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UNICEF Humanitarian Action Funding Status
Mid-Year Review

Please note that the funding table and overall analysis on funding received are based on **1 June 2011** figures for all countries and regions apart from the Horn of Africa. Given the rapidly changing situation in the Horn of Africa, figures for funding received for Somalia, Ethiopia, Kenya and Djibouti have been updated as of **31 July 2011** as well as in their individual country chapters.

<table>
<thead>
<tr>
<th>Region/ Country</th>
<th>Original HAC 2011 Funding requirements (US$)</th>
<th>Revised Funding requirements 2011 (US$)</th>
<th>Funding received as of mid-year 2011 (US$)</th>
<th>Funding gap at mid-year 2011 (US$)</th>
<th>Percentage unfunded at mid-year 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Global Support for Humanitarian Action</strong></td>
<td>22,400,000</td>
<td>21,645,603</td>
<td>754,397</td>
<td>20,891,206</td>
<td>97%</td>
</tr>
<tr>
<td><strong>ASIA-PACIFIC RO</strong></td>
<td>1,100,000</td>
<td>1,100,000</td>
<td>100,000</td>
<td>1,000,000</td>
<td>91%</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>29,750,000</td>
<td>22,698,000</td>
<td>4,914,471</td>
<td>17,783,529</td>
<td>78%</td>
</tr>
<tr>
<td>Democratic People's Republic of Korea</td>
<td>12,000,000</td>
<td>20,435,477</td>
<td>3,344,238</td>
<td>17,091,239</td>
<td>84%</td>
</tr>
<tr>
<td>Myanmar</td>
<td>9,950,000</td>
<td>10,738,585</td>
<td>368,585</td>
<td>10,370,000</td>
<td>97%</td>
</tr>
<tr>
<td>Pakistan</td>
<td>295,951,000</td>
<td>104,359,947</td>
<td>27,354,269</td>
<td>77,005,678</td>
<td>74%</td>
</tr>
<tr>
<td>Philippines</td>
<td>14,022,000</td>
<td>15,107,400</td>
<td>0</td>
<td>15,107,400</td>
<td>100%</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>9,825,000</td>
<td>14,750,000</td>
<td>9,600,993</td>
<td>5,149,007</td>
<td>35%</td>
</tr>
<tr>
<td><strong>TOTAL ASIA-PACIFIC</strong></td>
<td>372,598,000</td>
<td>189,189,409</td>
<td>45,682,556</td>
<td>143,506,853</td>
<td>76%</td>
</tr>
<tr>
<td>CEE-CIS RO</td>
<td>900,000</td>
<td>2,200,000</td>
<td>100,000</td>
<td>2,100,000</td>
<td>95%</td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>6,996,000</td>
<td>6,996,000</td>
<td>0</td>
<td>6,996,000</td>
<td>100%</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>5,540,000</td>
<td>3,240,000</td>
<td>0</td>
<td>3,240,000</td>
<td>100%</td>
</tr>
<tr>
<td><strong>TOTAL CENTRAL AND EASTERN EUROPE, COMMONWEALTH OF INDEPENDENT STATES</strong></td>
<td>13,436,000</td>
<td>12,436,000</td>
<td>100,000</td>
<td>12,336,000</td>
<td>99%</td>
</tr>
<tr>
<td><strong>EASTERN AND SOUTHERN AFRICA RO</strong></td>
<td>5,600,000</td>
<td>7,450,000</td>
<td>100,000</td>
<td>7,350,000</td>
<td>99%</td>
</tr>
<tr>
<td>Burundi</td>
<td>5,223,000</td>
<td>5,223,000</td>
<td>900,000</td>
<td>4,323,000</td>
<td>83%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>14,075,000</td>
<td>14,075,000</td>
<td>530,700</td>
<td>13,544,300</td>
<td>96%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>57,416,000</td>
<td>76,628,028</td>
<td>30,703,935</td>
<td>45,924,093</td>
<td>60%</td>
</tr>
<tr>
<td>Kenya</td>
<td>16,168,000</td>
<td>14,791,121</td>
<td>13,323,831</td>
<td>34,467,290</td>
<td>72%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>19,200,000</td>
<td>19,050,000</td>
<td>1,630,413</td>
<td>17,419,587</td>
<td>91%</td>
</tr>
<tr>
<td>Somalia</td>
<td>60,698,000</td>
<td>177,559,332</td>
<td>56,782,519</td>
<td>120,776,813</td>
<td>68%</td>
</tr>
<tr>
<td>Uganda</td>
<td>10,000,000</td>
<td>10,000,000</td>
<td>715,310</td>
<td>9,284,690</td>
<td>93%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>119,973,000</td>
<td>119,973,000</td>
<td>7,576,139</td>
<td>112,396,861</td>
<td>94%</td>
</tr>
<tr>
<td><strong>TOTAL EASTERN AND SOUTHERN AFRICA</strong></td>
<td>308,353,000</td>
<td>477,749,481</td>
<td>112,262,847</td>
<td>365,486,634</td>
<td>77%</td>
</tr>
</tbody>
</table>

1 “Mid-year 2011” reflects funding levels received as of 1 June 2011 for all countries, except for Somalia, Kenya, Ethiopia and Djibouti, which reflects funding received as of 31 July 2011.
<table>
<thead>
<tr>
<th>Region</th>
<th>First Column</th>
<th>Second Column</th>
<th>Third Column</th>
<th>Fourth Column</th>
<th>Fifth Column</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MIDDLE EAST AND NORTH AFRICA RO</strong></td>
<td>2,240,000</td>
<td>2,540,000</td>
<td>100,000</td>
<td>2,440,000</td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td>Djibouti</td>
<td>4,255,000</td>
<td>5,405,000</td>
<td>1,714,032</td>
<td>3,690,968</td>
<td>68%</td>
<td></td>
</tr>
<tr>
<td>Iraq</td>
<td>40,056,000</td>
<td>40,056,000</td>
<td>0</td>
<td>40,056,000</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Occupied Palestinian Territory</td>
<td>18,759,000</td>
<td>18,295,000</td>
<td>8,014,891</td>
<td>10,280,109</td>
<td>56%</td>
<td></td>
</tr>
<tr>
<td>Sudan</td>
<td>104,460,000</td>
<td>131,068,300</td>
<td>33,047,998</td>
<td>98,020,302</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td>58,021,000</td>
<td>72,750,000</td>
<td>15,543,629</td>
<td>57,206,371</td>
<td>79%</td>
<td></td>
</tr>
<tr>
<td>Yemen</td>
<td>20,294,000</td>
<td>22,698,293</td>
<td>5,322,860</td>
<td>17,375,433</td>
<td>77%</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL MIDDLE EAST AND NORTH AFRICA</strong></td>
<td>248,085,000</td>
<td>292,812,593</td>
<td>62,803,817</td>
<td>229,069,183</td>
<td>78%</td>
<td></td>
</tr>
<tr>
<td><strong>LATIN AMERICA AND THE CARIBBEAN RO</strong></td>
<td>13,000,000</td>
<td>13,000,000</td>
<td>776,056</td>
<td>12,223,944</td>
<td>94%</td>
<td></td>
</tr>
<tr>
<td>Colombia</td>
<td>10,300,000</td>
<td>10,300,000</td>
<td>495,175</td>
<td>9,804,825</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>Guatemala</td>
<td>2,650,000</td>
<td>2,650,000</td>
<td>0</td>
<td>2,650,000</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Haiti</td>
<td>156,967,000</td>
<td>86,581,014</td>
<td>35,693,471</td>
<td>50,887,543</td>
<td>59%</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL LATIN AMERICA AND THE CARIBBEAN</strong></td>
<td>182,917,000</td>
<td>112,531,014</td>
<td>36,964,702</td>
<td>75,566,312</td>
<td>67%</td>
<td></td>
</tr>
<tr>
<td><strong>WEST AND CENTRAL AFRICA RO</strong></td>
<td>18,044,000</td>
<td>18,044,000</td>
<td>2,523,570</td>
<td>15,520,430</td>
<td>86%</td>
<td></td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>11,480,000</td>
<td>10,581,500</td>
<td>313,749</td>
<td>10,267,751</td>
<td>97%</td>
<td></td>
</tr>
<tr>
<td>Cameroon</td>
<td>3,350,000</td>
<td>3,350,000</td>
<td>1,380,594</td>
<td>1,969,406</td>
<td>59%</td>
<td></td>
</tr>
<tr>
<td>Central African Republic</td>
<td>11,763,000</td>
<td>11,763,000</td>
<td>5,857,564</td>
<td>5,905,436</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Chad</td>
<td>45,639,000</td>
<td>45,639,000</td>
<td>8,511,217</td>
<td>37,127,783</td>
<td>81%</td>
<td></td>
</tr>
<tr>
<td>Congo</td>
<td>4,830,000</td>
<td>7,467,000</td>
<td>0</td>
<td>7,467,000</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Cote d’Ivoire</td>
<td>5,541,000</td>
<td>44,590,000</td>
<td>16,093,787</td>
<td>28,496,213</td>
<td>64%</td>
<td></td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>115,290,000</td>
<td>123,070,000</td>
<td>23,543,864</td>
<td>99,526,136</td>
<td>81%</td>
<td></td>
</tr>
<tr>
<td>Liberia</td>
<td>18,882,133</td>
<td>29,998,993</td>
<td>10,632,479</td>
<td>19,366,514</td>
<td>65%</td>
<td></td>
</tr>
<tr>
<td>Niger</td>
<td>37,062,000</td>
<td>37,062,000</td>
<td>10,197,884</td>
<td>26,864,116</td>
<td>72%</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL WEST AND CENTRAL AFRICA</strong></td>
<td>271,881,133</td>
<td>331,565,493</td>
<td>79,054,708</td>
<td>252,510,785</td>
<td>76%</td>
<td></td>
</tr>
<tr>
<td><strong>Grand TOTAL</strong></td>
<td>1,419,670,133</td>
<td>1,437,929,593</td>
<td>338,562,620</td>
<td>1,099,366,973</td>
<td>76%</td>
<td></td>
</tr>
</tbody>
</table>
HUMANITARIAN ACTION REPORT
MID-YEAR REVIEW
BUILDING RESILIENCE

The first seven months of 2011 have borne witness to widespread and varied humanitarian crises, characterised by extreme droughts, civil conflict and protracted emergencies, all of which have affected millions of women and children. With the generous support of government and individual donors, UNICEF has been able to meet many of the pressing needs of the most vulnerable victims of these crises in all affected regions. However, additional support is urgently required for the remainder of this year to continue humanitarian action, build resilience and support women and children to recover. Only five countries have received more than 40 per cent of their funding requirements at mid-year.

Extreme levels of undernutrition in the Horn of Africa, social unrest in Northern Africa and the Middle East and the secession of South Sudan have marked the humanitarian landscape in 2011. With over half a million severely malnourished children at risk of imminent death, the food security crisis in the Horn of Africa has raised alarms across the world. Extreme drought, sharp increases in food prices and armed conflict in Somalia are all factors which have led to the current crisis: more than 2.3 million children in Ethiopia, Kenya and Somalia are estimated to be acutely malnourished. With the declaration of famine in Lower Shabelle and parts of Bakool regions of southern Somalia, as well as in Balcad and Cadale in middle Shabelle, the Afgoye corridor and in parts of Mogadishu, there is risk of the situation further deteriorating in the absence of immediate interventions. Host communities in drought-affected areas in north and north eastern Kenya as well as Ethiopia are facing their own humanitarian crisis as refugees continue to flow across borders and further stress limited resources. UNICEF has responded by declaring a Corporate Emergency and is scaling up capacities and programmes in order to save lives and meet the most urgent needs of vulnerable women and children.

In the early part of 2011, the socio-economic and political landscape of the Middle East and North Africa region witnessed historic transformations, with civil resistance and large-scale street demonstrations occurring throughout the region. The “Arab Spring/Awakening” has been characterised by wide-ranging socio-economic inequities and poor governance, marked by corruption and exacerbated by record levels of unemployment. Additionally, soaring food and fuel prices, severe water scarcity, and extremely volatile political and security contexts have deeply affected the poorest and most vulnerable children and women. There are serious concerns over the events unfolding across the region - especially in Libya, but also in Syria and Yemen where the potential impact upon children is acute. In Syria, ongoing cycles of violence have led to increased reports of killings and significant concerns regarding violations of children’s rights. In Yemen, the humanitarian situation has deteriorated during the first half of 2011 with social and political unrest and widespread armed clashes across the country. Since the beginning of the year, UNICEF has provided educational opportunities for 80,000 children in conflict-affected governorates: 94,712 (65,360 boys, 29,352 girls) children have benefited from psychosocial support, the majority of the 3,591 children identified with protection risks have been referred to services or provided direct support, and awareness building activities on child protection and mine risk education have reached 82,800 people.

After decades of civil war, the Republic of South Sudan emerged with new hope for a more peaceful and prosperous future for all its citizens after years of conflict. This new country, however, lies within a complex landscape characterized by tense relations with Sudan and escalating of violence in the border region. As part of UNICEF’s integrated response to increasing humanitarian needs, some 54,600 acutely malnourished children have been treated through the establishment of treatment centres during the first half of 2011 and over 270,000 people have gained access to safe water through rehabilitation or construction of water sources. Another 3 million children have been immunized for polio.

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2 This Procedure aims to strengthen UNICEF’s capacity to respond immediately and effectively to large-scale emergencies and outlines the chain of command and operating procedures to be activated. The Procedure activates a single chain of command, including appointment of a Global Emergency Coordinator (GEC); an Emergency Management Team to support and advise the GEC; and an Immediate Response Team (IRT) of technical specialists to be deployed with the Regional Director within 48 hours of activation in support of the Representative. Simplified Standard Operating Procedures (SSOPs) are being defined in order to simplify and streamline a standardized list of key tasks, which will ensure a more effective response in large-scale emergencies. In order to aid the implementation of this system, IRT members have been identified and trained.
UNICEF responds to more than 200 emergencies in about 90 countries around the world every year, ensuring that all resources are in place to support millions of children affected by crisis, conflict, disaster and displacement. This mid-year review of the 2011 Humanitarian Action Report provides an update on actions taken to date as well as those planned for the remainder of the year in 34 of these countries and six regions. UNICEF is responding to humanitarian crises which require exceptional support and urgent action to save lives, protect children against the worst forms of violence, exploitation and abuse, and ensure access to health, water and sanitation, nutrition and education.

In addition to the protracted humanitarian crises noted in the Horn of Africa, Sudan and South Sudan, as well as in the Middle East, several other complex crises continue to compromise children’s right around the world. Côte d’Ivoire faced significant humanitarian challenges following the November 2010 presidential election, with the ensuing political crisis and the civil conflict leading to a major humanitarian crisis: an estimated 1 million people fled their homes, more than 200,000 of whom sought refuge in neighbouring countries, in border towns and villages of Eastern Liberia. In the Central African Republic, despite presidential and parliamentary elections proceeding in relative calm in early 2011, the political climate in CAR’s northern and south-eastern regions remains fragile and tense. Ongoing and newly emergent conflict and insecurity make the Democratic Republic of the Congo 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; the displaced population as of June 2011 remains at an estimated 1.7 million, more than half of them children.

Extreme weather patterns and climate change continue to bring severe weather disturbances to communities already struggling to meet urgent humanitarian needs. The Philippines, a country dealing with ongoing conflict, has been hit by several storms in 2011, which have resulted in displacement, loss of life, and loss of livelihoods. More than 870,000 persons throughout the country have been affected by extreme flooding and a string of severe weather disturbances. Of equal concern are the health risks within affected communities, as many are using filthy, stagnant water, with water sources from open dug wells and hand pumps likely to be contaminated by flood water. UNICEF has initiated emergency response in affected areas through the clusters and in coordination with the Humanitarian Country Team (HCT) and local authorities. UNICEF’s contingency plan is committed to provide immediate relief to 5,000 families in Mindanao alone.

The region of Latin America and the Caribbean has also been marked by extreme natural disasters, ranging from intense hurricanes, torrential rains and flash floods to prolonged drought, intense volcanic activity and devastating earthquakes. In the first half of 2011, the rainy season has led to major flooding in Brazil, Venezuela, Peru, Bolivia, Ecuador, and Colombia. In Colombia, 280,000 children have been affected by the torrential rains since January, while waters from the 2010 floods have still not receded in many places. These floods have exacerbated the ongoing complex emergency of a country which already suffers one of the worst displacement caseloads worldwide.

Humanitarian needs in 2011 have shown no sign of declining. In the Democratic People’s Republic of Korea, stunting, wasting, and undernutrition continue to define the reality of 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. An estimated 37 per cent of the population depends on food aid and 6.1 million people are at risk due to the foreseen interruption of food supply by the Public Distribution System in July-August 2011.

Approaches that foster resilience provide not only a rationale for when or why humanitarian action is necessary but also important guidance for how it should be conducted.

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5 UNICEF Philippines Situation Report for Mindanao Flooding
In Haiti, children and women continue to bear the burden of multiple crises. A sudden outbreak of cholera in October 2010 occurred in an area that had only been marginally affected by the 2010 earthquake, underlining the deep vulnerability of the Haitian population and the gross inequalities across the country, including health, nutritional status, access to education and adequate water and sanitation. Cholera is likely to become endemic in the environment, unless there are dramatic improvements in water and sanitation coverage as well as hygiene practices. The start of the hurricane season in 2011 will expose the already vulnerable population to new risks.

Given the complexity of these and other situations, highlighting multiple layers of crisis within a country or region, the international community requires an increasingly agile approach to humanitarian action. The international aid system must also be retooled not only to better manage unpredictability but also to address underlying vulnerabilities. While this is a vital goal of development work, humanitarian action holds an important place in lessening hardships and preparing the ground for more robust recovery and risk management in the future. In this overall context of growing complexity and need, UNICEF is committed to supporting governments and helping people build their own resilience, through the actions outlined in this report, as well as in its ongoing programming and support.

Achievements by mid-year

Each appeal included in this Humanitarian Action for Children report outlines the actions undertaken by UNICEF and its partners to address needs to date, achievements at mid-year, and planned actions for the remainder of the year.

In Somalia, UNICEF has been working with over 60 national and international partners, to continue implementing approximately 90 per cent of the overall nutrition response. With over 500 nutrition centres in Southern Somalia, UNICEF is doubling its capacity to treat 200,000 children affected by severe acute malnutrition over the next six months in more than 200 outpatient therapeutic feeding facilities; over 123,000 have already been reached by July. In addition, capacities are being scaled up to treat 200,000 children affected by moderate acute malnutrition in over 300 supplementary feeding facilities; over 100,000 have already been reached by July. In south-central Somalia, UNICEF reached 23,000 severely acute malnourished children with ready to use therapeutic food during the month of July. In addition, capacities are being scaled up to treat 200,000 children affected by moderate acute malnutrition in over 300 supplementary feeding facilities; over 100,000 have already been reached by July. In the current critical situation, UNICEF will carry out blanket supplementary feeding in drought-affected areas in southern Somalia providing a total of 510,000 family rations (3.3 million individual rations) over a 6 month period. As the acute food security and nutrition crisis requires an integrated nutrition, WASH, health and livelihood response, UNICEF is scaling up accordingly to meet the urgent needs of internally displaced, refugee and drought-affected populations.

Responding to the cholera crises in Haiti, through the generous funding of donors, more than 85,000 individuals with suspected cases of cholera have received oral rehydration therapy at 1,008 oral rehydration points or 74 cholera treatment units supported by UNICEF. In Niger, in addition to interventions focused on the treatment of severe acute malnutrition, UNICEF is working together with partners to reduce the onset of new cases of acute malnutrition and prevent chronic undernutrition. Thus far in 2011, 21,000 households have benefitted from the promotion of adequate Infant and Young Child Feeding (IYCF) practices. In more “silent emergencies” such as in Colombia, more than 35,000 children and adolescents (56 per cent boys and 44 per cent girls) have participated in UNICEF supported programmes to prevent their involvement in illegal armed groups.

FUNDING SITUATION OF THE 2011 HUMANITARIAN ACTION FOR CHILDREN AT MID-YEAR

While the total requirements of the HAC have only increased by 1 per cent (from US$1,419,670,133 to US$1,437,929,593) as of 31 July 2011, significant changes in funding needs were noted in various countries. Most notably, funding requirements were reduced by 65 per cent in Pakistan and by 45 per cent in Haiti due to re-prioritization of needs and adjustments in mid-year planning.
In the Horn of Africa, however, overall funding needs have more than doubled in order to adequately respond to increasing needs of drought- and famine-affected populations. The most significant increase in relative funding needs took place in Côte d’Ivoire, where requirements increased eightfold to $44.6 million\(^{10}\) to respond to the humanitarian crisis which saw an estimated 1 million people fleeing their homes.\(^{11}\) In addition, a separate appeal for Liberia is included in this mid-year review, requesting nearly US$30 million to respond to the large refugee influx from Côte d’Ivoire into Liberia. In terms of absolute funding requirements, the largest increase has been in Somalia where the requirements increased nearly three-fold from US$61 million to US$177.6 million, an increase of nearly US$117 million.

As of 31 July, only 24 per cent of the revised needs for the CAP and the non-CAP countries in the HAC have been funded for the year.\(^{12}\) In absolute terms, amounts received as of 31 July 2011 were at US$338,562,620 versus US$230,791,400 in June 2010. Despite the increase in absolute figures, countries such as the Philippines, Kyrgyzstan, Tajikistan, Iraq, Guatemala and the Congo have thus far not received any humanitarian funding, limiting UNICEF emergency support and recovery efforts in these countries. In other countries, however, generous donor funding has allowed UNICEF to improve the situation of millions of children and women worldwide. Sustained efforts are needed in order to allow UNICEF to adequately respond to humanitarian situations through the remainder of the year. If funding does not come through, many countries will face difficulties in providing humanitarian assistance to children in need.

In order to help meet life-saving needs, fulfill children’s and women’s rights, and to improve resilience and reduce future risks, UNICEF still requires an additional US$1.09 billion if it is to meet its core commitments to children in humanitarian crises. UNICEF is grateful for the donor support received to date and looks forward to increased commitments for its humanitarian action.

Funding requirements and funding levels vary across the regions as illustrated in Table 1, below. Due to the Horn of Africa crisis, funding needs for the Eastern and Southern Africa Regional Office (ESARO) now amount to US$477.7 million,\(^{13}\) representing the highest level of regional needs. This is followed by West and Central Africa Regional Office (WCARO) with needs amounting to US$331.5 million and the Middle East and North Africa Regional Office (MENA) with requirements of US$292.8 million.

Only 3 per cent of requirements has been contributed toward UNICEF’s Global Support for Humanitarian Action, which includes global capacities to respond to new crises where and when they arise, as well as the coordination function and work plans of UNICEF-led global clusters. While steps have been taken to incorporate global cluster coordinator posts into the UNICEF regular resources budget for 2012-2013, donor support will still be required to ensure progress toward expanding capacity for cluster support to countries responding to emergencies.

In terms of the percentage of requirements funded, the Americas and the Caribbean Regional Office (TACRO), remains the best funded region, with 33 per cent of funding needs covered as of 1 June 2011, followed by Asia-Pacific Shared Services Centre (APPSC) and WCARO funded at 24 per cent respectively. In absolute figures, most funding (US$112.3 million) has been mobilised for the ESAR region as a result of the crises in the Horn.

Table 1. Funding received against the 2011 HAC by region at mid-year\(^{14}\)

<table>
<thead>
<tr>
<th>Region</th>
<th>Revised needs</th>
<th>Funds received</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESARO</td>
<td>23%</td>
<td>24%</td>
</tr>
<tr>
<td>WCARO</td>
<td>24%</td>
<td>22%</td>
</tr>
<tr>
<td>MENA</td>
<td>24%</td>
<td>23%</td>
</tr>
<tr>
<td>ASIA-PACIFIC</td>
<td>33%</td>
<td>1%</td>
</tr>
</tbody>
</table>

\(^{10}\) This includes UNICEF requirements against the inter-agency Emergency Humanitarian Action Plan (EHAP).


\(^{12}\) Income figures for all countries affected by the Horn of Africa crisis as of 1 June 2011. Note that some country and regional offices have used non-emergency funding or carry-overs in order to meet urgent humanitarian needs. These funds are reflected in the “Additional Funding” column in applicable chapters.

\(^{13}\) Based on figures as of 1 June for all regions, apart from ESARO which reflects updated information as of 31 July 2011 following the severe deterioration of the situation in the Horn of Africa.

\(^{14}\) Based on figures as of 1 June for all regions apart from ESARO which reflects updated information as of 31 July 2011 following the severe deterioration of the situation in the Horn of Africa.
The six largest humanitarian operations for UNICEF included in the mid-year review of the HAC in terms of funding needs are: Somalia, Sudan, Democratic Republic of the Congo and Zimbabwe, followed by Pakistan and Haiti.

In absolute terms, the countries which have received the most funding as of 31 July are Somalia, Haiti, Sudan, Ethiopia, Pakistan and Democratic Republic of the Congo, accounting for 61 per cent of all funding received. Only two countries had received 50 per cent or more of their revised requirements, with Sri Lanka having received 65 per cent, and Central African Republic at 50 per cent, followed by Occupied Palestinian Territory (44 per cent), Haiti and Cameroon (41 per cent each).

Table 2. Funding received against the 2011 HAC by field office at mid-year.\(^{15}\)

![Table showing funding received against the 2011 HAC by field office at mid-year.](image)

\(^{15}\)For the purposes of this table, "mid-year 2011" reflects funding levels received as of 1 June 2011 for all countries, except for Somalia, Kenya, Ethiopia and Djibouti, which reflects funding received as of 31 July 2011.
As of 31 July 2011, UNICEF had received US$479.3 million for all its emergency activities throughout the world,\(^{16}\) a 20 per cent decrease compared to the income received during the same period in 2010.

In 2011, UNICEF has provided emergency assistance to 14 CAP countries, 3 Flash Appeals, 27 non-CAP countries and regional offices in the HAC, and 1 other appeal, requiring a budget of US$1.67 billion. At the end of July, UNICEF had received a higher proportion of funding for the 2011 CAPs compared to the same period in 2010, with 33 per cent of UNICEF’s CAP funding needs met so far, compared to the 30 per cent funding level of 2010. The non-CAP countries in the HAC have received only 15 per cent of their funding needs to-date, compared to 26 per cent during the same period in 2010. Flash Appeals have the highest level of funding, receiving 56 per cent of their funding needs. As of 31 July 2011, overall appeals have received an average of 26 per cent of their funding needs.

UNICEF would like to acknowledge the generous contributions of its public and private sector donors in supporting UNICEF in its mission to reach the children and women affected by humanitarian crises and natural disasters throughout the world.

As of 31 July 2011, UNICEF has received the largest proportion of its humanitarian funding from government donors (52 per cent), with Japan as the largest funding source for UNICEF, providing US$94.1 million. The European Commission was the second largest source of humanitarian funding, providing US$77.7 million. CERF was the third largest donor and provided US$66 million through its Rapid Response (US$45.9 million) and Under-Funded Windows (US$20.1 million), which provides significant support to underfunded countries, as collectively prioritized by UN agencies, funds, and programmes. The UNICEF National Committees provided nearly 10 per cent of the humanitarian funding received by end July. The top five National Committee donors are as follows: US Fund for UNICEF, Netherlands Committee for UNICEF, French Committee for UNICEF, Japan Committee for UNICEF and German Committee for UNICEF respectively.

As illustrated in the chart below, the top ten sources of humanitarian funding are: Japan, European Commission, CERF, Common Humanitarian Fund, United States, Australia, Sweden, Spain, the United Kingdom, and the Inter-American Development Bank. These top ten donors account for more than four-fifths of the humanitarian contributions received by UNICEF so far for its emergency operations.

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\(^{16}\) Funding received for all emergency activities includes HAC data reflected in Table 1, plus income for any other valid appeals.
Out of the total humanitarian contribution of US$474.3 million, US$46.5 million (9.7 per cent) has been received as thematic funds as of 31 July 2011. This represents a significant decrease compared to the end July 2010 figure of US$206.5 million; however more than 88 per cent of the thematic funds received by end July 2010 were provided for Haiti, with only US$22.9 million provided for the remaining countries and regions. The top three donors providing thematic humanitarian funds are: the government of Finland, US Fund for UNICEF and the German Committee for UNICEF. UNICEF gratefully acknowledges the generosity of its donors in providing this type of funding, as it allows UNICEF to respond flexibly to evolving needs. UNICEF continues to encourage its donors to provide flexible humanitarian funding particularly at the global level in 2011.
Global Support for UNICEF Emergency Response Operations

Mid-Year Review

In 2011, UNICEF’s global team has focused on continuing to support country offices (CO) facing emergencies and crises, while also strengthening organizational capacity for effective response and reinforcing UNICEF’s emergency systems. Drawing from lessons learned after the Haiti Earthquake and the Pakistan floods, UNICEF Executive Director Anthony Lake established a new Corporate Emergency Activation Procedure through an Executive Directive issued in March 2011.

This Procedure aims to strengthen UNICEF’s capacity to respond immediately and effectively to large-scale emergencies and outlines the chain of command and operating procedures to be activated. The Procedure activates a single chain of command, including appointment of a Global Emergency Coordinator (GEC); an Emergency Management Team to support and advise the GEC; and an Immediate Response Team (IRT) of technical specialists to be deployed with the Regional Director within 48 hours of activation in support of the Representative. Simplified Standard Operating Procedures (SSOPs) are being defined in order to simplify and streamline a standardized list of key tasks, which will ensure a more effective response in large-scale emergencies. In order to aid the implementation of this system, IRT members are being identified and trained. UNICEF HQ supported country office response to humanitarian needs on issues ranging from the cholera outbreak in Haiti to displacement in Pakistan and to the drought crisis in the Horn of Africa. In addition, HQ provided direct surge support in Cote d’Ivoire, Pakistan and Libya (with spill over effects in Tunisia and Egypt); and significant support to contingency and response planning in Libya and Sudan, including South Sudan. Headquarters has further supported responses to new or escalated crises in Yemen; Somalia; Syria; the Occupied Palestinian Territory, Afghanistan; and the Democratic People’s Republic of Korea. Major initiatives to strengthen capacity include:

Core Commitments for Children in Humanitarian Action, including Performance Monitoring

In order to strengthen its ability to deliver on the Core Commitments for Children in Humanitarian Action (CCCs), UNICEF finalized a CCC Humanitarian Performance Monitoring (PM) toolkit. UNICEF is currently training candidates to form a roster of surge support for COs requiring PM in humanitarian situations, as well as establishing systems for remote support to the field, including a Community of Practice. The system is being implemented in the context of the response in the Horn of Africa drought.

