluster results for children and women whose lives have been thrown into disarray by the natural disaster.

NUTRITION (US$6,025,000)

To meet the pressing nutritional needs of Burkina Faso’s children and women, UNICEF will focus on treatment of those with severe acute malnutrition and on improving management of the condition through better coordination and surveillance.

- UNICEF will support the identification and treatment of children under age 5 suffering from severe acute malnutrition as well as provide preventive services at the onset of undernutrition among children under 5.
- The nutrition surveillance system will be strengthened, including the implementation of a national nutrition survey.
- Coordination of the emergency nutrition response will be strengthened to improve child survival.

HEALTH (US$1,300,000)

UNICEF will undertake a number of actions to protect and improve the health of about 105,000 people affected by flooding, including 15,000 children under age 5 and nearly 3,200 pregnant women.

- Preventive, curative and educational health services will be provided, including measles immunization and vitamin A distribution. The services will also include setting up temporary health infrastructure, providing drugs and medical supplies, and promoting social mobilization and communication to include efforts related to HIV prevention.
- UNICEF will work to reduce mother-to-child transmission of HIV in the affected population, where an estimated 3 per cent of expectant mothers are HIV-positive, by providing testing and preventive antiretroviral therapy in health centres caring for displaced pregnant women.
- Conjugate Meningitis A vaccine will be introduced nationwide.
- A thorough review of coordination, surveillance and alert mechanisms and current stock levels will improve planning for emergencies and coordination during crises.

WATER, SANITATION AND HYGIENE (WASH) (US$1,315,000)

UNICEF expects to strengthen coordination in this sector and also meet immediate needs for potable water, basic sanitation and hygiene-friendly environments for an estimated 105,000 people affected by flooding (displaced and host families), including 69,700 women and 15,000 children under age 5.

- Adequate drinking water will help keep an estimated 85,000 flood-affected people and host families healthy.
- Adequate sanitation facilities (excreta disposal, hand washing and showers) will improve the hygienic condition and help prevent disease among 80 per cent of affected populations.
- Education in healthy practices is crucial to the effectiveness of water and sanitation efforts. UNICEF
will help increase awareness of waterborne diseases and help displaced and host populations take adequate preventive actions (hand washing at appropriate times, sanitary toilet use, water and food hygiene, etc.).

**CHILD PROTECTION (US$450,000)**

To enhance the protection and well-being of most vulnerable groups, including 76,500 affected young boys and girls, 13,500 women and 10,000 displaced people. UNICEF will work to ensure timely protection services, including birth registration, HIV prevention, psychosocial support, prevention of gender-based violence and care and support for about 10,000 displaced people.

- Through the child protection cluster and working closely with other partners, UNICEF will provide reliable data in monthly reports on protection concerns regarding children and women.
- Vulnerable children and women will have access to psychosocial support; gender-based violence prevention services; HIV prevention, care, support and treatment services; and birth registration and other civic documentation services.
- UNICEF will ensure that 10,000 vulnerable children and women are informed of the availability of support for resettlement and return, as information is the first step in helping people protect themselves and find support.
- Protection is a need that cuts across all sectors, and UNICEF will assist other humanitarian sectors in incorporating protection into their programmes and preventing and mitigating common protection risks, including those associated with HIV.

**EDUCATION (US$2,390,000)**

The overall goal for 2011 is to provide access to educational facilities (primary schools, early childhood development centres and non-formal education centres) for 14,000 children and adolescents 3–15 years old (420 in preschool, 10,500 in primary school and 3,080 in secondary school) in the flood-affected areas of the Centre-North, East, Plateau-Central and Sahel regions.

- Temporary learning spaces will be created using tents, and recreational and educational kits will be provided for 14,000 children and adolescents affected and displaced as a result of flooding in order to support appropriate learning opportunities. Those children and adolescents will be enrolled in educational structures and will be provided with learning opportunities, including life skills and HIV education.
- 55 educational facilities will be rehabilitated and equipped.
- 350 preschool and primary schoolteachers and caregivers and 60 supervisors will be trained in psychosocial support.

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2. UNICEF recalculation based on the Demographic and Health Survey 2003, and according to World Health Organization Child Growth Standards.
8. Ibid.
13. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.
People living in Cameroon’s eastern and northern regions are struggling to share their limited access to basic services – potable water, health care and education – with a continuous and ever-shifting refugee population fleeing the Central African Republic. At the same time, 3,500 refugees who fled from Chad in 2008 remain at the Langui camp in Nord Province. Acute emergencies compound this stress. In 2010, flooding and cholera in northern Cameroon took their toll, and the already precarious existence of many women and children was made even more so. Eight out of ten regions are currently affected by cholera. High levels of undernutrition render the population vulnerable to disease and unprepared for natural disasters, and reflect the long-term nature of the uncertain conditions in these areas.

Home to more than 85,000 refugees, Adamaoua, Est and Nord Provinces have a total host population of 3.9 million people. Some 820,000 residents of these regions are directly affected by the refugee flows and must accommodate the needs of these refugees despite their own lack of social services.

Chronic malnutrition (stunting) is widespread in Cameroon (35.8 per cent), and particularly pronounced in the north (45 per cent). In Adamaoua and Est Provinces, the global acute malnutrition rate among refugees from the Central African Republic is about 12.1 per cent, which is considered critical, particularly in Est Province. In northern Cameroon, malnutrition is widespread: the global acute malnutrition rate of 14.5 per cent is close to the emergency threshold of 15 per cent. The pervasive condition is due primarily to a lack of access to age-appropriate foods and feeding practices, essential health services, and safe water and hygiene practices.

Extreme-Nord Province suffered extensive flooding in 2010, leaving many communities more vulnerable to disease. About 4,000 people, including more than 600 children, have been affected by the flooding, although no long-term displacement was caused because these individuals were eventually resettled. Since May 2010, the country’s worst cholera outbreak in more than 40 years has affected 74 health districts in the Adamaoua, Centre, Extreme-Nord, Littoral, Nord, Sud-Ouest and Ouest Provinces, leading to 10,965 reported cholera cases and 658 deaths – an extremely high fatality rate of almost 6.03 per cent.

To stabilize the welfare of women and children in Cameroon by achieving gains in nutritional status and access to health services, safe water and education opportunities, UNICEF is requesting US$ 3.35 million to carry out its planned activities in 2011. UNICEF will address the needs of nearly 1 million people, including 82,000 refugees from the Central African Republic in the Adamoua and Est Provinces and 3,500 Chadian refugees in Nord Province. The organization will also continue to facilitate the education, WASH and nutrition clusters.

Households, particularly those led by women, will be provided with hygiene and family water kits, as well as potable water in cholera-affected areas. There is also a crucial need for donor and community mobilization for refugee enrolment in primary school, community-based management of acute malnutrition and prevention of undernutrition. The provision of a regular pipeline is also necessary for ready-to-use therapeutic foods, learning materials, potable water and soap in schools, construction of separate toilet facilities, and immunization against preventable diseases.

**CRITICAL ISSUES FOR CHILDREN AND WOMEN**

Children 5–11 years old compose the largest demographic group of the refugee population, yet 80 per cent of those children are not enrolled in primary school, despite the high enrolment rates of girls and boys among children in host communities. The children who do enrol are co-hosted in existing school structures and, like the host children, face dire shortages of supplies and equipment as well as overcrowded classes.

Emergency conditions in several regions – some with refugees and some without – are exacerbating the rates of acute and chronic malnutrition in children under 5, as
well as in pregnant and lactating women. In Adamaoua, Est, Extreme-Nord and Nord Provinces, more than 170,000 children under age 5 are suffering from global acute malnutrition (a rate of 14.5 per cent), and 175,000 women of childbearing age are exposed to the risk of undernutrition. A nutrition and mortality survey using Standardized Monitoring and Assessment of Relief and Transitions (SMART) methods carried out in June 2010 in eastern Cameroon showed the prevalence of global acute malnutrition at 12.1 per cent and 0-5 death rate at 1.23 deaths/10,000 children per day, both close to threshold levels, indicating a serious situation.

Access to basic health services for children under 5 and pregnant women is also lacking. The health of children and women is endangered further by the lack of safe and sufficient water supplies and proper sanitation facilities, which is crucial to combating the ongoing cholera epidemic in the affected areas.

KEY ACHIEVEMENTS IN 2010

UNICEF was able to meet immediate humanitarian needs experienced by both refugee and host populations in 2010. As an immediate response to cholera outbreak and flooding, UNICEF joined the World Health Organization, the United Nations Population Fund, the World Food Programme (WFP) and the United Nations High Commissioner for Refugees (UNHCR) in sending urgently needed supplies to thousands of affected people. Within the context of continual population upheaval related to refugee movements and flooding, UNICEF was able to ensure that 75 per cent of refugees and host children 9–11 months old in the four target regions (Adamaoua, Est, Extreme-Nord and Nord) received measles and yellow-fever vaccinations between January and August 2010. More than 95 per cent of infants 6–59 months old in the same target area received one dose of vitamin A supplementation, and about 95 per cent of infants aged 12–59 months in the same target area received deworming tablets. UNICEF provided 8,171 cartons of ready-to-use therapeutic food to treat 16,906 malnourished children in Est and Nord Provinces. UNICEF also procured essential drugs and supplies for health facilities in the cholera-affected areas, providing urgent care for approximately 1,000 people.

The partnership between UNICEF, UNHCR, WFP, the International Federation of Red Cross and Red Crescent Societies, the Cameroon Red Cross Society, International Medical Corps, Helen Keller International and national NGOs worked to combat malnutrition in the North and East.

Eight thousand families in 72 villages gained access to adequate sanitation when a new community-led total sanitation initiative resulted in the construction and use of new latrines, improving by 30 per cent the access to basic sanitation in those villages. 30 of these villages are already fully utilizing latrines. Approximately 50,000 families received water purification tablets and 4,500 received water family kits. Through partnership with Cameroon Red Cross Society, the Cameroon Red Cross Society, International Medical Corps, Helen Keller International and national NGOs worked to combat malnutrition in the North and East.

**WEST AND CENTRAL AFRICA: CAMEROON**

**CORE COUNTRY DATA**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
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<tbody>
<tr>
<td>Population (thousands 2009)</td>
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</tr>
<tr>
<td>Child population (thousands 2009)</td>
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<tr>
<td>U5 mortality rate (per 1,000 live births, 2009)</td>
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<tr>
<td>Infant mortality rate (per 1,000 live births, 2009)</td>
<td>95</td>
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<tr>
<td>Maternal mortality ratio (per 100,000 live births 2008)</td>
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<tr>
<td>Primary school enrolment ratio (net male/female, 2005–2009*)</td>
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<tr>
<td>% U1 fully immunized (DPT3, 2009)</td>
<td>80</td>
</tr>
<tr>
<td>% population using improved drinking-water sources (2008)</td>
<td>74</td>
</tr>
<tr>
<td>HIV/AIDS prevalence rate (% aged 15–49, 2009)</td>
<td>5.3</td>
</tr>
<tr>
<td>% U5 suffering from moderate and severe wasting (2003–2009*)</td>
<td>7</td>
</tr>
</tbody>
</table>


*Data refer to most recent year available during the period specified.*
HUMANITARIAN ACTION: BUILDING RESILIENCE

Building resilience is a primary goal of UNICEF’s work in Cameroon for 2011–2012, particularly in Adamaoua, Nord, Est and Extreme-Nord Provinces. With the ministry of health and the ministry of water and energy resources, UNICEF will implement community-led total sanitation activities (CLTS) in 500 communities by 2012. The construction and use of latrines will build resilience and improve prevention of recurrent cholera epidemics in Extreme-Nord and Nord Provinces.

An effort to revitalize and scale up community-based management of diarrhoea will include new low-osmolarity oral rehydration salts and zinc supplementation. The goal is to make a significant impact on preparedness for treating diarrhoea cases in the northern regions, home to 63 per cent of all diarrhoeal cases among children under age 5.

Key WASH efforts to mitigate undernutrition in Cameroon include training community leaders, households and health service providers on the Essential Nutrition Actions package and the introduction of CLTS. This strategy promotes educating parents on appropriate young child feeding and hygiene practices, early detection of malnutrition in infants and community-based management of acute malnutrition.

UNICEF will scale up education programming to 17 primary schools located in refugee hotspots in the Adamaoua and Est Provinces, positioning these schools as safe havens, with a goal of attracting and retaining out-of-school primary school-age refugee children and providing them with a quality and relevant education.

PLANNED HUMANITARIAN ACTION FOR 2011

In 2011, UNICEF will continue to work with the Government, other UN agencies, NGOs and local communities to assist refugees and host communities. UNICEF will continue to provide support and essential services to the refugee population. Combating the high rates of undernutrition in Extreme-Nord and Nord Provinces will continue to be a focus through the scale up of community-based management of acute malnutrition in all districts of these regions, and UNICEF will also continue its preparedness to assist in preventing cholera outbreaks.

NUTRITION (US$1,000,000)

In response to the nutrition crisis in eastern and northern Cameroon, basic health services will be scaled up for children under 5 and pregnant women, including the community-based management of acute malnutrition and the Communication for Development-based Essential Nutrition Actions package for refugees and host populations. These interventions will serve approximately 316,200 people. In response to the increasing levels of undernutrition, more than 25,000 children with severe acute malnutrition will be admitted to community-based treatment programmes.

HEALTH (US$600,000)

The overall goal is to increase immunization coverage of 300,000 children in communities hosting refugees.

- Ninety per cent of incoming and resident refugee children aged 6 months to 14 years will be immunized against measles.
- To strengthen community-based activities, 300 health facilities in Adamaoua, Extreme-Nord, Est, and Nord Provinces will be provided with essential drugs, supplies for deworming and immunization, medical emergency equipment, ready-to-use therapeutic food and vitamin A.
WATER, SANITATION AND HYGIENE (WASH) (US$600,000)
Sustainable potable water sources for approximately 200,000 people will be provided to prevent cholera and other waterborne diseases.

- 300 communities, representing 6 per cent of the population in the most disadvantaged regions and 2 per cent of the national population, will benefit from community-led total sanitation activities – improving access to sanitation by 30 per cent in those communities and 1 per cent throughout Cameroon. 200 community leaders (men and women) will be trained to construct water filters and promote household water treatment.
- 4,000 vulnerable households will benefit from water family kits and hygiene kits.