EMOPS has provided direct and indirect support to several country offices which have experienced conflict and/or disasters in mapping capacities for achieving the CCCs and defining country specific capacity development strategies. These have included support to building the capacity of the Ugandan government to respond to disasters, and supporting capacity development for the provision of child friendly education in South Sudan.

Humanitarian reform

UNICEF continued efforts at the global level to build capacity and deliver on its responsibility as global cluster lead agency. This includes strengthening response coordination capacity (Nutrition and Gender Based Violence), information management capacity (WASH), learning from emergencies (Education) and enhancing standards in the sector (Child Protection). Externally, UNICEF is working with other Inter-Agency Standing Committee members to clarify policy issues related to clusters, including accountabilities of cluster lead agencies. Concerning the clusters it leads at global level, UNICEF has mainstreamed Global Cluster Coordinator posts into its core budget for 2012 - 2013. UNICEF has also decided to consolidate the management of global cluster functions in 2012, which will ensure a more harmonized approach to global cluster coordination and enhance support to cluster coordination in the field. Resources have been allocated to strengthen human resource rosters for quality cluster support, particularly in WASH and Nutrition. UNICEF is also actively involved in inter-agency efforts to strengthen pooled humanitarian funding mechanisms and other tools to improve response.

Emergency risk-informed programming

UNICEF’s main programme guidance for country offices is being updated to ensure integration of ‘emergency risk-informed programming’ into all phases of its planning and programming, as well as in accompanying training. The Emergency Preparedness and Response training package is under revision and, an initial pilot course was run in mid-July in Kazakhstan, with considerable success. The two-day course, covering four modules on humanitarian frameworks, preparedness, response and emergency risk-informed programming, will be expanded to include more detailed packages for each module.
As part of the shift to emergency risk-informed programming, UNICEF’s internal Early Warning Early Action system has now become the agency’s platform for emergency preparedness planning and for monitoring emergency response readiness monitoring of UNICEF Country Offices. In 2011, HQ strengthened this monitoring system by generating country office emergency response readiness indicator which will be included in the new global performance management system due to be introduced in 2012.

UNICEF has strengthened its contribution to national and community resilience by developing programme guidance on disaster risk reduction (DRR). UNICEF is also working with IASC partners on an inter-agency initiative to strengthen national and local capacities for five countries in preparedness and wider risk reduction measures.

**Peacebuilding**

HQ is also developing guidance on engaging in conflict analysis at the country level taking part in the Peacebuilding Support Office's review of the Peacebuilding Fund to strengthen focus on social services. UNICEF is also developing brief guidance on peace-building for UNICEF’s programmes and children, which will be shared before the end of the year. Recognising the increasingly important position that countries in transition are taking on the global agenda, UNICEF is also playing an active role in the response to the Independent Report on Civilian Capacities in the Aftermath of Conflict, which lays out a series of recommendations for the UN system on a range of issues from flexible financing, to models for co-ordination and technical guidance on capacity development.

UNICEF has been actively engaged in the International Dialogue on Peace-building and State-building in the preparation for the High-Level Forum organized by the OECD, being held in Busan, South Korea.

**Gender in humanitarian action**

In 2011, UNICEF continued to invest in strengthening gender equality programming throughout its humanitarian action. This included carrying out a multi-country Initiative in UNICEF-led Clusters, deploying full-time gender advisors to provide support to staff, cluster coordinators and cluster partners in Central African Republic, Democratic Republic of Congo, Mozambique, OPT, and Yemen in the practical application of gender equality programming tools and methods. Results of the initiative include improved capacity to carry out evidence based humanitarian programming as well as a standardized set of gender training materials that can be adapted to different sectors and country contexts. In 2011, UNICEF also hosted a series of inter-agency trainings sessions on the IASC Gender Marker for headquarters staff in Geneva and New York, in collaboration with the Gender Capacity Project (GenCap) to help ensure gender considerations are reflected in humanitarian appeals. In mid-2011, UNICEF also began hosting the Global GenCap deployee, who is tasked with supporting Global Cluster leads on gender equality programming. In its role as co-chair of the IASC Sub-Working Group on Gender and Humanitarian Action, UNICEF worked to strengthen communication on gender in rapid onset emergencies including support to rapid response teams. In partnership with OCHA and UN Women, UNICEF commissioned a study to assess the impact of gender equality programming on humanitarian outcomes. The first phase of the research is expected to be complete by the end of 2011.

**Complex threat environments**

Better delivery of quality programmes in environments with high security risks remains a priority for UNICEF, ensuring that Member States and other actors understand and recognize humanitarian principles and that UNICEF country offices receive the necessary support to decide on an effective strategy in highly volatile and complex environments. To support this in the field, guidance has been elaborated to guide country offices on interacting with non-state entities. Guidance is also regularly provided to country offices on how to manage various UN and Member State sanctions against proscribed groups. UNICEF is in the process of drafting guidance on remote programming. In order to ensure that all risks – not only security risks – are being managed in a coherent manner, HQ is providing support to country teams to help them better analyse and manage risk. A workshop was facilitated for the Afghanistan Country Team on good practices in other countries on risk management. As a result, an Enterprise Risk Management system modelled on experiences of the UNCT is Somalia is being implemented. These experiences are also being shared with other UN Country Teams.

UNICEF continues to be a leader in UN policy discussions in order to better manage security risks. On behalf of the High Level Committee for Management (HLCM), UNICEF chairs the Programme Criticality Working Group and the Technical Working Group that is developing the framework and tools for determining programme criticality and acceptable risk. The Programme Criticality framework is a crucial component of the new UN security management system because it determines the importance of activities as weighed against residual risks. This process ensures that risks and benefits are commensurate, and allows higher-risk activities to proceed if they rise to this threshold on assessment. The framework is expected to be completed in the fall of 2011 and will be rolled out to all countries on a phased basis.
Efficiency of response

To ensure a more predictable, effective and timely response, UNICEF continued to build emergency human resource capacities in 2011. The first half of 2011 remained extremely busy with a dedicated human resource emergency unit at headquarters responding to more than 150 surge requests from country and regional offices. Support was provided to Sudan, Côte d’Ivoire, Liberia, Libya, Tunisia and Egypt. In January, the Executive Director’s Office increased the number of high profile emergencies from 6 to 10, which ensured that these crises received special focus and high quality human resources support.

A global meeting of human resource officers from emergency-affected countries drafted minimum standards for human resources management for emergencies, as well as incentives for motivating staff. The meeting recommended a one-day training for managers on human resources in emergencies, which the Somalia Country Office will pilot. Priorities for the second half of 2011 include addressing staff wellbeing (working and living conditions and staff with extended service in emergencies); and strengthened recruitment (streamlined processes, outreach programme, emergency talent pools, and surge rosters to allow for an expanded group of qualified external candidates and more rapid deployment to enhance country office capacity).

UNICEF continues to enhance its global supply strategy, preparedness and logistics network for rapid emergency response through ongoing coordination with partners and suppliers. The existing supply strategy is currently under review while supply and logistic networks are being strengthened to further enhance rapid response logistics and supply operations.

As part of the Executive Director’s Corporate Emergency Activation Procedures, EMOPS worked closely with Supply Division and Programme Division to train three Immediate Response Teams (IRTs) for rapid deployment during Level Three emergencies. The Emergency Response Simulation that has been run each year since 2009 in Brindisi, Italy, to train young cadres in humanitarian action was adapted for senior emergency staff and run in June 2011. Several IRT members have already been deployed to the Horn of Africa in late July 2011.

Advocacy

UNICEF finalized a review of humanitarian advocacy practices in order to strengthen its capacity to persuade decision makers and donors to adopt policies which protect rights of children and women in humanitarian situations. Reviewers analyzed a series of case studies covering recent, large-scale emergencies and consulted with humanitarian organizations. The results included specific recommendations for strengthening UNICEF’s capacity for coordinating public and private humanitarian advocacy immediately in a crisis situation. The review has already begun informing procedures for large-scale emergencies as part of the Corporate Emergency Activation Procedure.

In addition, HQ completed a study on “Advocacy with the Security Council on the children and armed conflict agenda,” which will be used to strengthen UNICEF advocacy on the issue. As part of continuing advocacy for the inclusion of attacks on schools and hospitals as a listing violation within the MRM, UNICEF has solicited legal analysis through a partnership with Harvard University and joined in a number of inter-agency technical meetings to define the scope of the violation. UNICEF also supported the mission of the Security Council Working Group on Children and Armed Conflict to Afghanistan in June to follow up on a UN Action Plan with the government to release and reintegrate children who had joined the national police force, as well as to gather information on attacks on schools and hospitals. Headquarters also continued to advocate for child protection with the Security Council through briefings and bilateral meetings with SC members.

Funding requirements

UNICEF is seeking US$21.6 million to support an effective and integrated response to today’s global humanitarian crises. This funding will complement the existing US$22.7 million that had already been earmarked for this purpose from UNICEF’s core budget and generous contributions from donors.
CHILDREN AND WOMEN IN CRISIS

From earthquakes to cyclones to monsoons, 89 per cent of people who suffered from natural disasters in 2010 lived in Asia. 1 In Pakistan alone; 20 million people were affected in 2010 by flooding that submerged one fifth of the country’s land mass, 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.”2 With such a disproportionate distribution of disaster impacting this part of the world, UNICEF’s ability to bolster prevention, readiness and response is crucial to lessening the impact of crises when they occur. Every missed opportunity to alleviate the impact of natural disasters and failure to respond quickly to emergencies results in a ripple of life-altering consequences diminishing survivors’ health, nutritional status, and access to education and adequate water and sanitation.

The Asia Pacific region continues to witness the humanitarian situation deteriorating in Afghanistan and Pakistan while a fragile humanitarian situation still prevails in Sri Lanka and DPRK. Operating environments, including humanitarian access and security, remain extremely challenging, which severely impacts the delivery of required services and assistance.

MEETING URGENT NEEDS AND BUILDING RESILIENCE IN 2011

During the second half of 2011, UNICEF will continue to prioritize activities which support strengthening the ability of all 22 country offices in the region to prevent, prepare for, mitigate and respond to crises affecting women and children.

- The APSSC will conduct comprehensive risk assessments to better understand current trends, which are shaped by increased exposure, haphazard development processes and climate change.
- At the onset of emergencies, APSSC cluster specialists will provide technical support and advice to country offices about access to financial and human resources, along with supplies, to ensure a coordinated and results-based response.
- The APSSC will strengthen the capacities of country offices, government counterparts and cluster members through customized capacity-building events on UNICEF preparedness as well as cluster development. Training and implementation of tools enhancing the fulfilment of UNICEF’s revised Core Commitments for Children in Humanitarian Action and cluster leadership accountability will be provided to country offices. Capacity development on disaster risk reduction will also be offered during early recovery, preparedness and regular country programme planning.


HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM FIRST HALF OF 2011

In 2011, UNICEF estimated that US$11.1 million was needed to fund its humanitarian coordination and technical support work in the Asia-Pacific region. As of 1 June 2011, a total of US$100,000 had been received, representing 9 per cent of the target. As of mid-year – prior to the yearly monsoon and cyclone season - APSSC emergency unit strengthened preparedness activities in 17 out of 22 country offices in the region. Joint inter-agency missions with World Food Programme (WFP) and Office for the Coordination of Humanitarian Affairs (OCHA) regional offices, which aimed to support in-country inter-agency preparedness initiatives, took place in Bhutan, Thailand and Bangladesh.

Sector/cluster specific capacity development initiatives for UNICEF and sector/cluster members (government included) were supported in WASH (India, Philippines and Fiji), in Education (Bangladesh, Timor Leste, Solomon and Fiji), in Nutrition (Pakistan, Afghanistan, Vietnam and Bangladesh) and in Child Protection (Afghanistan, Indonesia, Myanmar, Pakistan and Fiji).

Since the arrival of a Disaster Risk Reduction (DRR) Senior Specialist - through a stand-by partner from SDC for 24 months - DRR approach has been introduced in six countries through training events and technical advice.
UNICEF is requesting US$1.1 million in 2011 to continue its work on improving the delivery, speed and coordination of emergency and risk reduction programmes in a region characterized by increased frequency and intensity of natural and human-made disasters. Without in-country training aimed at prevention, mitigation, preparedness and response, the health 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 quickly in the face of disaster.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical Support, Programming in Emergencies</td>
<td>500,000</td>
<td>500,000</td>
<td>100,000</td>
<td>400,000</td>
</tr>
<tr>
<td>Technical Support, Cluster Leadership Accountability</td>
<td>400,000</td>
<td>400,000</td>
<td>0</td>
<td>400,000</td>
</tr>
<tr>
<td>Disaster Risk Reduction</td>
<td>200,000</td>
<td>200,000</td>
<td>0</td>
<td>200,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,100,000</strong></td>
<td><strong>1,100,000</strong></td>
<td><strong>100,000</strong></td>
<td><strong>1,000,000</strong></td>
</tr>
</tbody>
</table>

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

More information on the Asia-Pacific region can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011) and the regional office website at [www.unicef.org/eapro](http://www.unicef.org/eapro).
Children and Women in Crisis

The number of security incidents in Afghanistan has not only risen dramatically over the past twelve months but has also spread to most parts of the country. The UN Department of Safety and Security predicts that the monthly number of security incidents will rise by an additional 30-40 per cent during 2011. Widespread violence has severely limited humanitarian workers from accessing some of the affected population. In view of the shrinking humanitarian space and limited access to services, UNICEF recently supported an inter-agency meeting to review Programming in High Risk Environments with various UN agencies and other partners in Afghanistan to cohesively move forward given the risks in Afghanistan.

In 2011, heavy seasonal flooding damaged water systems and adversely affected the lives of thousands of families countrywide. The country is also facing severe drought and farmers have not been able to produce normal crop yields. This drought is projected to lead to about 2 million metric tons of food gap, a rise in basic food prices and ultimately household food crisis – which will exacerbate the situation of undernutrition in the country. An estimated 422,000 children are acutely malnourished, of which 172,000 are severely malnourished at any given time. Furthermore, 21% of women of reproductive age are malnourished.1 Measles outbreaks are common with 1,309 cases reported from 84 districts as of May 2011.2 This complex combination leaves an estimated 4.1 million people food-insecure and a further 1 million in need of agricultural assistance. An estimated 68% of the Afghan population has no access to safe water and sanitation facilities, and 42% of school-age children are staying out of school. Humanitarian actors must also ensure emergency assistance and protection for the current 435,436 internally displaced people (IDPs).3 These individuals also have heightened vulnerability to illness and under nutrition.

Children are being separated from families, killed, maimed, used by armed opposition groups to carry out suicide attacks, exploited and ill-treated as the violence across the country persists. In 2010, up to 197 education-related security incidents such as attacks on schools (including forced school closures), killings, injuries, threats and intimidation to students and education officials were verified by the UN-led Country Task Force. Similarly, 47 incidents targeting health facilities and personnel were verified by the Country Task Force over the same period. In 2010, the Child Protection Action Network monitored and reported 2,381 child protection cases in communities. During the first quarter of 2011, another 581 child protection cases were reported. Relief efforts for internally displaced children, their families and other vulnerable populations are stymied by violence aimed at aid workers, and worsened security conditions, a testament to the need for strong, effective humanitarian aid and the challenge in providing it.

Meeting URGent Needs and Building Resilience

July – December 2011

UNICEF works in partnership with NGOs and civil societies in order to implement humanitarian services, and uses third party organizations for monitoring. As cluster lead for nutrition and WASH, lead for the child protection sub-cluster and co-lead for education, UNICEF will work with the Government of Afghanistan, other UN agencies and partners to meet basic humanitarian needs including:

1 Tracking Progress on Child and Maternal Nutrition, A survival and development priority, UNICEF November 2009
2 Disease early warning system, Ministry of Public Health.
- 216,000 pregnant and lactating women will benefit from community-based nutrition care, counselling and supplementary feeding.
- As many as 40,000 IDPs will be provided with family kits. Nationally, 270,000 children and 108,000 pregnant or lactating women will have access to adequate health care.
- Approximately 572,250 (349,071 children and 91,560 women) IDPs, returnees and people affected by disasters will benefit from WASH services. WASH activities will include the construction of 720 community water systems, 24 strategic water points, rehabilitation of 600 water supply systems, water tankering and hygiene promotion for 37,200 families. Household toilet and hygiene education will be promoted among 62,000 families, while WASH facilities will be provided in 200 schools covering some 200,000 students including 80,000 girls and teachers.
- UNICEF will provide family reunification, counselling, structured play and recreational activities, social work or legal services to 4,000 children at risk of violence, abuse and exploitation. Strengthen child protection sub-cluster coordinator.
- Immediate educational needs will be met for over 584,000 students and 12,000 teachers in remote and vulnerable areas of the country, while relief supplies of emergency teaching materials will be pre-positioned.

**FUNDING REQUIREMENTS FOR 2011**

UNICEF requests US$22,698,000 to carry out its planned activities in Afghanistan. This request is aligned with the 2011 Consolidated Appeals Process (CAP) requirements. As of June 2011, only 22% of the requested funding had been received with no new contribution for the health and child protection sectors. Desperately needed humanitarian assistance may not reach the most vulnerable children and communities. Moreover, the situation is worsening daily due to current drought and coming winter - which is harsh most of the time in Afghanistan. Full funding will ensure that UNICEF and partners will be able to effectively respond to the dire humanitarian needs of children and vulnerable communities in Afghanistan, and continue working to build the resilience of a vulnerable population.

<table>
<thead>
<tr>
<th>Sector</th>
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<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>6,925,000</td>
<td>5,001,000</td>
<td>2,000,000</td>
<td>3,001,000</td>
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<tr>
<td>Health</td>
<td>4,273,000</td>
<td>3,294,000</td>
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<td>3,294,000</td>
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<tr>
<td>WASH</td>
<td>10,742,000</td>
<td>6,593,000</td>
<td>2,107,983</td>
<td>4,485,017</td>
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<tr>
<td>Child Protection</td>
<td>1,338,000</td>
<td>1,338,000</td>
<td>0</td>
<td>1,338,000</td>
</tr>
<tr>
<td>Education</td>
<td>5,329,000</td>
<td>5,329,000</td>
<td>440,358</td>
<td>4,888,642</td>
</tr>
<tr>
<td>Cluster Coordination and Cross Sectoral Support</td>
<td>1,143,000</td>
<td>1,143,000</td>
<td>366,131</td>
<td>776,869</td>
</tr>
<tr>
<td>Total*</td>
<td>29,750,000</td>
<td>22,698,000</td>
<td>4,914,471</td>
<td>17,783,529</td>
</tr>
</tbody>
</table>

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

More information on Afghanistan can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011).
Democratic People’s Republic of Korea

CHILDREN AND WOMEN IN CRISIS

In the Democratic People’s Republic of Korea, stunting, wasting, undernutrition 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 and 6.1 million people at risk due to the foreseen interruption of food supply by the Public Distribution System in July-August 2011 and in urgent need for action. An inter-agency rapid food security assessment (RFSA) carried out in February/March 2011 comprising World Food Programme, the Food and Agriculture Organization of the United Nations (FAO) and UNICEF estimated an uncovered food deficit of 886,000 metric tons for 2010/11 (November/October). The RFSA identified as especially vulnerable pregnant and lactating women, children, and elderly people.

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 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.

MEETING URGENT NEEDS AND BUILDING RESILIENCE IN 2011

UNICEF, together with the Government of the Democratic People’s Republic of Korea, non-governmental organizations and other international agencies, will focus on assisting the most vulnerable and hard-to-reach people in rural areas. UNICEF leads the education and WASH clusters in the country. UNICEF expects to reach around 6.3 million people, including 4.7 million women of childbearing age and around 747,000 girls and 762,000 boys. Just over 60 per cent of intended beneficiaries live in rural areas.

- In 2011, UNICEF and its partners will treat 15,500 children suffering from severe acute malnutrition, with the goal of a 100 per cent cure rate. Another priority will be to promote adequate infant and young child feeding: exclusive breastfeeding for the first six months, introduction of safe and nutritious foods after six months, and continued breastfeeding for two years or beyond, augmented by micronutrient supplementation when necessary.

- To reduce mortality rates among infants and children, UNICEF intends to surpass the 95 per cent vaccination coverage target for children under age 1 and will also increase access to maternal and neonatal health services.

- To help stop child deaths caused by diarrhoea and acute respiratory infections due to contaminated water sources, 226,920 people will benefit from more consistent access to safe water brought by gravity-fed water supply systems and repaired water and sanitation infrastructure, as well as hygiene education.

- UNICEF will support the Government in the rehabilitation of kindergartens and schools post-emergency from flood to facilitate early resumption of normal curricular activities. UNICEF will also pre-position emergency school supplies for around 20,000 children to maintain children’s vital link to school and learning in times of distress, and support early stimulus of 17,450 children in 0-6 age group by providing early childhood development kits and training to teachers.

FUNDING REQUIREMENTS FOR 2011

UNICEF is requesting US$20.4 million for its 2011 humanitarian work, an increase reflecting the expanded geographical reach of its programmes that now cover


HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

In its Humanitarian Action Update of April 2011, UNICEF estimated that US$20.4 million was needed to prevent a full scale nutrition crisis from emerging, particularly among children. As of 20 July 2011, a total of US$ 3.3 million (15%) had been received. With this funding, priority was given to key interventions for highest impact.

174,000 children under age 1 and 182,000 pregnant women are vaccinated with all Expanded Programme on Immunization (EPI) vaccines with greater than 95 per cent coverage nationwide. Over 5,900 essential medicine kits were distributed for treating major child killer diseases like pneumonia and diarrhoea. In addition, provision of oral rehydration salts (ORS) and zinc tablets in all hospitals and health facilities are ensured. During May Child health day, 1,543,089 children 6-59 months received Vitamin A and 1,029,770 children 24-59 months received deworming tablets nationwide. UNICEF distributed multiple micronutrient powders (Sprinkles) to 125,000 children aged 6-24 months in nurseries and baby homes to improve the quality of diets.

UNICEF provided multiple micronutrient tablets for 182,000 pregnant women and 42,000 lactating women nationwide during the reporting period.
record numbers of people affected by natural hazards and food insecurity, including the emerging one. UNICEF has received approximately 16 per cent of its funding needs. The lack of funding remains a critical factor in scaling up UNICEF’s response. Without funding for the key activities, the adverse effects of lack of food will continue to haunt the country’s women and children. The consequences of not intervening could result in increasing rates of acute malnutrition, particularly amongst children under age 5 and pregnant and lactating women living in the most vulnerable rural areas.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>3,000,000</td>
<td>5,668,000</td>
<td>922,830</td>
<td>4,745,170</td>
</tr>
<tr>
<td>Health</td>
<td>5,000,000</td>
<td>5,214,000</td>
<td>1,799,512</td>
<td>3,414,488</td>
</tr>
<tr>
<td>WASH</td>
<td>3,000,000</td>
<td>7,817,852</td>
<td>518,926</td>
<td>7,298,926</td>
</tr>
<tr>
<td>Education</td>
<td>1,000,000</td>
<td>1,264,825</td>
<td>102,970</td>
<td>1,161,855</td>
</tr>
<tr>
<td>Monitoring and Evaluation</td>
<td>0</td>
<td>470,800</td>
<td>0</td>
<td>470,800</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12,000,000</strong></td>
<td><strong>20,435,477</strong></td>
<td><strong>3,344,238</strong></td>
<td><strong>17,091,239</strong></td>
</tr>
</tbody>
</table>

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

More information on the Democratic People’s Republic of Korea can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011) or the country office website at [www.unicef.org/dprk](http://www.unicef.org/dprk).
Myanmar
CHILDREN AND WOMEN IN CRISIS

The most severe hardships affecting children and women in Myanmar are attributable to cyclones and floods. The legacy of Cyclone Nargis in 2008 continues to be felt. The cyclone claimed 140,000 lives, destroyed housing, agricultural land and resulted in declining job opportunities for the many labourers who inhabit the delta. Children in hard-to-reach areas of the delta continue to suffer from common childhood illnesses, undernutrition and inadequate sanitary facilities due to lack of access to basic services. Another cyclone, Giri, hit the impoverished area of Rakhine State and affected at least 260,000 people in October 2010; more than 100,000 were left homeless and most infrastructure was destroyed in the most severely hit townships.

In March 2011, an earthquake measuring 6.8 on the Richter scale struck the Eastern Shan State, affecting about 10,000 children and women who lost their homes and access to safe water and basic services. In December 2010, one case of polio detected in central parts of the country required a concerted and immediate intervention to curb the spread of the disease.

MEETING URGENT NEEDS AND BUILDING RESILIENCE
JULY – DECEMBER 2011

As the sector lead for nutrition and WASH and co-lead for education, UNICEF will continue to work together with the Government of Myanmar, other UN agencies and NGOs to assist the most vulnerable and hard to reach children in areas of Rakhine (including Northern Rakhine State), Chin State and the Irrawady Delta. UNICEF also contributes to the health sector response to improving access to priority health services to improve maternal and child health.

- Around 2,600 children with severe acute malnutrition will receive therapeutic feeding, and by the end of the year, at least 90 per cent of children (from 6–59 months old) will benefit from vitamin A supplements. Sixty per cent of pregnant and lactating women will receive the micronutrients essential for maternal well-being and a healthy pregnancy in hard-to-reach areas.
- UNICEF will continue to address the health needs of children and women in underserved and hard-to-reach areas, including immunizing 32,000 children and continuing to address common illnesses.
- In Chin State, 300 families and 300 school children will gain access to satisfactory water, water storage receptacles and sanitary latrines.
- To enhance the resilience of the education sector, UNICEF continues to advocate for improved school infrastructure across the country. To this end, an additional 44 cyclone-resistant classrooms will be provided to communities in the delta and proper water and sanitation facilities will be addressed in selected school structures. Vulnerable children in emergency areas will have access to improved local support and referral networks.
- UNICEF will provide various capacity building interventions in preparedness and response at both the national and sub-national level to further strengthen the emergency response capacity of local partners and local authorities during the on-going monsoon season.
- As sector lead in Nutrition and WASH, UNICEF will support the process of further improving the common sector tools, including the Initial Rapid Assessment methodology to further improve the joint response capacity of UNICEF and partners.

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2 Initial Rapid assessment in the Cyclone Giri Affected Townships, UNICEF, October 2010, p.4
By the time the monsoon season started, 31,000 families affected by Cyclone Giri had benefitted from hygiene promotion. Local NGOs distributed water storage containers to 4,000 families who lost all of their household belongings. UNICEF and sector partners also provided sanitary facilities for all school children affected.

About 3,600 children in 10 of the villages worst affected by Cyclone Giri received psychosocial support through child-friendly spaces. These children continue to benefit from community support, mobilized through awareness and promotional activities.

Being one of the few agencies in the area, UNICEF launched an emergency relief response to meet the needs of 10,000 children and women affected by the Eastern Shan earthquake in March. Complementing the efforts of Myanmar Red Cross Society and World Vision, UNICEF provided blankets and family kits to 1,250 families that sought shelter under temporary arrangement because they had lost their houses in the earthquake. About 1,000 children benefitted from temporary learning spaces and school material. Water purification supplies were provided to all 3,000 affected families. UNICEF relied entirely on its pre-positioned supplies for the response. These pre-positioned supplies will be a critical asset in case of another emergency, particularly during the monsoon season when transportation becomes a major obstacle.

In addition, 257,000 children or 89 per cent of the planned target, received vitamin A supplementation.

FUNDING REQUIREMENTS FOR 2011

UNICEF requires about US$10.7 million to meet the identified emergency and recovery needs for children and women in 2011. As of 1 June 2011, only US$368,585 has been received from CERF for health activities, while other sectors have received no funding in 2011. In order to provide a minimal response, UNICEF relied on the emergency funding balance from 2010, totalling US$1,289,469. The 2011 HAC requirements have been revised upwards to reflect the additional costs to cover the sub-national polio campaign, which was carried out during the first half of 2011.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
<th>Additional funds utilized in 2011</th>
<th>Final funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>1,300,000</td>
<td>2,088,585</td>
<td>368,585</td>
<td>1,720,000</td>
<td>106,957</td>
<td>1,613,043</td>
</tr>
<tr>
<td>Nutrition</td>
<td>970,000</td>
<td>970,000</td>
<td>0</td>
<td>970,000</td>
<td>139,355</td>
<td>830,645</td>
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<tr>
<td>Water, Sanitation and Hygiene</td>
<td>1,860,000</td>
<td>1,860,000</td>
<td>0</td>
<td>1,860,000</td>
<td>416,201</td>
<td>1,443,799</td>
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<tr>
<td>Education</td>
<td>5,270,000</td>
<td>5,270,000</td>
<td>0</td>
<td>5,270,000</td>
<td>148,029</td>
<td>5,121,971</td>
</tr>
<tr>
<td>Child Protection</td>
<td>350,000</td>
<td>350,000</td>
<td>0</td>
<td>350,000</td>
<td>446,587</td>
<td>0</td>
</tr>
<tr>
<td>Cluster/ Sector coordination</td>
<td>200,000</td>
<td>200,000</td>
<td>0</td>
<td>200,000</td>
<td>32,340</td>
<td>167,660</td>
</tr>
<tr>
<td>Total*</td>
<td>9,950,000</td>
<td>10,738,585</td>
<td>368,585</td>
<td>10,370,000</td>
<td>1,289,469</td>
<td>9,177,118</td>
</tr>
</tbody>
</table>

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

More information on Myanmar can be found at www.unicef.org/hac2011 or the country office website at www.unicef.org/myanmar.
**Pakistan**

**CHILDREN AND WOMEN IN CRISIS**

Nearly a year after the devastating 2010 monsoon floods, millions of children and their families are still struggling to recover. Its scope—more than 50,000 square kilometres flooded—and magnitude—7 million homes, nearly 10,000 schools, and millions of livelihoods destroyed—marked Pakistan deeply, and caused a notable drop in GDP. Meanwhile, in northwestern Pakistan, more than 1 million people remain displaced following the 2009–2010 conflict. New, ongoing operations that began in February 2011 displaced more than 10,000 additional families in Mohmand and Kurram. Support continues to be provided to those in camps, while at the same time a transition package is being given to those who are able to leave.

The first half of 2011 has been characterised by millions of people returning home or seeking new homes. Families returned from displacement and found destroyed crops and dead livestock after the floods a village destroyed by conflict. These families have faced an uphill battle, with the cold winter followed by brutal summer heat, coupled with hunger and disease. Following displaced persons back to their far flung homes presents a major challenge, but UNICEF is using the opportunity to reach the most vulnerable populations and to provide them with more options and services than they had before the flood. Two new early recovery efforts have been initiated, including the provision of community management of malnutrition and building transitional school structures with a child friendly schooling approach. In addition, contingency plans and stocks have been put in place in case of 2011 monsoon flooding and cyclones.

**HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM FIRST HALF OF 2011**

For 2011, UNICEF estimated that US$295,951,000 was needed to fund humanitarian work in Pakistan, including humanitarian relief as well as flood and conflict early recovery. Since funding for early recovery has been very limited, UNICEF reprioritised humanitarian needs, and revised the 2011 target down to US$104,359,947 of which US$27,354,269 has been received.

Thus far in 2011, UNICEF has used humanitarian funds to ensure that 1.6 million people had access to safe water every day; 2.9 million were reached with a hygiene package of messages and/or supplies and 2.1 million accessed improved sanitation. UNICEF also provided government workers with measles vaccines for 1.9 million flood-affected children and 2.1 million children received polio drops. During the first half of 2011, 239,241 acutely malnourished children were enrolled and treated in community management of malnutrition programmes.

In the first half of 2011, the following achievements benefited conflict-affected children and women: 15,813 children vaccinated against measles; 2.9 million vaccinated against polio; 4.2 million children received Vitamin A supplementation; and 23,263 conflict-affected women received antenatal care (ANC).

**MEETING URGENT NEEDS AND BUILDING RESILIENCE**

**JULY - DECEMBER 2011**

UNICEF is both the cluster lead (where emergency conditions still prevail) and early recovery working group chair in WASH and thematic group chair in nutrition (under health and nutrition), co-lead in education and lead of the child protection thematic group (under protection) in Pakistan. In 2011, UNICEF has been working with the Government of Pakistan, other UN agencies and NGOs to respond to the needs of over 18 million flood and conflict emergency affected people, including 9 million children. The re-prioritized needs for the remainder of 2011 are:

- Until water systems can be rehabilitated and camps are decommissioned, UNICEF will provide emergency bowsers (tanker trucks) of water to remaining camps and water chlorination in return areas will continue for half a million people. Working together, WHO and UNICEF are responding to acute watery diarrhoea alerts to prevent epidemics of cholera, hepatitis and typhoid. Another priority is the scale up of the Pakistan Approach to Total Sanitation, to ensure that every flood and conflict affected community has improved hygiene practices, including being open defecation free. Altogether, UNICEF aims to reach 5.2 million people with clean water, improved sanitation and hygiene behaviour change interventions by the end of 2011.

- UNICEF will assist the Government in completing another round of measles vaccination for 769,000 flood-affected children. Another key priority in health will be a Mother and Child Health Week, with special focus on reducing deaths from pneumonia. This campaign will reach up to 6 million children and 559,000 pregnant women in areas of return to access rehabilitated health care systems, including basic health care, counselling and referrals by community health workers, and safe birth delivery services available all night and day.
Addressing malnutrition remains a key focus for the remainder of 2011, since emergency nutrition surveys revealed alarming levels of malnourished children and pregnant and/or lactating women in flood-affected areas and the national nutrition survey reveals that the same levels exist in other areas that are food insecure.

UNICEF plans to reach 679,600 acutely malnourished children in flood-affected areas during the second half of 2011. The Pakistan Integrated Nutrition Strategy, includes identification and treatment (CMAM) but also system building for tracking, identification, referral and treatment, as well as steps to prevent underlying causes.

The clothing and bamboo temporary learning centres moved with the children when they left the camps, necessitating a pressing need for funds to provide more than 1 million children education through transitional school structures, (that include water and sanitation facilities) and school supplies. UNICEF continues to support the education of about 10,000 children per month in camps for conflict affected people, and aims to reach 661,000 children in flood and conflict-affected areas of return.

To protect their well-being and safety, 5.4 million flood-affected children and adolescents and 120,000 women will benefit from services in areas of return, including protection clubs in schools, mother to mother support groups, counselling, referrals and helplines. UNICEF will also continue to disseminate information on prevention of HIV transmission in high transmission risk areas where families have returned.

**FUNDING REQUIREMENTS FOR 2011**

Due to low funding thus far for early recovery from floods and assistance to conflict-affected children, UNICEF Pakistan reprioritised and revised its 2011 request to US$104,359,947, of which US$27,354,269 have been received. This amount includes support to children and women in both flood- and conflict-affected regions, and also national humanitarian requirements for undernutrition. UNICEF reduced its 2011 request in order to meet core commitments to children in displaced persons camps. Failure to receive funds will mean greatly increased vulnerability to death, disease, non-enrolment in school and protection risks.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>26,276,000</td>
<td>33,016,947</td>
<td>5,517,318</td>
<td>27,499,629</td>
</tr>
<tr>
<td>Health</td>
<td>57,450,000</td>
<td>10,400,000</td>
<td>6,139,077</td>
<td>4,260,923</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>138,200,000</td>
<td>43,800,000</td>
<td>9,885,385</td>
<td>33,914,615</td>
</tr>
<tr>
<td>Child Protection</td>
<td>25,825,000</td>
<td>2,500,000</td>
<td>1,219,246</td>
<td>1,280,754</td>
</tr>
<tr>
<td>Education</td>
<td>40,535,000</td>
<td>12,240,000</td>
<td>3,593,243</td>
<td>8,646,757</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>1,528,000</td>
<td>528,000</td>
<td>0</td>
<td>528,000</td>
</tr>
<tr>
<td>Cluster/ Sector coordination</td>
<td>6,137,000</td>
<td>1,875,000</td>
<td>1,000,000</td>
<td>875,000</td>
</tr>
<tr>
<td><strong>Total</strong>*</td>
<td><strong>295,951,000</strong></td>
<td><strong>104,359,947</strong></td>
<td><strong>27,354,269</strong></td>
<td><strong>77,005,678</strong></td>
</tr>
</tbody>
</table>

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

More information on achievements Pakistan can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011) or the country office website at [www.unicef.org/pakistan](http://www.unicef.org/pakistan).

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1. Flood Affected Nutrition Survey 2011
2. National Nutrition Survey 2011 (Draft)
3. The funds received include US$10,264,322 received against the 2010 Floods Flash Appeal.
4. Mainly conflict, some flood, and at least some life-saving and educational needs in return communities with destroyed facilities and services, (whether from conflict or flood)
Philippines

CHILDREN AND WOMEN IN CRISIS

More than 870,000 persons\(^1\) all over the Philippines, a majority of them located in Central Mindanao, have been affected by extreme flooding and a string of severe weather disturbances. According to the National Disaster Risk Reduction Council (NDRRMC), 19 incidents of flash floods and flooding were recorded in Mindanao from 31 May to 19 June. This analysis does not include the most recent flash floods in Davao City, Davao del Norte and Bukidno - all in Mindanao - which killed 35 people, including 20 children. The Philippine Government has reorganised its disaster management system in line with the new law on disaster risk reduction, which emphasizes prevention and mitigation.

Incidents of armed conflict have decreased. Most of the families in Central Mindanao displaced by the August 2008 war between the government forces and factions of the Moro Islamic Liberation Front (MILF) have returned to their original communities, resettled to another locality or integrated with their host communities. Over 2,000 of the more than 100,000 displaced households remain in IDP camps.\(^2\) In addition, a number of events have provided respite and hope for children and women affected by the conflict, including: ceasefire declarations, the resumption of formal peace negotiations with the MILF and the communist-led National Democratic Front (NDF) and the government’s flagship programme for the rehabilitation of conflict-affected communities.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2010

UNICEF estimated that US$14,022,000 was needed for its humanitarian work in the Philippines. As of 1 June 2011, UNICEF has not received any funding against the 2011 Philippines HAC. However, UNICEF’s carry over emergency contributions from 2010 in the amount of US$3,455,197 has covered 24.6 per cent of activities planned for 2011.

Since no major emergency occurred during the first half of the year, UNICEF has remained focused on early recovery efforts in Mindanao and on capacity building within UNICEF-led clusters. In most cases, UNICEF has been responsible for coordinating and implementing cluster activities, as other humanitarian organisations have begun to wind down their emergency operations in Central Mindanao and elsewhere.

Through the cooperation of government and NGO partners, a total of 32,770 children under age 5 from 14 conflict-affected municipalities in Central Mindanao were screened and provided with micronutrient supplementation. From these, over 400 children with severe acute malnutrition and over 1,100 children were referred and treated. Improvements to water and sanitation facilities in return or resettlement sites in four provinces in Central Mindanao benefitted 11,000 displaced families.

UNICEF is cluster lead in Nutrition and WASH, co-lead in education and the lead in the child protection working group. UNICEF’s work includes the coordination of preparedness, mitigation and response activities of these clusters. Apart from child protection, which included reintegration services and monitoring and reporting mechanism as part of their 2011 humanitarian activities, all other sectors have largely maintained their 2011 humanitarian plans. The budget levels for all programmes were maintained while the Cluster/Sector Coordination Costs were raised to 10 per cent of the total programme budget. At any given time, UNICEF, across all its programmes, maintains a standby supply capacity for immediate relief to 5,000 families or 30,000 children for the first 36-48 hours of an emergency. In 2011, UNICEF will work with the Government of the Philippines, UN agencies and NGO partners to address the needs of 50,000 women of child-bearing age, 125,000 girls and 125,000 boys in early recovery areas in Central Mindanao as well as in other areas that are highly vulnerable to natural disasters.

- UNICEF plans to expand its emergency response operations to reach the neediest 12 per cent of the total flood affected population or 24,500 families (107,000 individuals), including some 64,000 children. These needy groups include displaced families staying in evacuation centres or with host families, and families who have remained or are returning to the hardest hit communities. Based on funds currently available, WASH and nutrition will be able to reach the critical 10 per cent of the affected population but other sectors, like child protection and education, will only be able to reach 5 per cent. Donor support is critical to meeting humanitarian needs during this challenging time.
- The community-based management of acute malnutrition programme will be expanded in early recovery areas in Central Mindanao to screen 37,500 children under age 5 and treat those with severe acute malnutrition.
- The nutritional status of 105,000 pregnant and lactating women and children under age 5 will be protected through the provision of micronutrient supplementation and effective management of acute malnutrition.

\(^1\) UNICEF Philippines Situation Report for Mindanao Flooding
\(^2\) Department of Social Welfare and Development-Autonomous region in Muslim Mindanao, 10 May 2011
Over 175 child-friendly spaces and temporary learning centers set up in Mindanao provided protection, education and psychosocial services to 40,000 children affected by conflict. More than 560 children have also been registered as associated with the MILF as reintegration services are being readied for them. The monitoring and reporting mechanism (MRM), including the development and implementation of action plans with non-state armed groups, has been included as part of the child protection in emergencies response.

2,400 preschoolers and 13,210 elementary and high school students who were affected by floods and armed conflict benefitted from school supplies and early childhood kits.

Some 70,000 children in disaster-prone communities have also been given doses of measles vaccines through regular and special immunization campaigns. UNICEF is maintaining a zone office in Mindanao to closely manage the emergency and early recovery operations in the area.

- 150,000 children and women in affected areas will have access to essential health services and to essential household items.
- 14,000 families in internally displaced person (IDP) centers, return and relocation sites as well as more than 8,000 preschool and school-aged children in 78 schools in at-risk communities in Central Mindanao and other affected areas will have access to safe water and sanitation facilities.
- 136,000 boys and girls affected by armed conflict and natural disasters will benefit from a protective environment that will be engendered through child protection services including child-friendly spaces, community protection networks, reunification of separated children, reintegration of children associated with armed forces and armed groups and monitoring and referral of victims of grave child rights violations. The rapid registration of children associated with the MILF will be completed and reintegration services will be initiated.
- A directory of services, informative games and educational materials related to HIV and AIDS will be provided to help young people protect themselves from HIV.

**FUNDING REQUIREMENTS FOR 2011**

UNICEF has increased its request for emergency assistance to US$15,107,400. This revised amount will cover preparedness activities of UNICEF-led clusters, early recovery efforts in Mindanao and emergency response to natural disasters or potential armed conflict in any part of the country. Funding is also needed to support the cluster operations and the UNICEF Mindanao Zone Office. UNICEF has not received emergency funding in 2011 and has thus far relied on carry-over emergency funds to sustain its early recovery efforts and preparedness activities. Whilst UNICEF is prepared to respond at the most minimum level, the funding gap has constrained its ability to expand existing early recovery activities and prepare adequately for the next big disaster.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Original 2011 HAC requirements</th>
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<th>Funding gap</th>
<th>Additional funds utilized in 2011</th>
<th>Final funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>875,000</td>
<td>875,000</td>
<td>0</td>
<td>875,000</td>
<td>108,759</td>
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<tr>
<td>Health</td>
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<td>0</td>
<td>2,100,000</td>
<td>0</td>
<td>2100000</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>3,500,000</td>
<td>3,500,000</td>
<td>0</td>
<td>3,500,000</td>
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<td>2,858,648</td>
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<td>3,710,000</td>
<td>0</td>
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<td>18,000</td>
<td>3,692,000</td>
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<td>HIV/AIDS</td>
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<td>1,373,400</td>
<td>749,232</td>
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<td><strong>Total</strong></td>
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<td><strong>15,107,400</strong></td>
<td><strong>0</strong></td>
<td><strong>15,107,400</strong></td>
<td><strong>3,455,200</strong></td>
<td><strong>11,652,200</strong></td>
</tr>
</tbody>
</table>

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

More information on the Philippines can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011) or the country office website at [www.unicef.org/philippines](http://www.unicef.org/philippines).
Sri Lanka

CHILDREN AND WOMEN IN CRISIS

Sri Lanka’s 30-year conflict, which ended in May 2009, took a serious toll on health services, water and sanitation facilities, education systems and protective safety nets for women and children living in former conflict-affected areas. There is a massive recovery effort under way, with each step a promise for the future. Many of those who are able to return to their homes find their movements as well as their livelihoods impacted by fields littered with unexploded ordnance and landmines. Many children are now able to attend school in an uninterrupted manner, but find they need to catch up from a severe schooling deficit wrought by years of violence and periodic displacement. After years of conflict, there are approximately 42,000 women who find themselves alone as head of household, which causes significant economic stress and has a detrimental impact on the quality of care for children.

By end June, the total population returned to the Northern Province stood at 377,497 people – including 202,801 people displaced after April 2008 and 174,696 persons displaced before April 2008. While 12,689 IDPs displaced after April 2008 remained in camps awaiting return to their areas of origin, an additional 8,521 IDPs from the protracted or long-term caseload (displaced prior to April 2008) remained in welfare centres. Long-lasting solutions are also sought by a total 151,663 IDPs living with host families (66,663 persons displaced after April 2008, in addition to 85,000 long-term IDPs). The humanitarian need of those who will resettle during the next few months is particularly acute, as they will resettle in highly destructed and mine contaminated areas.1

In addition, severe floods in the North and East of the country from December 2010 to February 2011, according to the Disaster Management Centre (DMC) of the Ministry of Disaster Management (MoDM), affected over 1.1 million individuals in the January floods, followed by 1.2 million people in the February phase. The floods caused widespread infrastructure damages, destructed houses and household belongings, led to loss of livelihoods and exposed populations to communicable diseases and malnutrition.

MEETING URGENT NEEDS AND BUILDING RESILIENCE JUNE-JULY 2011

UNICEF Sri Lanka is leading the WASH and nutrition clusters as well as the child protection sub-cluster, and is 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.

- Nutritional aid will focus on the treatment of acute malnutrition. Some 39,000 children under age 5 will receive therapeutic and supplementary feeding for treatment of severe and moderate acute malnutrition. Rehabilitated health facilities in returnee locations will benefit more than 67,000 people.
- UNICEF will supply potable water and adequate sanitation and hygiene facilities for more than 50,000 people in returnee and internally displaced person sites. It will also provide child and disabled friendly WASH facilities for 20 schools and five health centres.

1 Joint Humanitarian and Early Recovery Update - June 2011 – Report # 33

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM FIRST HALF OF 2011

As of June 2011, a total of US$9,600,993 has been received, or 65 per cent of the 2011 HAC requirements. With this level of funding, UNICEF made progress in improving the prospects of children and women in the Northern and Eastern Provinces of Sri Lanka.

In 2011, UNICEF supported the Ministry of Health to treat more than 3,000 severely acute malnourished children and 13,000 children with moderate acute malnutrition. In flood-affected areas, about 20,000 patients suffering from different pathologies were treated through mobile clinics.

UNICEF also refurbished Mullaitivu General Hospital to cater the health needs of over 10,000 children under age 5, pregnant and lactating women and newborns. In addition, UNICEF began construction/refurbishment of 13 Gramodaya Health Centres, which will improve access to primary health care in resettlement areas in the North.

Safe water supply to the resettled population was provided through the cleaning and upgrading of 180 dug wells and drilling of 3 tube wells for 2,050 people, while hygienic means of waste disposal was provided through the rehabilitation or construction of 508 toilets.
As cluster/sector lead, UNICEF effectively facilitated the coordination in WASH planning and response in the resettlement areas, working closely with the government, UN agencies, the International Committee of the Red Cross (ICRC), NGOs and community-based stakeholders.

Educational quality and access were increased through the repair and rehabilitation of 65 schools and the training of over 500 teachers on the Accelerated Learning Programme. This programme helped displaced learners reach an acceptable standard of achievement and provided students with the opportunity to catch up and mainstream into formal school.

Mine-risk education reached an estimated 154,317 individuals including 81,788 girls and 72,529 boys. Four hundred children affected by armed conflict received business training and self-employment grants while 169 families, including 512 children, received cash grants of Rs.25,000 per family to enhance their income and strengthen the family unit. Psychosocial assistance, such as individual and family counselling for IDPs and resettled communities in the North, was provided to 5,046 people. Nearly 700 young people received leadership training, career guidance and internship opportunities in their chosen field of interest.

1,000 families affected by floods received emergency cash assistance of Rs. 5,000 per family and 5,000 children cloths were distributed.

- Formal education will be re-established for returnee children through the repair of at least 50 schools damaged or destroyed during the conflict, benefiting approximately 11,400 children. An Accelerated Learning Programme (ALP) will support reintegration and retention within the formal education system of up to 100,000 conflict-affected children. Psychosocial support will continue for 200,000 children to improve learning environments and to enhance ALP achievements levels.

- UNICEF will support 2,000 of the most vulnerable families (approximately 10,000 persons including 6,300 children) through cash grants and the restoration of child protection services and community-based structures. It aims at restoring a protective family environment for children and young people, which requires both livelihood opportunities and psychosocial support. UNICEF will also provide alternative education or employment programmes for 1,300 vulnerable young people.

FUNDING REQUIREMENTS FOR 2011
UNICEF originally requested US$9,825,000 to carry out its planned activities in Sri Lanka in 2011, but has revised the HAC requirements in alignment with Sri Lanka Joint Plan of Assistance (JPA). The revised amount reflects much needed emergency and early recovery activities. Funding support remains crucial to ensure the well-being of children and women who are resettling in conflict affected areas.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>1,660,000</td>
<td>1,605,000</td>
<td>175,812</td>
<td>1,429,188</td>
</tr>
<tr>
<td>Health</td>
<td>2,300,000</td>
<td>1,498,000</td>
<td>1,371,576</td>
<td>126,424</td>
</tr>
<tr>
<td>WASH</td>
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<td>3,320,500</td>
<td>431,678</td>
<td>2,888,822</td>
</tr>
<tr>
<td>Child Protection</td>
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<td>4,306,500</td>
<td>690,564</td>
<td>3,615,936</td>
</tr>
<tr>
<td>Education</td>
<td>3,970,000</td>
<td>3,920,000</td>
<td>6,851,106</td>
<td>0</td>
</tr>
<tr>
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<td>100,000</td>
<td>80,257</td>
<td>19,743</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9,825,000</strong></td>
<td><strong>14,750,000</strong></td>
<td><strong>9,600,993</strong></td>
<td><strong>8,080,113</strong></td>
</tr>
</tbody>
</table>

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

More information on Sri Lanka can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011) or at the country office website at [www.unicef.org/srilanka](http://www.unicef.org/srilanka).

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2 The Joint Plan for Assistance (JPA) for Northern Province was launched in-country on 1 February 2011

3 A six-month Flash Appeal was launched on 18 January 2011 in response to devastating floods and landslides. The UNICEF requirements of US$6,063,035 through the Flash Appeal are in addition to the Humanitarian Action for Children requirements. As of June 2011, US$4,520,381 has been received against the flash appeal.
Central and Eastern Europe and the Commonwealth of Independent States

CHILDREN AND WOMEN IN CRISIS
Since the beginning of the year, the region of Commonwealth of Independent States and Central and Eastern Europe (CEECIS) has not experienced a major emergency. However, the 19 May 2011 earthquake in Turkey, measuring 5.8 on the Richter scale, served as a stark reminder of the region’s susceptibility and the population’s vulnerability to different types of natural disasters, including major earthquakes, flash floods, landslides, avalanches and extreme weather conditions. Regarding politically driven emergencies, Kyrgyzstan is still recovering from the affects of the violence and displacement of June 2010, while the political situation remains tense in the period running up to the presidential elections in October. In addition, situations with regard to Nagorno-Karabakh, Transnistria, Abkhazia, South Ossetia and Kosovo remain of concern.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM FIRST HALF OF 2011

In the beginning of the year, UNICEF estimated that US$900,000 was needed to provide coordination and technical support to the country offices in the CEECIS region. As of 1 June 2011, a total of US$100,000 had been received. Thanks to the ECHO contribution in 2010, UNICEF has been able to sustain disaster preparedness and risk reduction activities in Central Asia (except Turkmenistan) and South Caucasus. In Tajikistan, UNICEF provided concrete recommendations to the Ministry of Education for the incorporation of disaster risk reduction (DRR) into the recently developed National Strategy for Education Development. In Georgia, UNICEF supported the introduction of disaster risk reduction into the “head of class hour” programme, which makes it mandatory for the head of class teacher to teach DRR in schools in the country. In Kyrgyzstan, UNICEF advocated for the inclusion of Ministry of Education in the Inter-Ministerial Commission on Civil Protection, which will help in giving a greater attention to the issues of child safety in schools and preschools.

UNICEF organized a regional workshop, where government counterparts from the region not only shared and exchanged information on DRR practices, but also established important networks.

In June, RO organized a regional capacity building workshop on Education in Emergencies and DRR for UNICEF staff and education partners in South Eastern Europe.

MEETING URGENT NEEDS AND BUILDING RESILIENCE: JULY–DECEMBER 2011

UNICEF’s CEECIS Regional Office will continue to focus on strengthening the ability of all UNICEF offices in the region to prevent, prepare for, mitigate and respond to crises affecting women and children. Priority activities between now and December include:

- In the event of an emergency, the Regional Office (RO) will provide technical support and practical guidance to country offices in mobilizing the necessary human, financial and supply resources to ensure a coordinated response, in line with the Core Commitments for Children.
- The RO will enhance the capacities and skills of UNICEF staff and, to the extent possible, UN Country Team (UNCT) and government partners to undertake contingency planning, including developing scenarios, monitoring indicators, planning assumptions, preparedness actions and sector response plans.
- The Office will strengthen the regional surge capacity mechanism, which will enable timely deployment of trained and experienced staff to support emergency response within the region. This is particularly important in light of the limited size and capacities of the country offices (and UNCTs) in the region.
- The Office will continue to coordinate the overall implementation of the European Commission Humanitarian Aid Department’s Disaster Preparedness Programme (DIPECHO) in South Caucasus and Central Asia.

EMERGENCY RESPONSE IN ABKHAZIA, GEORGIA

The collapse of the Soviet Union and consequences of the ensuing conflicts and isolation from the rest of the world have worsened the already poor socio-economic situation and living standards in Abkhazia. The Russian Federation’s recent recognition of Abkhazia’s sovereignty has further complicated the overall political situation in the region, deepening the isolation of Abkhazia and preventing its socio-economic integration and development. Children in Abkhazia today receive lower quality basic services than their parents’ generation received in the 1980s. Deteriorating physical infrastructure coupled with the public sector’s inability to deliver basic social services has threatened the health and well-being of children and women in Abkhazia.

In response to this situation, in the area of health and nutrition, UNICEF will lead the sector to secure a coordinated and effective response. Eighty thousand women and children will benefit from the provision of vaccines, essential medicines and medical supplies together with strengthening capacities and knowledge of healthcare providers and community based primary healthcare facilities. In water, sanitation and hygiene (WASH), reliable access to a safe water supply and proper sanitation and hygiene facilities for up to 5,000 schoolchildren will be provided through the drilling of boreholes and the rehabilitation of water points and sanitary facilities. In the education sector, UNICEF will strengthen the network of Social Community Centres that provide extra-curricular education,
In addition, the RO supported an inter-agency contingency planning exercise for the UN Country Teams in Bosnia and Herzegovina. Finally, the RO organized an emergency simulation, to identify gaps in preparedness levels, for UNICEF staff in Uzbekistan, which also involved participation of other UN agencies. Also, the Regional Office has been supporting the country offices with migrating the emergency preparedness planning process to UNICEF’s global web-based platform.

recreation activities and preschool education, in order to address the challenges faced by students in the most vulnerable and marginalized communities in accessing quality basic education. In child protection, the overall goal is to raise awareness and to build capacity within communities to prevent, address and monitor the negative impact of violence, sexual exploitation and abuse against children and women and to extend the coverage of interventions to provide adequate care for children living with disabilities. UNICEF will also work to prevent the transmission of HIV among vulnerable children and youth, especially young drug users through prevention and harm-reduction activities.

FUNDING REQUIREMENTS FOR 2011

UNICEF Regional Office is requesting an overall US$2.2 million for 2011. The increase in funding needs is due to the inclusion of US$1.2 million to provide emergency humanitarian assistance to Abkhazia. Thus far, UNICEF has received US$100,000, or 4.5 per cent of the RO requirement. Without the required funding, UNICEF’s ability to respond quickly and to address the underlying vulnerabilities will be comprised.

Considering Abkhazia’s current situation, UNICEF urgently requires funding to increase humanitarian assistance to the conflict affected children and youth. In collaboration with communities, local authorities, NGO partners and UN agencies, UNICEF will respond to the needs of 80,000 children and women in Abkhazia.

<table>
<thead>
<tr>
<th>Funds received against the HAC2011 (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sector</td>
</tr>
<tr>
<td>Original 2011 HAC requirements</td>
</tr>
<tr>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Disaster Risk Reduction</td>
</tr>
<tr>
<td>Emergency Preparedness and Response Planning</td>
</tr>
<tr>
<td>Regional HR Surge Capacity</td>
</tr>
<tr>
<td>Emergency response in Abkhazia, Georgia</td>
</tr>
<tr>
<td>Total*</td>
</tr>
</tbody>
</table>

*The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006. More information on Central and Eastern Europe and the Commonwealth of Independent States can be found at www.unicef.org/hac2011 and at the regional website at www.unicef.org/ceecis.
Kyrgyzstan
CHILDREN AND WOMEN IN CRISIS

In June 2010, ethnic conflict and the subsequent movements of people displaced from their homes jarred the state of Kyrgyzstan, the second poorest country in Central Asia.\(^1\) Nearly 400,000 of the original 1.2 million inhabitants in Osh and Jalal-Abad provinces were directly affected by the violence, with 75,000 refugees fleeing to neighbouring Uzbekistan and 300,000 people internally displaced. An estimated 400,000 children were directly or indirectly affected by the conflict.

Almost a year after the conflict, and the relatively quick return to a semblance of normalcy, the underlying causes of the violence and instability in Kyrgyzstan persist. These underlying factors include political and ethnic divisions, poverty and wealth disparities, various forms of exclusion and high unemployment. The country remains fragile while facing multiple threats of renewed internal strife in the south, particularly because deep interethnic tensions remain strong, making the reconciliation process very painful. Moreover, there is also a possibility of disorder in the north due to political uncertainty. To add to the country’s difficulties, 36 per cent of all children in the country live and grow in poverty, with 7 per cent living in extreme poverty.\(^2\)

MEETING URGENT NEEDS AND BUILDING RESILIENCE
JULY – DECEMBER 2011

In 2011, UNICEF has continued to work with the Government of Kyrgyzstan, other UN agencies and NGOs to increase the sustainability of the emergency response and to strengthen the country’s emergency preparedness mechanisms. Part of this work involves 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.

- Health and nutrition sectors will provide essential and life-saving equipment and supplies to Maternal Child Health (MCH) facilities in southern provinces, improve the capacity of over 7,000 medical workers and strengthen health care systems at regional level.
- The micronutrient deficiency prevention programme will be scaled up by focusing on the distribution of micronutrient powder sprinkles/gylazyk to nearly 120,000 children.
- UNICEF will address the ‘gaps’ in the lack of adequate sanitation facilities in schools and Primary Health Care Centres. In addition, UNICEF plans to improve the technology of such facilities; for example, constructing pour flush or flush latrines within clinics where previously pit latrines were built large distances from the main buildings. Seventy thousand school-children will have access to adequate sanitation as a result of this intervention.
- Over 90,000 school-children will learn peace building and have access to safe learning environments through capacity building activities. Education will increase the capacity of preschool teachers and parents to practice and apply peace building and tolerance behaviour, and will ensure the return to school of all children and adolescents affected by the violence, advancing equity of access especially for the most marginalised.
- Around 15,000 children and youth will benefit from protection and support found in 10 children centres, building on partnerships established due to the emergency. In addition, 16 Gender Clubs will be operational, addressing gender-based violence issues.