CHILD PROTECTION (US$100,000)
The overall 2011 goal is to strengthen sustained sensitization of 300,000 people in refugee and host communities to ensure peaceful cohabitation and child protection.

- 3,000 refugee children will receive birth certificates.
- Refugee and local communities will be sensitized on the rights of children.
- Psychosocial and health-care services for sexual and gender-based violence survivors will be improved.

EDUCATION (US$900,000)
Increased enrolment of refugees in primary school is the overall goal for 2011, with efforts expected to benefit 50,000 boys and girls.

- In order for young refugee children to access and stay in school, accelerated learning and other re-entry programmes will be strengthened in 17 primary schools in Adamaoua and Est Provinces.
- To attract and retain refugee children, education incentives and scholarships will be provided to the most vulnerable children (boys and girls).
- To improve access and quality of education, classrooms will be rehabilitated and/or reconstructed in existing schools, with latrines and hand-washing facilities for girls and boys added.

HIV AND AIDS (US$150,000)
The overall goal for 2011 is to scale up an integrated HIV and AIDS response to meet the basic needs of 50,000 orphans and vulnerable children affected and impacted by HIV and AIDS. In addition, some 500,000 adolescents and youth in the emergency and humanitarian zones will learn to reduce their risk and vulnerability to HIV.

- To decrease the spread of HIV and AIDS, health facilities in emergency zones in 30 high-prevalence districts will receive post-exposure prophylactic kits.
- 500,000 youth and adolescents will be reached with sensitization, counselling and testing, and life skills building in order to mitigate their vulnerability to HIV and AIDS and other sexual transmitted diseases.
- Antenatal care and prevention of mother-to-child transmission of HIV will be promoted and service offered in 30 high-prevalence districts in Est and Nord Regions. Outreach to pregnant women and their partners, as well as community leaders and families will be conducted.

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2. Epidemiological surveillance data from Ministry of Health, 18 January 2011.
3. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.
6. Figures according to UNICEF situation analysis based on the Multiple Indicator Cluster Survey 2006 and the 2010 national census.
7. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.

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## UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011

<table>
<thead>
<tr>
<th>By sector</th>
<th>US$</th>
<th>Total per sector (all beneficiaries)</th>
<th>Boys</th>
<th>Girls</th>
</tr>
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<tbody>
<tr>
<td>Nutrition</td>
<td>1,000,000</td>
<td>316,200</td>
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<tr>
<td>Health</td>
<td>600,000</td>
<td>300,000</td>
<td>152,000</td>
<td>148,000</td>
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<td>WASH</td>
<td>600,000</td>
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<td>Child protection</td>
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<tr>
<td>Education</td>
<td>900,000</td>
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<tr>
<td>HIV and AIDS</td>
<td>150,000</td>
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</tr>
<tr>
<td>Total</td>
<td>3,350,000</td>
<td>1,000,000</td>
<td>478,000</td>
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</table>
The Central African Republic is struggling to provide for its people, while overcoming internal political conflict ongoing since 2003 and accepting the thousands of refugees from surrounding countries who have sought shelter in the country in recent years. Only 30 per cent of Central Africans have access to clean water and even fewer to sanitation\(^1\) – and there are alarming trends in undernutrition and disease. Children can be subjected to sexual violence and forced to join armed groups. Assistance, such as essential immunizations and AIDS education, is often provisional, given the destabilized environment in which most of the country’s women and children are living.

The year 2010 brought a host of serious hardships and challenges to the people of the Central African Republic. Ongoing political conflict, refugee influx, food insecurity, disease epidemics and debilitated national service capacities have taken a toll on an already vulnerable population. Rebel attacks and occupations continue to force significant population migrations. Recent estimates cite 192,000 internally displaced persons who require continuous life-saving support, as well as 5,000 refugees from the Sudan and Chad and 15,700 from the Democratic Republic of the Congo.\(^2\)

Persistent tensions and population displacements, along with rising prices and divestment of the mining industry, continue to depress household income as well as the health and well-being of Central Africans. This is evidenced by a declared emergency of undernutrition for 587 children in the country’s south-west region,\(^3\) and a host of related health and security issues concentrated in the northern and southern regions. These include high rates of undernutrition and disease, and restricted access to quality education for up to 50 per cent of the children in the regions.

UNICEF is requesting US$11,763,000 to carry out its planned activities in the Central African Republic in 2011. UNICEF has aligned its request with the 2011 Consolidated Appeals Process (CAP) requirements. The country’s women and children, who struggle to cope under the diminished capacities of their weakened social infrastructure as well as the effects of crises in neighbouring countries, require the urgent assistance this funding can provide. With presidential elections scheduled to take place in January 2011 and the repositioning of military groups in conflict areas, as well as aftermath of the referendum in Southern Sudan, additional armed conflicts and population displacements are anticipated in coming months. In response, UNICEF intends to provide humanitarian assistance to reduce the vulnerabilities of 600,000 conflict-affected people, including 294,000 children, in accordance with the Core Commitments for Children in Humanitarian Action.

As cluster lead for nutrition, WASH and education, UNICEF will promote standards and policymaking and provide field support, education and training aimed at improving health; decreasing undernutrition; providing safe drinking water, appropriate sanitation and hygiene; and ensuring children’s right to education in child-friendly, protective environments. UNICEF will also continue to actively participate in the health, protection, logistics and food security clusters.

In light of the precarious balance held in multiple regions of the Central African Republic, UNICEF will help build emergency preparedness and response capacities, including assisting with conflict and natural disaster preparedness.

**CRITICAL ISSUES FOR CHILDREN AND WOMEN**

The economic and political toll that weighs on the Central African Republic robs women and children of much-needed clean water, proper sanitation facilities, food, medical and educational services and protective environments. Limited resources necessitate that maternal care, essential childhood immunizations, nutritional supplementation and HIV and AIDS education programmes be provided on a provisional basis.

The public health ministry declared a dire child undernutrition emergency last year in the south-west region.\(^4\) Economic austerity cuts in the mining sector and increasing market prices contributed to losses in household income. The additional challenge of getting food on the table led to global acute malnutrition in 12 per cent of children under age 5 and to severe acute malnutrition in 2.3 per cent.\(^5\)
Limited access to clean water and adequate sanitation has led to increased rates of infectious disease that render children less likely to attend school. Battling poverty and hopelessness, some children are forced to join armed forces and others are recruited by armed rebel groups.

**KEY ACHIEVEMENTS IN 2010**

In 2010, UNICEF estimated that US$15,187,221 was needed to fund its humanitarian work in the Central African Republic. As of October 2010, a total of US$5,652,257 – or 37 per cent of the 2010 request – had been received. To combat the spread of infectious disease, two rounds of national polio immunizations were administered to 800 children, and phase one of a national yellow-fever immunization campaign was completed for 672,834 children. In addition, UNICEF distributed about 1 million long-lasting insecticide-treated mosquito nets to reduce malaria-related mortality.

In response to the undernutrition crisis in the southwestern part of the country, 225 health workers were trained to screen for and manage acute malnutrition. On average, 1,550 children were treated monthly for severe acute malnutrition in UNICEF-supported programmes throughout the country.

Access to safe drinking water was improved for 139,000 people (including 69,107 women, 66,028 children, 8,959 hospitalized persons and 5,000 schoolchildren) after the construction and rehabilitation of 140 water points. The water and sanitation needs of approximately 25,000 refugees and 7,500 internally displaced persons were met (100 per cent of the target population).

Fifty-one girls and 210 boys recently separated from armed groups received reintegration support, via two newly established interim care centres. In addition, psychosocial services, life-skills education and opportunities to participate in small income-generating activities were provided to 3,344 vulnerable children —1,537 boys and 1,807 girls.

UNICEF coordinated with the ministry of education and national and international NGOs during 2010 to bring 172,037 schoolchildren back to primary school in conflict-affected regions, compared with 145,152 schoolchildren in 2009. Eighteen new primary school classrooms were rehabilitated or constructed, five preschools were rehabilitated and one was built to serve 2,000 children. Additionally, temporary learning spaces and school supplies were provided to displaced children.

UNICEF also supported HIV prevention activities in emergency and conflict zones, including the training of 240 government and community health workers to provide information and services. UNICEF also supported HIV and AIDS education and prevention programmes for youth and women of reproductive age, reaching 1,254 youth and 1,976 pregnant women.

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**CORE COUNTRY DATA**

| **Population (thousands 2009)** | 4,422 |
| **Child population (thousands 2009)** | 2,088 |
| **U5 mortality rate (per 1,000 live births, 2009)** | 171 |
| **Infant mortality rate (per 1,000 live births, 2009)** | 112 |
| **Maternal mortality ratio (per 100,000 live births 2008)** | 850 |
| **Primary school enrolment ratio (net male/female, 2005–2009*)** | 77/57 |
| **% U1 fully immunized (DPT3, 2009)** | 54 |
| **% population using improved drinking-water sources (2008)** | 67 |
| **HIV/AIDS prevalence rate (% aged 15–49, 2009)** | 4.7 |
| **% U5 suffering from moderate and severe wasting (2003–2009*)** | 12 |

*Data refer to most recent year available during the period specified.

*Data reflect the most recent data available*.
HUMANITARIAN ACTION: BUILDING RESILIENCE

In the emergency zones of the Central African Republic, rebel-group activities and repeated incidences of violence and banditry oppress civilians and prevent children from exercising their right to education. Thousands of pupils have had to interrupt their studies.

In Obo in south-eastern Central African Republic, the desire for education has withstood cross-border incursions by the Lord’s Resistance Army (LRA). Since early 2009, some 1,700 internally displaced and refugee children fleeing LRA attacks have enrolled in seven schools supported by UNICEF and Cooperazione Internazionale, or COOPI, a partner NGO, as part of their emergency education programme.

Eleven-year-old Jonas Akoumbo fled his home village of Goubere with his parents and five siblings after an LRA attack a year ago. “I used to go to school and was sad when I had to leave. But now I’m back in school and very happy about it,” he said.

Traumatized and vulnerable, most of these children are eager to return to the safety and stability of the classroom and to regain a sense of normalcy. The social and emotional support provided helps many to find hope again.

Jonas is ready to move on. “I want to finish my studies and one day go back to my village to teach other children about the importance of continuing school, even after being attacked by the LRA.”

PLANNED HUMANITARIAN ACTION FOR 2011

UNICEF is leading the education and WASH clusters and co-leading the nutrition and shelter and non-food item clusters in the Central African Republic. The organization also actively participates in the health, protection, logistics and food security clusters. In 2011, UNICEF will continue to work with the Government of the Central African Republic, other UN agencies, local and international NGOs and host communities to address the needs of hundreds of thousands of children and adults.

In 2011, UNICEF will work to address severe acute malnutrition, the spread of disease and the lack of access to education in the Central African Republic, as well as to protect children from recruitment into armed forces. Regular immunization programmes will be strengthened to deliver interventions, including emergency measles vaccinations (when required) and vitamin A supplementation to children under age 5. Ten youth-friendly service centres aimed at stopping the spread of HIV and AIDS will be rehabilitated, and medical staff will be trained to disseminate care information to women of reproductive age and their partners. The UNICEF-led nutrition cluster will train health workers to manage severe acute malnutrition and provide nutritional supplies to 55 centres. Providing access to safe water and sanitation facilities for 190,000 internally displaced people will slow the spread of disease. UNICEF will also expand its focus on providing safe and sanitary facilities for education, and continue to protect children from recruitment into armed forces.

NUTRITION (US$2,644,000)

The UNICEF-led nutrition cluster will develop a national nutrition information system and will train 300 health workers in the management of severe acute malnutrition. Provision of essential supplies to treatment centres will also be ensured.

- An estimated 888,000 people (including 650,450 children) will benefit from the development of a national nutrition surveillance system that will collect up-to-date and reliable nutritional survey data (Standardized Monitoring and Assessment of Relief and Transitions, or SMART, surveys) to direct and evaluate humanitarian and emergency response.
- Nutritional supplies will be provided to 55 treatment centres that serve 887,305 people, including 650,450 children.
- Seventeen new therapeutic feeding outpatient treatment centres will serve 193,221 people, including 117,419 children. Nutritional supplies will be provided to 38 existing centres that currently serve 694,084 people, including 533,031 children.
- Coordination mechanisms and partnerships will be strengthened to ensure capacity for emergency preparedness and response.
- 300 health staff will be trained in screening and management of acute malnutrition.
- Nutrition conditions in high-risk and hard-to-reach areas will be monitored.
HEALTH (US$4,000,000)
In 2011, UNICEF will reach out to 900,000 people with proactive approaches to disease control. It will strengthen routine vaccination programmes and deliver high-quality interventions, including emergency measles vaccinations when required, vitamin A supplementation to children under age 5 and assistance to pregnant and lactating women in the most severely affected areas.

- To protect from disease, supplies will be provided to strengthen regular immunization programmes. Drugs needed for routine interventions will also be supplied.
- A new pneumonia vaccine with cold-chain storage capacity will be introduced and provided to 250,000 children.
- An emergency measles vaccine will be provided and aggressive campaigns will be organized to fight polio and yellow-fever epidemics.
- To combat vitamin A deficiency, 715,495 supplements will be given to 650,460 children under age 5.
- Community volunteers in 130 villages will be trained to treat malaria and pneumonia and to give instruction for the home-based treatment of diarrhoea.
- To reduce malaria-related mortality, 2,000,000 insecticide-treated mosquito nets will be distributed.

WATER, SANITATION AND HYGIENE (WASH) (US$744,000)
As WASH cluster lead, UNICEF will provide access to safe water and basic sanitation facilities for 25,000 internally displaced persons and 7,500 refugees. UNICEF will also improve cluster coordination in emergency preparedness and links to early recovery.

- The WASH and shelter needs of 7,500 internally displaced persons and 25,000 refugees will be met.
- 50 new and 300 existing water points for 139,000 vulnerable persons (69,107 women, 66,028 children, 8,959 hospitalized persons and 5,000 schoolchildren) will be constructed or rehabilitated.
- Sanitation facilities and hand-washing points in 50 schools and health facilities will be constructed.
- Hygiene training for 150,000 vulnerable persons and water-point maintenance training for 1,000 persons across the emergency zones will be supported.