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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 maintaining its annual request of US$6,996,000 to carry out its planned activities. Failure to receive additional funding will jeopardise the realisation of some planned programmes and will put the well-being of most vulnerable children at risk.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>312,000</td>
<td>312,000</td>
<td>0</td>
<td>312,000</td>
</tr>
<tr>
<td>Health</td>
<td>1,500,000</td>
<td>1,500,000</td>
<td>0</td>
<td>1,500,000</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>2,450,000</td>
<td>2,450,000</td>
<td>0</td>
<td>2,450,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td>1,450,000</td>
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<td>0</td>
<td>1,450,000</td>
</tr>
<tr>
<td>Education</td>
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<td>1,154,000</td>
</tr>
<tr>
<td>Cluster coordination</td>
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<td>130,000</td>
<td>0</td>
<td>130,000</td>
</tr>
<tr>
<td><strong>Total</strong>*</td>
<td><strong>6,996,000</strong></td>
<td><strong>6,996,000</strong></td>
<td><strong>0</strong></td>
<td><strong>6,996,000</strong></td>
</tr>
</tbody>
</table>

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More information can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011) or the country office website at [www.unicef.org/kyrgyzstan](http://www.unicef.org/kyrgyzstan).
Tajikistan

CHILDREN AND WOMEN IN CRISIS

The first half of 2011 saw continued armed confrontations in the Rasht valley. This deterioration in security was accompanied by limitations in access, communication and movement. Delivery of services was disrupted to some extent and some development activities had to be temporarily suspended. No major disasters struck the otherwise disaster-prone Tajikistan in the first half of 2011. Mudslides and earthquakes occurred in various parts of the country, but the scale of these disasters was limited and no humanitarian action needed to be taken.

A worrying development, however, is the silent emergency of growing food insecurity, driven by high levels of inflation, particularly in food and fuel prices. The most recent World Food Programme WFP Market Price Report (May 2011) indicates that the cost of the minimum food basket of 2,100 calories now stands at US$29.80 per person per month, the highest level ever recorded in Tajikistan. The increase in the price of wheat (51.9 per cent since the first quarter of 2010) has a strong impact on food security in a bread-eating nation like Tajikistan. Many factors contribute to this high level of inflation: lower than average rainfall in the autumn and winter of 2010, which lead to a disappointing winter crop; increase in world food prices; imposition of tariffs by neighbouring countries; and the depreciation of the national currency. In a country where nearly a third of children are chronically malnourished, this is a grave cause for concern.

MEETING URGENT NEEDS AND BUILDING RESILIENCE IN JULY – DECEMBER 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 1.7 million women of reproductive age. UNICEF, the lead agency for the WASH cluster and co-lead in the education cluster with Save the Children, expects to achieve the following results:

- UNICEF will help prevent deterioration of the nutritional status of 20,000 undernourished children and mothers at risk by distributing micronutrient supplements
- The polio response has now shifted its focus to strengthening routine immunisation services by immunising at least 95 per cent of all children annually with all extended program on immunization (EPI) antigens
- Up to 30,000 households affected by floods, earthquakes and human-made disasters will benefit from ongoing emergency hygiene education and the distribution of 100,000 20-litre water containers, 270 water purification packs, 300,000 hygiene kits and 600,000 bars of soap to ensure access to safe water, sanitation and basic hygiene.
- Children in emergency-affected areas will find continuity in schooling when temporary learning centres are established: 1,500 schoolchildren will benefit from School-in-a-Box kits with essential supplies for learning; 10,000 children in residential care institutions and boarding schools will have access to basic care and services; should an extreme weather emergency occur, psychosocial support will be provided for an estimated 10,000 children through established child-friendly spaces in resettlement areas and communities.
- UNICEF, together with the Ministry of Education and the Government of Tajikistan’s Committee of Emergency Situations and Civil Defence, will pilot a school-based disaster risk reduction (DRR) model in selected schools in disaster-prone areas. The model helps DRR capacity building in schools by

1 Tajikistan Market Price Report May 2011, WFP Tajikistan.
UNICEF also supported the distribution of vaccines, provided technical assistance to strengthen response and control measures, and supported the nationwide social mobilization campaign, in order to inform the population about the vaccination exercise and to encourage parents and caregivers to ensure that their children were vaccinated. Working with the Ministry of Health and several international NGOs, UNICEF has contributed to a Community-Based Rehabilitation Project for children affected by polio. To date, 259 of the 458 children who were disabled due to the polio outbreak have been reached by this project.

**FUNDING REQUIREMENTS FOR 2011**

In 2011, UNICEF reported that US$5,540,000 was required to make significant strides in stabilizing the welfare of women and children in disaster-prone areas of Tajikistan. Following the mid-year revision of the HAC, the requirements have been reduced to US$3,240,000 due to successful completion of emergency response to polio outbreak, with non-humanitarian funding carried over from 2010. As of 1 June 2011, no funds had been received against the 2011 HAC. No progress has been made, however, in capacity building for major disaster response, due to a lack of funding. This lack of funding limited the capacity of the Government and UNICEF Country Office to provide life-saving support immediately to children, women and families in emergencies. Funding requirements in non-polio related areas remain the same.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>600,000</td>
<td>600,000</td>
<td>0</td>
<td>600,000</td>
</tr>
<tr>
<td>Health</td>
<td>3,200,000</td>
<td>900,000</td>
<td>0</td>
<td>900,000</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>0</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td>300,000</td>
<td>300,000</td>
<td>0</td>
<td>300,000</td>
</tr>
<tr>
<td>Education</td>
<td>400,000</td>
<td>400,000</td>
<td>0</td>
<td>400,000</td>
</tr>
<tr>
<td>Cluster/ Sector coordination</td>
<td>40,000</td>
<td>40,000</td>
<td>0</td>
<td>40,000</td>
</tr>
<tr>
<td><strong>Total</strong>*</td>
<td><strong>5,540,000</strong></td>
<td><strong>3,240,000</strong></td>
<td><strong>0</strong></td>
<td><strong>3,240,000</strong></td>
</tr>
</tbody>
</table>

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More information regarding Tajikistan can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011) and the country office at [www.unicef.org/tajikistan](http://www.unicef.org/tajikistan).

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As of 1 June 2011, UNICEF’s Eastern and Southern Africa Regional Office (ESARO) received US$100,000 against the HAC 2011. However, other resources have been used to continue strengthening the capacity of emergency preparedness and response (EPR) and disaster risk reduction (DRR) in all 20 countries in the region. Countries that have thus far benefited from EPR and DRR capacity building activities include: South Africa, Tanzania, Zimbabwe, and Kenya. Surge and technical support was also provided to offices in Southern Africa to respond to the flood situation.

In order to ensure that countries are implementing appropriate control measures, RO provided support to country offices (CO) that conducted immunization campaigns, including Ethiopia, Uganda, Tanzania, Mozambique and Angola. Countries that reported measles outbreaks in 2011, (Burundi, Angola and Kenya), received technical assistance for taking appropriate prevention measures. ESARO, in collaboration with the World Health Organization (WHO) Regional Office for Africa (AFRO), has ensured that countries experiencing a cholera outbreak, (Zimbabwe, Mozambique and Zambia), are on the right track in implementing appropriate control measures. ESARO will ensure a high quality polio vaccination program by providing technical assistance in the design and implementation of a polio eradication communication strategy in Angola.

The situation is expected to further deteriorate and the number of people in need will continue to rise. Areas of particular concern include: Borena, Guji, Bale, and the southern and central zones of Somali region (Ethiopia), Moyale, Marsabit, Isiolo, Wajir, Garissa, and Mandera districts (Kenya), and Hiran, Middle Shabelle, Bakool, Gede, and Juba regions, poor urban/IDP populations, and the Coastal deeh livelihood zone (Somalia). In all affected areas, the response must be scaled up.

In addition to extreme food insecurity in the Horn, natural disasters have adversely affected women and children in Southern Africa during the first half of 2011. Floods and hailstorms began hitting southern Africa in early 2011, affecting 641,087 people in South Africa, Lesotho, Botswana, Namibia, Zambia, Angola, Zimbabwe and Mozambique, and resulting in144,741 people either displaced or evacuated and 317 people killed. Northern Namibia experienced severe flooding later in the season, affecting around 400,000 people. One serious tropical storm (Bingiza) hit Madagascar in early 2011, which caused heavy rainfall in the south-eastern coast of the country and resulted in 34 deaths, 21,256 displacements and almost 6,000 destroyed homes. Meanwhile, in Madagascar and Zimbabwe, political instability and deteriorating physical infrastructure have led to further decline in the overall health and well-being of the population. The ongoing political crisis in Madagascar has resulted in the suspension of most development aid and a decreased governmental social sector budget continues to have an adverse impact on the ability to provide social services to children and women, and on their ability to access these services. In addition, the armed conflict situation in Somalia presents an acute threat to children and women jeopardizing the delivery of essential services and other forms of assistance.

The impact of natural disasters and political crisis in countries in the Southern Africa region were complicated by the high prevalence of HIV and AIDS: 35 per cent of all new infections and 38 per cent of all AIDS deaths globally occur in 9 of the 121 southern Africa countries. The average adult HIV prevalence rate in the region is 10.8 percent, although many countries have rates that are higher than 12 percent, with Swaziland having the highest at 33.4 percent.

Natural and man-made disasters continued to disrupt education systems in the Eastern and Southern Africa Region. In March, floods in Namibia forced 263
schools to close, affecting 114,000 children. In central and south Somalia, 38 per cent of children dropped out of school as a consequence of the drought, which is further exacerbated by the ongoing conflict.

MEETING URGENT NEEDS AND BUILDING RESILIENCE IN 2011

In the second half of 2011, the Eastern and Southern Africa Regional Office (ESARO) will continue to work with UN agencies, NGOs and other partners to address humanitarian needs across the region. The Eastern and Southern Africa Regional Office (ESARO) is the primary coordination point for the multi-country response for the Horn of Africa crisis, led by the Regional Director, recently appointed as Global Emergency Coordinator for this crisis by the UNICEF Executive Director.

ESARO continues to strengthen systems to enhance UNICEF country office capacities for response. This is being undertaken in close coordination and liaison with Headquarters with major focus on emergency information management, strategic humanitarian response planning, high level humanitarian advocacy, support to Cluster accountabilities and cross-border programmatic and operational coordination, resource mobilization, staff surge and overall supplies and logistics management. ESARO program advisor teams continue to provide dedicated emergency support including first-line technical assistance and surge support on Health and Nutrition, WASH, Education, Child Protection, Monitoring, Reporting and Evaluation.

- The Regional Emergency Support Unit (RESU) will strengthen the capacities of country offices, government counterparts and cluster members through customized capacity-building events on UNICEF preparedness as well as cluster development. COs will receive training and implementation tools for enhancing the fulfilment of UNICEF’s revised Core Commitments for Children in Humanitarian Action and cluster leadership accountability.
- Capacity development on disaster risk reduction will also be offered during early recovery, preparedness and regular country programme planning.
- RESU will continue to inform UNICEF country office capacities to better meet organizational commitments to achieve ‘the resilience of nations and communities’ as set out in the Hyogo Framework for Action (HFA) and UNICEF’s Disaster Risk Reduction (DRR) global programme guidance. Country programme documents and sectoral workplans will be reviewed to ensure the inclusion of mitigation and prevention measures in programmes in addition to emergency preparedness.
- Dedicated emergency support positions will continue in WASH, Nutrition, Education and Child Protection sectors to provide sustained quality assurance, oversight and support in both UNICEF roles as cluster lead and in programme implementation.

FUNDING REQUIREMENTS FOR 2011

UNICEF’s Eastern and Southern Regional Office (ESARO) received US$100,000 against the 2011 HAC, or 1 per cent of the revised US$7,450,000 requirement. Other resources carried over from 2010 have also been used to continue strengthening emergency preparedness and response capacity of all 20 countries in the region. With the activation of the Level Three Corporate Emergency Procedures, ESARO urgently needs funding to strengthen technical support to COs in the Horn of Africa, enhance UNICEF office recovery and provide information management.
<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
<th>Additional funds utilized in 2011</th>
<th>Final funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency and Disaster Risk Reduction</td>
<td>1,300,000</td>
<td>700,000</td>
<td>100,000</td>
<td>600,000</td>
<td>45,250</td>
<td>654,750</td>
</tr>
<tr>
<td>Nutrition</td>
<td>1,600,000</td>
<td>1,000,000</td>
<td>0</td>
<td>1,000,000</td>
<td>0</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Health</td>
<td>1,000,000</td>
<td>5,000,000</td>
<td>0</td>
<td>5,000,000</td>
<td>0</td>
<td>5,000,000</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>700,000</td>
<td>350,000</td>
<td>0</td>
<td>350,000</td>
<td>0</td>
<td>350,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td>500,000</td>
<td>200,000</td>
<td>0</td>
<td>200,000</td>
<td>0</td>
<td>200,000</td>
</tr>
<tr>
<td>Education</td>
<td>500,000</td>
<td>200,000</td>
<td>0</td>
<td>200,000</td>
<td>0</td>
<td>200,000</td>
</tr>
<tr>
<td>Total*</td>
<td>5,600,000</td>
<td>7,450,000</td>
<td>100,000</td>
<td>7,350,000</td>
<td>45,250</td>
<td>7,404,750</td>
</tr>
</tbody>
</table>

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

More information on Eastern and Southern Africa can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011) and at the regional office website at [www.unicef.org/esaro](http://www.unicef.org/esaro).
Burundi

CHILDREN AND WOMEN IN CRISIS

In early 2011, Burundi found itself in a fragile transitional phase, against a backdrop of a recent past of political and social unrest and a near future with threats of renewed violence and tension. Since late 2010, a sharp increase in criminal incidents such as armed robberies and assassinations have been recorded in the country. At the same time, political tension is increasing, raising fears of political violence.

At stake is the well-being of children and women who must cope with expatriation and displacement as well as increased violence, underage recruitment into armed forces, loss of access to education, hunger and malnutrition and recurrent epidemic illnesses that such upheaval engenders.

During the first six months of 2011, endemic cholera in some provinces along Lake Tanganyika and a measles outbreak in the North-Western province of Kirundo have already affected some communities. Prospects for food security are hampered by localized weather hazards (hailstorms, heavy rains and rain deficits) due to the negative effects of La Niña on agricultural production, especially in the Eastern parts of the country.

MEETING URGENT NEEDS AND BUILDING RESILIENCE:

JULY – DECEMBER 2011

In 2011, UNICEF continues its work leading the education, health/nutrition, and water and sanitation clusters in Burundi, as well as the child protection sub-cluster. The organization is working with the Government of Burundi, other UN agencies and NGOs as well as host communities to address the needs of more than 175,000 people, including 15,000 women, 80,000 girls and 80,000 boys.

- The range and efficacy of nutritional relief and support is expanding to reach 23,000 children with severe acute malnutrition providing an expected coverage of 70%. Community-based screening and referral systems for such treatment will be strengthened in 13 priority provinces.

- In late June, more than 1.4 million Burundi children under age 5 will receive deworming tablets and vitamin A supplements, (and 2.1 million between 5 and 14 years will receive deworming tablets only); 254,000 women will be given deworming tablets and tetanus toxoid vaccines as part of the Mother and Child Health Week. In addition to regular national campaigns, 200,000 mosquito nets will be distributed as part of routine activities. Kits of essential drugs and equipment to improve health-care practices for 30 000 people are pre-positioned for emergencies.

- UNICEF is planning the construction of 10 safe water networks for 26,700 peoples in ‘peace villages’ (established for the reintegration of returnees without land and without contact to their place of origin) and surrounding communities, primary schools and health-care centres in close coordination with two UN agencies (UNDP and FAO) under the leadership of the Ministry of National Solidarity and Human Rights.

- In child protection, UNICEF is focused on improving conditions for 5,000 children affected by recruitment by armed groups. Furthermore, 90 per cent of the population in emergency situations will be reached and provided with information on HIV prevention, care and treatment.

- Educational support is focused on raising emergency preparedness and response levels for students in all 17 provinces.

In May, UNICEF received US$900,000 against CERF “Underfunded Emergencies” window for Burundi in order to respond to the food and nutrition crisis in four provinces and to support emergency interventions relating to cholera, measles and malaria outbreaks in five provinces. The funds were used to procure seven cholera kits (for a total of 700 cases) and nine measles kits (for 900 cases); the distribution of soap and water treatment chemicals to 2,000 families, as well as for the treatment of 8,266 severely malnourished children under age 5.
FUNDING REQUIREMENTS FOR 2011

UNICEF maintains its initial request of US$5,223,000 to carry out its planned activities in Burundi in 2011. Current emergency funding received thus far was provided by the Central Emergency Response Fund (CERF) of the United Nations. CERF provided this allocation to UN Agencies operating in Burundi in order to respond to severe food insecurity and the resurgence of epidemics. Continued underfunding will aggravate and will limit the capacity of UNICEF to adequately respond to crises, such as epidemics (measles, cholera), food insecurity and water supply to vulnerable populations.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
<th>Additional funds utilized in 2011</th>
<th>Final funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>1,380,000</td>
<td>1,380,000</td>
<td>700,000</td>
<td>680,000</td>
<td>13,849</td>
<td>666,151</td>
</tr>
<tr>
<td>Health</td>
<td>590,000</td>
<td>590,000</td>
<td>143,954</td>
<td>446,046</td>
<td>12,075</td>
<td>433,971</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene (WASH)</td>
<td>980,000</td>
<td>980,000</td>
<td>56,046</td>
<td>923,954</td>
<td>0</td>
<td>923,954</td>
</tr>
<tr>
<td>Child Protection</td>
<td>393,000</td>
<td>393,000</td>
<td>0</td>
<td>393,000</td>
<td>0</td>
<td>393,000</td>
</tr>
<tr>
<td>Education</td>
<td>1,170,000</td>
<td>1,170,000</td>
<td>0</td>
<td>1,170,000</td>
<td>12,527</td>
<td>1,157,473</td>
</tr>
<tr>
<td>HIV/AIDS</td>
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<td>0</td>
<td>500,000</td>
<td>0</td>
<td>500,000</td>
</tr>
<tr>
<td>Cluster Coordination</td>
<td>210,000</td>
<td>210,000</td>
<td>0</td>
<td>210,000</td>
<td>0</td>
<td>210,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,223,000</strong></td>
<td><strong>5,223,000</strong></td>
<td><strong>900,000</strong></td>
<td><strong>4,323,000</strong></td>
<td><strong>38,451</strong></td>
<td><strong>4,284,549</strong></td>
</tr>
</tbody>
</table>

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

More information on Burundi can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011).
HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM FIRST HALF OF 2011

In 2011, UNICEF estimated that US$14,075,000 was needed to fund its humanitarian coordination and technical support work in Eritrea. As of 1 June 2011, only US$530,700 had been mobilised to support life-saving nutrition interventions.

The following results were supported by UNICEF during the first half of the year with the use of other programme funds. Capacity building was provided for 400 health staff and 200 community health workers on case management of integrated management of neonatal and childhood illness. An estimated 98,630 children under age 1 received routine immunisation through fixed and outreach sites. Sixty health workers from Anseba and Maekel regions were trained on life-saving skills to support pregnancy related complications.

Approximately 78 per cent of children under age 5 were reached through Child Health and Nutrition Week (CHNW) including vaccination, Vitamin A supplementation and nutrition screening. More than 950 severely malnourished children received treatment in 57 facility-based therapeutic feeding centres nationwide and over 3,437 malnourished children treated in 184 community-based therapeutic feeding centre sites nationwide, reaching 34 per cent of estimated severely malnourished children, while over 11,072 children were enrolled in 263 SFP sites nationwide.

Eritrea

CHILDREN AND WOMEN IN CRISIS

Information gathered by the Food and Agricultural Organization (FAO) Global Information and Early Warning System (GIEWS)1 and UNICEF’s evaluation of its Blanket Supplementary Feeding Programme have reported continuing issues related to food and nutrition insecurity. The 2011 main planting season of long cycle crops has been affected by a late and unpredictable “azmera” rainy season (generally running between March and May). In addition, food and fuel prices continue to remain high across the country, affecting the overall livelihood status of vulnerable populations and impacting the nutritional status of women and children.

Adjustments in the overall cooperation between the Government of the State of Eritrea (GSE) and the United Nations (UN) system in early 2011 are resulting in considerable change in the programme operating environment. The UN Development Assistance Framework (UNDAF) will not be extended or renewed beyond its current term to the end of 2011 with future support to be directed toward a refocused range of priorities based on bilateral agreements. UNICEF, within the UN Country Team, is continuing its dialogue with the GSE to clarify operational modalities and to advocate for issues concerning women and children to be included in broader social sector development efforts.

MEETING URGENT NEEDS AND BUILDING RESILIENCE

JULY – DECEMBER 2011

During the remaining half of 2011, UNICEF will continue to focus on building the resilience of vulnerable communities through the following interventions:

- An estimated 8,000 severely and 35,000 moderately undernourished children will receive support through Community- and Facility-Based Therapeutic Feeding (CBTF and FBTF) and Supplementary Feeding Programme (SFP).
- Approximately 70,000 children under age 5 and 30,000 pregnant and breastfeeding women in high-risk areas throughout the country will have their nutritional needs supported with blanket feeding.
- 20,000 people will benefit from piped safe drinking water supplies from boreholes equipped with solar submersible pumps.
- By the end of the year, more than 50,000 people will benefit from the hygiene education programme and 10,000 internally displaced people in the Gash Barka region will be incorporated within the Community-Led Total Sanitation (CLTS) programme.
- Mine Risk Education will be provided to 6,000 children in high and medium war-impacted communities.
- Provide financial and technical support to the Ministry of Health for injury and disability prevention interventions including the scale up of the Injury Surveillance System into the regions of Gash-Barka and Debub.
- 15,000 nomadic children and IDPs will be supported with the establishment of schools/learning spaces in four regions (Anseba, Gash Barka, Northern Red Sea and Southern Red Sea).
- Support will be provided for the pre-positioning of emergency education supplies for 21,000 nomadic and over age children and for the development of government capacity to respond to emergency issues affecting the education sector.

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FUNDING REQUIREMENTS FOR 2011

UNICEF’s funding requirement remains unchanged at US$14,075,000 in 2011 to continue its work on strengthening the coping capacity and supporting response for vulnerable communities, women and children. As of 1 June 2011, US$ 530,700 had been mobilised from the Government of Norway to support life-saving nutrition interventions.

The impact of the funding gap on the Blanket Supplementary Feeding Programme is significant. It is anticipated that the nutritional status of an estimated 70,000 children under age 5 and 30,000 pregnant and breastfeeding women will further deteriorate in high-risk areas during the traditional lean period from June to September. The funding gap could also increase the prevalence of acute malnutrition in children under age 5, thereby increasing child mortality and morbidity.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>8,500,000</td>
<td>8,500,000</td>
<td>530,700</td>
<td>7,969,300</td>
</tr>
<tr>
<td>Health</td>
<td>1,500,000</td>
<td>1,500,000</td>
<td>0</td>
<td>1,500,000</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>1,075,000</td>
<td>1,075,000</td>
<td>0</td>
<td>1,075,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>0</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Education</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>0</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Cluster/Sector coordination</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total*</td>
<td>14,075,000</td>
<td>14,075,000</td>
<td>530,700</td>
<td>13,544,300</td>
</tr>
</tbody>
</table>

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

More information on Eritrea can be found at www.unicef.org/hac2011.
Ethiopia

CHILDREN AND WOMEN IN CRISIS

The failed seasonal rains in October-December 2010 in southern and south eastern parts of Ethiopia were followed by poor belg rains (short seasonal rains from February to May) received in major parts of Southern Nations, Nationalities, and People’s Region (SNNP), Oromiya, Amhara and Tigray regions. In these areas, the rains have been late in onset, inadequate in amount and uneven in distribution, adversely affecting the food security situation. Subsequently, during the first half of 2011, the number of people in need of emergency food assistance in Ethiopia has increased from 2.8 million at the beginning of the year to 4.5 million in June. In response to the deteriorating food security situation, the Government of Ethiopia together with humanitarian partners released a revised 2011 Humanitarian Requirements Document (HRD) on 11 July 2011, appealing for US$68.6 million for health, nutrition, water/sanitation, and agricultural interventions; and further calls for a total of 419 metric tons of food valued at US$330 million.

The deteriorating food security situation has contributed to increased malnutrition among children. During the first four months of 2011, increased admission rates of acutely malnourished children into Therapeutic Feeding Programmes (TFPs) were reported, particularly in SNNP and Oromiya regions – where the number of admissions to TFP increased by 90 per cent and 30 per cent respectively between March and April. UNICEF estimated that 312,220 severely malnourished children will require treatment in 2011. This figure may increase as a result of the deteriorating situation.

The drought has also affected school attendance, with more than 87,000 school drop-outs registered nationwide and over 300 school closures, primarily in Somali, Oromiya and Afar regions. As a consequence, the drought has also significantly increased the vulnerability of children to protection concerns, including violence, exploitation and abuse, as families struggle to cope.

The escalating humanitarian crisis in Ethiopia is being compounded by an increasing number of refugees fleeing drought and conflict in Somalia. The number of refugees entering Ethiopia from Somalia steadily increased during June and July, peaking at 2,000 arrivals daily.

MEETING URGENT NEEDS AND BUILDING RESILIENCE

JULY – DECEMBER 2011

In Ethiopia, UNICEF leads the WASH and nutrition Clusters and co-leads education with Save the Children Fund-UK. UNICEF is scaling up its drought response in health, nutrition, WASH and education to meet the revised requirements of the population in Ethiopia; and continues to support the Government’s ongoing close monitoring of the population’s nutritional status, as well as of disease outbreaks. The UNICEF country office will also continue to improve its emergency preparedness planning and pre-positioning to prepare for, mitigate and respond to crisis affecting women and children. Key priorities for the remainder of 2011 include:

- UNICEF is expanding its measles outbreak response in drought-affected woredas, targeting 652,500 children under the age of 5.
- Improve therapeutic feeding response capacity (training of health workers,

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM FIRST HALF OF 2011

During the first half of 2011, UNICEF continued to support the decentralization of the management of severe acute malnutrition. Some 60 per cent of 10,613 health posts in Oromiya, Amhara, Southern Nations, Nationalities, and People’s (SNNP) and Tigray regions have been managing severely malnourished children, which has enabled mothers to access weekly outpatient treatment close to their homes.

Following the alarming Therapeutic Feeding Programme (TFP) admission reports, UNICEF intensified its nutrition response. During the first half of 2011, 1,205 metric tons of Ready-to-Use-Therapeutic Food (RUTF) have been dispatched to vulnerable woredas.

Reports indicate that 78,100 severely malnourished children were treated from January to April in the six drought-emergency-affected regions of the country. The treatment outcome is within the national and international standards with 80.9 per cent recovery rate, 0.7 per cent and 6.2 per cent mortality and default rates respectively. From January to April, 460 additional TFP sites have been established, bringing the total number to 8,105 sites.

From January to May, with support from UNICEF, Government and NGOs partners reached a total of 558,292 drought-affected beneficiaries through water trucking for an average of 60 days in Somali, Oromiya, SNNP, Afar, Amhara and Tigray regions.

1Woreda refers to an administrative division of Ethiopia, managed by a local government, equivalent to a district.


In total, UNICEF has supported 110 water trucks in these regions. In addition, an estimated 200,000 people benefited from 100 water supplies rehabilitated by government, supported by UNICEF, primarily in Somali Region. Some 48 health centres and 18 schools have been provided with the WASH package, reaching 250,000 people.

During the first half of 2011, UNICEF also focused emergency health efforts on children and women affected by malnutrition, drought and outbreaks of infectious diseases. UNICEF continued to support 23 Mobile Health Teams (MHT) in marginalized and conflict-affected areas of Somali and Afar regions. Between January and May 2011, the MHTs attended to more than 100,000 consultations of which more than 38,000 (35 per cent) were children under age 5. UNICEF also responded to localized acute watery diarrhoea (AWD) outbreaks by providing technical assistance, as well as Case Treatment Centre (CTC) kits and additional drugs. Until end May 2011, only 40 cases of AWD/cholera have been recorded - this is a significant reduction compared to 1,630 cases reported during the same period last year. This remarkable reduction can be attributed to increased levels of preparedness and prevention interventions following the 2009 outbreaks.

In the first half of 2011, 28,000 children (13,250 girls and 14,750 boys) were able to continue their education partly due to provision of supplies from UNICEF including 350 school-in-a-box kits and 38 tents.

In addition, UNICEF collaborated with UNHCR and ARRA in reviewing care and protection standards of unaccompanied minors in the Eretria refugee camps in Tigray. In collaboration with IOM, 200 unaccompanied Ethiopian children from Yemen were reunited with their families.

During the year, UNICEF provided cluster leadership in WASH and education, as well as sub-cluster leadership in nutrition and child protection.

In view of the drought crisis in Somali region, cluster coordination capacities have recently been reinforced through the deployment of region-level WASH and Nutrition cluster coordinators.

In the first half of 2011, UNICEF provided technical assistance to UN High Commissioner for Refugees (UNHCR), the Administration for Refugee and Returnee Affairs (ARRA) and NGO partners to ensure child friendly services and facilities in Internally Displaced Persons (IDP) and refugee camps in Somali and Tigray regions.

**FUNDING REQUIREMENTS FOR 2011**

The HAC 2011 requirements have been aligned with the Humanitarian Action Plan released on 24 July 2011, totalling US$76,628,028. As of 31 July 2011, US$30.7 million has been received, representing 40 per cent of the requirement. To support urgent humanitarian needs in Ethiopia, UNICEF carried over an additional US$5.8 million from 2010. UNICEF urgently needs additional funds to support prevention and response activities to meet the needs of children affected by emergencies in Ethiopia. The June to September season usually marks the peak period of AWD transmission in addition to being the hunger gap period.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received (31 July 2011)</th>
<th>Funding gap</th>
<th>Additional funds utilized in 2011</th>
<th>Final funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>26,665,000</td>
<td>28,812,364</td>
<td>19,025,959</td>
<td>9,786,405</td>
<td>2,547,686</td>
<td>7,238,719</td>
</tr>
<tr>
<td>Health</td>
<td>9,991,000</td>
<td>16,331,000</td>
<td>3,562,262</td>
<td>12,768,738</td>
<td>1,179,460</td>
<td>11,589,278</td>
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<td>Water,Sanit-</td>
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<td>14,913,960</td>
<td>6,740,714</td>
<td>8,173,246</td>
<td>2,099,960</td>
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<tr>
<td>ation and Hy-</td>
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<tr>
<td>genie</td>
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</tr>
<tr>
<td>Child Protect-</td>
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<td>4,520,000</td>
<td>200,000</td>
<td>4,320,000</td>
<td>0</td>
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<tr>
<td>ion</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>Education</td>
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<td>9,704,704</td>
<td>841,000</td>
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<tr>
<td>HIV/AIDS</td>
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<td>700,000</td>
</tr>
<tr>
<td>Cluster coordi-</td>
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<td>1,646,000</td>
<td>334,000</td>
<td>1,312,000</td>
<td>1,312,000</td>
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<tr>
<td>nation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total*</td>
<td>57,416,000</td>
<td>76,628,028</td>
<td>30,703,935</td>
<td>45,924,093</td>
<td>5,827,106</td>
<td>40,096,987</td>
</tr>
</tbody>
</table>

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

More information on Ethiopia can be found at www.unicef.org/hac2011 or the country office website, www.unicef.org/ethiopia.
Kenya

CHILDREN AND WOMEN IN CRISIS

Kenya is currently facing one of the most severe food crises in the world, with 3.5 million Kenyans affected and no indication that the situation will show significant improvement this year. Approximately one-third of the land in Kenya has been affected by the drought, resulting in a complete loss of harvest for many families. The situation is compounded by major food relief shortfalls and a surge in refugee movements out of Southern Somalia. Levels of acute malnutrition in women and children (affecting boys and girls equally) remain unacceptably high, particularly in arid and semi-arid (ASAL) districts. Global Acute Malnutrition (GAM) rates of 37.4 per cent (along with high crude mortality rates) have been recorded in Turkana region. Across most of Northern and Eastern Kenya, GAM rates are estimated to be above 25 per cent. The long rains, which typically come in March and April, failed in several ASAL districts of northern and north-eastern Kenya, contributing to deteriorating food security. By the end of April 2011, the number of children affected by severe and moderate acute malnutrition and admitted for treatment increased sharply over 2010 numbers.

Traditional sources of water in many ASAL districts have not been replenished due to the failed rains, and the estimated numbers of people who need assistance with access to clean water has increased from 1.5 million to 1.9 million. Although there have not been any outbreaks of cholera or yellow fever, children under age 5 and pregnant and lactating women are being affected by outbreaks of measles and Kala Azar because of lowered immunity.

The consequent movement of pastoralists has meant that the education of an estimated 100,000 children has been disrupted; while some schools in the driest areas now have very low rates of attendance, others are overloaded with children who have relocated to the area. The drought’s implications for the protection of children are likely to manifest in the second half of the year, as families are expected to separate, resulting in higher numbers of street children in urban centres. Throughout the first half of 2011, prices for food, commodities and fuel have reached record highs in Kenya, which has heavily impacted the urban poor.

The conflict in Somalia intensified significantly in the first quarter of the year, resulting in an average influx (by June 2011) of 1,300 refugees per day in increasingly poor nutritional condition, to Dadaab camp. This large and rapid influx of refugees is putting a strain on resources and essential services beyond acceptable limits. There are acute protection concerns for adolescent boys, as many have recently returned from forced association with armed forces and groups inside Somalia.

MEETING URGENT NEEDS AND BUILDING RESILIENCE

JULY – DECEMBER 2011

UNICEF will continue scaling-up life-saving interventions such as management of acute malnutrition and provision of water to communities affected by the drought. With partners’ and government support UNICEF will continue to focus on strengthening existing systems in all sectors, to deliver services in an emergency and mitigate the effects of an emergency through contingency planning, preparedness and disaster-risk reduction. UNICEF co-leads the nutrition, education, child protection and WASH clusters along with the relevant government ministry. Together with the Government of Kenya, other UN agencies and NGOs, UNICEF will focus on assisting the most vulnerable people in affected areas of the country expects to reach 1.9 million people

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2 "What we know, where we are presently and what is recommended. Update on Key Developments: Horn of Africa Drought/Conflict" ESARO, 30 June 2011.
330% and 78% increase for moderate and severe acute malnutrition respectively and in comparison to the same time period in 2010 (Kenya nutrition cluster surveillance data)
Insecticide treated bednets reached 47.8 per cent coverage by June 2011, with a goal of two ITNs per family and a focus on boys and girls under age 5.

Through quarterly meetings, the cluster has made a coordinated effort to improve information management. These meetings have guided leadership in refocusing their priority to strengthen ownership of the Ministry’s Emergency Preparedness and Response Plan at the national level before it attempts to do so at the district level. This work is being accomplished through consultation meetings with the different directorates. UNICEF and Save the Children have continued their partnership in Dadaab refugee camp to strengthen child protection service provision with the goal of exceeding the 2010 targets of reaching 21,000 children.

UNICEF has helped 319,300 people in emergency-affected districts gain access to improved water supplies. A further 287,500 people in emergency-affected areas received basic emergency supplies plus hygiene and sanitation. Of that group, 225,000 people identified as those with the most vulnerable children were reached with HHWTS (Household Water Treatment & Safe Storage) technologies and training as well as and hygiene promotion and sanitation information and messages. This was a joint programme with UNICEF nutrition section. Emergency WASH supplies were also procured and positioned for 30,000 people.

During an outbreak of fighting between government forces and Al-Shabab, near the town of Mandera, 12,500 Somali refugees were supported with WASH services including water supply, sanitation and hygiene promotion. Approximately 15,000 people in 3,000 households have improved access to safe water through the provision of ceramic household water filters and training on their use. 5,000 people affected by fires in Nairobi informal settlements were supported with WASH emergency supplies including HHWTS materials as well as hygiene promotion messages. Living in emergency conditions in 2011, including around 988,000 girls and 912,000 boys.

- Coverage of integrated high-impact nutrition interventions will be increased, including management of moderate and severe acute malnutrition, infant and young child feeding, and micronutrient supplementation, in health facilities and at the community level, benefitting 250,000 children under age 5 affected by moderate malnutrition, 40,000 children under 5 affected by severe acute malnutrition, and 55,000 pregnant and lactating women.
- Some 85 per cent of children under age 5 in selected districts will be vaccinated for measles. At least 1.12 million children and pregnant and lactating women will receive immunization, services to prevent mother-to-child transmission of HIV and obstetric care.
- Safe water and sanitation will be provided to 1.6 million disaster- and disease-affected people.
- About 15,000 primary-school children in Dadaab, a refugee camp hosting primarily Somali refugees, will have improved access to education.
- A child protection framework will be established in Dadaab, child-friendly spaces will continue to receive support, and up to 150,000 vulnerable children will be protected from separation from their families during times of emergency; separated children will be reunited with caregivers and provided with essential services.

**FUNDING REQUIREMENTS FOR 2011**

UNICEF Kenya’s revised funding requirements for humanitarian action, US$ 47.8 million, are also reflected in the mid-year revision of the Emergency Humanitarian Response Plan (EHRP). The reasons for the increased funding request are the deepening drought and refugee emergency, which led the President of Kenya to declare a state of national disaster in June 2011.

As indicators related to nutritional status, health, access to education and access to clean water continues to deteriorate, the emergency is likely to worsen as the months pass.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received (31 July 2011)</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>6,310,000</td>
<td>18,500,000</td>
<td>4,607,499</td>
<td>13,892,501</td>
</tr>
<tr>
<td>Health</td>
<td>2,001,000</td>
<td>8,000,000</td>
<td>2,175,399</td>
<td>5,824,601</td>
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<tr>
<td>Water, Sanitation and Hygiene</td>
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<td>10,400,000</td>
<td>3,925,488</td>
<td>6,474,512</td>
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<tr>
<td>Child Protection</td>
<td>1,241,000</td>
<td>3,800,000</td>
<td>763,875</td>
<td>3,036,125</td>
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<tr>
<td>Education</td>
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<td>5,500,000</td>
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<td>3,946,375</td>
</tr>
<tr>
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<td>591,121</td>
<td>297,945</td>
<td>293,176</td>
</tr>
<tr>
<td>Communications, Monitoring and Evaluation</td>
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<td>1,000,000</td>
<td>0</td>
<td>1,000,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16,168,000</strong></td>
<td><strong>47,791,121</strong></td>
<td><strong>13,323,831</strong></td>
<td><strong>34,467,290</strong></td>
</tr>
</tbody>
</table>

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

More information on Kenya can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011) or at the country office website, [www.unicef.org/kenya](http://www.unicef.org/kenya).

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*Kenya WASH cluster
* Kal Azar, also known as Leishmaniasis, is a parasitic disease spread by the bite of the sandfly. ([Pub Med](http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002362/)
* World Bank, Concern Worldwide Kenya
* UNICEF co-leads the nutrition cluster with the Ministry of Public Health and Sanitation of Kenya, 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.
Madagascar

Children and women in crisis

In Madagascar, extreme poverty, recurrent natural disasters and political crisis have created a potent recipe for catastrophe. The ongoing political crisis in Madagascar has resulted in the suspension of most development aid and a decreased governmental social sector budget continue to have an adverse impact on the ability to provide social services to children and women, and on their ability to access these services. ‘Binziga,’ a category 3 tropical cyclone, hit Madagascar on 14 February 2011, with winds reaching 200 kilometres per hour in the north east region of Analanjirofo. The cyclone crossed northern Madagascar and exited the North Western region on 15 February 2011. Two days later, the cyclone struck Madagascar’s south west coast and finally left the island via the south east coast on 19 February 2011. According to the National Disaster Office, the cyclone caused 34 deaths and 87 injuries, while 77,167 people were left homeless displaced.

The Southern regions of Anosy, Androy and Atsimi Andrefana suffer from chronic drought and structural vulnerability in terms of food and nutrition security, water and sanitation as well as access to healthcare delivery. Most of this region has suffered from two consecutive years of low annual rainfall, which has led to the failure of the main agricultural season during 2009 and 2010 and affected approximately 1,827,235 inhabitants, including 328,902 children under the age of 5. According to the Food Security Early Warning System (SAP), the number of municipalities classified as being food insecure has increased at an alarming pace over the last three years – as of August 2010, 53 out of 104 municipalities covered by the SAP have been classified as food insecure, representing the highest number of food insecure municipalities since the creation of SAP in 1996. As a result of this increase, the Humanitarian Country Team has been implementing an integrated emergency response since the beginning of 2011.

Meeting urgent needs and building resilience

July – December 2011

UNICEF, together with partners, will focus on assisting the most vulnerable women and children in the drought-affected, food-insecure southern region and ensuring a high level of preparedness for the forthcoming cyclone season.

- UNICEF will continue to provide anthropometric equipment, therapeutic feeding supplies and drugs required for the treatment of malnourished children to health-care facilities in affected districts. Systematic nutrition screening will be provided at the health centre and community level of the districts. It is estimated that 4,860 children 6-59 months old will be treated for undernutrition through community management of acute malnutrition.

- In collaboration with WHO, UNICEF will develop a training programme to establish and train three decentralised health clusters in high risk regions of the east coast; Atsinanana, Analanjirofo and Vatovavy Fitovinany covering 3.8 million people.

- UNICEF, in collaboration with local NGOs Taratra, Frere Saint Gabriel, the Women’s Association and the local water authorities will ensure that 25,000

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2 BNGRC, ‘Point de la situation BNGRC – Cyclone tropical intense BINGIZA, Wednesday 2 March 2011, p. 1-5
5 Système d’Alerte Précoce, Final Prognosis, No 142, June 2010
6 31 in 2008; 45 in 2009 and 53 in 2010
people will have access to safe water and 100,000 people will benefit from sanitation and hygiene education in the three southern regions of Madagascar. In addition, 50 schools will gain access to safe water and sanitation, benefiting 6,000 school children, including 3,036 boys and 2,964 girls.

- In areas affected by emergencies, child friendly spaces will be equipped with recreational and educational kits to benefit up to 1,700 children.
- The child protection cluster will reinforce the capacity of 400 national and local stakeholders on child protection in emergencies. Moreover, children affected by cyclones will benefit from child protection emergency response through the child protection sub-cluster and 450 child protection networks (CPN), especially in high-risk areas.
- The Education Cluster led by UNICEF will update the Contingency Plan for Education prior to the forthcoming cyclone season to ensure that 35,000 school-aged boys and girls are able to return to school following a cyclone, including maintaining a pre-positioned stock for emergency response covering the needs of 35,000 children.
- UNICEF will train 890 teachers and administrative staff to cover 220,000 children on Disaster Risk Reduction. By reinforcing the existing network of young peer educators, 225 young people aged 10–24 will receive training to become key actors in emergencies and each will receive a young peer educator kit.

**FUNDING REQUIREMENTS FOR 2011**

Approximately US$19.1 million is required in 2011, and only US$ 1,630,413 (8.5 per cent) was received as of 1 June 2011, for WASH, nutrition and health activities. As no funding was received for the cyclone response, UNICEF had to reprogramme its own resources and use the pre-positioned emergency supplies to respond to the priority humanitarian needs. These stocks will need to be replenished for the forthcoming cyclone season. Funds are also needed to respond to chronic drought and structural vulnerability in terms of food and nutrition security, water and sanitation access and healthcare delivery.

UNICEF is requesting US$19,050,000 to continue its emergency response in the country and to prepare for and respond to the forthcoming cyclone season.

<table>
<thead>
<tr>
<th>Funds received against the HAC2011 (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sector</strong></td>
</tr>
<tr>
<td>Nutrition</td>
</tr>
<tr>
<td>Health</td>
</tr>
<tr>
<td>WASH</td>
</tr>
<tr>
<td>Education</td>
</tr>
<tr>
<td>Child Protection</td>
</tr>
<tr>
<td>Youth &amp; HIV/AIDS</td>
</tr>
<tr>
<td><strong>Total</strong>*</td>
</tr>
</tbody>
</table>

*The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006. More information on Madagascar in 2011 can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011).
Somalia

CHILDREN AND WOMEN IN CRISIS

Somalia is facing one of the most severe food security emergencies in the world, especially in the south, where the humanitarian response cannot adequately prevent further deterioration due to low funding and access issues. The country is challenged by one of the worst droughts in 30 years, aggravated by heightened conflict and severe food insecurity. 3.7 million people (over half the population) are in need of emergency humanitarian assistance — an 85 per cent increase since mid-2010, and an increase of over a million since January. Following a survey by the Somalia Food Security and Nutrition Analysis Unit (FSNAU) carried out in June/July, famine was declared in two regions of Southern Somalia and is expected to further deteriorate throughout Somalia in the coming months.

Food insecurity remains at crisis and emergency levels, despite the light rains in April and May. The delay in the start of the Gu rains and a harsh Jilaal dry season resulted in a severe water crisis, characterised by extremely high prices of water, depleted pasture, increased livestock deaths, drought-related displacement, increased destitution and a rising trend in cereal prices triggered by shortfall of cereal production. The number of acutely malnourished children has significantly increased since the beginning of the year. Current estimates show that 780,000 children under age 5 are acutely malnourished, of which, 340,000 are severely malnourished and 440,000 are moderately malnourished. The south, currently in Critical to Very Critical phases is worst affected, hosting 82 per cent all acute malnutrition cases. One in three children is acutely malnourished, while one in five is severely malnourished with a high risk of death in the south.

The drought has severely impacted internally displaced persons (IDP), pastoral children and child recruitment into armed forces (especially from schools). In April, the school drop-out rate was 38 per cent in the south, an increase from 30 per cent in February. Meanwhile, UNICEF is facing serious challenges in accessing and maintaining supply/nutrition pipelines. Somalia is one of the hardest places in the world to work and live and access to the most vulnerable populations remains challenging. The number of IDPs is estimated at 1.5 million (50 per cent children) while, only 30 per cent of the population has access to clean water. Data shows that one Somali child out of every nine dies before his/her first birthday, while one in every six children dies before age 5.

As the Transitional Federal Government (TFG)/African Union Mission in Somalia’s (AMISOM) offensive against Al-Shabaab (AS) intensifies, civil insecurity continues unabated. With indiscriminate violence and innocent women and children caught in cross fire, protection of civilians remains a major concern. In the first half of 2011, about 5,000 people with weapon-related injuries were admitted to the three main hospitals in Mogadishu, including over 1,400 children under age 5, 80 per cent of whom were injured in May alone. Massive recruitment or use of children, especially by AS, is becoming more widespread and remains one of the gravest and most systematic violations committed against children. Child casualties resulting from violence in Mogadishu have reached a new high: out of 1,590 weapon-related injuries in May, 735 cases (46 per cent) were children under age 5. The number of children escaping from AS, however, is reportedly on the rise.

Due to the desperate situation in the south, where the humanitarian response is seriously constrained and inadequate, thousands are frantically fleeing to...
UNICEF nutrition, along with over 60 national and international partners, is implementing approximately 90 per cent of the overall nutrition response. By May, UNICEF reached 32,253 severely acutely malnourished (SAM) children through 418 outpatient therapeutic programmes (OTP) and 22 stabilization centres (SC) and 63,746 moderately acutely malnourished (MAM) children through 340 supplementary feeding programmes (SFP). Meanwhile, the UNICEF-led nutrition cluster coordinates 110 partners, 418 OTP/SC, and 449 targeted SFP programmes and an additional 72 MCHNs providing supplementary feeding to children 6-23 months and pregnant and lactating women.

UNICEF WASH and partners provided access to safe water to over 1 million people and over 234,432 people benefited from construction or rehabilitation of water points. Life-saving chlorination of water sources is benefiting over 924,800 people. Meanwhile, operation and maintenance of over 17 water sources is benefiting 356,608 people and hygiene education is benefiting over 77,000 people. The UNICEF-led WASH cluster improved the lives of 970,000 people via water access by voucher or water trucking, and over 950,000 people via chlorination of water sources. Improved cluster coordination resulted in the development of a WASH Severity Map to prioritise responses.

MEETING URGENT NEEDS AND BUILDING RESILIENCE
JULY – DEC 2011

UNICEF is responding to the deteriorating humanitarian situation by engaging with partners to maximize the use of resources already on the ground, including human, financial and supply. UNICEF is also one of the largest service providers in Somalia, leading three clusters: nutrition; education; and water, sanitation and hygiene (WASH); and leading the child protection sub-cluster. UNICEF will continue to work with government, UN agencies and NGO partners in 2011 to meet the pressing needs of children and women, who are among the 2.85 million in need of urgent humanitarian assistance. Priorities include:

- 250 maternal and child-health clinics and health posts – reaching 2.5 million women and children – will have sufficient essential drugs, vaccines, basic equipment and training as well as stronger outreach health services for life-saving interventions.
- At least 200,000 severely acutely malnourished, 198,000 moderately acutely malnourished children and 26,000 acutely malnourished pregnant and lactating women will receive treatment.
- 300,000 vulnerable school aged children (45 per cent girls) will have increased access to quality and equitable education and have the opportunity to play and learn with textbooks in 500 schools or temporary learning centres set up to mitigate the psychosocial effects of conflict.
- 1.6 million IDPs and disaster-affected people will have increased and sustained access to safe water, sanitation facilities and hygiene promotion.
- At least 200 vulnerable communities in 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 abuse and address child protection in emergencies.
- Improve living conditions for up to 8,000 households (48,000 people) affected and/or temporarily displaced by rapid onset of conflict or flooding through provision of Shelter/Non Food items.

FUNDING REQUIREMENTS FOR 2011

UNICEF emergency funding needs have almost tripled from the original request of US$60,698,000 to over US$177 million to scale-up emergency response in drought-affected areas in Somalia and to continue its work on improving the delivery, speed and coordination of emergency and risk reduction programmes in a country characterized by increased frequency and intensity of natural and human-made disasters. Without in-country programmes aimed at prevention, mitigation, preparedness and response, the health and lives of millions of vulnerable women and children will continue to be threatened.

As of 31 July 2011, US$56.8 million has been received against the revised HAC/CAP, leaving a funding gap of $120.8 million. The urgent needs are in health and nutrition – delay in response could lead to disease outbreak and increased mortality rates, particularly amongst children. UNICEF is very concerned about the emergency education and protection needs and the implications the lack of funding will have in Central South areas where the education Cluster/NGOs, for example, have not received any funding for
support to schools and teachers to be in operation when schools re-open in September. With the escalating number of child recruitments, conflict and natural disasters, an additional reduction of education opportunities will worsen the already volatile situation.

This situation represents a tragic humanitarian disaster for children now, while simultaneously signifying a critical challenge to peace and stability in the future. Large-scale emergency assistance is urgently needed across the southern regions in order to save lives, protect children, treat acute malnutrition, and prevent further loss of livelihoods and assets.

### Funds received against the HAC2011 (US$)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received (31 July 2011)</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>18,149,000</td>
<td>64,209,163</td>
<td>26,138,401</td>
<td>38,070,762</td>
</tr>
<tr>
<td>Health</td>
<td>16,668,000</td>
<td>30,017,762</td>
<td>10,958,353</td>
<td>19,059,409</td>
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<tr>
<td>WASH</td>
<td>12,359,000</td>
<td>22,794,303</td>
<td>11,626,605</td>
<td>11,167,698</td>
</tr>
<tr>
<td>Child Protection</td>
<td>5,537,000</td>
<td>10,201,617</td>
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<tr>
<td>Education</td>
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<tr>
<td>Shelter/ NFIs</td>
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<td>1,854,301</td>
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<td>1,410,000</td>
</tr>
<tr>
<td>Cash based response</td>
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<td>30,000,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60,698,000</strong></td>
<td><strong>177,559,332</strong></td>
<td><strong>56,782,519</strong></td>
<td><strong>120,776,813</strong></td>
</tr>
</tbody>
</table>

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

More information on Somalia can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011) or on the country office website at [www.unicef.org/somalia](http://www.unicef.org/somalia).
**Uganda**

**CHILDREN AND WOMEN IN CRISIS**

Despite transition to peace and recovery, there are still humanitarian needs in the country, which are amplified by the inequity of resource distribution and corruption. Non-fulfilment of these needs threaten community resilience in a country where natural disaster is on the increase. Currently there are still over 73,000\(^1\) displaced persons in northern Uganda that are living in camps which are under UN High Commissioner for Refugees' (UNCHR) oversight. At least 25 per cent of this population are children that have returned from areas where access to public services and education is inconsistent and unpredictable. Additionally, climate change is expected to produce increasingly erratic rainfall, resulting in floods and landslides and exacerbating the effects of cyclical drought. Although severe acute malnutrition and global acute malnutrition are below emergency levels, undernutrition is persistent in the north and north-eastern regions while sanitation coverage in some districts is significantly below the national average. This situation threatens to weaken the coping mechanisms and resilience of communities affected by the regional rain failure and foreseen drought in north and north eastern parts of the country.

**MEETING URGENT NEEDS AND BUILDING RESILIENCE**

**JULY – DECEMBER 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 non-governmental organizations to meet the humanitarian needs of around 732,000 people, including approximately 183,000 children. These efforts continue in the face of declining resources for humanitarian action in geographic locations that are affected by natural impacts of climate change and natural disaster.

- UNICEF will equip and train staff in 115 health facilities to identify and manage treatment of 13,000 children with severe acute malnutrition.
- Preventive and curative health services will be provided for children under age 5 and pregnant women in camps for internally displaced persons, areas of return and emergency-affected regions.
- UNICEF will support scale-up and implementation of community case management and commodity security for essential drugs so that women and children included in the 732,000 targeted caseload for 2011 are more resilient to potential emergencies. Nearly 4 million people are at risk of meningitis in Uganda, and UNICEF will support the government to carry out national vaccination campaigns.
- 232,000 people in areas affected by drought or flooding, places experiencing outbreaks of waterborne diseases, or remaining vulnerable people in former internally displaced person camps, will benefit from improved access to safe water and sanitation.
- UNICEF will help protect and reintegrate more than 250,000 children who have returned from northern Uganda’s internally displaced community to areas of origin. UNICEF will help these children access existing social services and will respond to any violence against them.
- Around 780,000 students, 50 per cent boys and 50 per cent girls, in the north and north-eastern regions and in new refugee communities will have better access to safe learning environments crucial to education and well-being.
- UNICEF’s efforts to build the capacity of national partners to prepare for and respond to various types of emergencies will also remain an important focus.

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UNICEF has also provided important technical support to the Ministry of Health to plan and respond to Ebola outbreak in the second quarter of 2011 and supported the Ministry for Water and Environment in its coordinated closure of the Cholera response in north eastern Uganda.

- Post independence violence in neighbouring Sudan is part of UNICEF’s multi-hazard preparedness plan, based on figures developed under the organization’s regional planning approach.

**FUNDING REQUIREMENTS FOR 2011**

As of 1 June 2011, UNICEF has only received US$715,310 or 7 per cent of resources requested for humanitarian requirements outlined in this call for support. Lack of funding for crucial interventions has increased the vulnerability of IDP returnee communities in areas of return and thereby increased the residual humanitarian needs in Uganda. Funding deficits have also challenged the resilience of children and women in areas affected by rain failure and the pending drought. An additional setback to humanitarian action in Uganda is the decision to terminate the Emergency Response Fund as the United Nations Office for the Coordination for Humanitarian Affairs (UNOCHA) scaled down to a Humanitarian Support Unit (HSU) on 1 April 2011. This fund was the key resource mobilisation mechanism to respond to rapid onset emergencies.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>3,000,000</td>
<td>3,000,000</td>
<td>715,310</td>
<td>2,284,690</td>
</tr>
<tr>
<td>Health</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>0</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>0</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td>1,500,000</td>
<td>1,500,000</td>
<td>0</td>
<td>1,500,000</td>
</tr>
<tr>
<td>Education</td>
<td>1,500,000</td>
<td>1,500,000</td>
<td>0</td>
<td>1,500,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10,000,000</strong></td>
<td><strong>10,000,000</strong></td>
<td><strong>715,310</strong></td>
<td><strong>9,284,690</strong></td>
</tr>
</tbody>
</table>

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

More information on achievements Uganda can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011).
Zimbabwe
CHILDREN AND WOMEN IN CRISIS

The situation of women and children in Zimbabwe remains fragile. The crises affecting them are multiple and complex: political and economic instability, abject poverty, a deteriorating social service sector, an HIV epidemic that has raged across the country and erratic rains resulting in food insecurity. Only 10 per cent of children in the country eat a nutritious diet and only 6 per cent of mothers exclusively breastfeed. Undernutrition affects 34 per cent of children aged 6-59 months. Diminished water and sanitation access, particularly in rural areas, means that 33 per cent of all Zimbabweans must practise open defecation. Diarrhoea is the fourth leading cause of mortality among children under age 5 in Zimbabwe, contributing to 8 per cent of childhood deaths. The majority of diarrhoeal deaths have been attributed to poor hygiene, inadequate sanitation and a lack of safe drinking water.

National level data on child abuse, exploitation and violence is not yet available, but continued reports in the justice, education and welfare sectors indicate high levels of abuse and violence against children and women in homes, schools and communities. Urgent action to strengthen community reporting and protection mechanisms is required. In addition, anticipated changes in South Africa’s immigration policy is likely to prevent third country nationals currently in Zimbabwe from seeking asylum in the short and medium term. Care and support mechanisms at the borders of South Africa and Zimbabwe must be strengthened, in addition to the development of protective inter-country guidelines for children on the move.

MEETING URGENT NEEDS AND BUILDING RESILIENCE
JULY - DECEMBER 2011

In the second half of 2011, UNICEF will continue to focus on strengthening recovery efforts, and preventing, preparing for, mitigating and responding to crises affecting women and children in Zimbabwe. UNICEF, together 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. Through its programming, UNICEF expects to reach women and children, particularly mothers and newborns, orphans and other vulnerable children, child migrants, and those affected by HIV and AIDS. UNICEF successfully facilitated coordination of humanitarian response and recovery 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. The following results are expected:

- More than 17,000 children, about 70 per cent of those in need, will be treated for severe acute malnutrition.
- Safe water in sufficient quantities will be provided to 4 million people through the distribution of essential water treatment chemicals in 20 urban locations and the construction of boreholes and rehabilitation of wells in the neediest urban centres and rural areas.
- The protection and well-being of 25,000 boys and girls who have survived violence will be enhanced through work to ensure their access to essential legal, care and support services.
- UNICEF will support the recovery of the education system as it is a crucial component of children’s well-being and the foundation of a stable society. UNICEF will reach at least 3.5 million primary and secondary students

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM FIRST HALF OF 2011

In 2011, UNICEF Zimbabwe estimated that US$119,973,000 was needed to fund humanitarian action and recovery efforts. As of June 2011, US$7,576,139 had been received, representing 6.3 per cent of the goal. An additional US$7,223,112 of other funds have been utilised for recovery/transitional operations, contributing to achievement of some key results for women and children.

Eighty per cent of essential medicines were made available in 63 districts across the country. Basic Emergency Obstetric and New-born Care (EMONC) equipment was procured for 1,000 rural health facilities. In 16 midwifery schools, the capacity of midwifery tutors was developed in EMONC and Helping Babies Breath modules. These tutors will each train approximately 40 health workers in midwifery per year.

UNICEF, FAO and WFP supported the Food and Nutrition Council to develop the first ever national Food and Nutrition Security Policy which will serve as the foundation for coordination of cross-sector food and nutrition analysis and action. It will also ensure the health system can more effectively respond to periodic emergencies and assist with socio-economic recovery.

Through four implementing partners and with support of CERF funds, availability of CMAM services has been increased in all health facilities in 14 Districts.

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1 Carry-over funds from 2010, and non-emergency funding used for emergency operations
In addition, a Quick Reference Guide was developed to improve and rationalise service delivery and prescribing practices; while standardised admission, referral, and reporting forms were developed and disseminated. Approximately 50,000 families in 5 cholera-prone districts received non-food items (NFIs) including soap, oral rehydration solution (ORS), water purification tablets, water storage containers and hygiene promotion information. These provisions have contributed to reduced morbidity and mortality from WASH related diseases: 10 out of 62 districts reported cholera cases since the beginning of 2011 compared to 20 districts during the same period in 2010.

Three hundred thousand children, women and men in five districts received hygiene education from UNICEF partners. UNICEF provided at least 7.5 to 15 litres of safe water per person, per day to over 50,000 emergency-affected populations in Kadoma, improving the quality and quantity of communal and household drinking water supply accessible within 72 hours of an emergency.

Drilling 51 boreholes ensured that approximately 25,000 people gained access to safe water in 11 districts affected by water shortages. Approximately 45,000 people were reached in two districts at high risk of cholera through rehabilitation of 180 boreholes.

UNICEF is supporting the Ministry of Women’s Affairs to develop a gender-based violence prevention and response training package for teachers, community leaders and children. The package will ensure that 25,000 young survivors of violence gain access to essential legal care and support services.

Up to 40 children per month at the Beitbridge border have been supported through the partnership with Save the Children, Department of Social Services (DSS) and the International Organization for Migration (IOM).

providing each child and their teacher with essential teaching learning materials, 100,000 out-of-school youth to provide opportunities of returning to school, at least 100,000 teachers supporting them in modern pedagogical and subject based skills, with a focus on upgrading the qualifications of at least 10,000 unqualified teachers and 1,000 schools through a national 'school improvement grants' scheme focusing on water and sanitation requirements, additional teaching and learning materials and emergency in-service teacher education upgrading.