CHILD PROTECTION (US$2,450,000)
In 2011, UNICEF will continue to prevent new child recruitment into armed factions and will develop community-based protection networks and train armed groups, including self-defence militias, to sensitize them to the issue.

- To address violence, particularly sexual violence, UNICEF will develop six child-friendly spaces with psychosocial support, emphasizing prevention and positive behavioural change.
- UNICEF will continue to monitor and report child rights violations.
- UNICEF will help reintegrate 400 children formerly used by armed groups with their families and communities through a back-to-school campaign, life-skills trainings and income-generating activities.

EDUCATION (US$307,000)
UNICEF will extend its focus on creating safe learning environments in all conflict and crisis-affected areas of the Central African Republic. Through educational training in HIV and AIDS, gender-based violence and promotion of peace, 2,500 primary schoolteachers will be able to respond more effectively to the special needs of children affected by conflict.

- Access to quality education in a secure and protective environment will be ensured for more than 20,000 children, including 6,500 children in conflict-affected areas.
- 40 classrooms in the Nana-Grébizi, Haut-Mbomou, Haute-Kotto and Ombella-Mpoko Regions will be rehabilitated and provided with basic sanitation facilities, essential school materials and recreational kits.
- To ensure quality and sustainability of facilities and educational systems, 2,000 parent-teacher association members will be trained in school management.
- 45 temporary learning and rehabilitation spaces will provide education in the most remote and crisis-affected regions.
- UNICEF will strengthen the coordination mechanisms and capacities of the education cluster partners in emergency education preparedness and response.
- In crisis-affected areas, advocating for children’s right to education for the most vulnerable children, especially girls, will be a priority.

HIV AND AIDS (US$800,000)
In 2011, UNICEF will focus on improving coordination mechanisms with government institutions and NGOs to reduce the risk of exposure to HIV infection among youth in conflict-affected areas.

- To reduce the risk of HIV infection among youth, UNICEF will rehabilitate 10 youth-friendly service centres around the country that will provide approximately 7,000 youth of reproductive age as well as 10,000 women of reproductive age with information about HIV and AIDS and mother-to-child transmission.
• 10 youth-friendly service centres in emergency zones will be rehabilitated and equipped to provide HIV and AIDS services to benefit 100,000 children (30 children per day, per centre, on average).
• HIV testing services to 3,000 boys and 4,000 girls both in and out of school will be provided.
• 180 youth peer educators and 80 teachers will be trained to reinforce HIV prevention among youth.
• Information about sexual and reproductive health and rights will be made available at the rehabilitated centres to at least 12,000 adolescents.
• Quality mechanisms, such as community-based oversight committees, will be put in place to improve health referral systems. UNICEF, through its support of the National Committee for the Fight against AIDS, will help the ministry of youth and the ministry of health and social affairs to deliver and monitor HIV and AIDS activities in emergency zones.

CLUSTER COORDINATION (US$818,000)

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

1. General Directorate of Hydraulics, Communiqué Final, Table Ronde Sectorielle Eau et Assainissement en RCA’ [Round table on water and sanitation in CAR], Bangui, Central African Republic, 8 October 2009, p. 3.
2. UNOCHA CAR, 31 January 2011.
7. Total number of beneficiaries may not equal the sum of beneficiaries per sector due to overlap in services provided to individuals.

UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011

<table>
<thead>
<tr>
<th>By sector</th>
<th>US$</th>
<th>Total per sector (all beneficiaries)</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>2,644,000</td>
<td>887,305</td>
<td>312,578</td>
<td>337,872</td>
</tr>
<tr>
<td>Health</td>
<td>4,000,000</td>
<td>900,000</td>
<td>371,959</td>
<td>402,955</td>
</tr>
<tr>
<td>WASH</td>
<td>744,000</td>
<td>321,500</td>
<td>77,190</td>
<td>80,345</td>
</tr>
<tr>
<td>Child protection</td>
<td>2,450,000</td>
<td>180,000</td>
<td>100,000</td>
<td>80,000</td>
</tr>
<tr>
<td>Education</td>
<td>307,000</td>
<td>200,000</td>
<td>129,617</td>
<td>71,383</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>800,000</td>
<td>100,000</td>
<td>40,000</td>
<td>60,000</td>
</tr>
<tr>
<td>Cluster coordination</td>
<td>818,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11,763,000</strong></td>
<td><strong>2,588,805</strong></td>
<td><strong>1,030,344</strong></td>
<td><strong>1,032,555</strong></td>
</tr>
</tbody>
</table>
An estimated 2 million people in Chad are in need of food assistance. For many of them, undernutrition and chronic food insecurity now characterize ‘normal’ life, as food production across the Sahel region remains crippled by severe drought, pressure on scarce resources and progressive desertification. This hardship has been compounded by civil conflict in neighbouring countries that has caused more than 300,000 people from the Darfur region of the Sudan and from the Central African Republic to seek refuge in Chad. The same conflict has displaced an estimated 170,000 Chadian residents of border regions with Darfur. Those who are displaced or living in refugee camps are highly susceptible to such health risks as cholera, meningitis and measles epidemics.

Inadequate access to basic health care, safe water and sanitation, and low levels of routine immunization coverage, further compromise health among all populations in Chad. In eastern Chad, the recruitment of children into armed groups remains a critical problem. Concerns for the well-being of children and women have increased with the departure of the United Nations Mission in the Central African Republic and Chad in November 2010.

Undernutrition and chronic food insecurity characterize life for approximately 416,000 children and 480,000 women in Chad, hardships that in recent years have been exacerbated by fallout from drought and civil conflict in neighbouring countries. These natural and human-made disasters caused the displacement of an estimated 180,000 women and 125,000 children in 2010, and increased susceptibility to malnutrition and acute health risks such as cholera, meningitis and measles epidemics.

The departure of the United Nations Mission in the Central African Republic and Chad in 2010 increased security and humanitarian risks faced by the population. Upcoming elections in Chad and a referendum in Southern Sudan are causes for concern, as elections in the region often lead to increased instability and violence. The detrimental impact of health, nutrition and education crises is further augmented due to the national government’s weak institutional capacity to respond to the basic needs of the country’s most vulnerable citizens.

UNICEF is requesting US$45,639,000 to carry out its humanitarian activities in Chad during 2011. This request is in line with Consolidated Appeals Process requirements. Adequate funding levels are necessary to maximize progress regarding the well-being and development of women and children in the country.

UNICEF’s planned humanitarian interventions during 2011 will reach approximately 2.5 million people across Chad, targeting a range of education, nutrition and health emergencies. To address the needs of the approximately 120,000 children suffering from acute malnutrition throughout the country, the organization plans to improve the quality of treatment and augment the number of nutrition treatment centres. For example, in the Sahel belt regions of the east, west and the centre of Chad, UNICEF expects to achieve a coverage rate of 60 per cent by providing therapeutic care to 60,000 children suffering from severe acute malnutrition. As part of the WASH cluster, sanitation, water disinfection and healthy hygiene education will reach 250,000 survivors of flooding and reduce cholera epidemics in affected regions. Education and child protection clusters will focus on improving social skills and child spaces to aid 170,000 internally displaced people, 43,000 returnees, 320,000 refugees and surrounding host populations in the east and south of Chad. To react pre-emptively to the displacement crisis in the eastern part of the country, UNICEF’s strategy will shift towards the delivery of more inclusive and effective humanitarian services in the areas of health, nutrition, WASH, education, child protection, and HIV and AIDS for both returnee and host populations.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Throughout 2010, women and children in Chad faced severe food crises, as acute malnutrition rates exceeded the emergency threshold of 15 per cent in the nine regions of the Sahel belt. Inadequate access to safe water and sanitation contributed to moderate or severe acute malnutrition in 140,000 children under age 5 in the eight Sahelian belt regions surveyed by UNICEF in August 2010. Low levels of routine immunization coverage for vaccine-preventable
diseases and recurrent catastrophes such as meningitis, measles outbreaks, floods and cholera epidemics further compromised the health of this population. Prevalence of HIV among the displaced population in the south was 7 per cent, which is double the national average of 3.5 per cent, with twice as many women infected as men.5

Access to education continued to be affected by a lack of teachers, infrastructure and equipment. UNICEF estimates that more than 200,000 children remained out of school, many of them girls and displaced children from remote and poor rural areas.

Violence and sexual exploitation also plagued the lives of the country’s most vulnerable people. Gender-based violence, especially female genital mutilation, affected 44 per cent of Chadian women. While prevalence depends on the region, the highest rate of female genital mutilation is in eastern Chad, particularly in Dar Sila, where it is 96.7 per cent, followed by the Mandoul region in the south, where it is 88 per cent. It is estimated that 31 per cent of girls in Chad are married before the age of 15; the highest rate is in the Salamat region, where it is 53.5 per cent. Pregnancy in Chad in girls younger than 15 years old is at a rate of 37 per cent. According to the Multi-Indicator Cluster Survey of 2010, only 22.3 per cent of girls between 15 and 24 years old are literate; the lowest rate is in Salamat, where it is 2.1 per cent.6 Also according to the survey, 57 per cent of Chadian women perceive domestic violence as normal.

In eastern Chad, the recruitment of children into armed groups remained a critical problem. According to UNICEF database, between 2007 and 2010, 976 children formally associated with armed forces and groups were released and now benefit from prevention, release and reintegration efforts. A number of children remain in armed groups, due to the lack of a formal disarmament demobilisation programme. With the signing of the peace agreement between the Government of Chad and rebel groups, all children associated with armed forces and groups, are expected to be released in the coming months.

Children are also at risk of injury and even death due to the unexploded ordnances across the eastern and northern part of the country. In 2010, some 141 casualties from unexploded ordnances were identified and registered; 25 per cent of those victims were killed and 43 per cent of them were children.

**KEY ACHIEVEMENTS IN 2010**

In 2010, UNICEF estimated that US$51,237,840 was needed to fund its humanitarian work in Chad. As of October 2010, a total of US$18,801,849, or 37 per cent, had been received.

In the health and nutrition sector, UNICEF targeted children at risk due to displacement and chronic and acute food...
shortages, making many gains. By achieving a 95 per cent rate of immunization for children under the age of 1 in refugee camps, sites for internally displaced people and host community villages, UNICEF contributed to significantly improving the estimated national coverage rate of only 23 per cent.7 Therapeutic feeding for severely malnourished children almost quadrupled, reaching 46,000 children by October 2010, as opposed to 12,000 children in all of 2009.

At the onset of floods and a cholera outbreak in July 2010 in western and southern Chad, UNICEF provided technical expertise, medications, improved hygiene promotion materials and medical equipment to the Government of Chad and NGOs. This assistance helped reduce the overall cholera fatality rate from 19 per cent to 3 percent in the regions of Guéra, Kanem, Lac, Mayo-Kebbi East, Mayo-Kebbi West and N’Djamena.8

Access to safe water, adequate sanitation and hygiene was achieved for 75 per cent of 320,000 refugees in the east and the south and 85 per cent of the internally displaced people, returnees and members of host communities in eastern and southern Chad. In the regions of Batha, Bahr El Gazal, Guéra and Kanem, WASH services provided safe water to 80 per cent of the population through UNICEF-supported health centres and schools. In the country’s eastern and southern regions, educational programmes were provided to 77,743 school-aged children and 37,402 preschool children in refugee camps, as well as 28,405 children in sites for internally displaced people and about 50,000 people in host communities.

UNICEF worked with the Government of Chad and NGO partners to secure the release of 93 children associated with armed groups and reunite them with their families. To increase advocacy and end the recruitment of children into armed groups, UNICEF and the Government of Chad organized a regional conference, which was attended by 236 participants, including attendees from Cameroon, the Central African Republic, the Niger, Nigeria and the Sudan.

UNICEF Chad is providing cluster coordination leadership in WASH, nutrition and education. In 2011, UNICEF will continue to work with the Government of Chad, other UN agencies, NGOs and host communities to address the needs of 2.5 million people, including 735,000 boys and 765,000 girls. UNICEF will seek to strengthen nutrition and WASH cluster areas to lessen the effects of acute malnutrition and diarrhoeal diseases. Among its main priorities for 2011, the country office will target improving WASH, with a goal of reaching 1.5 million people in the Sahelian belt.

To help meet the needs of thousands of displaced women and children, UNICEF will bolster efforts to provide access to safe water and improved sanitary practices in order to minimize the spread of disease. Education of displaced children will be a priority for 2011. Learning centres will be established in host communities in eastern Chad to achieve the goal of reaching about 51,000 children.

NUTRITION (US$15,300,000)
UNICEF will work to address the nutrition needs of women and children across Chad and to minimize the impact of the region’s chronic food insecurity.

- UNICEF will ensure access to therapeutic care, with a goal of reaching 60,000 children with severe acute malnutrition in the Sahel belt region.
- Community advocacy activities will be organized and mobilized in the Sahel belt regions to promote key family practices, such as exclusive breastfeeding, hand washing with soap and the utilization of insecticide-treated mosquito nets, which will benefit 2 million women and children.
- Nutrition surveillance and nutrition information systems at the country level will be strengthened by collecting and disseminating data, conducting nutrition surveys twice a year and reinforcing the capacity of the ministry of health.
• The organization will use an integrated approach to control illnesses such as diarrhoea, malaria, pneumonia, HIV and AIDS, and those related to WASH.

HEALTH (US$3,225,000)
To provide basic health services to the most vulnerable populations in the Sahelian belt of Chad and along Sudan’s border, UNICEF will provide the following high-impact interventions to refugees, internally displaced people and those living in host communities, including an estimated 25,460 pregnant women and 115,040 children under 5.

• Routine immunization and supplementary vaccination campaigns for polio, meningitis, measles and tetanus will be ensured, with a goal of reaching 2.6 million children under 5.

• The ability of local health systems to provide antenatal, emergency obstetric and skilled delivery care will be reinforced. In targeted regions and districts in the Sahel belt of Chad, UNICEF will support the recruitment and deployment of nurses, midwives and medical doctors.

• An estimated 900,000 of the most vulnerable population group with the least access to health services – the nomads of the Sahelian belt – will be targeted by providing mobile clinics for nutrition screenings and basic health services, including vitamin A supplementation, deworming treatments and malaria diagnosis and treatment.

• Efforts to minimize epidemics will be reinforced through the pre-positioning of meningitis vaccines for 300,000 people as well as medical supplies and drugs to treat those affected by meningitis and cholera.

WATER, SANITATION AND HYGIENE (WASH) (US$8,120,000)
To reduce infant mortality and high rates of undernutrition, UNICEF will ensure access to safe water, sanitation and improved hygiene for 505,000 refugees, internally displaced people and those in host communities across Chad, particularly in the Sahelian belt and in the east and south.

• WASH cluster coordination will be improved by the preparation of contingency plans for flooding and preventive cholera response in crisis-prone areas, including in the regions of Kanem, Lac, Mayo-Kebbi East, Mayo-Kebbi West, N’Djamena and Salamat.

• Key preventive and curative WASH packages will be integrated into nutrition programmes to improve access to sanitation and hygiene practices for 60 schools and 50 health centres. Some 150 boreholes will be divided according to gender, 30 sanitary blocks will be constructed in health centres and 40 blocks will be constructed in schools, all with a goal of reaching 500,000 children under 5.

CHILD PROTECTION (US$6,010,000)
UNICEF will continue its work to bolster protection for displaced children. The following actions will be undertaken with a goal of reaching 60,035 internally displaced and refugee children, of which about 50 per cent are girls.

• UNICEF will gradually expand its psychosocial support to 15 host villages and areas of returning internally displaced people in eastern Chad (Guéréda, Dar Sila and Assoungah), and provide additional support in 10 host villages already covered in the southern part of the country (around the Central African refugee camp in Goré).

• UNICEF will work to identify children associated with armed forces and to advocate on their behalf. Additionally, it will work to support the care and reintegration of at least 250 demobilized children.

• A campaign to raise awareness about gender-based violence will be developed and implemented. UNICEF will also work with partner agencies and governments to strengthen coordination skills to respond more effectively to gender-based violence, including early marriage, domestic violence, sexual mutilation and rape. The approach will be focused on sensitization, data collection and treatment by organizations that deal with the information management systems related to gender-based violence as they respond to the psychosocial, medical, judicial and socio-economic needs of survivors, to benefit an estimated 90,000 people, including 30,000 girls and 60,000 women.

EDUCATION (US$ 10,354,000)
UNICEF will provide access to quality education for more than 560,000 preschool and primary-school-age children affected by displacement, as well as children with special needs and disabled children, in eastern and southern Chad, including the Sahelian belt. The capacity development of 3,075 teachers will be strengthened to ensure quality teaching and psychosocial support to mitigate the effects of the crisis situation experienced by children. UNICEF will provide teaching and learning materials, including School-in-a-Box kits and textbooks, as well as meals to children attending 1,650 schools in the east (Wadi Fira, Sila, Ouaddai and Ennedi) to bolster the quality of education.

• UNICEF will support the ministry of education by developing a campaign to promote increased awareness of the importance of education for all children, including girls, across the region. Disaster risk reduction activities and emergency preparedness and response plans will be integrated into the Education in Emergencies sector plans and budget.

• Support will be provided for parents and teachers at 1,650 schools and learning spaces in areas affected by displacement. Support will include leisure activities (games, painting and drawing), sports activities and focus groups to discuss and analyse the situation of...
WEST AND CENTRAL AFRICA: CHAD

children in this period of crisis. Psychosocial support will be offered to children and youth affected by the crisis.

- Education cluster coordination will be strengthened by UNICEF and the ministry of education.
- UNICEF will establish 300 preschool structures in refugee camps and train 260 monitors to provide quality teaching and care of an estimated 35,000 preschool children.
- 574 teachers will be recruited and trained, with support provided to the ministry of education in efforts to reach areas severely impacted by the displacement crises.

HIV AND AIDS (US$2,200,000)

In 2011, humanitarian action targeting HIV and AIDS services will be improved for vulnerable populations, including thousands of women and children affected by displacement, 20,000 pregnant women and 540 HIV-positive mothers and infected children.

- 240,000 young people (110,000 boys and 130,000 girls) will receive information on HIV prevention in schools and youth centres by trained teachers and peer youth educators.
- Due to increased sexual violence risks among refugees and internally displaced people, post-exposure prophylaxis kits will be provided to those in need.
- UNICEF will ensure that about 200,000 adolescent boys and girls have access to gender-sensitive and HIV and AIDS services.
- To improve antenatal care, 18,000 pregnant women will be tested for HIV.
- To curtail the spread of HIV and provide treatment, 80 per cent of 540 HIV-positive women in need will have access to antiretroviral treatment and care, including prophylaxis to prevent mother-to-child transmission.
- To lessen the effects of the disease, 80 per cent of 600 exposed and infected children will have access to treatment and care.

CLUSTER COORDINATION (US$430,000)

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

9. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.

<table>
<thead>
<tr>
<th>UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011</th>
<th>ESTIMATED BENEFICIARY NUMBERSa</th>
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<td><strong>By sector</strong></td>
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<td><strong>Total</strong></td>
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www.unicef.org/hac2011 | 2011 UNICEF HUMANITARIAN ACTION FOR CHILDREN
In 2010, more than 114,000 people arrived in the Congo seeking shelter from political strife and violence in the Democratic Republic of the Congo. Although the arrival of refugees appears to have stabilized since May, there is currently no foreseeable timetable for safe return to their home country. Refugees in the Congo, of whom an estimated 80 per cent are women and children, live in conditions that increase the risk of undernutrition and illness. Limited access to WASH facilities for many refugees creates an opening for the spread of waterborne diseases. Recurrent floods also take their toll: Thousands of children have a hard time getting to school, and about 350,000 people are at risk of cholera.

In November 2010, the Congo experienced a deadly outbreak of wild poliovirus, with nearly all cases reported from the port city of Pointe-Noire. By early December, 498 cases and 209 deaths had been reported, mainly among young adults. Logistical constraints related to climate, limited air access and minimal air cargo access to some areas make providing humanitarian relief in the Congo extremely difficult.

During rainy seasons in the peri-urban areas of Brazzaville and Pointe-Noire, and in rural areas of Bouenza, Loudima and Pool, flare-up of water-borne disease is particularly acute. Cholera could affect 350,000 people, thus requiring maintenance of epidemiological surveillance and promotion of key waterborne disease prevention practices. The recurrent flooding in some areas of Brazzaville, Cuvette and Pointe-Noire could potentially affect school attendance of 30,000 students, of whom 14,400 are girls.

UNICEF is requesting US$4,830,000 to carry out its planned activities in the Congo in 2011. UNICEF will continue to provide essential drugs and medical and nutritional supplies to the existing 30 health centres. Essential nutrition actions will be integrated, and children and post-partum women will benefit from vitamin A and iron supplementation and systematic deworming. Nutritional education at the household level will be strengthened using trained community liaisons. Water-treatment commodities, water facilities and separated latrines at the community level will be provided in health centres and schools. Preschool- and primary-school-age children will have access to standard recreational, early childhood development and primary school kits adapted according to curricula in the Congo and the Democratic Republic of the Congo.

Through continuing education, teachers (50 for the preschool level and 300 for primary schools) will be trained in the management of multigrade classes and teaching of core disciplines, including life-skills and peace education, in collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO). UNICEF will strengthen community-based mechanisms to prevent violence and abuse to children, provide psychosocial care for both refugees and host communities, and help prepare refugees for return to the Democratic Republic of the Congo. Communication activities will accompany sectoral interventions to promote key life-saving behaviours, hygiene education and prevention of violence and abuse in schools and at the household level.

Logistical constraints remain a major challenge. Access to Likouala Department depends on the level of river water and the quality of roads. The airline network is limited; only one United Nations High Commissioner for Refugees flight with limited capacity and one private company fly irregularly from Brazzaville to Impfondo. Moreover, there is no cargo airline that covers this part of the country, thus complicating planning and logistics.

**CRITICAL ISSUES FOR CHILDREN AND WOMEN**

Findings from a recent Standardized Monitoring and Assessment of Relief and Transitions survey show that the nutritional status of women and children is precarious, but is not at emergency levels. Access to safe water and sanitation remains weak, particularly in small sites far from water facilities, thus increasing the prevalence of waterborne diseases.

Lack of access to education is a problem for families. In communities hosting refugees, 28,070 residents of the Congo and 41,400 refugees are under age 5 and 30,000 preschool- and primary-school-age children (including 13,500 girls) remain out of school. Of the 56,178 women living in the affected area, 25,300 are refugees.
In addition, providing safe environments and protection for children is becoming challenging. The most recent mission reports and minutes of coordination meetings include an increasing number of sexual violence cases as well as trauma suffered by children, particularly girls. Recruitment of children into armed groups from the Democratic Republic of the Congo is also a growing risk. Thus, priority humanitarian needs for children and women include access to essential drugs and health commodities; prevention/treatment of undernutrition; access to clean water and adequate sanitation; access to adequate preschool/primary education as well as child/girl-friendly learning environments; creation of protective environments, such as drop-in centres, against violence and abuse; promotion of life-saving behaviours; and prevention of sexual violence.

**KEY ACHIEVEMENTS IN 2010**

In 2010, UNICEF estimated US$5,973,032 was needed for aid in the Congo. As of October 2010, US$1,995,016 had been received, or 33 per cent of the goal. To respond to the refugee crisis in 2010, UNICEF benefited from Central Emergency Response Fund grants and relied on available funding sources to meet immediate needs. As the refugees stayed longer in the Likouala Department, however, limited funding has meant that important needs have remained unmet. Consequently, existing drop-in and preschool centres were closed to wait for additional resources. A recent second round of Central Emergency Response Fund grants allowed UNICEF to resume priority interventions.

UNICEF support focused mainly on WASH (as the lead agency) and education (as co-lead with UNESCO), while collaborating with other agencies on health and child protection. Areas such as HIV and AIDS and communication were covered through regular UNICEF country programme activities. Some 50,000 refugees, including 2,400 women and 12,000 children, have benefited from a package of essential drugs, equipment for safe and hygienic childbirth, and basic surgical interventions. Existing medical infrastructure capacities were improved (14,000 patients treated, 300 deliveries assisted within a period of three months). Strengthened epidemiological surveillance made timely data available for monitoring and risk-assessment. Screening for acute malnutrition and endemic diseases (yaws, monkey pox and cholera) was reinforced at the community level through training for 67 health workers and 153 community liaisons. Timely treatment of severe acute malnutrition following the national protocol was provided in 30 health centres to the host community and refugees.

UNICEF promoted hygiene practices and installed water supply and sanitation facilities for at least 10,000 individuals, including both refugees and hosts. Eighteen wells were completed by UNICEF, exceeding the 15 that were planned. One health centre and 12 primary schools were equipped with WASH facilities (28 hand-washing facilities, 68 separated latrines). At the community level, 13,668 people, located in 26 sites, benefited from key hygiene and sanitation practices and home treatment of drinking water. In response to an alert of cholera epidemics in the district of Goma Tse Tse (Pool Department), UNICEF provided sensitization activities regarding hygiene and home treatment of drinking water and distributed bleach for water treatment. UNICEF support to education through provision of 102 educational and 72 recreational kits allowed some 23,000 refugee children to complete the primary school year, exceeding the December 2009 goal of 20,000.
UNICEF support benefited 8,593 preschool-age children with the distribution of 234 kits, including 102 school kits and 72 recreational and 60 early childhood development kits. Protection kits were pre-positioned for unaccompanied children and for children and women who had survived violence or abuse. Thirty group leaders were trained at the community level, and 111,111 refugees and hosts benefited from the development of social mobilization and advocacy materials.

**HUMANITARIAN ACTION: BUILDING RESILIENCE**

Testimony of Raba Nagbendo, who is living in the Congo as a refugee from the Democratic Republic of the Congo: “My name is Raba Nagbendo, and I come from Imesse, in the Democratic Republic of the Congo. I have lived in Mankolo village in the Congo for four months, with my 4-month-old baby, two younger brothers and sister. Armed civilians attacked our village, and we had to flee with my mother. Like thousands of others, we crossed the Ubangi River to seek refuge here. My mother died two weeks upon our arrival, and I found myself without money to take care of my baby and my siblings. But now our situation is improving. Since the last visit from UNICEF and Médecins d’Afrique [Doctors for Africa], free drugs are available at the health centre close to our place. Now that we have potable water and receive a piece of soap every month from UNICEF, I notice that the children do not suffer any more from diarrhoea. UNICEF also opened a school for refugee children in the village; my brother and sister received notebooks and pens so that they could finish the school year and I could spend more time taking care of my baby. With the kids at school, I feel less anxious about dangers than before, when they spent their time playing along the river.”

**PLANNED HUMANITARIAN ACTION FOR 2011**

Although the cluster approach has not been formally adopted in the Congo, UNICEF is the agreed sector lead for WASH within the UN country team. It also coordinates the education sector with UNESCO and provides significant support in the education and protection sectors. In 2011, UNICEF will continue to work with the Government of the Congo, other UN agencies and NGOs in addressing the needs of 210,000 people, including 80,095 boys and 74,375 girls. The adoption of key practices regarding child survival, nutrition, hygiene and sanitation, and prevention of sexual violence will be areas of focus. A UNICEF coordinator based in Impfondo will ensure sectoral coordination in nutrition, WASH and education through weekly meetings in Impfondo and Betou. Combined with regular field visits from relevant project officers, this will ensure continuous supervision, daily interaction at the field level and timely information for decision-making. Cross-border coordination with UNICEF Kinshasa will be reinforced regarding the possible return of refugees. Overall humanitarian coordination will be ensured by the Office of the United Nations High Commissioner for Refugees.

**NUTRITION (US$983,000)**

Interventions will emphasize strengthening nutritional surveillance as well as prevention, detection and treatment of undernutrition at the community level, for the benefit of 69,470 children (36,125 girls), 18,000 pregnant women and 27,000 breastfeeding women.

- Nutritional screening will be provided for 61,000 children 6–59 months old and 18,000 pregnant women.
- 69,470 children under age 5 will benefit from community-level detection for such endemic diseases as yaws and monkey pox.
- Interventions against vitamin A, iron and iodine deficiencies will be organized in combination with a measles immunization campaign benefiting 61,000 children.
- Over 125,000 people will be the focus of promotion at the household level of key nutritional practices.