- Up to 1 million people, including 100,000 pregnant women and their children, will benefit from integrated paediatric HIV and AIDS services within maternal health, immunisation and nutrition programmes.

**FUNDING REQUIREMENTS FOR 2011**

UNICEF is maintaining its initial request of US$119,973,000 in 2011 to continue its work on humanitarian relief, recovery programming and transitional activities. As of 1 June, only US$ 7.6 million (6.3 per cent) has been received, but the CO has also utilised US$ 7.2 million from carried over 2010 funds and non-emergency funds to carry out the 2011 activities. If additional funding is not received, the CO will be unable to provide critical life-saving and risk reduction action in the health, education, WASH and protection sectors.

Education Network assessments have indicated that the most serious risk to students and teachers in schools is lack of safe water and sanitation facilities. Cholera remains an ever-present threat in some areas; prevention and prompt response to existing cases is required. The South African government’s plans to deport Zimbabweans who have not succeeded in regularizing their stay in South Africa means that increased need in the protection sector is likely. An estimated 15,000 returned migrants per month, including children, will require support.

![Funds received against the HAC2011 (US$)](image)

More information on Zimbabwe can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011) or the country office website at [www.unicef.org/zimbabwe](http://www.unicef.org/zimbabwe).
UNICEF, the emergency education network and NGO partners have completed a vulnerability assessment on 1,500 schools. In addition, UNICEF is providing support for the development of a national education strategic plan (2012-2015) and has supported provincial level capacity strengthening in information management and analysis for decentralised emergency preparedness and response.

Procurement of learning materials for vulnerable children in primary and secondary schools is ongoing. UNICEF provided assistance to more than 2,000 child survivors of violence, exploitation and abuse with quality legal, psychosocial and medical support services; the development of the first ever legal assistance strategy with the Ministry of Justice is ongoing.
in the early part of 2011, the socio-economic and political landscape of the Middle East and North Africa (MENA) witnessed historic transformations. It is difficult to foresee with any certainty the outcome of the multitude of social-political upheavals that are still ongoing in a number of countries – the MENA region remains at unprecedented crossroads. There are now serious concerns over the events unfolding across the region - especially in Libya, but also in Yemen and Syria where the potential impacts upon children’s needs and rights violations are acute.

A combustive combination of factors found their culmination in what has come to be called the “Arab Spring/Awakening.” This “Awakening” has been characterised by wide-ranging socio-economic inequities and poor governance, marked by corruption and largely absent political representation and participation; and exacerbated by record levels of unemployment, soaring food and fuel prices, severe water scarcity, and extremely volatile political and security contexts. All these factors have deeply affected the poorest and most vulnerable children and women. Young people – especially young women – have been politically, economically and socially disenfranchised, growing up in largely opportunity-scarce settings. The starkest manifestation of these combustive factors was seen in late 2010 in Tunisia, with the “Jasmine Revolution,” which eventually led to the ousting of President Zine El Abidine Ben Ali in January 2011, after 23 years in power. Similar acts of civil resistance, particularly through large-scale street demonstrations, then spread domino-like to Egypt, leading to another historic regime change, as well as to Bahrain, Libya, Jordan, Morocco, Sudan, Syria and Yemen and, to a lesser extent, Algeria, Iran and Sudan.

In Yemen, the humanitarian situation has deteriorated during the first half of 2011 with social and political unrest and widespread armed clashes across the country. The escalating social upheaval, worsening security situation and open conflict in the country have forced the evacuation of non-essential international staff members, the relocation of some of the national staff within the country and the suspension of most of UNICEF’s regular programmes. At the same time, humanitarian needs are increasing in various parts of Yemen, including: water, sanitation and hygiene; internal civilian population displacements in the south and Sanaa; grave child rights violations; erosion of coping mechanisms for the most vulnerable, particularly in rural areas and host communities; routine immunisations (due to a break-down of the cold chain); unaccompanied Ethiopian migrant children; a collapse of existing public services and systems, especially in urban areas,5 and an unprecedented increase in the price of water, food and basic commodities. UNICEF’s operations have been further hindered by movement restrictions, resulting in some staff unable to reach their offices, logistical issues and increased transaction costs. There are, however, also new opportunities for humanitarian access to what have been, hitherto, difficult to reach areas in the northwest. UNICEF continues to respond to lifesaving humanitarian needs in water and sanitation, immunisation, nutrition, summer schools and back-to-school campaigns, psychosocial support, as well as to the extent possible, monitoring and reporting under Security Council Resolution 1612 on children and armed conflict and support to household and sentinel surveys.

In Syria, although the Government has declared victory over the protesters, there is an ongoing cycle of violence. Increased numbers of killings are being reported and demonstrations have taken place around funerals and victims burials. Access to public services, such as schools and hospitals, is being blocked, and international staff are still not allowed to visit the most affected areas. UNICEF has visited the Ministry of Health to advocate for the reopening of public services but, as yet, no avail. Such demarches can only be of limited influence since the decision-making authority would appear, at this stage, to be

5 Public services which have been cut or reduced include: shortened school-year (by two months), with students unable to complete their exams; and fuel and electricity shortages
For the remainder of 2011, with such an unpredictable future for Libya, UNICEF will follow a three-pronged strategy to ensure that women, youth and children across Libya are safe, learning and accessing lifesaving services. The first component is strong humanitarian advocacy to mitigate the impact of the conflict on the rights of children and youth. Second, UNICEF will make an active contribution to inter-agency and cluster leadership for humanitarian preparedness. Finally, UNICEF is engaged in a focused humanitarian response as outlined in the CCC

Post-conflict response in Libya is expected to be an untypical post-emergency response in which UNICEF will have the opportunity to plan and operationalise a renewed presence in Libya, built on the results achieved thus far and an in-depth analysis of its niche within the prevailing circumstances and the pre and post conflict Libyan context.

The UNICEF humanitarian response in Libya is being funded with emergency funds raised through a coordinated UN Flash Appeal but an ongoing funding gap has seriously affected the ability of UNICEF to respond to the ongoing crisis.

fully within the hands of the security apparatus. Significant concerns remain over the events unfolding in Syria and the implications for children’s needs and violations of their rights. In the meantime, UNICEF has issued a statement in an attempt to raise awareness of child rights violations.

In all the social unrest across the region in recent months - from Tunisia to Yemen - it is the young people, including young women, who have been at the forefront of the movements calling for their rights to participation, justice, dignity, representation, employment and decent livelihood, as deserved by all around the world. It is of particular note that the MENA region continues to have the highest rates of youth unemployment.

Only 54 per cent of boys and 51 per cent of girls in the region attend secondary school. These rates are as low as 17 per cent for boys and 22 per cent for girls in the Sudan; while in Iraq 46 per cent of boys and 34 per cent of girls are in secondary schools – to give only two country examples. In the MENA region, one in five youth are unemployed. The youth’s share among the unemployed exceeds 50 per cent for most Arab countries – the situation being particularly dire for young women, and worsening. With over half of the population under the age of 25, the people of the region have high expectations for tangible improvements in their daily lives.

In addition to these recent developments, the region continues to face protracted humanitarian crises, such as in Sudan. On 9 July 2011, a new country, the Republic of South Sudan, emerged, with new hope for a more peaceful and prosperous future for all its citizens after years of conflict. However, this new country in its infancy lies within a complex political, humanitarian and development landscape characterized by tense relations with Sudan and escalation of violence in the border region. Military activity involving Government of Sudan and SPLM forces continues along the future border of north and south Sudan. Fighting has been reported in 11 of 19 localities in Southern Kordofan. Violence and increased military activity presence is evident in all three Protocol Areas of the 2005 Comprehensive Peace Agreement (CPA) – Abyei, South Kordofan and Blue Nile. There have been thousands of new population displacements, including large numbers of children and women.

MEETING URGENT NEEDS AND BUILDING RESILIENCE
JULY - DECEMBER 2011
The unfolding events across the Region provide optimism in terms of opening up new opportunities for progress towards greater socio-economic equity and the fulfilment of children’s and women’s rights, such as in Egypt and Tunisia. However, as stated by the UNICEF Executive Director, Anthony Lake, on 20 April 2011, “UNICEF is greatly concerned about the effects of violence on children caught in escalating conflicts in the Middle East and North Africa.” A primary goal for UNICEF in the Middle East and North Africa region for the remainder of 2011 will be coordination of the ongoing humanitarian response to the sub-regional crisis in Libya and support to country offices in other countries also affected by the “Arab Spring/Awakening” through technical assistance and resource mobilization. This will take place alongside an increasing programmatic focus on reducing disparities towards the protection and fulfillment of child rights, to help meet their basic needs and to expand their opportunities to reach their full potential - and irrespective of the ongoing turmoil within the MENA region. Of course, there are still considerable challenges in the MENA region associated with natural disasters and the capacity building elements of UNICEF activities in such countries as Djibouti, Iran and Oman and associated support continues unabated. There are, as well, ongoing and specific challenges in regard to providing support within the occupied Palestinian territory. The Regional Office will also continue to provide

3 UNICEF, SOWC 2011
technical assistance to countries using the inter-agency cluster coordination mechanism to meet UNICEF’s commitments as cluster lead in the areas of WASH; nutrition; education and child protection. In addition, further progress will be made to operationalize the sub-regional supply initiative and establishment of a Humanitarian Training Centre.

**EMERGENCY FUNDING REQUIREMENTS FOR 2011**

The revised MENA Regional Office emergency funding requirement of $2,540,000 will allow the office to continue working on pre-empting risks to women and children within the MENA region, and the current funding gap is $2,440,000. It is, however, of note that UNICEF, together with the wider United Nations System, is facing a great challenge in the MENA Region with the multitude of protracted and new humanitarian crises, which are occurring at a time of declining financial resources.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disaster Prevention: Conflict Monitoring</td>
<td>240,000</td>
<td>240,000</td>
<td>0</td>
<td>240,000</td>
</tr>
<tr>
<td>Risk Mitigation</td>
<td>250,000</td>
<td>250,000</td>
<td>0</td>
<td>250,000</td>
</tr>
<tr>
<td>Capacity development to address residual risks</td>
<td>500,000</td>
<td>500,000</td>
<td>100,000</td>
<td>400,000</td>
</tr>
<tr>
<td>Support to Sudan Emergency Preparedness</td>
<td>400,000</td>
<td>150,000</td>
<td>0</td>
<td>150,000</td>
</tr>
<tr>
<td>Emergency Response in Algeria</td>
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<td>850,000</td>
<td>0</td>
<td>850,000</td>
</tr>
<tr>
<td>Emergency Response to ongoing regional developments</td>
<td>0</td>
<td>300,000</td>
<td>0</td>
<td>300,000</td>
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<tr>
<td>Emergency response to Libya crisis</td>
<td>0</td>
<td>250,000</td>
<td>0</td>
<td>250,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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<td><strong>2,540,000</strong></td>
<td><strong>100,000</strong></td>
<td><strong>2,440,000</strong></td>
</tr>
</tbody>
</table>

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

**These figures do not include UNICEF elements of the revised Flash Appeal in response to the ongoing crisis in Libya which are currently only 26 per cent funded.
In 2011, UNICEF has been addressing pressing humanitarian needs related to nutrition and WASH sectors through a number of lifesaving activities. Emergency supplies have been distributed to children being treated for malnutrition, while malnutrition screening and case management has led to a recovery rate of 60 per cent, a death rate under 5 per cent, though with a default rate of 30 per cent.

In total, 70 per cent of malnutrition cases are being covered. In addition, 25,000 people in 20 localities have received safe drinking water through water trucking while water management committees in 20 rural locales have been formed and trained, in order to become more accountable for water management and water point protection and maintenance.

The joint WASH assessment has been updated in areas affected by drought. Procurement and distribution of WASH and nutrition emergency supplies for 40,000 persons, including 6,000 undernourished children, has been undertaken to improve the management of moderate and severe malnutrition in 30 health centers and 10 community sites.

Case fatality rates for both moderate and severe acute malnutrition have been kept below 5 per cent while infant and young child feeding best practices have improved.

**HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM FIRST HALF OF 2011**

In 2011, UNICEF Djibouti will continue supporting water trucking to 30 communities in water scarce areas, reaching approximately 25,000 people and will maintain and repair 20 water trucks. The Djibouti Food Security Outlook Update May 2011 reported that 8,000 children suffering from acute malnutrition will be screened and managed at the level of communities with the supplementation of ready to use therapeutic food (RUTF) and at the health facilities for those having complications.

**Poliomyelitis elimination programme** will be strengthened through two rounds of mass campaign immunization of 25,000 children aged 6-59 months, coupled with deworming and supplementation of Vitamin A. UNICEF will continue supporting water trucking to 30 communities in water scarce areas, reaching approximately 25,000 people and will maintain and repair 20 water trucks.

**MEETING URGENT NEEDS AND BUILDING RESILIENCE**

**JULY – DECEMBER 2011**

UNICEF Djibouti leads the sector coordination for WASH and Nutrition, pending the activation of the cluster mechanism. UNICEF will continue scaling up its response with a focus on responding to the priority health, nutrition and WASH needs for those women and children who are most vulnerable. Priority actions in 2011 by the UNICEF Country Office (CO) will help improve the well-being of 120,000 people affected by drought and other hardships, including 33,400 women, 25,000 girls and 29,000 boys. Emergency preparedness and risk reduction measures are included as an integral part of the planned humanitarian action, along with national capacity development where possible.

In addition, CO will put more effort into advocacy to raise the awareness of national counterparts on their important role for the achievement of humanitarian action for children and strengthen in-service training.

- 8,000 children suffering from acute malnutrition will be screened and managed at the level of communities with the supplementation of ready to use therapeutic food (RUTF) and at the health facilities for those having complications.
- Poliomyelitis elimination programme will be strengthened through two rounds of mass campaign immunization of 25,000 children aged 6-59 months, coupled with deworming and supplementation of Vitamin A. UNICEF will continue supporting water trucking to 30 communities in water scarce areas, reaching approximately 25,000 people and will maintain and repair 20 water trucks.

**1 Djibouti Food Security Outlook Update May 2011**
motorized water pumping stations, improving access to safe drinking water to about 20,000 people.

- Increase responsibility and accountability for water management, water point protection and maintenance at the community level through sensitization.
- Thirty existing traditional wells will be deepened and sanitary-sealed with concrete rings and draining platforms before being equipped with hand pumps. This activity will ensure potable water for 20,000 people in chronically water scarce areas, saving human lives and preventing catastrophic water shortage effects, particularly on women and children
- 265 street children will continue benefiting from friendly space, literacy classes, leisure activities and awareness on prevention of HIV and AIDS.
- Continue to raise awareness of the critical role of education in emergencies and establish mechanisms to prepare and respond effectively to emergencies
- Organize training which provides information about sexual and reproductive health and rights, which 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. In addition, UNICEF will strengthen the capacity of 10 health staff and 10 administration staff through training on prevention of mother-to-child transmission of HIV.

**FUNDING REQUIREMENTS FOR 2011**

In 2010, the UN system in Djibouti launched a US$39 million drought appeal, covering October 2010—October 2011. This inter-agency appeal includes nearly US$4.8 million in requirements for nutrition and WASH interventions to be implemented by UNICEF. Thus far, UNICEF has only received one contribution against this appeal, totaling US$15,000.

UNICEF’s request has been revised upward in alignment with the 24 July 2011 Humanitarian Action Update, in order to meet increasing needs related to the drought crisis. As of 31 July 2011, a total of US$ 1,714,032 had been received against the HAC, or 14 per cent of the requirement. The donor response has had a life-saving impact and helped to prevent further displacements in the most affected areas, however, urgent need remains. Additional funding will allow CO to improve the well-being of about 80,000 people affected by drought and other hardships, including 25,000 women and 55,000 children.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received (31 July 2011)</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>1,875,000</td>
<td>1,875,000</td>
<td>703,421</td>
<td>1,171,579</td>
</tr>
<tr>
<td>Health</td>
<td>600,000</td>
<td>600,000</td>
<td>206,455</td>
<td>393,545</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>1,250,000</td>
<td>2,400,000</td>
<td>597,700</td>
<td>1,802,300</td>
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<tr>
<td>Child Protection</td>
<td>400,000</td>
<td>80,000</td>
<td>103,228</td>
<td>0</td>
</tr>
<tr>
<td>Education</td>
<td>80,000</td>
<td>400,000</td>
<td>103,228</td>
<td>296,772</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>50,000</td>
<td>50,000</td>
<td>0</td>
<td>50,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,255,000</strong></td>
<td><strong>5,405,000</strong></td>
<td><strong>1,714,032</strong></td>
<td><strong>3,714,196</strong></td>
</tr>
</tbody>
</table>

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

More information on Djibouti can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011) or on the country office website at [www.unicef.org/djibouti](http://www.unicef.org/djibouti).

Iraq and vulnerable Iraqis in Egypt, Jordan, Lebanon and the Syrian Arab Republic
CHILDREN AND WOMEN IN CRISIS

As Iraq struggles to become secure and self-reliant, Iraqi women and children bear the cost of the legacy of sanctions, conflict, underdevelopment and neglect. Humanitarian, recovery and development needs vary widely across the country, with pockets of vulnerability remaining. Whilst many parts of Iraq have already started working on longer term development objectives, the same cannot be said of other areas that lag behind and where basic needs are not being met. The areas which lag behind in terms of development objectives include the Internally Disputed Territories, parts of Central Iraq, and in the marshland areas of the South. 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.

MEETING URGENT NEEDS AND BUILDING RESILIENCE
JULY – DECEMBER 2011

Tackling the resilience of the most vulnerable children and women continues to be a main priority for UNICEF Iraq.

- By the end of 2011, UNICEF Child Protection will support the inter-ministerial committee to develop an action plan to prevent and respond to conflict related violations affecting children and youth. In order to influence the conduct of parties to armed conflict, an advocacy strategy will be developed and implemented by the end of year by the Task Force on Monitoring and Reporting Mechanism (CTFMRM). Agreements will be put in place with non-government and governmental counterparts to respond to the needs of children and youth displaced in Iraq.

- Preparation for a most likely scenario of 75,000 refugees/IDPs in Iraq will allow for emergency preparedness plans to increase by 50 per cent for the Quality Learning Development (QLD) section. The Accelerated Learning Programme (ALP) will expand from coverage of 50,000 to 75,000 children, thereby enhancing opportunities for children whose education was interrupted.

- In WASH, 373,500 vulnerable and rural people (including children and their families who have no access to safe water in Jussan & Al-Hay in Wasit, Al-Bajaj in Ninavah and Sarjanar in Sulimaniyah governorates, in addition to the returnees to Diala governorate in Baquba Khan bny saad and Buhris villages) will be provided with sustainable access to safe water while hygiene promotion campaigns.

- By the end of 2011, 140,000 malnourished children under age 5 will be provided with nutritional interventions. UNICEF will support the vaccination of 2 million vulnerable children by supporting outreach activities and the provision of cold chain supplies. Increased access to quality primary health care (PHC) services with rehabilitation /construction of maternity units in selected disadvantaged districts including those with IDPs/returnees. Over 74,000 children under 5 in the selected vulnerable districts in Baghdad, Anbar, Wasit and Sulaimaniya will benefit from the implementation of RED approach activities.

- A survey on the IDPs located in Baghdad will be completed. This survey will provide insight on the issues affecting the largest concentration of IDPs in Iraq, who remain the most vulnerable. An equity analysis will ensure that the needs of the most vulnerable children are met.

In Egypt, the priorities for 2011 include continued support of vulnerable Iraqi pregnant women, mothers and children. UNICEF will provide access to affordable, comprehensive, public and other healthcare facilities, as well as access to mental health and psycho-social support services.
In Jordan, key priorities to achieve sustainable results and to reach the most vulnerable groups will be accomplished through continuous advocacy and strategic programming. After the Jordanian Government’s renewed decision to grant Iraqi children access to public schools for the academic year 2011-2012, UNICEF reaffirmed its focus on ensuring quality education in a safe environment is available to all vulnerable Iraqi children. The priorities for the remainder of the year are:

- By July 2011, 1,500 teachers (target 50 per cent female teachers) will have strengthened their psychosocial support capacity to students at schools. Monitoring and evaluation system will be established with the Ministry of Education to closely guide psychosocial activities by teachers and counsellors.
- During current academic year of 2011-2012, 29 schools will be equipped with essential information and communication technologies (ICT) equipment and teaching aid such as computers and interactive board items to improve learning environment and students’ learning experience.
- As resources made available to organizations working in the Education Sector (including UNICEF) are declining, effective coordination has become key in maximizing the use of limited resources across organizations. UNICEF is leading an education mapping exercise based on the data provided by the Ministry of Education which will serve to identify gaps in education services and to formulate a sector strategy for 2012.

The main priorities for UNICEF Lebanon for 2011:

- By the end of 2011, 20 NGO and 20 social development centres of the Ministry of Social Affairs working on child protection with the Iraqi refugees communities will be trained on the monitoring and reporting mechanisms on rights violations and concerns of children affected by armed conflict and emergency. One hundred children (59 per cent boys and 41 per cent girls) with specific needs will receive support and protection and will be referred to specialized institutions for psychosocial support and social rehabilitation. One hundred social workers in social development centers (MOSA) and schools counsellors from the department of counselling and guidance from the Ministry of education and high education (MEHE) will be deployed in the public schools and trained on child protection mechanisms and interventions.
- By mid-2012, UNICEF will support the High Council for Childhood committees and the Ministry of Social Affairs in revising its prevention and protection national strategy for children victims of violence and abuse. UNICEF will also assist these agencies in establishing an action plan for addressing Sexual and Gender-Based Violence (SGBV). Training on SGBV prevention and response will be delivered to social workers, community outreach workers and local leaders. This training will facilitate the establishment and the piloting of SGBV prevention and response mechanisms for women and girls at risk at the decentralized level in two main areas of Iraqi refugees concentration.
- In education, the accelerated learning & life skills programs will continue. One hundred eighty children (54 per cent boys 46 per cent girls) and adolescents at risk of drop out and learning difficulties will participate in after school support classes and recreational activities. One hundred teachers and caregivers (93 per cent women 7 per cent men) will be trained in enhanced

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1 UNICEF is co-chairing together with UNAMI, the inter-agency Task Force set-up in the framework of the UNSCR 1612 to monitor, report and respond to grave child rights violations committed by parties to the conflict. This working group does gather UN and NGO partners, such as UNESCO, UNHCR and most of the INGOs involved in the protection sector.
in Jordan. Major achievements during January – May 2011 are:

UNICEF, as the lead agency for the Education Sector Working Group, continues to advocate on behalf of Iraqi students for access to public education in Jordan. The ESWG is constantly validating needs and prioritizing the most essential services for Iraqi guest. Through regular meetings, the Group actively participated and shared updates on on-going and planned projects. UNICEF is also a member of the Mental Health and Psychosocial Coordination Group to coordinate its psychosocial interventions with other organizations.

At the beginning of the current academic year of 2010-2011, the Government of Jordan granted free access to public education for Iraqi children regardless of their residence status. This allowed the access of approximately 27,000 Iraqi children to public education, according to data provided by the Ministry of Education. UNICEF supported the Ministry of Education in operating 72 rental schools and 20 double-shifted schools, and in improving the learning environment during the academic year of 2010-2011. These activities not only contributed to alleviating crowded classrooms but also reduced teacher-student ratios for better quality education.

Other educational services were provided in the area of non-formal and informal education in partnership with international and local NGOs supporting 2,049 Iraqi children and adolescents. A helpdesk was set up assisting reported cases of Iraqi students in need of education and protection services. A non-formal education programme was designed and implemented in collaboration with the Ministry of Education to assist Iraqi students who are facing challenges in joining the formal education path. Through community-based organisations, Iraqi students received remedial education to better prepare for the Jordanian curriculum.

integration of the Iraqi children in hosting schools, 125 Iraqi boys and girls will benefit from psychosocial counselling and 140 parents (74 per cent women and 26% men) will participate in awareness and life skills sessions.

In 2011, UNICEF Syria will continue to focus on combating the socio-economic hardships faced by refugees, with particular emphasis on reinforcing national structures that address the basic social needs of Iraqi refugees and vulnerable hosting communities in Syria.

- In education, UNICEF will ensure that up to 24,000 Iraqi children are attending schools in the academic year 2010-2011. Furthermore, as part of UNICEF’s continued commitment to the Child Friendly Schools (CFS) methodology, UNICEF will also train 3,000 teachers on active learning and community participation based pedagogy and provide remedial education to 9,400 Iraqi children (age 6-14) and vocational training to 1,460 students (age 15-18). UNICEF’s focus on improved infrastructures will see 120 schools refurbished, benefiting up to 10,000 Iraqi children (age 6-14).

- In health, UNICEF will provide outreach training to 130 health workers and volunteers. Nutrition and disease monitoring systems will be strengthened to help facilitate medical interventions in order to reduce underweight/stunting/wasting percentages among children under 5. UNICEF expects to reduce the percentage of underweight children (under age 5) from 2.8 per cent to 2 per cent in 2011.

- In child protection and ADAP, UNICEF will focus on continued improvement in community-based services. UNICEF will sustain empowerment activities for 5,000 Iraqi boys and 5,000 Iraqi girls. In addition, UNICEF and SARC will continue to support six Child Friendly Spaces, as well as four multi-disciplinary units, four mother support groups, and four adolescent support groups. Furthermore, UNICEF will also contribute to the finalisation of the psycho-social support and mental health handbook for refugees.

**FUNDING REQUIREMENTS FOR 2011**

UNICEF is requesting a total of US$40,056,000 for its work assisting vulnerable Iraqis: US$22,000,000 to carry out its planned activities in Iraq, US$14,200,000 to assist vulnerable Iraqi women and children in the Syrian Arab Republic, US$2,831,000 for those living in Jordan, US$25,000 in Lebanon and US$500,000 in Egypt. This request is in line with the UNHCR-led Regional Response Plan for Iraqi Refugees. As of 1 June 2011, UNICEF had not received any funding against the HAC 2011.

Unless funding is received, UNICEF Iraq will not be able to provide support to 400,000 undernourished Iraqi children requiring adequate life-sustaining food supplements. A further 3 million children are in need of access to decent sanitation. Without funding, UNICEF Iraq will not be able to carry out activities such as monitoring, reporting and responding to violations committed by parties to the armed conflict against children in line with the UN Security Council Resolution (UNSCR) 1612.
Funds Received Against the HAC 2011

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original HAC Requirements</th>
<th>Revised HAC Requirements</th>
<th>Funds Received</th>
<th>Funding Gap</th>
<th>Additional funds utilized in 2011</th>
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</table>

In addition, psychosocial services were provided at the community level, focusing on geographical areas where a high concentration of Iraqis can be found. Community level services ranged from counselling sessions, recreational/extra curriculum activities, and vocational training for Iraqi guests and vulnerable Jordanians. A total of 6,124 people benefited from these services in East Amman, Zarqa, and Rusailf governorates. In addition, the psychosocial capacity building project reached out to caregivers such as teachers and counsellors at schools through specialised training to enable them to better respond to the psychosocial needs of the most vulnerable children.

**Lebanon**: In 2011, 100 per cent of Iraqi refugee men, women and children with psychological problems received mental health care services (1,361 persons-446 children, 178 adolescents and 737 adults) 550 home visits were performed and 100 per cent of SGBV cases in need benefited from legal counselling or assistance. More than 60 per cent of out-of-school children benefitted from educational support, after-school support classes, recreational activities and psychosocial counselling. Capacity building for teachers and caregivers in enhanced integration of the Iraqi children in hosting schools, awareness and life skills sessions.

**Syria**: Syria continues to shoulder the main burden of refugees in the region (estimated 1-2 million), with limited international assistance causing significant strains on national resources and infrastructure. These strains have been exacerbated in 2011 by the general international economic contraction and the continued drought for the fourth consecutive year affecting the northern governorates and recent civil unrest.
In 2011 there was a continued focus on protecting those at risk of destitution, and those in need of psychosocial support. Seven child friendly spaces providing educational and recreational activities, psycho-social first aid and assessment of psychosocial support (PSS) needs have benefitted more than 5,000 Iraqi children. Over 4,000 teachers and education professionals have been trained on Child friendly Schools concepts, exceeding the annual target of 3,000. Furthermore, 84 schools have experienced an improvement of the physical environment. Capacity building of health professionals in a wide spectrum of areas such as maternal and child health, nutrition and surveillance focused on meeting the health needs of the communities. 2011 has also seen the continuation of National Immunization Days (NIDs) for all vaccines, and a localized Polio Eradication Campaign, which has reached more than 90 per cent of Iraqi children in high risk areas.

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

More information regarding action plans to benefit Iraqis can be found at www.unicef.org/hac2011.
The humanitarian situation in the occupied Palestinian territory remains largely unchanged, with continued waves of violence caused by prolonged Israeli military occupation. This violence is chipping away at the living conditions of most Palestinian men, women, girls and boys, and leading to psychological damage, poverty and lack of such essentials as health services, safe drinking water, sanitation and education. The Israeli blockade on Gaza continues to cause serious humanitarian consequences for the 1.5 million people who live there, half of whom are children. In the West Bank, access restrictions—including the partially-completed 700 kilometre barrier—continue to affect the livelihoods of 2.4 million people. Distressing effects of violence and forced displacements continue among Palestinians, particularly children in East Jerusalem and Area C of the West Bank.

UNICEF will continue to lead the WASH and education clusters, the child protection sub-cluster and the working group on grave violations against children in Israel and the occupied Palestinian territory, as well as contribute to the health, food security and nutrition clusters. Together with the government, other UN agencies and NGOs, UNICEF plans to use funds gathered for 2011 to improve the prospects of 1.5 million women and children according to the following priorities:

- Efforts will continue to strengthen the emergency nutrition surveillance system to ensure adequate and timely monitoring and response to micronutrient deficiencies. Some 210,000 children and 110,000 pregnant women will benefit from adequate micronutrient supplementation.
- Hospitals and primary health-care centres will be provided with life-saving medical equipment, and families will benefit from early interventions and improved knowledge on caring for infants in crisis. This will help provide better care for approximately 50,000 high-risk newborns.
- 207,000 people, (including 144,000 children), at least 50 per cent female, will have access to safe water and sanitation through a number of WASH initiatives including five newly installed desalination plants, emergency repairs of water and sewage networks, the distribution of water to 80 primary schools and the rehabilitation of WASH facilities in 55 schools.
- 210,000 children (at least 50 per cent girls) will have improved access to basic education when UNICEF facilitates transportation, supplies and learning material for affected schools, and gives support to remedial programmes. Alternative learning opportunities will be provided to 13,500 adolescents aged 10–18 (at least 50 per cent girls), who are at risk of dropping out.
- To mitigate the impact of violence and armed conflict on children, 91,200 children and 20,500 adolescents aged 10–18 (at least 50 per cent girls) will receive child protection and psychosocial support, and 35,500 caregivers and volunteers (at least 50 per cent female) will be mobilized in child protection networks.