**HEALTH (US$384,000)**

The overall goal for 2011 will be to provide improved access to primary health care, vaccines, essential drugs, cholera kits and other health commodities for 125,648 people, including both host and refugee communities in the districts bordering the Ubangi River.

- To re-centre fixed and mobile intervention strategies, an inter-agency needs assessment for the health sector will be conducted.
- Brazzaville, Likouala and Pointe-Noire will receive replenishment and pre-positioning of emergency supplies, with three new emergency health kits benefiting 30,000 people for three months.
- The capacity of 60 health personnel will be developed to include management of essential drugs.

**WATER, SANITATION AND HYGIENE (WASH) (US$2,293,000)**

WASH interventions will reach out to small refugee sites (less than 300 people) to provide access to existing water supply facilities, as well as other sites that could not be accessed due to logistical/security issues (benefiting 100,000 people).

- to locate target sites and map planned interventions, a needs assessment for the WASH sector will be conducted.
Families and children will experience a more sanitary environment with the construction and rehabilitation of 50 temporary latrines as well as water supply facilities in refugee sites, and the construction of durable latrines in schools and health centres in affected areas.

- 5,000 family water-filter kits will be provided in small sites located far from water facilities.
- Twenty thousand families will benefit from the distribution of water purification products at the household level; such supplies will also be provided in 30 health centres.
- All families in target sites (25,000 families) will be sensitized on treatment/conservation of drinking water at the household level and hygiene/sanitation practices, including Community-Led Total Sanitation initiatives.

**CHILD PROTECTION (US$350,000)**

In 2011, child protection activities will aim to strengthen a protective environment against sexual violence and abuse in refugee sites.

- Reopening of the two existing drop-in centres with relevant trained group leaders/social workers will benefit both refugees and hosts. Also, refugees will be prepared for return to their home country through sensitization activities.
- Children and women who are victims of violence and abuse will benefit from 50 pre-positioned protection kits.
- Communication and social mobilization against sexual violence and abuse against children and women, as well as psychosocial care for survivors, will be provided at the community level and in schools.
- Increased communication and sensitization about sexual violence and abuse will be ensured at the community level as well as in schools.

**EDUCATION (US$820,000)**

In collaboration with UNESCO, UNICEF will support life-skills and peace-education interventions to benefit youths and adolescents, as well as continue to support preschool and primary education interventions. Some 85,000 children of preschool and primary school age will access quality education opportunities. Of these children, 55,000 are located in Likouala Department (30,000 refugee children currently out of school and 25,000 host children), and 30,000 are in other at-risk flood areas.

- Young children will benefit from the implementation of a child-friendly emergency education programme, which includes play and early learning.
- More than 23,000 children will experience continuity of education through the provision of teaching and learning materials to one primary school and 63 existing temporary learning centres. Some 83 new temporary learning centres will be constructed. In addition, 25 early childhood development centres for 30,000 refugee children and centres for 25,000 host children who are out of school will be reopened.
- Nearly 250 teachers will be trained, and over 280 retrained, to be able to work in line with the standards of education in emergencies, the teaching of basic subjects, life skills, etc.
- In case of flooding in areas at risk, relevant support will be provided to affected preschools and primary schools to ensure continuation of regular education programmes for the benefit of 30,000 children.

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3. Some quarters of Brazzaville and Pointe-Noire, and three districts located in Pool and Bouenza, are considered to be at risk for cholera. Population figures are from preliminary results of the 2007 census.
4. In Pool Department, available statistics report more than 150 suspected cases of cholera during each raining season.
5. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.
6. Of which 30,000 are refugees, 25,000 are from host communities and 30,000 are in areas at risk of flood.
The difficulties of children and women in Côte d’Ivoire have intensified since the long awaited 2010 presidential elections and the prolonged political stalemate that ensued. Continued fallout from the internal conflict that engulfed parts of the country since 2002 has shattered the social cohesion of the country’s 20.6 million citizens. All parties to that conflict have maintained an armed presence in the country, leaving women and children particularly vulnerable to sexual violence, prostitution and exploitative labour which continue to be rampant. The political standoff since the elections has aggravated the security situation and provoked serious tensions among the population. Several violent incidents in early 2011 are symptomatic of the deterioration in Côte d’Ivoire’s political climate. The risks for escalation of tensions are significant.

It has been estimated that at least 500,000 displaced persons remain in the country, a figure that may have risen with the recent incidents of violence. Those who were returning to their homes, particularly in western Côte d’Ivoire, frequently encountered conflict over land they had left. With about 49 per cent of the population living below the national poverty line, humanitarian need is rooted in poverty, compounded by social and political instability, and intensified by periodic natural disasters, such as the Abidjan floods of June 2010, which affected 1,000 households.

The main emergency affecting Côte d’Ivoire remains the fallout from an internal conflict and political crisis. While the 2010 electoral process was expected to restore peace, it created the opposite, further increasing the vulnerability of families. Parties to this strife have maintained armed forces, and the political stalemate has effectively crippled the state’s ability to deliver basic social services in health, water, education and all major sectors. The consequences of the ongoing emergency are yet to be fully grasped, but it is likely to affect a large number of people already made vulnerable by almost a decade of civil instability. Approximately 700,000 people were affected by the conflict that started in 2002 and generated violence, massacres and displacement, mainly in western and northern areas and in Abidjan. Political tension has heightened following the contested election results, with new isolated violent incidents occurring across the country. Inter-agency needs assessments are currently ongoing to verify the dimensions of humanitarian needs and the size of the population currently affected.

Public services continue to be seriously disrupted; epidemics have appeared in some regions; insecurity and human rights violations have provoked pockets of population displacement. While humanitarian response has thus far focused on people displaced in the west, the crisis is having far-reaching humanitarian consequences throughout the entire country. Evidence is emerging in the form of the cholera outbreak in the economic capital, Abidjan, the prolonged interruption of schooling in the north-central-west (CNO) zone, and increased reports of gender-based violence. With no end to the crisis in sight, the situation of children and women is likely to further deteriorate in the coming weeks.

Based on initially verified needs in December 2010, UNICEF requested US$5,541,000 for its humanitarian work in Côte d’Ivoire in 2011, to assist children and women as they cope with the consequence of the protracted political stalemate. This figure is likely to change as the data is verified by further assessments and as the highly volatile situation unfolds across the country. UNICEF has aligned its request with the 2011 Consolidated Appeals Process (CAP) requirements. Priorities include combating sexual violence, providing adequate care to reduce severe acute malnutrition and offering access to basic social services and education facilities. UNICEF is currently leading the WASH and nutrition cluster, and co-leading with Save the Children the Education cluster.

Insecurity and poor public infrastructure hinder the delivery of humanitarian assistance in Côte d’Ivoire. Protecting children is also challenging, because of lack of guidelines and alert and response systems. In addition, ways to coor-
CRITICAL ISSUES FOR CHILDREN AND WOMEN

Violence against children and women, including sexual violence, is widespread.¹ Eleven per cent of girls and women 10–49 years old have been victims of sexual violence in the regions most affected by the conflict, including Bafing, Denguélé, Montagnes, Moyen Cavally, Savanes, Valle du Bandama, Wôroodougou and Zanzan.² Access to health treatment, psychosocial care, legal advice and compensation for sexual trauma is extremely limited, with only 7 per cent of victims having access to adequate support.³ HIV prevalence is high at 4.7 per cent and at a ratio of 3 to 1 between women and men.⁴ More than 20 per cent of the inhabitants in semi-urban and rural areas fetch water from non-protected wells and ponds (surface water).⁵ Only 23 per cent of the national population has access to improved sanitation facilities, and in the war-affected areas, the majority of rural populations practise open defecation, which increases risks of water-related diseases.⁶ The education situation is also bleak, with 94.5 per cent of children 3–5 years old not enrolled in preschool and 42 per cent of children 6–11 years old not enrolled in primary school.⁷ One of every three children enrolled in primary school does not complete the full cycle, and only 39 per cent of girls complete a full cycle of primary education.⁸

Priorities include providing 15,000 children under age 5 suffering from severe acute malnutrition with adequate care, and providing 20,000 pregnant women with complete antenatal care to reduce rates of low birthweight. Also needed are 42,000 doses of vaccines and appropriate equipment to treat meningitis. Another priority is protecting crisis-affected children by strengthening referral pathways between communities, medical services and legal aid by reinforcing the monitoring and reporting mechanisms on grave child rights violations, in addition to ensuring access to quality formal and non-formal education opportunities for 20,000 children 3–15 years old.

KEY ACHIEVEMENTS IN 2010

UNICEF was able to achieve a number of gains for children and women affected by emergencies in Côte d’Ivoire during 2010. In collaboration with the World Food Programme, the Food and Agriculture Organization of the United Nations and the National Nutrition Programme, UNICEF conducted a nutrition survey using SMART methods. As part of the survey, 8,800 undernourished children in the northern part of the country, representing 69 per cent of the total undernourished children, were treated in outpatient units, and 1,200 others were treated in therapeutic feeding units. More than 5.5 million children under age 5 received deworming medication, and about 6.1 million were provided with vitamin A supplementation. To this end, UNICEF developed partnerships with Action Contre la Faim, Helen Keller International, the International Baby Food Action Network, Merlin and the National Red Cross.

Riposte campaigns, which are targeted local, national and sometimes subregional campaigns organized in response...
to outbreaks of measles, cholera and other epidemic occurrences, were carried out in localities of the West and North and in the economic capital, Abidjan. Similar campaigns were also conducted in four districts hit by yellow fever outbreaks: 177,000 people were vaccinated in Grand-Bassam and 29,000 were vaccinated in Seguela (Dani and Diaradougou).

At least 12,000 people now have access to safe drinking water, 28 villages have been declared open defecation free and 1,400 households now have access to latrines. More than 200,000 people were sensitized on the prevention against diseases related to water and sanitation, namely cholera, through radio broadcasting messages. In addition, 50 people were trained on the Sphere standards.

With funding from the Government of the Netherlands for Education in Emergencies, Post Crisis and Transition, UNICEF provided capacity-development opportunities related to emergency preparedness and response for the education sector (including the Inter-Agency Network for Education in Emergencies Minimum Standards) to 30 government education administrators working in the western regions, which led to the development of two regional action plans. UNICEF also supported the institutionalization of education in emergencies, leading to a ministerial order establishing a dedicated unit within the ministry of education.

UNICEF also provided capacity-building opportunities on emergency preparedness and response in the protection sector to 20 social workers from government services and NGOs. Three regional action plans (centre, north and west; and south) were developed, in addition to the national emergency action plan for child protection. Community-based protection mechanisms, supported by UNICEF through local partners, are operational in 150 localities in the west, centre, north and east, as well as in Abidjan. Between January and July 2010, 74 cases of sexual violence against women (84 per cent of which were girls) were identified, and 86 per cent of the victims received assistance, including psychosocial and medical support and legal counselling. UNICEF built the capacity of service providers in the north-west, reaching approximately 1.2 million people with information and services. Coordination mechanisms were strengthened in the cities of Bouake, Duekoue, Guiglo, Korhogo, Man and Toulepleu, and in Bafing and Denguele Regions. Post-rape-care kits, including post-exposure prophylaxis for HIV, were provided to 120 health centres.

HUMANITARIAN ACTION: BUILDING RESILIENCE

In accordance with the newly revised Core Commitments for Children in Humanitarian Action, UNICEF Côte d’Ivoire is working with the Government of Côte d’Ivoire, other partners and civil society to build communities’ capacities in disaster preparedness, response and risk reduction systems. At the system level, UNICEF worked with the Regional Directorates of Education in Man, Odienne and San-Pedro to develop education in emergencies action plans and to set up regional education in emergencies steering groups responsible for preparedness and response activities. At the community level, while communities did not initially consider undernutrition an illness and took action only after complications, UNICEF’s sensitization campaigns and training of community health workers led parents to start bringing their children to outpatient ambulatory units and to progressively change their attitude towards undernutrition.

Additionally, because rights violations, particularly sexual violence, increase during crises, UNICEF has been promoting community mobilization and awareness on child protection rights. Communities have protection committees in place, which are engaged in information and sensitization on rights violations risks, how to deal with the risk once it occurs, how to make referrals and what responses are available. Cultural taboos relating to violence are still high, but better community awareness and preparation has resulted in an increased number of cases of sexual violence being referred for assistance.

PLANNED HUMANITARIAN ACTION FOR 2011

UNICEF currently is the lead agency for the WASH and nutrition sector groups and, together with Save the Children, is co-lead for education. Despite the current political stalemate, UNICEF will work in partnership with other UN agencies and NGOs to assist 6.9 million people in 2011, including 4 million children. Throughout 2011, in addition to direct response, UNICEF will reinforce NGO partners and civil-society capacity in emergency preparedness and response.

In the sectors outlined below, UNICEF will respond to new and growing humanitarian needs as they become apparent, based on data gathered from inter-agency needs assessments, in line with the organization’s Core Commitments for Children in Humanitarian Action. The anticipated beneficiary figures identified below constitute only minimal indicators, based on data gathered prior to the current political and humanitarian crisis.
NUTRITION (US$1,551,000)
About 15,000 – or 33 per cent – of children under age 5 suffering from severe acute malnutrition in the northern and western parts of the country will be treated.

- Undernutrition rates will decrease from 2 per cent to 1 per cent following a scale-up of improved practices related to infant and young child feeding, health and hygiene.
- Community case management of such potentially deadly childhood illnesses as diarrhoea, malaria and pneumonia will benefit 22,000 children.

HEALTH (US$1,000,000)
In 2011, UNICEF will improve the capacity of 210 health-care providers by organizing specific training on medical prescriptions, psychosocial care, and guidance and assistance to survivors.

- A second round of immunization against yellow fever will reach 6.8 million people over 9 months of age.
- 6.2 million children under age 5 will receive vitamin A supplementation, and 5.8 million children under age 5 will get deworming medication.
- Emergency medical supplies will be consolidated and pre-positioned to respond to the needs of 20,000 people affected by crisis.