UNICEF is requesting $18,295,000 for its 2011 humanitarian work, with a slight amendment in its request for the nutrition sector and for cluster coordination, to better reflect needs through the end of the year. UNICEF has aligned its request with the 2011 Consolidated Appeals Process (CAP) requirements.
In addition, group and individual counselling benefited hundreds of children and their caregivers in affected communities in both West Bank and Gaza Strip. Advocacy efforts included the release of two Children Affected by Armed Conflict Bulletins by the Working Group on grave violations against children, highlighting protection and education-related violations. Around 10,500 adolescent girls and boys have participated in after-school learning and recreational activities in adolescent-friendly centers located in marginalized areas in the West Bank, Gaza and East Jerusalem.

To address health concerns, including micronutrient deficiencies among children and women, UNICEF has launched the Baby-Friendly Hospital Initiative to promote infant feeding practices among mothers, and continues its support to the monitoring of micronutritional status of children and women.

In education, UNICEF is supporting the rehabilitation of classrooms in remote communities in Area C in order to provide learning opportunities to around 200 girls and boys.

Lead by UNICEF, the WASH cluster continued to share updated information on WASH gaps and needs through regular coordination meetings, in addition to fundraising on behalf of cluster partners through the Central Emergency Response Fund and the Humanitarian Response Fund. Coordination mechanisms for the Education Cluster and Child Protection sub-cluster were also maintained through UNICEF leadership.

As of 1 June 2011, a total of US$8,014,891 had been received, or around 44 per cent of the requirements¹.

<table>
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<tr>
<th>Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
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<td><strong>18,295,000</strong></td>
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*The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

More information on oPt can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011) or the country office website at [www.unicef.org/oPt](http://www.unicef.org/oPt).

¹ Out of the funds received, an amount of US$869,566 of a CERF grant has been channeled through NGO partners.
Republic of Sudan

CHILDREN AND WOMEN IN CRISIS

Republic of Sudan continues to face multiple humanitarian emergencies such as floods, droughts, malnutrition and recurrent epidemics including polio, acute watery diarrhoea and measles. Meanwhile, Darfur remains a humanitarian crisis, with about 2 million people displaced and an estimated 200,000 new displacements annually. Humanitarian access continues to be a major issue due to security, administrative impediments and political sensitivity. East Jabel Marra provides a notable example of a locale with large scale displacement due to clashes between tribes, rebel factions, and government forces, but limited access by the humanitarian community. In 2011, the main challenge is sustaining on-going humanitarian interventions while responding to the volatility around the succession of Southern Sudan in July 2011 and related Comprehensive Peace Agreement (CPA) processes.1 Emotions are running high in both South Sudan and the three Transitional Areas of Blue Nile, South Kordofan and Abyei. Ongoing tensions and general insecurity have resulted in further deterioration of the humanitarian situation. The outbreak of fighting in Abyei Area and South Kordofan in June 2011 displaced over 170,000 people,2 most of whom are children.

Since the signing of the CPA in 2005, UNICEF has achieved significant progress in improving the lives of children and women, but continued disruptions in Darfur and the intensified of local conflicts create enormous challenges for delivering humanitarian assistance. Concerted school enrolment campaigns and widespread school construction by UNICEF and partners have ensured that there are more Sudanese children in school today than ever before. Despite these positive improvements, over 2 million children remain out of school. In addition, daunting challenges such as disease outbreaks, floods and intensification of localized conflicts remain.

MEETING URGENT NEEDS AND BUILDING RESILIENCE

JULY – DECEMBER 2011

In the second half of 2011, in addition to responding to ongoing complex emergencies, UNICEF and its partners are preparing for the possible eruption of violence and the consequent increase of IDPs along the border with South Sudan. UNICEF remains committed to responding to emerging humanitarian challenges for the benefit of the women and children of Sudan as a whole. Programmatic priorities in the second half of the year include:

- Advocacy for humanitarian access in hard-to-reach locations.
- In collaboration with partners, UNICEF as cluster lead for the Nutrition Programme will expand coverage for the treatment for severe acute malnutrition (SAM), especially in the non-Darfur states. Over 80,000 children with acute malnutrition will be treated.
- The Health Programme will focus on increasing access to primary health care services for IDPs and host populations as well as access to a basic package of health services including routine immunization, antenatal care and treatment of common diseases to cumulatively benefit over 7.5 million people.
- Over 5 million people will benefit from a range of water, sanitation and hygiene (WASH) services, including improved water sources (3.2 million), sanitation (640,000), hygiene promotion (5 million) and WASH interventions in schools (at least 160,000).

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1 The CPA was a set of agreements culminating in January 2005 that were signed between the Sudan People’s Liberation Movement/Army (SPLM)/(SPLA) and the Government of Sudan. The CPA was meant to end the Second Sudanese Civil War, develop democratic governance countrywide and share oil revenues. It further set the timetable for the Southern Sudan referendum on its independence. In line with the agreement, the people of South Sudan in January 2011 held the referendum where the majority of the population voted in favor of independence from the North. On 9 July 2011, after years of conflict, a new country, the Republic of South Sudan, is emerging, with new hope for a more peaceful and prosperous future for all its citizens.

2 OCHA Sudan Weekly Humanitarian Bulletin 10-16 June 2011
WASH services including improved water sources, adequate sanitation, and hygiene promotion, which reached over 1.3 million people (at least 52 per cent women). Almost 590,000 displaced people (about 98,300 households) benefited from NFIs. At least 300,000 children, over half of whom are girls, benefited from education initiatives. Vulnerable groups, such as war affected, IDPs, returnees and nomadic children, received special attention, as their gross enrolment rates are especially low. Over 500 teachers received training.

At least 140,000 people received a range of HIV and AIDS services including testing and prevention information. Approximately 275 children were demobilized and reached through reintegration programs and services. About 3,000 registered children were either reunified with their families or placed in interim care.

UNICEF provided agile leadership as the sector lead in nutrition, WASH, education and sub-sector lead in child protection, coordinating partnerships that ensured the continuation of lifesaving interventions and minimized the impact of emergencies on the vulnerable population. In order to enable an effective and efficient coordinated response and to improve the prospects of people affected by emergencies, all cluster coordination costs (national and sub-national), which are currently underfunded, need to be adequately funded.

• UNICEF as sub-cluster lead for child protection will focus on release and reintegration of children recruited by or associated to armed forces and groups; provision of psychosocial support to conflict-disaster affected children in Darfur and Transitional Areas and scaling up of Family Tracking and Reunification (FTR) activities in Khartoum and conflict-affected areas.

• The education programme will improve access and quality of education for over 300,000 children in the most disadvantaged and difficult-to-reach communities with a focus the most vulnerable children.

• Non Food Items (NFIs) will be provided to over 1 million of the most vulnerable displaced people.

• The HIV and AIDS programme will work to ensure that HIV related care needs arising from any humanitarian crisis are met for over 17 million people in 10 states.

• In communication and advocacy, UNICEF’s communication response will reach over 250,000 people from returning and resettling population in Khartoum’s newly urbanized areas with critical lifesaving WASH, health and child protection messages.

FUNDING REQUIREMENTS FOR 2011

As of 1 June 2011, UNICEF had received 25 per cent of the US$131 million required to provide essential services to women and children in need. These funds were complimented by about US$10 million from contributions for long term and recovery projects as well as US$4.7 million from UNICEF’s internal resources. Despite accomplishments in the first half of the year, UNICEF requires additional support to respond to the continued need for humanitarian assistance in the most emergency-affected areas while concurrently supporting early recovery interventions to facilitate the return and reintegration of IDPs and refugees, especially children at risk, and reconciliation among communities.

In alignment with the Humanitarian Action Update released in early July, the overall funding requirements have been revised upward to reflect revised needs resulting from new emergencies in South Kordofan and to South Sudan returnees. UNICEF is reliant on donor support to tackle challenges in order to accelerate progress towards the achievement of global development targets which could otherwise be compromised. UNICEF’s ambitious goals can only be achieved in a stable and peaceful environment and with support of its partners.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>12,809,000</td>
<td>18,128,900</td>
<td>4,663,746</td>
<td>13,465,154</td>
</tr>
<tr>
<td>Health</td>
<td>19,800,000</td>
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<tr>
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<td>12,115,295</td>
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<tr>
<td>Water, Sanitation and Hygiene</td>
<td>22,646,000</td>
<td>33,369,500</td>
<td>7,810,401</td>
<td>25,559,099</td>
</tr>
<tr>
<td>Child Protection</td>
<td>13,308,000</td>
<td>16,727,400</td>
<td>3,967,607</td>
<td>12,759,793</td>
</tr>
<tr>
<td>HIV and AIDS</td>
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<td>4,214,700</td>
</tr>
<tr>
<td>Non Food Items</td>
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<tr>
<td>Communication and Advocacy</td>
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<td>1,080,900</td>
<td>456,998</td>
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<tr>
<td>Social Policy, Planning, Monitoring and Evaluation</td>
<td>0</td>
<td>0</td>
<td>769,368</td>
<td>0</td>
</tr>
<tr>
<td>Cluster coordination</td>
<td>3,118,000</td>
<td>3,117,600</td>
<td>0</td>
<td>3,117,600</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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<td><strong>131,068,300</strong></td>
<td><strong>33,047,998</strong></td>
<td><strong>85,324,515</strong></td>
</tr>
</tbody>
</table>

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

More information on Sudan can be found at www.unicef.org/hac2011 or at the country office website, www.unicef.org/sudan 67
South Sudan

CHILDREN AND WOMEN IN CRISIS

After decades of civil war, the much anticipated birth of the new Republic of South Sudan brings optimism and hope. This new country, however, lies within a complex political, humanitarian and development landscape characterised by tense relations with the North and further escalation in violence in the border region. This landscape, coupled with continuing insecurity manifested through tribal clashes, cattle raiding, attacks by the Lord’s Resistance Army (LRA), and fighting in the disputed border areas, shapes the everyday lives of women and children in South Sudan.

Humanitarian emergencies and challenges continued throughout the first half of 2011. The humanitarian reality is multi-faceted and saw the continuation of a large number of returnees (almost 300,000 as of 1 June 2011) as well as new displacements of more than 100,000 people due to border clashes with the North as was the case in Abyei. Many of these people are returning or are displaced to areas with limited basic social services, which further strains the situation. High levels of malnutrition above the emergency threshold persist, and exceed 20 per cent in of children under age 5 in certain areas. Maternal mortality rates, among the highest in the world, have reached levels of 2,054 per 100,000 live births.

Humanitarian relief continues to be hampered by inaccessibility due to security restrictions, land mines, floods, poor infrastructure and most recently a food and fuel shortage in parts of the country. The risk of escalating conflict, especially in the border areas, and the potential for a further increase in commodity and fuel prices reinforces the need for a humanitarian imperative in 2011 and beyond.

MEETING URGENT NEEDS AND BUILDING RESILIENCE

JULY – DECEMBER 2011

During the second half of 2011, UNICEF South Sudan, as the cluster lead agency for WASH, nutrition and education, and sub-cluster lead for child protection will continue to work with the Government of the new Republic of South Sudan, other UN agencies, and local and international NGOs as well as host communities in addressing the needs of about 5.75 million people (927,000 boys and 547,250 girls):

- The health and nutrition basic package of services will be provided to approximately 3.2 million children under age 5 and 2.05 million women of childbearing age with a primary emphasis on access to immunization, nutrition interventions, prevention and management of common childhood illnesses and maternal health.
- The WASH programme will support about 1 million newly displaced, returnees and host communities with pre-positioned supplies. It will also continue efforts in hygiene promotion with a social marketing campaign.
- By the end of 2011, all separated children who have been identified will be reunited with their families or placed in family care (estimated at 500), and all identified children associated with armed groups (estimated at 800) will be released and reintegrated and provided with basic services and psychosocial support.

1 The CPA was a set of agreements culminating in January 2005 that were signed between the Sudan People’s Liberation Movement/Army (SPLM)/(SPLA) and the Government of Sudan. The CPA was meant to end the Second Sudanese Civil War, develop democratic governance countrywide and share oil revenues. It further set the timetable for the Southern Sudan referendum on its independence. In line with the agreement, the people of South Sudan in January 2011 held the referendum where the majority of the population voted in favor of independence from the North. On 9 July 2011, after years of conflict, a new country, the Republic of South Sudan, is emerging, with new hope for a more peaceful and prosperous future for all its citizens.
2 2011 South Sudan Nutrition Cluster Pre-harvest Nutrition Surveys
3 Sudan Household Health Survey 2006
By the end of 2011, 50,000 emergency-affected children will have access to protective education and 4,500 teachers (about 554 female teachers) will be trained to provide lifesaving information and psychosocial support.

UNICEF will support the NFI cluster through capacity building initiatives until the end of the year.

Upwards of 330,000 young people (150,889 females and 182,111 males) will be empowered with knowledge on HIV prevention, care, treatment and support services, of which 70,000 are pregnant women. Some 33,000 will benefit from access to HIV testing and counselling.

FUNDING REQUIREMENTS FOR 2011

In alignment with the 14 July 2011 Humanitarian Action Update, UNICEF South Sudan has revised its requirements upwards to USD$72,750,000 for 2011. An increased number of awareness raising activities for HIV and AIDS education is planned to accommodate the high number of returnees, and in the area of child protection additional funds are needed to support the return of South Sudanese children who have been living on the streets in Khartoum. In addition, reports of new landmines and increased recruitment of children in require a scaling up of awareness raising and response activities.

As of 1 June 2011, UNICEF has received approximately US$15.5 million, or 21 per cent of its funding requirements. UNICEF has utilized additional funding to meet humanitarian needs, however, immediate and full funding is needed to prevent the further deterioration of the welfare of women and children in South Sudan. In particular, large funding gaps will affect 50,000 emergency-affected children in need of education as well as some 450,000 children (208,000 boys and 242,000 girls) and 500,000 women of child bearing age who would benefit from immunization campaigns.

Funds received against the HAC2011 (US$)

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
<th>Additional funds utilized in 2011</th>
<th>Final funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>9,111,000</td>
<td>12,500,000</td>
<td>1,000,000</td>
<td>11,500,000</td>
<td>4,425,179</td>
<td>7,074,821</td>
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<tr>
<td>Health</td>
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<td>12,500,000</td>
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<td>9,688,413</td>
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<td>7,952,696</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
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<td>18,000,000</td>
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</tr>
<tr>
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<td>0</td>
<td>9,366,988</td>
</tr>
<tr>
<td>HIV and AIDS &amp; Children</td>
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<td>1,500,000</td>
<td>817,817</td>
<td>682,183</td>
<td>3,949</td>
<td>678,234</td>
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<tr>
<td>NFI, Emergency Relief &amp; Shelter</td>
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<td>1,200,000</td>
<td>272,465</td>
<td>927,535</td>
<td>704,126</td>
<td>223,409</td>
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<tr>
<td>Cluster Coordination</td>
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<td>6,350,000</td>
<td>57,645</td>
<td>6,292,355</td>
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<tr>
<td><strong>Total</strong></td>
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<td><strong>72,750,000</strong></td>
<td><strong>15,543,629</strong></td>
<td><strong>57,206,371</strong></td>
<td><strong>14,002,444</strong></td>
<td><strong>43,203,927</strong></td>
</tr>
</tbody>
</table>

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

More information South Sudan can be found at www.unicef.org/hac2011 or at the country office website, www.unicef.org/sudan.
Yemen

CHILDREN AND WOMEN IN CRISIS

The lives of Yemen’s children continue to be severely affected by a complex mix of acute emergencies and chronic underdevelopment: civil unrest is engulfing most of the country with continuing insecurity in the Sa‘ada and Al-Jawf governorates in the north and strife in the south resulting in about 90,000 people in the south and more than 300,000 in the north being displaced (70 per cent women and children). Significant hikes in food and especially water prices, as well as shortages of fuel, water and electricity, are impacting on the already minimal access to services including health care, drinking water, sanitation, education and protection. The protracted nature of the emergency environment in Yemen continues to severely test the coping mechanisms of children and all of those who are affected.

MEETING URGENT NEEDS AND BUILDING RESILIENCE

JULY – DECEMBER 2011

Since the civil unrest and political instability began in early 2011, UNICEF shifted its focus to emergency preparedness and response to address the immediate, life-threatening needs of children and displaced populations. UNICEF leads the WASH, nutrition and education clusters in Yemen, as well as the child protection sub-cluster.

- Children living in displaced settlements are more vulnerable to undernutrition. Some 80,000 children with severe acute malnutrition will receive life-saving treatment.
- Access to better health-care services can decrease child deaths and illness. To that end, at least 60,000 children under age 5 in Sa‘ada will benefit from a full set of vaccinations.
- Safe water contributes to individual and community health. At least 120,000 vulnerable people will benefit from access to clean, hygiene promotion and proper sanitation.
- Around 200,000 children affected by instability throughout the country will be able to count on a return to some form of normalcy as they attend child-friendly learning spaces that provide access to quality education.
- Over 100,000 children who have experienced violence, recruitment, detention, separation or trafficking will receive psychosocial, legal, medical assistance and other services.
- UNICEF continues to address the chronic underdevelopment of the country, including chronic undernutrition, by mid- and long-term interventions through its regular programmes.

FUNDING REQUIREMENTS FOR 2011

In the midst of acute and chronic emergencies, stabilizing the welfare of children and women in Yemen – particularly their nutritional status, their access to safe water, and their ability to obtain education and protection – is crucial. UNICEF is requesting US$22,698,293 to carry out its planned activities. UNICEF has aligned its request with the 2011 Consolidated Appeals Process (CAP) requirements. The increase in the requirements is due to the increase in needs occasioned by the current civil unrest across the country. As of 1 June 2011, UNICEF had received US$5.3 Million against the HAC. An additional US$ 4.7 million received in 2010 have been carried over into 2011. If additional funding is not received, UNICEF will not be able to implement interventions aimed at stabilizing the welfare of women and children in Yemen – particularly their nutritional status, their access to safe water, and their ability to obtain education and protection.

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## Funds received against the HAC2011 (US$)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>6,952,000</td>
<td>7,648,260</td>
<td>1,094,360</td>
<td>6,553,900</td>
</tr>
<tr>
<td>Health</td>
<td>2,151,000</td>
<td>2,150,540</td>
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<td>2,150,540</td>
</tr>
<tr>
<td>WASH</td>
<td>5,145,000</td>
<td>5,942,543</td>
<td>2,492,596</td>
<td>3,449,947</td>
</tr>
<tr>
<td>Child Protection</td>
<td>2,969,000</td>
<td>3,368,750</td>
<td>1,134,025</td>
<td>2,234,725</td>
</tr>
<tr>
<td>Education</td>
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<td>3,588,200</td>
<td>601,879</td>
<td>2,986,321</td>
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<tr>
<td>Cluster Coordination</td>
<td>1,000,000</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20,294,000</strong></td>
<td><strong>22,698,293</strong></td>
<td><strong>5,322,860</strong></td>
<td><strong>17,375,433</strong></td>
</tr>
</tbody>
</table>

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

More information on Yemen can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011).
Latin America and the Caribbean

CHILDREN AND WOMEN IN CRISIS

The region of Latin America and the Caribbean is marked by extreme natural disasters, ranging from intense hurricanes, torrential rains and flash floods to prolonged drought, intense volcanic activity and devastating earthquakes. The hydro-meteorological disasters in this region have worsened due to the effects of climate change -- in the first half of 2011, the rainy season has led to major flooding in Brazil, Venezuela, Peru, Bolivia, Ecuador, and Colombia. Floods in Colombia are further compounding the ongoing complex emergency in a country which already suffers one of the worst displacement caseloads worldwide. In Guatemala and Honduras, the combined effect of drought and increased food prices has intensified the risk of food and nutritional crisis. In Bolivia and Paraguay, thousands of dengue cases have been reported, while cold temperatures in Peru are affecting tens of thousands. The Puyehue volcano is showing signs of eruption, which might affect Argentina and Chile. Hurricane Beatriz, the first hurricane of the season, struck Mexico in June, and the hurricane season is expected to be above average. The threat of hurricanes to the Caribbean is particularly troubling given the situation in Haiti and the need to sustain cholera prevention in Haiti and Dominican Republic.

Torrential rains and flash flooding across the continent have affected remote mountainous regions where indigenous populations live as well as slopes in urban areas which are inhabited by the poorest communities. In addition to the repeated loss of livelihood that leaves the most vulnerable populations in a cycle of insecurity, displacement caused by disaster increases the risks of abuse, sexual and gender-based violence, HIV transmission, exploitation and trafficking – each already a significant problem in the region. Disasters also tend to diminish access to proper water and sanitation, leading to epidemics such as water borne diseases, cholera and dengue. With great disparities between rich and poor in the region, disaster risk reduction (DRR) activities are essential for reducing inequalities compounded by disasters in the region.

MEETING URGENT NEEDS AND BUILDING RESILIENCE

JULY – DECEMBER 2011

UNICEF’s Americas and the Caribbean Regional Office (TACRO), together with partners including government agencies across the region and other international agencies through the Risk, Emergency, and Disaster Task Force Inter-Agency Workgroup for Latin America and The Caribbean (REDLAC) mechanism, will continue to strengthen its ability to respond quickly to natural disasters and to humanitarian situations which stem from socio-political issues. The office seeks to reduce disaster risks for 1 million children in the most vulnerable areas by strengthening disaster prevention, mitigation and preparedness mechanisms. Priority activities for the remainder of 2011 include:

- TACRO will support COs in taking critical actions to maintain a minimum level of preparedness and will support national capacity building for child-focused disaster risk management, in coordination with the humanitarian community in-country (UN Country Teams/UN Humanitarian teams, UN Disaster Management Teams, UN Emergency Technical Teams).
- Regional team will ensure that COs are taking appropriate preparedness and/or response actions by monitoring critical risks in the region, assessing the impact of crises on children and women and coordinating operational support in partnership with inter-agency mechanisms at regional level.

1 Hurricane season runs from June to November 2011
2 Across the entire Atlantic Basin for the six-month season, which begins June 1, NOAA is predicting the following ranges in 2011: 12 to 18 named storms (winds of 39 mph or higher), of which 6 to 10 could become hurricanes (winds of 74 mph or higher), including 3 to 6 major hurricanes (Category 3, 4 or 5; winds of 111 mph or higher) Each of these ranges has a 70 percent likelihood, and indicate that activity will exceed the seasonal average of 11 named storms, six hurricanes and two major hurricanes. “NOAA hurricane outlook indicates an above-normal Atlantic season” 19 May 2011 US Department of Commerce, National Oceanic and Atmospheric Administration. http://www.noaanews.noaa.gov/stories2011/20110519_atlantichurricaneoutlook.html
In times of crisis, the regional office will provide operational support, technical advice and quality assurance to COs in terms of supply delivery, surge capacity, resource mobilization and emergency response programmes, in cooperation with headquarters Office of the Emergency Programmes, Division of Human Resources and Supply Division.

TACRO will undertake in-depth quantitative and qualitative research on the impact of disasters on children in Latin America and the Caribbean in order to gather evidence on their specific vulnerabilities and root causes. This research will allow TACRO to prioritize relevant sectoral disaster risk reduction (DRR) programming for children, and in collaboration with HQ led-research, provide verification of DRR return on investment.

Country offices and government partners will receive technical assistance to address disaster prevention and mitigation in a multi-sector coordinated approach focusing on the most vulnerable.

The regional team will ensure comprehensive monitoring of DRR advances regionally, collection of best practices in all sectors and maintenance of a public database in cooperation with centres of excellence. It will also develop and sustain constant communication and awareness strategy in order to promote South-South cooperation, and encourage international experience sharing by contributing to global communities of practice.

TACRO will undertake high level advocacy with governments and partners for the adoption of national norms for children in emergencies (following the Core Commitments for Children standards). Regional office will also coordinate with partners to support the creation of government-led sectoral platforms as an institutional basis to lead their implementation (following the cluster coordination model) and will communicate on possible support of the humanitarian community for capacity building in the CCCs sectors.

TACRO will advocate regionally on key issues to reduce risks for children promote child participation in DRR through the development of communication mechanisms and campaigns on child-friendly disaster risk reduction (“Children’s Charter” on DRR), and support community based pilot approaches such as child-participatory risk mapping using satellite imagery.

Regional office will organise a regional ministerial conference on DRR and education in order to provide COs and partners technical support for DRR in the area of education in emergencies, to roll-out interactive communication material for children on DRR, and to engage in high level advocacy with education ministries.

Guatemala has launched a multi-sectoral “Emergency Master Kit” to communicate on disaster prevention, preparedness and response for children through interviews, radio and TV podcasts, and videos.

The Regional Office also led the organisation of a WASH regional coordination meeting and a regional hygiene promotion training (March 2011), as well as a Multi-Cluster Coordination Training -Education and WASH (June 2011).
FUNDING REQUIREMENTS FOR 2011

UNICEF is requesting US$13 million for its humanitarian work in Latin America and the Caribbean to strengthen preparedness and response to the many disasters that affect the region. As of 1 June 2011, TACRO has received US$776,056, or 6 per cent of the requirement. A strong focus will be on strengthening disaster risk reduction mechanisms in cooperation with national governments and partners. Given the limited funding received to date, challenges remain in delivering inclusive emergency assistance and preparedness in the areas in WASH, Nutrition, Child protection and Health in emergencies, as well as engaging and advocating for comprehensive disaster reduction activities for children with the most disaster prone countries.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
<th>Additional funds utilized in 2011</th>
<th>Final funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capacity Building for Emergency Response</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>50,000</td>
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<tr>
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<td>2,300,000</td>
<td>50,000</td>
<td>2,300,000</td>
<td>0</td>
<td>2,300,000</td>
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<tr>
<td>Nutrition</td>
<td>1,500,000</td>
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<td>0</td>
<td>1,500,000</td>
<td>0</td>
<td>1,500,000</td>
</tr>
<tr>
<td>Health</td>
<td>1,200,000</td>
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<td>1,200,000</td>
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<td>1,200,000</td>
</tr>
<tr>
<td>WASH</td>
<td>2,500,000</td>
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<td>2,500,000</td>
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<td>2,500,000</td>
</tr>
<tr>
<td>Child Protection</td>
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<tr>
<td>Education</td>
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<td>2,000,000</td>
<td>676,056</td>
<td>1,323,944</td>
<td>396,000</td>
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<tr>
<td><strong>Total</strong>*</td>
<td><strong>13,000,000</strong></td>
<td><strong>13,000,000</strong></td>
<td><strong>776,056</strong></td>
<td><strong>12,223,944</strong></td>
<td><strong>396,000</strong></td>
<td><strong>11,827,944</strong></td>
</tr>
</tbody>
</table>

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

More information on Latin America and the Caribbean can be found at www.unicef.org/hac2011 and at the regional office website, www.unicef.org/lac (in Spanish) and www.unicef.org/lac/english.html (in English).
Colombia

CHILDREN AND WOMEN IN CRISIS

The great humanitarian burden in Colombia is centred on violence related to a conflict that has disrupted the lives of Colombians for four decades. During the first six months of 2011, the consequences of the armed conflict have been harsh for children, especially those living in African descendant and indigenous communities. Children within these communities are endlessly victimized by recruitment, indiscriminate attacks, sexual violence, displacement, confinement, anti-personnel mines and unexploded ordnance accidents and threats. The occupation and attacks on schools has continued.

Waters from the 2010 floods have not receded in many places, where saturated land has caused an increased number of landslides. The rains have continued during the first half of 2011. Since April 2010, about 3.6 million people have been affected and 467 have died. More than 93,000 houses were destroyed during the period. Since January 2011, the rainy season has already affected about 280,000 children.

Existing pressing humanitarian needs and response gaps are expected to increase during the rainy season, which runs from August to December. Despite considerable response efforts by the Government, operational gaps remain in the sectors of WASH, shelter, emergency education, child protection, food and nutrition and health.

MEETING URGENT NEEDS AND BUILDING RESILIENCE IN 2011

UNICEF will work in collaboration with the Government of Colombia, other UN agencies and NGOs, in the framework of the clusters of WASH, emergency education, health, nutrition and protection, to address the needs of 500,000, including 9,000 women, 220,000 boys and 223,000 girls to achieve a number of key results:

- 20,000 children and 4,000 pregnant or breastfeeding women affected by the floods and armed conflict, especially those living in Afro-Colombian and indigenous communities, will have access to supplies and capacity building for early detection and treatment of undernutrition.
- 50,000 children and 5,000 pregnant and lactating mothers in these communities will have access to services and emergency health supplies, including micronutrient supplements, therapeutic foods and insecticide-treated mosquito nets.
- 150,000 people from areas affected by the floods or armed conflict will have access to information for HIV and AIDS prevention in emergencies.
- 10,000 people will benefit from the provision of WASH in emergency affected areas (WASH emergency supplies).
- 109,500 children from 400 disaster-affected schools will be able to exercise the right to education when their schools are repaired or refitted to make them safe, disaster-resilient and child-friendly.
- 200,000 children (102,000 boys and 98,000 girls), especially those living in Afro-Colombian and indigenous communities, will be protected through mine risk education and specific programmes aimed at preventing child-recruitment.
- 300 children demobilized from armed groups will be protected and re-integrated in their families.
UNICEF is maintaining its request of US$10.3 million in 2011 to continue providing direct assistance to thousands of children affected simultaneously by the floods and armed conflict. These emergency funding needs are required so that UNICEF is able to continue its work related to the protection of children affected by the armed conflict; prevention of child recruitment; and protection of children demobilized from illegal armed groups, and to ensure an integrated response in support of children and their families affected by the heavy rainy season. With only five per cent of funding needs covered by mid-year, the lack of resources will affect the humanitarian response capacity of UNICEF and its partners for children affected by the armed conflict and natural disasters.

FUNDING REQUIREMENTS FOR 2011

More than 9,300 indigenous children and their families affected by armed conflict in rural communities on the Pacific Coast have received humanitarian assistance in food, nutrition and protection. In the frame of the International Child Development Programme (ICDP), 2,300 indigenous children under age 5 and their families have received support for early child development.