WATER, SANITATION AND HYGIENE (WASH) (US$900,000)
UNICEF will undertake a retrospective survey and analysis of cholera outbreaks and map hot spots, aiming to contribute to the reduction of undernutrition among children in the regions of Montagnes and Zanzan by improving water quality in households, promoting open defecation free and good hygiene practices, and reducing maternal mortality. Interventions will benefit an estimated 50,000 people, including 23,000 children.

- Water quality and cholera outbreak surveillance teams will be set up in 50 at-risk communities.
- UNICEF will strengthen the capacity of 10 water and cholera monitoring teams through training for cholera emergency preparedness and response, including rapid assessment, monitoring and water testing.
- Key WASH activities, including hygiene/sanitation promotion and household water treatment, will be delivered alongside vitamin A distribution campaigns at treatment centres.

CHILD PROTECTION (US$650,000)
Decentralized social welfare departments in the regions of Bas Sassandra, Montagnes, Moyen Cavally and Valle du Bandama will develop the capacity to coordinate a regional child protection response, including post-crisis response, to benefit 500 children and adolescents.

- In 150 at-risk communities, community-based child protection bodies will receive training in preventing, monitoring, referring and reporting on grave rights violations.
- UNICEF will support the regional mapping of child protection services and facilities in the regions of Bas Sassandra, Montagnes, Moyen Cavally and Valle du Bandama.
- The capacity of 20 partners will be strengthened on operational standards for child care in emergencies.
- All identified survivors of violence will receive psychosocial assistance, medical care, legal counselling and shelter, if requested.

EDUCATION (US$700,000)
An estimated 50,000 children will benefit when at least 50 education stakeholders in five regions with the greatest humanitarian needs will have enhanced emergency preparedness and response capacities through training on education in emergencies and the Minimum Standards for Education in Emergencies, as well as the development of contingency plans within regional education sector groups.

- Technical support will be provided to the Government of Côte d’Ivoire, including emergency preparedness and response for national education plans and budgets.
- About 20,000 children (6,000 children 3–5 years old; 10,000 children 6–11 years old; and 5,000 adolescents aged 12–15) will access formal and non-formal education opportunities, the procurement of emergency teaching and learning materials, and psychosocial and recreational activities that include information on life skills, health and hygiene.

HIV AND AIDS (US$350,000)
Some 50,000 young people will have increased knowledge about HIV as a result of local sensitization campaigns and working with peer educators.

- UNICEF will improve the capacity of 210 health-care providers by organizing specific training on medical prescriptions, psychosocial care, and guidance and assistance to survivors.
- UNICEF will increase the capacity of 160 government and non-governmental counterparts related to HIV prevention and care in emergencies and humanitarian settings.
- Continuity of care will be ensured for 100 people living with HIV (60 women and 40 men).
EMERGENCY PREPAREDNESS AND RESPONSE PLANNING (US$300,000)

The overall goal for 2011 is to consolidate emergency stocks and pre-position stock to respond to the needs of 20,000 people affected by crisis.

- The capacity of five national partners\(^\text{14}\) will be built on emergency preparedness and response, including disaster risk reduction and contingency planning. Coverage will reach the west, north and Abidjan areas.

CLUSTER COORDINATION (US$90,000)

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs (national and sub-national) need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF, as cluster lead, expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

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**UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011**

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<th>By sector</th>
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<tr>
<td>Child protection</td>
<td>650,000</td>
<td>500(^{18})</td>
<td>150</td>
<td>350</td>
</tr>
<tr>
<td>Education</td>
<td>700,000</td>
<td>50,000</td>
<td>25,000</td>
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</tr>
<tr>
<td>HIV and AIDS</td>
<td>350,000</td>
<td>100,000</td>
<td>24,000</td>
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<tr>
<td>Emergency preparedness and response planning</td>
<td>300,000</td>
<td>20,000(^{19})</td>
<td>4,000</td>
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</tr>
<tr>
<td>Cluster coordination</td>
<td>90,000</td>
<td>6,900,000</td>
<td>2,000,000</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>5,541,000</strong></td>
<td><strong>6,900,000</strong></td>
<td><strong>2,000,000</strong></td>
<td><strong>2,000,000</strong></td>
</tr>
</tbody>
</table>

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5. Ibid.
6. Ibid.
9. Ibid.
11. Ibid.
12. The Inter-Agency Network for Education in Emergencies established minimum standards for education, preparedness, response and recovery.
13. The protection committees are informal organizations set up in communities under the leadership of partner NGOs to serve as a relay for the action of prevention and response. The composition of these committees is representative of the community (Chieftancy / Community, Aboriginal population / population immigrants, men / women / youth / child, representative of basic social services, teachers, nurses, etc.). These committees have the task of conducting awareness-raising on the themes of child protection, as well as monitoring and reporting on violations of children’s rights. The committees are also responsible for specialized-care referrals and, when they have the capacity, for providing an immediate response.
15. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.
16. Statistical estimation based on 30 per cent of children out of the total 6.8 million people that are being reached out to.
17. Ibid.
18. This number refers to an annual average number of identified and referred survivors of gender-based violence. Contingency plan in the scenario of prepost-violence elections refers to 25,000 children displaced, including 18,400 separated children and 9,200 survivors of sexual violence.
**Democratic Republic of the Congo**

Ongoing and newly emergent conflict and insecurity combined with chronic flooding, cholera and emergency-level malnutrition make the Democratic Republic of the Congo (DRC) home to one of the world’s worst and most protracted humanitarian emergencies. Since the late 1990s, waves of violent conflict have forced hundreds of thousands of people from their homes; in late 2010, the displaced population was an estimated 1.7 million, more than half of them children. Targeted sexual violence and mass rape continue to terrify and severely harm women and girls. Children and youths are routinely forced into armed groups. Ongoing conflict in the east and northeast and dysfunctional or non-existent infrastructure throughout the country make delivering humanitarian aid extremely challenging for reasons of security and physical access to communities in need.

In addition to conflict-related emergencies in the east (North Kivu, South Kivu, and Orientale provinces) and north-west (Equateur), the near-collapse of social services and decades of neglect of basic infrastructure have plunged some of the country’s more remote areas into emergency levels of acute malnutrition and maternal and child mortality. The DRC must also contend with equally dire, acute emergencies resulting from flooding of the Congo River and its tributaries, epidemic-level outbreaks of cholera and isolated conflicts between rival groups.

Due to the non-existent infrastructure and/or security considerations for both affected populations and UNICEF partners, hundreds of thousands of Congolese children and their families have only limited access to humanitarian aid. Attacks – or the threat of attacks – by armed groups forced UNICEF partners to temporarily suspend some programmes in 2010. Similar disruptions or delays in providing assistance to remote or insecure areas will persist in 2011. The planned drawdown in 2011 of the United Nations peacekeeping force in the DRC, the largest in the world, could potentially impact the delivery of humanitarian aid as well.

For 2011, UNICEF is seeking US$115,290,000 to carry out its planned humanitarian activities in DRC; this request is aligned with the 2011 DRC Humanitarian Action Plan (HAP). Immediate and full funding is necessary to support protection, humanitarian assistance, and recovery programmes for hundreds of thousands of women and children. With full funding, in 2011, more than 1.7 million emergency-affected people will benefit from activities carried out through the Rapid Response to Movements of Population (RRMP) mechanism. UNICEF and partners will provide therapeutic food, medical supplies, equipment and training care to assist in the care of more than 462,000 moderate and severely malnourished children, representing 27 per cent of the expected number of acutely malnourished children nationally. UNICEF and health partners will continue to work towards meeting the health-care needs of around 2 million children and women in conflict-affected health zones. More than 800,000 people will benefit from access to safe water and sanitation facilities. In 2011, the goal for emergency education is that 150,000 vulnerable children and youth have access to quality education in a safe and protective environment. Along with its partners, UNICEF will provide assistance to up to 70,000 conflict-affected children and women through child-friendly spaces, psychosocial and medical support for survivors of sexual violence, family reunification of unaccompanied children, and reintegration of children released from armed groups.

**CRITICAL ISSUES FOR CHILDREN AND WOMEN**

Humanitarian consequences from armed conflict and population movement include uprooted families, disruption and loss of livelihood, staggering levels of abuse, and destruction of and/or limited access to basic services and infrastructure. Sexual violence is a pervasive human rights and public health problem in the DRC and has been used as a weapon of war. It can have lasting physical, psychosocial, and economic consequences for survivors and their families. Women and girls face potential risks of sexually transmitted infections including HIV, unwanted pregnancies, lasting emotional damage, rejection by families and communities, and economic isolation.
UNICEF’s recently issued Multiple Indicator Cluster Survey, conducted in early 2010, ranks the DRC among the worst-off for many basic indicators of health and well-being. The under-5 child mortality rate is 158 per 1,000 live births. The entire country hovers near the emergency threshold for global acute malnutrition of 10 per cent. Less than half of the population has access to improved drinking-water sources, and only 14 per cent have adequate sanitation facilities.³

**KEY ACHIEVEMENTS IN 2010**

In 2010, UNICEF estimated that US$122,500,000 was needed for its humanitarian work in the DRC. As of October 2010, a total of US$54,647,298 had been received, 45 per cent of the goal. Via the Rapid Response to Movements of Population (RRMP) initiative—the largest humanitarian response mechanism in eastern DRC from January to October 2010, UNICEF RRMP partners – AVSI, the International Rescue Committee, Norwegian Refugee Council, Danish Refugee Council, Save the Children/UK and Solidarités International – provided access to essential household and personal non-food items and emergency shelter materials through direct distributions or cash-based vouchers (32% of interventions) to over 134,190 emergency-affected families (79 per cent of the 2010 target). Also through RRMP, more than 675,000 people (over 100 per cent of the 2010 target) were provided with a minimum WASH package, and 47,000 children (57 per cent of the 2010 target) benefited from better access to primary education.

UNICEF and its partners provided free health care to more than 222,000 people. More than 255,000 children under age 5 were vaccinated against measles. UNICEF responded to cholera outbreaks with medication for nearly 2,500 people, a majority of them children and women. More than 95,500 children with severe acute malnutrition and more than 17,700 children with moderate acute malnutrition received treatment countrywide in UNICEF-supported nutritional programmes. Capacity for such treatment was enhanced through training for 5,800 health staff and community workers.

More than half a million people received access to drinking water and sanitation facilities in conflict-affected areas in 2010. Another 200,000 people were provided with access to safe drinking water to prevent diarrhoea and cholera outbreaks in flood-affected and at-risk areas.

More than 55,000 children, primarily in the eastern areas of the country, had improved access to quality basic education, through the rehabilitation and equipment of temporary classrooms and latrines as well as the provision of teaching and learning materials Provision of materials enabled accelerated learning to close the gaps left by upheaval, displacement and irregular attendance.

UNICEF and the Country Task Force for implementation of Security Council Resolution 1612 continue to advocate
HUMANITARIAN ACTION: BUILDING RESILIENCE

Community resilience is critical to helping children quickly resume schooling when their communities are affected by armed conflict. In a number of communities, UNICEF and its partners have helped develop parent committees that take on central roles in school management. Members of these committees are elected by their communities and then trained in such school management skills as school financing, teacher payments, basic accounting and good governance. Parent committees contribute to children’s learning and to keeping children in school. In this fragile and often hostile environment, UNICEF is working to provide immediate access to education for all children and to strengthen community resilience – while at the same time building the government’s long-term capacity to support an equitable education system, rooted in quality.

PLANNED HUMANITARIAN ACTION FOR 2011

UNICEF and its network of partners are leaders in both humanitarian response and coordination in the DRC. In 2011, UNICEF will work with the Government, other UN agencies, and local and international NGOs as well as affected communities to meet the needs of more than 4 million boys and girls and their families. As lead agency for the nutrition, education, WASH, emergency shelter and non-food items clusters and the child protection sub-cluster, UNICEF’s role extends far beyond response alone as UNICEF staff play a central role in the planning, coordination and provision of technical guidance on humanitarian response throughout the country.

UNICEF will focus in 2011 on reinforcing cluster capacity, including providing professional leadership for coordinated planning and response, quality monitoring and reporting, improved gender analysis and gender-responsive programming, and capacity building of cluster member organizations in innovative and appropriate programmatic response.

RAPID RESPONSE TO MOVEMENTS OF POPULATION (RRMP) (US$33,000,000)

More than 1.7 million disaster or emergency-affected people will benefit from activities carried out within the RRMP mechanism.

- RRMP partners will conduct multi-sectoral needs assessments in acute crises and post-conflict return situations and disseminate information through the clusters and humanitarian community.
- Access to essential household relief supplies (non-food items) and emergency shelter materials will be ensured through distributions or voucher fairs for more than 168,000 of the most-affected families (844,000 people), including displaced, returnees and host families. Personal hygiene kits for women and girls will be included for at least half of the families.
- More than 800,000 persons will have access to safe water and adequate sanitation facilities through integrated programmes including water chlorination, water trucking, reinforcement of existing water supply systems, construction of latrines and showers, and hygiene promotion in displacement/return and host community areas.
- More than 118,000 schoolchildren, teachers and parents (displaced/returnees/host communities) will benefit from quality primary education through construction and rehabilitation of 365 emergency classrooms, distribution of education, recreational and didactic kits for 72,000 students and their teachers, training of teachers and parents, as well as financial support for the access to primary education.
- RRMP will continue to reinforce the protection focus of RRMP through rigorous application of the ‘do no harm’ approach, protection risk assessments, early warning systems and coordination with protection actors.

NON-FOOD ITEM/EMERGENCY SHELTER – COORDINATION AND RESPONSE (US$1,720,000)

In areas not covered by RRMP, UNICEF will assist another 18,000 households, 90,000 individuals, with access to essential household and personal items.

- Up to half of the families will access essential supplies using a cash-based voucher approach which allows them to choose themselves the items they need most.
UNICEF will strengthen cluster member capacity to evaluate, respond and monitor through regional contingency stock initiatives, training and workshops and development of tools and guidelines.

**NUTRITION (US$25,738,000)**

UNICEF will provide therapeutic foods along with equipment and essential drugs for the treatment of 122,000 severely acutely malnourished children. In addition, equipment and drugs will be provided for programmes reaching 340,000 moderately malnourished children; food for the supplementary feeding programmes is provided by World Food Programme.

- Special attention will be given to preventive activities that address the causes of undernutrition, including training communities and partner NGOs to promote adequate infant and young child feeding practices (exclusive breastfeeding up to 6 months, complementary breastfeeding up to 2 years and proper hygiene practices).
- A nutrition surveillance system piloted in Katanga will be validated and extended to other provinces. UNICEF will also support nutrition SMART surveys in several provinces to provide a more complete picture of acute malnutrition in the DRC. The data collected will feed into a comprehensive information management system that will be developed in 2011 and will serve as a basis for a reorientation of the programme in future years.

**HEALTH (US$7,000,000)**

UNICEF will continue to improve essential reproductive and child health services for children under age 5 and pregnant women in conflict-affected areas.

- Around 1.5 million children under age 5 will receive all necessary vaccines. Essential drugs for the treatment of common illnesses among children under age 5 as well as equipment for obstetric and paediatric care will be provided. UNICEF will also support the Government and its partners in strengthening the health-care capacity and supervision of health facilities in crisis-affected areas.
- UNICEF will also support minor rehabilitation work of 24 health-care facilities in emergency areas.
- UNICEF will improve its emergency preparedness to epidemics by carrying out health-care needs assessments, implementing an early alert monitoring system, strengthening epidemic-outbreak management teams and pre-positioning strategic stocks of emergency medication kits and oral rehydration salt for treatment of cholera and diarrhoea.
- In close cooperation between the health and protection section, UNICEF and its partners will ensure that 20,000 survivors of sexual violence have access to medical support, including access to emergency contraception and the prevention of sexually transmitted infections.

**WATER, SANITATION AND HYGIENE (WASH) (US$15,123,000)**

In addition to the water, sanitation and hygiene activities within the RRMP, UNICEF’s goal for 2011 is for more than 800,000 displaced people to gain access to improved water and sanitation facilities.

- Sufficient safe water and sanitation facilities following the Sphere standards will be provided for 680,000 displaced people in the eastern provinces (Maniema, North Kivu, Orientale and South Kivu provinces) and in Equateur. More than 140,000 people in displaced and returnee communities, including in Katanga, will benefit from sanitation measures to protect against outbreaks of cholera and other waterborne diseases.

**CHILD PROTECTION (US$12,600,000)**

UNICEF leads the Multi-Sectoral Assistance component of the National Strategy against Sexual Violence with the Ministry of Health. UNICEF will strengthen civil society capacity to monitor and report on violations, and will work with the DRC Government to adopt action plans according to Security Council Resolutions 1612 and 1882. UNICEF continues to lead the Child Protection Working Group at both the national and provincial levels, providing critical support to members and to the protection cluster.

- UNICEF plans to work with the Government and civil society to provide a protective environment for 50,000 displaced and returning children through child-friendly spaces and discussion groups, protection and support for 3,000 children formerly associated with armed groups and forces, and reunification assistance for 2,000 unaccompanied children.
- UNICEF and partners will continue the fight to prevent and respond to sexual and gender-based violence in conflict and displacement zones and plans to provide age- and gender-appropriate assistance to 15,000 survivors.
- UNICEF is also leading the development of innovative new programming for children in militarized mines, capitalizing on years of experience working with child labour in development zones and with children affected by conflict in the emergency programmes.

**EDUCATION (US$16,845,000)**

The overall goal for UNICEF and its partners will be to facilitate the enrolment of 150,000 children (55 per cent girls) into formal and non-formal education.

- UNICEF will establish 3,000 adapted and protective learning spaces in order to reduce the risks of psychosocial stress from child recruitment into armed groups, forced labour and other employment. The education programme is also working closely with the WASH programmes to ensure a multi-sectoral response.
Teaching and learning materials will be distributed, and pedagogic, psychosocial, peace education, and HIV and AIDS training sessions will be provided to educators to improve education quality and provide a holistic response to children’s needs.

Innovative approaches will be piloted with parents to try and minimise the burden of school fees as well as with schools to make them learning spaces of quality which reach out to the most vulnerable, out-of-school children.

**CLUSTER COORDINATION (US$3,264,000)**

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs (national and provincial) need to be adequately funded. These costs include a team of UNICEF staff and NGO and/or government co-facilitators for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. In DRC this work includes coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid assessments; developing a common strategic operational framework and response strategy that meets priority needs; identifying priority gaps for funding via Common Humanitarian Funds and providing technical review of all project submissions; gathering and communicating on quantitative and qualitative monitoring data on the activities, outputs, and impacts of programmes; and providing capacity building and training opportunities for cluster members. In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanisms that track progress and identify gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

2. A fusion of UNICEF’s two flagship relief programmes – the Rapid Response Mechanism (RRM), a joint UNICEF-OCHA initiative, and the Programme of Expanded Assistance to Returns (PEAR) – the RRMP initiative is implemented in partnership with international Non-Governmental Organizations (NGO’s) and targets assistance to the most vulnerable disaster and conflict-affected populations, including displaced persons, returnees, host families and families affected by natural disasters in three core areas for UNICEF DRC: emergency relief supplies and shelter materials; water, sanitation, and hygiene; and emergency education.
4. SMART stands for Standardized Monitoring and Assessment in Relief and Transition. It is a survey methodology suitable for emergency contexts.
5. In the conflict-affected areas of eastern Congo, many mines are controlled by armed groups or forces that benefit financially from these mining activities. The United Nations Stabilization Mission in the Democratic Republic of the Congo is working with the government to introduce a regulatory framework for natural resource exploitation and the supply chain in this area.
6. Total number of beneficiaries may not be the sum of sectoral beneficiaries due to overlap in services provided to individuals.
The great humanitarian crisis that affected the Niger in 2010 deprived its people of the most important essential for life: food. This story of hunger echoed throughout the Sahel region, where climate change, demographic pressure and outdated farming techniques have stripped the people of their ability to feed themselves. In the Niger, food insecurity threatened 7.1 million of people, almost half of the country’s population. Children were hit hardest. Acute malnutrition in children rose to 16.7 per cent, with a peak of 26.1 per cent in those under age 2. Unprecedented humanitarian action backed the Government of the Niger response and helped avoid a heavy death toll. More than 200,000 tons of food aid were distributed to vulnerable families, and more than 300,000 children were treated for severe acute malnutrition in therapeutic feeding centres.

UNICEF will stand ready to respond to natural disasters and outbreaks of diseases such as cholera, malaria and meningitis. In regions at risk, there will be a pre-positioning of supplies, namely essential drugs, hygiene and family kits, water treatment products, water tanks and other key items for a rapid emergency response, including rehabilitation of wells and water systems. Protection measures will be readily put in place to ensure psychosocial support to affected women and children and to prevent violence, abuse and exploitation. Local communication media will be used to provide information and educational messages. Disruption of schooling will be minimized by ensuring provision of school kits and temporary learning spaces for displaced children and migrants, and through repair of damaged schools.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Despite a steady reduction of child mortality rates in the past decade, children in the Niger are still at high risk of death due to common illnesses such as pneumonia, diarrhoea and malaria. Immuno-preventable diseases, such as measles and meningitis, have been reduced but not eliminated. Food insecurity, compounded by a heavy burden of disease, insufficient birth spacing, lack of hygiene and poor child-feeding practices, is a chief cause of both acute and chronic malnutrition and micronutrient deficiencies.

In June 2010, a nutrition survey of children aged 6–59 months found global acute malnutrition at 16.7 per cent – well above the emergency threshold of 15 per cent – and severe acute malnutrition at 3.2 per cent. Global acute malnutrition among children aged 6–23 months was found...
to be even higher, at 26.1 per cent. While there is no gender gap in health service utilization, undernutrition affects more boys than girls, with a global acute malnutrition rate of 19 per cent and 14.4 per cent, respectively. Against these data, the nutrition cluster estimated at 384,000 the number of children that would fall into severe malnutrition during 2010.

The health of girls and women is undermined by early marriage, high fertility, undernutrition and limited access to and utilization of effective reproductive and maternal health care. The rate of maternal mortality is among the highest in the West African region. Especially in rural areas, where close to 80 per cent of the population lives, the status of women in society is extremely low and suffers the burden of tradition in a male-dominated society. This situation makes children, girls and women extremely vulnerable to shocks, food crises and natural disasters, which need to be addressed by both immediate humanitarian response and longer-term development actions that address underlying and root causes.

**KEY ACHIEVEMENTS IN 2010**

In 2010, UNICEF estimated that US$38,735,292 was needed to fund its humanitarian work in the Niger. As of October 2010, a total of US$27,205,183, or 70 per cent, had been received.

As cluster lead for nutrition, UNICEF spearheaded the nutrition response to the food crisis. The major achievement has been the effective treatment of more than 300,000 children aged 6–59 months suffering from severe acute malnutrition, of whom 12 per cent required inpatient treatment for medical complications. Case management fully met Sphere standards and took place within the national network of 822 health centres and 50 district hospitals, which were strengthened by the training of 700 health workers and, through the ministry of health, the recruitment of 122 health providers in surge capacity.

In partnership with the World Food Programme and 20 national and international NGOs, UNICEF co-funded the operational costs of a large blanket feeding operation, which reached 675,000 children aged 6–23 months. To improve food security in vulnerable households and prevent misuse of the supplementary food for children distributed through blanket feeding, UNICEF set up an emergency cash transfer programme for 35,000 families, reaching out to children aged 6–23 months and pregnant and lactating women. Two national nutrition surveys in June and October, as well as weekly reports, allowed for real-time monitoring of both the nutritional situation and the response.

Operational research on new forms of ready-for-use supplementary foods, including Plumpy’doz and Supplementary Plumpy, was carried out in association with Médecins sans Frontières and Epicentre. A rapid assessment was conducted in June 2010 in the cities of Agadez, Maradi, Niamey and Zinder on the situation of women migrating with their children to be even higher, at 26.1 per cent. While there is no gender gap in health service utilization, undernutrition affects more boys than girls, with a global acute malnutrition rate of 19 per cent and 14.4 per cent, respectively. Against these data, the nutrition cluster estimated at 384,000 the number of children that would fall into severe malnutrition during 2010.

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children to urban areas under the pressure of the crisis. The assessment revealed their vulnerability – family dislocation, exposure to violence and abuse, threat of spontaneous eviction from their precarious shelters, and lack of access to sanitation – as well as the coping and adaptation strategies they succeeded in putting in place.7

The wave of optimism brought about by a good rainy season was partially offset by extensive flooding, a cholera outbreak of limited proportions and a sharp increase in malaria cases, which further compromised the nutritional status of children. About 36,680 families lost homes, livestock or crops to flooding.8 Between July and October, 1,029 cholera cases and 66 deaths were reported in regions bordering Chad and Nigeria.8 UNICEF contributed to the response by providing flood-affected families in the regions of Niamey, Maradi and Zinder with clean water, sanitation facilities and 33,191 emergency family kits. Essential drugs, insecticide-impregnated mosquito nets and educational messages through local media were made immediately available to counter the cholera outbreak and the malaria epidemic. Psychosocial support and awareness-raising campaigns helped protect 13,000 women and children who were affected by floods from abuse, violence and exploitation. Repairs to flood-damaged schools allowed 7,000 students – 3,470 of them girls – to resume their education.

HUMANITARIAN ACTION: BUILDING RESILIENCE

In the midst of the 2010 food and nutrition crisis, UNICEF promoted a rapid assessment of the situation of urban children and women in the poorest neighbourhoods of the cities of Agadez, Maradi, Niamey and Zinder. The vast majority of the surveyed households were headed by women who had left their villages, at different times, to seek alternative means of survival. The survey showed that migrant and displaced women developed well-structured coping strategies based on solidarity and mutual aid, whereby older migrants helped newcomers settle and subsist in the urban environment. The women’s priorities were focused on feeding their children, ensuring minimum access to health services, and trying to send children to school. Women engaged in small business activities, including begging and vending on the street. Efforts were made to keep in contact with their community of origin and to send food, seeds or money whenever possible. Many women expressed the desire to return to their villages if the situation improved with the rainy season.

These findings enabled UNICEF to advocate on behalf of these uprooted families with national authorities, regional governors and partners, in order to encourage their resilience and ensure more equitable access to relief efforts and humanitarian aid.

As cluster lead agency for nutrition, protection and WASH, UNICEF will continue to work with the Government of the Niger, other UN agencies, local and international NGOs and host communities in addressing the needs of more than 2 million children.

NUTRITION (US$24,129,000)

The 2010 food and nutrition crisis has left a profound mark on the nutritional status of the children of the Niger, which is expected to deteriorate again during the next lean season. UNICEF will not only focus on the treatment of severe acute malnutrition, but also on the prevention of chronic undernutrition through the promotion of infant and young child-feeding practices at the community level.

Working with the ministry of public health and specialized NGOs, UNICEF will further strengthen national capacity to ensure screening and effective treatment of at least 200,000 severely malnourished children aged 6–59 months in the country’s therapeutic feeding centres. This will be done by providing technical assistance, training health workers and supplying at least 140,000 boxes of ready-for-use therapeutic food, such as Plumpy’nut.

In collaboration with the World Food Programme and other humanitarian partners, UNICEF will support case management of moderate acute malnutrition, as well as targeted blanket feeding operations during the hunger season for a projected number of 500,000 children at risk.

Promotion of infant and young child-feeding practices, including exclusive breastfeeding, diet diversification and micronutrient supplementation, will be scaled up, along with other key family practices to reduce the prevalence of acute and chronic malnutrition. Operational research and nutrition surveys will ensure timely information for action and capitalization of lessons learned and best practices.

HEALTH (US$7,711,000)

In 2011, the overall goal regarding health will focus on the prevention and treatment of epidemic diseases.

- UNICEF will ensure immunization of 200,000 children against meningitis and treatment with antibiotics of 10,000 children who have contracted the infection.
- UNICEF will supply 400,000 insecticide-treated mosquito nets and will provide health centres with...
essential medicines and medical equipment to treat 1.6 million paediatric cases of malaria and 1,500 cases of cholera.

**WATER, SANITATION AND HYGIENE (WASH) (US$3,420,000)**

To respond to the threat posed by floods and outbreaks of waterborne diseases, UNICEF will provide access to safe water, proper sanitation and hygiene facilities to more than 1 million people.

- 200,000 households will be provided with water purification tablets, 5,000 wells will be disinfected with calcium hypochlorite, and 50,000 family kits will be pre-positioned and distributed to affected populations.
- Water tanks and latrines will be installed in resettlement sites for displaced families, and water points and hygiene facilities will be rehabilitated in schools and health centres damaged by floods.

**CHILD PROTECTION (US$1,362,000)**

UNICEF will promote and protect the rights of at least 10,000 children and women affected by natural disasters.

- UNICEF will provide psychosocial support, protection from violence and abuse, and public information through local media.
- UNICEF will train 400 humanitarian workers and 240 service providers, including police, health promoters and social workers.

**EDUCATION (US$200,000)**

In the event of floods or other natural disasters, UNICEF will strive to minimize disruption of schooling and facilitate the early return to school of affected and/or displaced children.

- Provisions will be made to ensure that at least 15,000 students from 60 primary schools have safe learning spaces through the provision of 375 school kits and rehabilitation of 15 classrooms.

**CLUSTER COORDINATION (US$240,000)**

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

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10. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.

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**UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011**

**ESTIMATED BENEFICIARY NUMBERS**

<table>
<thead>
<tr>
<th>By sector</th>
<th>US$</th>
<th>Total per sector (all beneficiaries)</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition</strong></td>
<td>24,129,000</td>
<td>800,000</td>
<td>385,000</td>
<td>315,000</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td>7,711,000</td>
<td>2,000,000</td>
<td>1,000,000</td>
<td>1,000,000</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td>3,420,000</td>
<td>1,050,000</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Child protection</strong></td>
<td>1,362,000</td>
<td>10,000</td>
<td>4,000</td>
<td>4,000</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>200,000</td>
<td>15,000</td>
<td>8,000</td>
<td>7,000</td>
</tr>
<tr>
<td><strong>Cluster coordination</strong></td>
<td>240,000</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>37,062,000</td>
<td>3,875,000</td>
<td>1,397,000</td>
<td>1,326,000</td>
</tr>
</tbody>
</table>
Photo Captions

COVER
BÉNIN
© UNICEF/NYHQ2010-2203/Asselin
In October 2010 in Benin, a boy avoids floodwaters as he returns from school in Mono Department. A dramatic increase in natural disasters has strained local capacities, leaving children and women increasingly vulnerable.

FOSTERING RESILIENCE, PROTECTING CHILDREN: UNICEF IN HUMANITARIAN ACTION
PAKISTAN
© UNICEF/NYHQ2010-1797/Ramoneda
Children displaced by massive flooding attend a temporary learning centre at a UNICEF-supported camp in the city of Sukkur. Early Warning, Early Action systems linking global, national and local responses are crucial to mitigating human suffering. Page viii.

GLOBAL SUPPORT FOR UNICEF EMERGENCY RESPONSE OPERATIONS
HAITI
© UNICEF/NYHQ2010-1299/Ramoneda
A Haitian girl carries water in a Port-au-Prince camp for people displaced by the 12 January earthquake. The devastating Haiti quake and the Pakistan flood emergency were only two of more than 200 emergencies UNICEF responds to every year. Page 13.

ASIA-PACIFIC
© UNICEF/NYHQ2010-1628/Ramoneda
A girl stands near a tent camp for people displaced by flooding in Sukkur City, Sindh Province (Pakistan). In 2010, monsoon rains affected 20 million people in Pakistan alone. In 2009, 89 per cent of victims of global natural disasters were in Asia. Page 17.

AFGHANISTAN
© UNICEF/NYHQ2010-0790/Holt
A young woman holds her daughter outside their home in Helmand Province. Neither the woman nor any of her 17 siblings attend school because there are none in the area. Five million Afghan children, mostly girls, do not have access to education. Page 20.

DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA
© UNICEF/NYHQ2004-0536/Horner
A woman cleans poultry at a UNICEF-supported water and sanitation cistern in North Hwangleui Province. Recurrent natural disasters and decreased international food aid have caused severe food shortages; 37 per cent of the population is dependent on food aid. Page 21.

MYANMAR
© UNICEF/NYHQ2008-0352/Dean
Workers rebuild a cyclone-damaged home in Yangon Pauk in the south-western Irrawaddy Division. Cyclone Nargis, which affected millions of people in 2008, and Cyclone Giri, which affected 260,000 in 2010, have left thousands of people homeless. Page 22.

PAKISTAN
© UNICEF/NYHQ2010-1636/Ramoneda
Displaced children cook over an open fire near a camp in Sukkur City, Sindh Province. Flooding in 2010 from heavy monsoon rains affected 20 million people, an immense emergency in a country also coping with conflict and widespread poverty. Page 23.

PHILIPPINES
© UNICEF Philippines/2010/Palasi
A boy participates in recreational activities at a day-care centre in Isabela Province, one of several regions affected by typhoons this year. Filipinos are subject to ongoing cycles of natural disasters and conflict. Page 24.

SRI LANKA
© UNICEF/2007-2642/Haviv
A girl queues with her mother at a nutrition clinic in Vaharai Village, Batticaloa District. The country continues to recover from 30 years of war, as refugees and the internally displaced return home and social services are slowly rebuilt. Page 25.

CENTRAL AND EASTERN EUROPE AND THE COMMONWEALTH OF INDEPENDENT STATES
© UNICEF/NYHQ2010-1249/Volpe
Zulhumar Amanbaev kisses her son, Abdulmutalib, in their home in Jalal-Abad, Kyrgyzstan. Natural disasters in Tajikistan and the political crisis in Kyrgyzstan have displaced hundreds of thousands and increased health risks for children. Page 27.

KYRGYZSTAN
© UNICEF/NYHQ2010-1249/Volpe
Brothers stand in the ruins of their fire-gutted home in the southern city of Jalal-Abad. Ethnic tensions remain high since the June 2010 outbreak of violence, exacerabting food and other shortages in Central Asia’s second-poorest country. Page 30.
TAJIKISTAN
© UNICEF Tajikistan/2010/Sodiqov
A girl receives an oral polio vaccine during a country-wide immunization campaign. The first known outbreak of polio in the country since 1997 struck 458 people, nearly 90 per cent of them children under age 15.
Page 31.

EASTERN AND SOUTHERN AFRICA
© UNICEF/NYHQ2007-0004/Kamber
Children walk down a debris-strewn street in Mogadishu, the capital of Somalia. Conflict and disaster emergencies continue to negatively affect millions of people in Eastern and Southern Africa, exacerbating health, nutrition and education shortfalls.
Page 33.

BURUNDI
© UNICEF Burundi/2009/Amani
A child formerly associated with a rebel group is reunited with his mother in Bujumbura Rural Province. Increased political unrest is putting more children at risk of violence, including forced recruitment into armed groups.
Page 36.

ERITREA
© UNICEF/NYHQ2008-1641/Pirozzi
A health worker measures a toddler’s mid-upper arm circumference to gauge his nutrition status. Pervasive child undernutrition is one result of ongoing political instability, food insecurity and recurrent natural disasters.
Page 37.

ETHIOPIA
© UNICEF/NYHQ2009-2272/Holt
Asiya Abdu, pregnant with her fifth child, stands in the home she shares with 20 family members, in Undada Village. Poverty, inadequate basic services and recurrent droughts and floods continue to threaten the welfare of children and women.
Page 38.

KENYA
© UNICEF/NYHQ2006-0163/Kamber
A Masai woman reads to her children in Kajiado Village, near Nairobi. Only four of the family’s 80 cows survived a recent drought. Today, more than 40,000 Kenyan children suffer from severe acute malnutrition.
Page 39.

MADAGASCAR
© UNICEF/NYHQ2009-1246/Pirozzi
Children line up for lunch at a primary school in Soavinandrina District, Itasy Region. Recurrent natural disasters, poverty and political upheaval are likely to lead to a worsening of the nutritional status of more than 100,000 children.
Page 40.

SOMALIA
© UNICEF/NYHQ2009-0639/Kamber
A woman holds her son and peers through a thicket in a camp for people displaced by drought and conflict, near Dhusamareb. An estimated 2 million people, or 27 per cent of all Somalis, require humanitarian assistance.
Page 41.

UGANDA
© UNICEF/NYHQ2010-1461/Noorani
A family sits outside their home after a recent rain in Busoru III Village. Uganda is still recovering from a deep humanitarian crisis in the north. Lingering problems of displacement, undernutrition and inadequate sanitation continue to affect many people.
Page 42.

ZIMBABWE
© UNICEF/NYHQ2008-1488/Nesbitt
A woman and girl wait to be treated for cholera at a village clinic in Mashonaland West Province. Children and women remain under threat from political and economic crises, widespread poverty, a low level of social services, HIV and food insecurity.
Page 43.

MIDDLE EAST AND NORTH AFRICA
© UNICEF/NYHQ2007-0737/Kamber
During an electricity blackout, Amna, 7, lights candles at her home in Damascus, Syria. She and her family are refugees from the conflict in Iraq. Many children and women in the region lack access to essential services and protection systems.
Page 45.

DJIBOUTI
© UNICEF Djibouti/2004/Pirozzi
A girl participates in a school event in Balbala, on the outskirts of Djibouti’s capital city. Persistent drought, food insecurity and conflict in neighbouring countries continue to threaten the welfare of the country’s children and women.
Page 48.

IRAQ
© UNICEF/NYHQ2010-0694/Kamber
A boy stands on a debris-choked street in the city of Nasariyah, in Dhi Qar Governorate. Since the war began in 2003, violence has displaced millions of Iraqis, decimated infrastructure and deepened poverty.
Page 49.

OCCUPIED PALESTINIAN TERRITORY
© UNICEF/NYHQ2009-0154/Pirozzi
The climate of violence and distress in the Occupied Palestinian Territory emerges in a girl’s drawing created as part of a group activity at a school in Qabaty in the West Bank. Many Palestinian children need ongoing psychosocial support.
Page 50.
SUDAN
© UNICEF/NYHQ2006-0559/Noorani
Children and women line up to collect water, in the Abu Shouk camp, near El Fasher, capital of North Darfur State. Some 4.3 million Sudanese remain displaced by years of conflict.
Page 51.

YEMEN
© UNICEF/NYHQ2009-1734/Brekke
A woman bathes her son outside their tent in the Al-Mazrak camp in Hajja. Acute emergencies and chronic underdevelopment, characterized by shortages of food, water, sanitation and health care, have displaced hundreds of thousands of people.
Page 52.

LATIN AMERICA AND THE CARIBBEAN
© UNICEF/NYHQ2010-2639/LeMoyne
A girl stands in her Port-au-Prince home, which was heavily damaged by the 12 January 2010 earthquake in Haiti. Natural disasters characterize major emergencies in the region, which also has great disparities between rich and poor.
Page 53.

COLOMBIA
© UNICEF/NYHQ2009-1773/Markisz
Carlitos, 8, stands in front of his home, which sits on a toxic landfill in a poor Medellín neighbourhood. Decades of armed conflict, drug-related violence and recent intense flooding have displaced millions and deepened social inequalities.
Page 56.

GUATEMALA
© UNICEF/NYHQ2007-2754/Versiani
A girl walks on a dirt road in Salquil Grande Village, El Quiché Department. In 2010, irregular rains and unusually high temperatures cut food production, leading to high levels of undernutrition among children.
Page 57.

HAITI
© UNICEF/NYHQ2010-2128/Dormino
Sisters are treated for cholera in Artibonite Department. The cholera epidemic that began in October 2010 struck a blow to efforts to recover from the 12 January earthquake that killed more than 222,000 people and displaced more than 2 million.
Page 58.

WEST AND CENTRAL AFRICA
© UNICEF/NYHQ2010-1160/Gangale
Women bring their children for nutrition screenings in Nokou, Chad. Cyclical drought, severe pressure on limited natural resources and outdated farming practices have crippled food production in the Sahel region.
Page 59.

BURKINA FASO
© UNICEF Burkina Faso/2009/Tarpilga
A girl who was displaced by floods in 2009 eats ready-to-eat therapeutic food in Ouagadougou, Burkina Faso’s capital. Entrenched poverty, flooding and epidemics continue to challenge the country, despite a recent decline in global acute malnutrition rates.
Page 62.

CAMEROON
© UNICEF/NYHQ2010-2322/Bouvet
Martine Daoundala sits outside her home with her daughter in the village of Ziver. Children and women in the eastern and northern regions of Cameroon struggle to share limited access to health and other services with a fluctuating refugee population.
Page 63.

CENTRAL AFRICAN REPUBLIC
© UNICEF Central African Republic/2009/ de Hommel
Children stand in the town of Boura. Deep poverty, resurgent conflict and the flow of refugees from neighbouring countries, have left the country’s children vulnerable to disease and exploitation.
Page 64.

CHAD
© UNICEF/NYHQ2010-1152/Asselin
A boy sits in a transit and orientation centre for children formerly associated with armed forces or groups in N’Djamena. Such recruitment remains a critical problem in eastern Chad.
Page 65.

CONGO
© UNICEF/NYHQ2010-2803/Asselin
A girl carries a boy in Djambala, where UNICEF participated in polio vaccination campaigns in late 2010 during the country’s deadly polio outbreak. The epidemic was centred around the port city of Pointe-Noire.
Page 66.

CÔTE D’IVOIRE
© UNICEF/NYHQ2010-2469/Kamber
A girl carries a bowl in a market in Adjamé, a poor neighbourhood in the city of Abidjan. Ongoing conflict, including violently disputed national elections, have exposed children and women to exploitative labour and sexual violence.
Page 67.

DEMOCRATIC REPUBLIC OF THE CONGO
© UNICEF/NYHQ2008-1328/Asselin
Adolescent survivors of sexual violence wait to be seen at a hospital in Goma. By late 2010, an estimated 1.7 million Congolese were still displaced by conflict, and sexual violence was continuing at catastrophic rates.
Page 68.

NIGER
© UNICEF/NYHQ2010-1593/Holtz
A girl drinks a mixture of millet, milk and sugar in a village in Maradi Department. Inadequate rainfall, outdated farming methods and demographic pressure are causing food insecurity that threatens half the country’s population.
Page 69.
2011 UNICEF Humanitarian Action for Children
building resilience

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Palais des Nations
1211 Geneva 10, Switzerland

www.unicef.org/hac2011

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Benin, 2010

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