Funds received against the HAC2011 (US$)

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
<th>Additional funds utilized in 2011</th>
<th>Final funding gap</th>
</tr>
</thead>
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<tr>
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<tr>
<td>Water, Sanitation and Hygiene</td>
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<td>0</td>
<td>1,050,000</td>
<td>0</td>
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</tr>
<tr>
<td>Child Protection</td>
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<td>3,450,000</td>
<td>618,756</td>
<td>2,715,716</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>500,000</td>
<td>500,000</td>
<td>0</td>
<td>500,000</td>
<td>500,000</td>
<td>500,000</td>
</tr>
<tr>
<td>Cluster/ Sector coordination</td>
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<td>495,175</td>
<td>9,804,825</td>
<td>4,351,636</td>
<td>5,453,189</td>
</tr>
</tbody>
</table>

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

More information on Colombia can be found at www.unicef.org/hac2011 and at the country web site at www.unicef.org.co (in Spanish).
Guatemala

CHILDREN AND WOMEN IN CRISIS

Guatemala continues to be severely affected by erratic rains as a result of the El Niño phenomenon. In 2010, Tropical Storm Agatha and the Pacaya volcanic eruption also hit, causing US$1.5 billion in damages and losses to the country, thus affecting 911,000 people, nearly 4 per cent of the population. In addition, irregular rains and unusually high temperatures have negatively affected crop production, increasing the population’s food insecurity and leading to high levels of undernutrition among children -- up to 49.8 per cent of children under age 5 suffer from chronic malnutrition. Guatemala is among the 10 countries worldwide most exposed to the effects of climate change.

Structural vulnerabilities in Guatemala, including limited land planning processes, poor economic and territorial development and the decline of existing ecosystems pose challenges to effective disaster recovery and preparedness and fiscal gap. Guatemala’s public budget, which represents around 15.4 per cent of GDP, leaves little room for coping with emergencies that affect the country on an annual basis. According to the National Transformation Commission, Guatemala has only managed to repair 9.6 per cent of the damages and losses derived from the storm Agatha and the Pacaya volcano eruption that occurred in June 2010. The National Reconstruction Plan cost more than US$2 billion, of which only US$340 million has been funded. Low funding for reconstruction places the country in a difficult situation. The 2011 hurricane season, which runs from June to November, is also expected to be above average.

At the same time, food and nutrition security is deteriorating among the poorest populations in the country. These groups have already confronted two months of food shortages due to a variety of factors, including the low performance of the 2010 harvest, the effects of the global warming and the continued rise in food prices. The price of maize, a basic product of the Guatemalan diet, increased by 39 per cent between December 2010 and May 2011. In parallel to the rising food prices, the demand for agricultural labor is decreasing, which has reduced employment opportunities, household income and further contributed to the declining ability to access food. Food prices are not expected to drop before December 2011, posing worrying prospects on the food and nutrition situation, especially among vulnerable children.

MEETING URGENT NEEDS AND BUILDING RESILIENCE

JULY – DECEMBER 2011

By the end of 2011, UNICEF will have made a positive impact on the lives of more than 100,000 children and women in the most drought, flooded and disaster affected departments of Baja Verapaz, Chiquimula, El Progreso, Escuintla, Jalapa, Sololá, Suchitepéquez, Retalhuleu and Zacapa. Depending on the intensity of the natural disaster emergencies, the following is expected during the second half of 2011:

2 Economic Commission for Latin America and the Caribbean, Guatemala: Efectos del cambio climático sobre la agricultura ECLAC, Mexico, June 2010, p. 1.
6 Food shortages are currently registered at the highest levels since 1990.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM FIRST HALF OF 2011

Although UNICEF Guatemala did not receive any funding in the first half of 2011, the following actions were accomplished by utilizing funding through other resources: support to associates to develop preparedness and response plans, including procurement and delivery of supplies (water and sanitation and nutrition); printing and distribution of educational materials for preparedness and response in the areas of nutrition, water and sanitation and education; supplies were pre-positioned in temporary shelters and at household level in communities for the care of children with acute malnutrition (Plumpy Nut) and management of safe water for health; a section with relevant information on disaster management was created within UNICEF Guatemala website; 200 schools in the selected vulnerable areas were provided with first aid kits; a listing of the specialized human resources during emergencies was created (issues of nutrition, water and sanitation and emotional support); a work meeting was held with CONRED to determine the possibility of including the child protection component in the response plan for 2011.
To combat the slow weakening that undernutrition can cause in a population, 22,000 children and women in rural areas will receive micronutrients through fortified food, supplements or multiple micronutrient preparations. In addition, 660 children with severe acute malnutrition will be treated with the goal of complete recovery and sustained health.

Approximately 80 per cent of children and women in shelters and communities affected by floods will receive routine life-saving vaccinations. UNICEF will provide vitamin A and deworming medications for 22,000 children.

UNICEF, along with the Ministry of Health, Catholic Relief Services, Oxfam and Water for People, will provide access to safe drinking water for 12,000 people in rural communities, as well as sanitation facilities in schools and shelters.

UNICEF will provide technical and financial assistance to the primary institutions responsible for the Child Protection System in Guatemala to ensure an adequate and timely protection of those children whose rights have been violated in emergencies.

To ensure education continuity and a safe environment for children, UNICEF will provide school materials, furniture and textbooks to 25,300 preschool and primary school children. For people in affected departments, UNICEF will increase access to information on HIV prevention, care and support by 40 per cent.

UNICEF, together with CONRED (Coordinadora Nacional para la Reducción de Desastres – National Risk Reduction Coordinator), will develop initial activities to ensure that disaster risk reduction is a national and local priority; identify/assess and monitor disaster risks for enhancing early warning; strengthen disaster preparedness for effective response and socialize the emergency master kit.

**FUNDING REQUIREMENTS FOR 2011**

For 2011, UNICEF requests $2.6 million for its planned humanitarian work in Guatemala and has thus far received no funding against the HAC. This request is prompted by the extensive nature of the emergency which resulted in two Flash Appeals during 2010. The situation of women and children cannot be overlooked and requires immediate and full funding. If no additional funds are received during the second half of 2011, the attention to boys, girls and adolescents affected by the emergencies will be inadequate in shelters and within communities.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
<th>Additional funds utilized in 2011</th>
<th>Final funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>0</td>
<td>1,000,000</td>
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<tr>
<td>Child Protection</td>
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<tr>
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<td>300,000</td>
</tr>
<tr>
<td>HIV / AIDS</td>
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<td>0</td>
<td>50,000</td>
<td>0</td>
<td>50,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,650,000</strong></td>
<td><strong>2,650,000</strong></td>
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<td><strong>2,650,000</strong></td>
<td><strong>277,014</strong></td>
<td><strong>2,372,986</strong></td>
</tr>
</tbody>
</table>

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

More information on humanitarian action planned for Guatemala can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011) and the country office website at the [www.unicef.org/guatemala](http://www.unicef.org/guatemala).
HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM FIRST HALF OF 2011

In 2011, UNICEF requires US$86.6 million for its humanitarian work in Haiti. As of 1 June 2011, US$35,693,471 had been received.

With the generous funding of donors, more than 85,000 individuals with suspected cases of cholera have been received oral rehydration therapy through one of the 1,008 oral rehydration points (ORPs) or 74 cholera treatment units (CTUs) supported by UNICEF. Over 30,000 mothers and children with severe acute malnutrition also received life-saving treatment in one of 157 Outpatient Therapeutic Feeding Programmes or Inpatient Treatment Centres supported by UNICEF. UNICEF also maintained support to 91 “Baby-Friendly Tents and Corners” for nutrition counselling and promotion of proper infant and young child feeding.

Some 141,000 people in the Port-au-Prince metropolitan area and 53,000 people in rural areas also gained access to safe drinking water through rehabilitations or extensions of water schemes – while 450 mobile latrines continued to be de-sludged three times a week under a UNICEF supported sanitation service contract to maintain sanitary conditions in 31 camps. In addition, 145 child-friendly, light-weight, naturally ventilated schools have been completed, benefiting over 74,000 children.

Haiti
CHILDREN AND WOMEN IN CRISIS

Children and women in Haiti continue to bear the burden of a multi-faceted emergency. The earthquake on 12 January 2010 affected over 3 million people, of which 222,650 were killed, 310,930 injured and 2.3 million displaced. Eighteen months later, some 634,000 people remain displaced in crowded, temporary settlements that elevate health, sanitation and protection risks. The Government is devising a priority relocation plan, focusing on six sites and representing approximately 5,200 families, in order to promote voluntary returns and a safe environment in return areas. UNICEF is working with a multi-sectoral UN Task Force focused on ensuring favourable conditions in return and relocalisation areas, particularly emphasising the need to ensure access to WASH, health, nutrition, education and basic protective services.

In addition, a sudden outbreak of cholera in October 2010 occurred in an area that had only been marginally affected by the earthquake. This outbreak underlined the deep vulnerability of the Haitian population and the gross inequalities across the country, including health, nutritional status, access to education and adequate water and sanitation. Cholera is likely to become endemic in the environment, unless there are dramatic improvements in water and sanitation coverage as well as hygiene behaviors. In July 2011, Haiti’s Ministry of Public Health and Population reported 386,428 cases of cholera, including 205,469 cases requiring hospitalization, with a total of 5,885 fatalities. After several months of decline, the average daily number of cases is increasing- with simultaneous escalation in the prevalence of other diarrhoeal diseases, a trend typical of the rainy season. A surge has been observed in the Port-au-Prince metropolitan area with caseload of over 500 hospitalizations per day in May/June similar to January levels. PAHO/WHO reported that in addition to alerts in some of Port-au-Prince’s most vulnerable slums, treatment facilities had returned to working at near-full capacity, with a high percentage of patients presenting signs of severe dehydration.

Response capacity has thus far been sufficient to handle this increase in the overall caseload; however with the onset of the hurricane season, preparedness efforts need to be maintained to ensure adequate response. This year’s season is predicted to be as active as the 2008 hurricane season, which was particularly devastating for Haiti. Up to six major hurricanes — category 3 to 5 – and up to 18 tropical storms are forecast.

Meanwhile, the food insecurity situation has increased due to rising food prices, limiting the food access of poor urban and rural segments of the population in Haiti. The humanitarian community responded by maintaining and expanding life-saving services and interventions designed to meet basic needs of the earthquake and cholera-affected children and women. The challenge remains to ensure that these services are decentralized and firmly rooted in sustainable community-based structures, and that government capacity for emergency preparedness, response is enhanced.

MEETING URGENT NEEDS AND BUILDING RESILIENCE JUNE – DECEMBER 2011

In the second half of 2011, UNICEF will continue to provide leadership for the education, nutrition, WASH clusters and the child-protection sub-cluster, while working with the Government of Haiti to ensure the transition from emergency to recovery, reconstruction and development, and strengthen the Government’s capacity to guide the process.

- By the end of the year, at least 2.5 million people at high-risk of cholera infection will have access to safe drinking water as a result of improved surveillance and treatment. More than 9 million will be reached with health and hygiene messages designed to prevent the spread of cholera.

- Up to 3 million people will receive preventive and curative health services,

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According to IOM’s most recent displacement tracking matrix (DTM), which surveyed residents of 189 camps, about 77 per cent of displaced children aged 6-14 are in school. Best estimates suggest that 68 per cent of children in the West Department were attending school in 2003. This is one indication therefore, that the Education sector partners restored continuity of education for children affected by the quake.

Meanwhile, the network of over 445 child-friendly spaces continues to support over 120,000 children to access a safe environment for recreation and referral. The UNICEF supported Family Tracing and Reunification Working Group also successfully registered 7,260 children, since the earthquake, with 1,931 children reunited and others supported to find appropriate alternative family-based care options.

with crucial supplies distributed and costs supported for facilities including cholera treatment centres and oral rehydration points. UNICEF will help nurses, auxiliary health-centre staff and community health workers improve their ability to recognize and manage cholera cases.

- Approximately 10,000 children 0–59 months old who are suffering from severe acute malnutrition (30 per cent of all those in need) will be treated with timely, quality care. Fifty thousand pregnant women – 17 per cent of all pregnant women in Haiti – will increase their knowledge on infant feeding, nutrition and cholera prevention.

- Around 18,000 children will benefit from the construction of 20 additional semi-permanent schools in earthquake-affected or marginalized areas, and 140 teachers will receive learning and teaching materials.

- More than 500,000 earthquake-affected and other extremely vulnerable children and 20,000 women at risk or survivors of violence will benefit from protection and essential services, including HIV-related prevention, care, support and treatment.

**FUNDING REQUIREMENTS FOR 2011**

UNICEF has completed its mid-year review of humanitarian activities and plans to significantly reduce its humanitarian appeal. Overall, UNICEF has decreased its target almost by half – down from US$156 million to just over US$86 million. This appeal reduction is partly due to the reduced IDP population necessitating reduced targets. Moreover recovery-oriented activities will be covered through other resource mobilization frameworks, in order to maintain the humanitarian nature of the appeal.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
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<td><strong>86,581,014</strong></td>
<td><strong>35,693,471</strong></td>
<td><strong>50,887,543</strong></td>
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</table>

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

More information on Haiti can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011) and the country office website at [www.unicef.org/haiti](http://www.unicef.org/haiti) (French).
West and Central Africa

CHILDREN AND WOMEN IN CRISIS

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 antiquated 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 age 5 needed treatment for severe acute malnutrition. 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. The nutrition crisis of 2010 through the Sahel improved at the end of the hunger season in Niger and Chad, though in Niger acute malnutrition in children rose to 16.7 per cent, with a peak of 26.1 per cent in those under age 2. In addition, during the first half of 2011, internally displaced persons in Cote d’Ivoire and refugees fleeing to Liberia created a grave humanitarian situation with over 100,000 refugees crossing into Liberia and over 30,000 refugees in neighboring countries such as Ghana, Guinea, Mali and Burkina Faso. With the onset of the rainy season, the need to reinforce and strengthen emergency WASH, health and nutrition interventions has significantly increased, as there are already incidences of cholera being reported across the Lake Chad Basin countries (Cameroon, Chad, DRC, Niger, Nigeria).

MEETING URGENT NEEDS AND BUILDING RESILIENCE

JULY – DECEMBER 2011

UNICEF’s West and Central Africa Regional Office will continue to 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.

- To enhance disaster risk reduction, 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.
- Regional office (RO) will continue to support nutrition cluster activities in Niger, Chad and Cote d’Ivoire in order to provide greater coordination and coherence to the overall nutrition responses and will continue to monitor nutrition conditions by providing assistance with methodology, training or analysis for at least one nutrition survey, using Standardized Monitoring and Assessment of Relief and Transitions (SMART) methods, in each country.
- Technical support will bolster assistance to governments trying to control outbreaks of meningitis, cholera and measles. To have vaccine stocks ready, UNICEF will continue mapping areas at high risk for cholera, focusing on the central area (Cameroon, Chad, the Niger and Nigeria), and the coastal area (Benin, Guinea, Guinea-Bissau and Togo).
- The regional team will reinforce national and local preparedness by promoting hygiene, including adequate hand-washing practices and water treatment strategies in areas at high risk for cholera. Support will continue to be provided to countries in the areas of cholera prevention and responses.
- UNICEF will provide continued support to countries affected by crises (especially CAR, Chad, Cote d’Ivoire, Liberia, DRC) to strengthen child protection in emergency response capacities in respect to gender-based violence, and monitoring and reporting mechanisms (MRM) related to SC resolution 1612.

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2 Weekly Reports, Health Information National System, Ministry of Health of Niger
UNICEF will continue to support the regional Education in Emergencies’ (EiE) working group strategy to ensure that pre- and primary school-aged children and adolescents affected by natural disasters and/or conflicts have access to quality education, psychosocial support, formal and non-formal education programmes including life skills education in safe and protective learning environments.

FUNDING REQUIREMENTS FOR 2011

The UNICEF West and Central Africa Regional Office is maintaining its request of US$18,044,000 to provide technical support, coordination, planning and other assistance to further UNICEF’s humanitarian response in the region. This amount includes $9,751,000 to support countries not separately profiled in this Humanitarian Action for Children publication including Benin, Burkina Faso, Ghana, Guinea, Guinea-Bissau, Mali, Mauritania, Nigeria, and Togo.

Since January 2011, nutrition surveys with SMART methods were conducted in Mauritania, Mali, Niger, Chad, Nigeria, and Togo. Nutrition in Emergencies trainings have been completed in Guinea Conakry, Mali, and Chad. These trainings provide skills and tools for decision makers to recognize and respond to nutrition emergencies.

In 2011, UNICEF has supported the update of Integrated Management of Acute Malnutrition protocols in DRC, Chad, Mali, Mauritania, with national level trainings led by global experts in Chad and Mali. Academic research on nutrition program coverage is underway in Burkina Faso, while national and regional coverage surveys were conducted in Sierra Leone. Monitoring and evaluation systems using cell phones and RapidSMS software are currently in development in Cameroon.

At the beginning of the year, WCARO held a regional inter-agency training on child protection in emergencies, focusing on sub cluster coordination. Participants included various regional protection cluster partners. In Guinea, a child protection sub-working group was put in place to coordinate child protection interventions to map out child protection actors.

In Ghana, a child protection coordinating structure was established at national level under the leadership of the Government with UNICEF support; four child protection networks are in place in the country with implementing partners trained in emergency preparedness and child protection in emergencies.

Overall coordination mechanisms among education actors in the region have been strengthened through the establishment of a regional Education in Emergencies (EiE) working group, co-led by UNICEF and Plan International at the regional level. At the country level, RO supported the strengthening of education coordination mechanisms in Cote d’Ivoire and its neighbouring countries Liberia, Mali, Guinea, Ghana.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2011 HAC requirements</th>
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<th>Funds received</th>
<th>Funding gap</th>
</tr>
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<td>Nutrition</td>
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<td>Emergency Preparedness &amp; Response</td>
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<td>18,044,000</td>
<td>2,523,570</td>
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</table>
UNICEF has also identified gaps and vulnerabilities by mapping DRR education actors in the region. In addition, the development of guidance notes to integrate conflict and disaster risk reduction into education sector planning processes has been a major milestone and contributed to strengthened guidance to education partners on common standards, strategies and approaches. WCARO has conducted direct emergency surge support in order to strengthen emergency coordination and response in Cote D'Ivoire and Liberia. In addition, sub-regional stocks valued at US$200,000 are now in place in Accra (UNHRD) to support countries with small scale emergency responses.

Emergency Preparedness and Response trainings have been conducted in Benin, Chad, Mali. In addition, an emergency simulation exercise was conducted for UNICEF Country Offices (CO), World Food Programme (WFP) and UN High Commissioner on Refugees (UNHCR) staff to reinforce better flood-preparedness and response planning. In Ghana, an inter-agency facilitation team (including facilitators from WFP, OCHA, CADRI, UNICEF and UNDP), supported the National Disaster Management Organization in conducting an emergency simulation exercise.

The regional office took technical support missions to Benin, Ghana, Chad and Niger in order to review and support the country offices with their emergency preparedness and midterm review (Niger). In addition, DRR technical support missions were carried out in Ghana and Nigeria.

The integration of key WASH activities into nutrition response programmes across the Sahel requires more collaboration amongst nutrition and WASH actors. Strengthening prevention and response to cholera outbreaks within the region remains a priority and requires collaboration of WASH, Health and C4D actors in the region. In addition, Child Protection preparedness and response requires more concerted efforts to improve capacities throughout the region.

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

More information about the West and Central Africa Regional Office can be found at www.unicef.org/hac2011 and at the regional office website, www.unicef.org/wcaro.
CHILDREN AND WOMEN IN CRISIS

Burkina Faso’s deep-rooted poverty and paucity of resources have made preparing for and responding to catastrophic flooding and virulent epidemics all the more challenging. Unprecedented flooding in Ouagadougou in September 2009 and subsequent torrential rains and flooding in many parts of the country from July to September 2010 affected several hundred thousand people. The flooding dramatically increased the risk of disease, undernutrition and exposure of children to violence, exploitation and abuse. Up to 150,000 flood-affected people, including 80,000 children, are still living in emergency conditions.

Outbreaks of meningitis resulted in 5,980 cases in the first half of 2010, and 40 per cent of those affected were children under the age of 5. While the prevalence of global acute malnutrition in Burkina Faso has decreased to 11.1 per cent in 2010,¹ which is above the internationally defined emergency level of 10 per cent, no nutrition emergencies have been declared. Chronic malnutrition that causes permanent damage in terms of physical and mental growth still affects over 1 million children under the age of 5.²

The risk of emergency will be high during Burkina Faso’s coming rainy season from July to October, when torrential rains and flooding are likely to severely affect the most vulnerable populations.

Social, political, and economic tensions across different groups of society, combined with an increasing cost of living in urban areas, have sparked civil and military unrest across the country since February. Upon dissolution of the government in April, the newly appointed Prime Minister and Cabinet have attempted to calm tensions through consolatory meetings and subsidies on middle-class food items.

MEETING URGENT NEEDS AND BUILDING RESILIENCE IN 2011

UNICEF will continue to support national capacity for emergency preparedness and response during the upcoming rainy season, providing needed assistance to flood-affected populations. Training sessions will be conducted with social workers from the Ministry of Social Action and Solidary and from NGO partners. Training will focus on child protection issues including prevention of violence, exploitation and abuse, especially on child labor as linked to the aggravation of poverty during floods related emergency, but also linked to the recent social unrest. Pre-positioning of non-food items (NFI) will be needed as well.

- Disease often finds an opening where natural disasters have struck. The under age 5 mortality rate is 166/1000 live births (2009, WHO) of which a majority are due to malaria, diarrhoea, pneumonia, malnutrition and newborn illnesses. The introduction of the conjugate Meningitis A vaccine in December 2010 is expected to curb the number of meningitis cases nationwide in 2011.
- Safe water in sufficient quantity is vital to staying healthy. At least 85,000 flood-affected people, among them 18,000 children, will gain access to adequate drinking water; 80 per cent of the displaced population will have access to adequate sanitation.
- Approximately 18,000 boys and girls aged 3 to 16 will have access to quality education facilities in flood-affected areas through psychosocial training of 700 teachers/caretakers; distribution of school kits to 18,000 pupils, pedagogical material to 600 teachers and rehabilitation of 25 affected educational buildings and installation of tents to be used as temporary schools facilities.

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¹ 2010 National Nutrition Survey
² Compared to rates of 19% in 2003 and 23% in 2006
³ 2010 National Nutrition Survey
Protection of children and women will be enhanced in 2011 through strengthening systems at the community level that promote their mental health and well-being, prevent, respond to and provide referral services for cases of family separation, violence, exploitation and abuse, including gender-based violence, trafficking, exploitative labour.

By the end of 2011, 45,000 boys and girls with severe acute malnutrition will have been treated through improved community and clinic based care.

FUNDING REQUIREMENTS FOR 2011

UNICEF is requesting approximately US$10.6 million for its 2011 humanitarian work in Burkina Faso in response to the high number of children and women likely to be affected by disasters and food insecurity. The reduction from US$11.5 million at the beginning of the year comes from adjustments in the education sector, some interventions having been supported by the Government. UNICEF CO also received a thematic funding of USD 313,750.

Since emergency funding has not yet been received to cover 2011 nutrition needs, UNICEF Country Office (CO) used funding carried over from 2010 and in-kind transfers to ensure coverage of needs in the first half of 2011.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
<th>Additional funds utilized in 2011</th>
<th>Final funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>6,025,000</td>
<td>6,025,000</td>
<td>100,000</td>
<td>5,925,000</td>
<td>1,474,000</td>
<td>4,451,000</td>
</tr>
<tr>
<td>Health</td>
<td>1,300,000</td>
<td>1,300,000</td>
<td>0</td>
<td>1,300,000</td>
<td>0</td>
<td>1,300,000</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>1,315,000</td>
<td>1,315,000</td>
<td>0</td>
<td>1,315,000</td>
<td>0</td>
<td>1,315,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td>450,000</td>
<td>600,000</td>
<td>213,749</td>
<td>386,251</td>
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<td>386,251</td>
</tr>
<tr>
<td>Education</td>
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<td>1,341,500</td>
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<td>1,341,500</td>
<td>0</td>
<td>1,341,500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11,480,000</strong></td>
<td><strong>10,581,500</strong></td>
<td><strong>313,749</strong></td>
<td><strong>10,267,751</strong></td>
<td><strong>1,474,000</strong></td>
<td><strong>8,793,751</strong></td>
</tr>
</tbody>
</table>

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

More information on Burkina Faso can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011) or at the country office website at [www.unicef.org/bfa/english](http://www.unicef.org/bfa/english).
Cameroon

CHILDREN AND WOMEN IN CRISIS

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 into Cameroon, which reached 83,950 in January 2011, according to UNHCR’s January report. In addition, 3,500 refugees who fled from Chad in 2008 remain at the Langui camp in Nord Region. In Adamaoua and East Regions, the acute malnutrition rate is about 11.6 per cent, which is close to emergency threshold levels. Such 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 regions. The cholera epidemic outbreak that started in May 2010 is still ongoing and has now affected 9 of 10 regions, excluding the East Region. A total of 22,979 cholera cases have been reported (10,759 in 2010 and 12,220 as of 28 July 2011) and 1,058 deaths have been registered (657 in 2010 and 401 in 2011). The fatality rate in 2011 is 3.3% with at total of 86 health districts affected.

MEETING URGENT NEEDS AND BUILDING RESILIENCE

JULY – DECEMBER 2011

Building resilience within communities and government and responding to the cholera epidemic is a primary goal of UNICEF’s work in Cameroon, particularly in four regions: Adamaoua, East, Far North and North. UNICEF has provided medicines for treatment in 2011 and continues to provide WASH support via the distribution of supplies for treatment of water at household level as well as prevention via communications and education campaigns.

In response to the continuing cholera crisis, the government has reactivated the cholera committee at national and regional levels to improve the coordination of the response. With UNICEF financial and technical support, the Ministry of Health officially launched its workshop to develop a national cholera contingency plan in mid-July. It is anticipated that with UNICEF technical and financial support, the Ministry of Water will lead coordination of WASH partner contribution to the national cholera contingency plan.

In order to respond to high levels of undernutrition, the integrated management of acute malnutrition programme will expand service provision to over 17,000 children with severe acute malnutrition. In addition, community health volunteers in the 53 emergency health districts will be trained to implement the Essential Nutrition Actions Package.

- To help implement the integrated management of acute malnutrition, about 448 health facilities located in Adamaua, East, Extreme-North and North Regions will be supplied with essential drugs, supplies for deworming and immunization, basic medical emergency equipment, ready-to-use therapeutic food (RUTF) and vitamin A.
- By the end of 2011 an additional 200,000 people will have benefitted from community-led total sanitation and 70,000 people will have gained access to and use of sanitation facilities/services in 15 health districts.

1 Standardized Monitoring and Assessment of Relief and Transitions” (nutrition and health survey), June 2010.
Seventeen primary schools located in areas with significant refugee communities in the Adamaoua and East Regions will benefit from education programming, with a goal of attracting and retaining out-of-school primary school-age refugee and host community children and providing them with a quality and relevant education. A total of 7,085 (2,923 girls, 4,133 boys) primary school children will be reached: 3,526 in the East region and 3,530 in Adamaoua region.

50,000 pupils will benefit from the “Schools of Hope” project which includes the provision of new teaching and learning materials, classroom supplies (benches/tables/chairs), scholarships to cover official registrations fees, establishment of birth certificates to enable pupils to attend and take official exams, and the construction/rehabilitation of latrines, classrooms, wells and hand washing stations in schools as well as teacher training and bicycles for teachers.

Community infrastructure grants will be provided for school gardens helping the community to support child feeding activities. The grants also include advocacy campaigns for both refugee and local communities in support of the rights of the child and the importance of birth registration.

More than 100,000 youths and adolescents will be provided with accurate information in order to better access voluntary counseling and HIV testing.

Community-based management of diarrhea will include oral rehydration salts and zinc supplementation, which will be scaled up in the northern regions, where currently 63 per cent of all nationwide diarrhoeal cases are among children under age 5.

FUNDING REQUIREMENTS FOR 2011
The amount of funds requested for 2011 remains at US$3,350,000, as planned at the beginning of the year. Despite the ongoing cholera epidemic in the entire country and the 85,000 Central Africa Republic (CAR) and Chadian refugees respectively in the East and North regions, the Cameroon country office has only received 41% of the financial support required.

With the advent of the rainy season, the cholera epidemic may gain ground, putting more than 400,000 women and children at risk. In order to implement planned activities in 2011, the country office is in urgent need of the requested funds.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>1,380,594</td>
<td>0</td>
</tr>
<tr>
<td>Health</td>
<td>600,000</td>
<td>600,000</td>
<td>0</td>
<td>600,000</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>600,000</td>
<td>600,000</td>
<td>0</td>
<td>600,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td>100,000</td>
<td>100,000</td>
<td>0</td>
<td>100,000</td>
</tr>
<tr>
<td>Education</td>
<td>900,000</td>
<td>900,000</td>
<td>0</td>
<td>900,000</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>150,000</td>
<td>150,000</td>
<td>0</td>
<td>150,000</td>
</tr>
<tr>
<td>Total*</td>
<td>3,350,000</td>
<td>3,350,000</td>
<td>1,380,594</td>
<td>2,350,000</td>
</tr>
</tbody>
</table>

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

More information on Cameroon can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011).
Central African Republic

CHILDREN AND WOMEN IN CRISIS

The population of the Central African Republic has long struggled with conditions of poverty and conflict; internal political conflict that began in 2003 has caused internal displacement, damaged infrastructure, exacerbated poverty and depressed quality of life. Although presidential and parliamentary elections proceeded under relative calm in early 2011, the political climate in CAR’s northern and south-eastern regions remains fragile and tense.

Only 30 per cent of Central Africans have access to clean water and even fewer to sanitation.1 There are also alarming trends in undernutrition and disease, such as malaria and chronic and acute malnutrition. Vulnerable children can be subjected to sexual and other violence and forced to join armed groups. Assistance, such as essential immunisations and HIV and AIDS education is often provisional, given the destabilised environment in which most of the country’s women and children are living. High rates of HIV and AIDS also persist.2 Women represent only one-third of patients accessing critical services, yet they are twice as likely to be infected as men (8 per cent versus 4 per cent), with the highest prevalence in the northern post-conflict zones.

MEETING URGENT NEEDS AND BUILDING RESILIENCE IN 2011

UNICEF leads the education and WASH clusters, and co-leads the nutrition and shelter and non-food items clusters in the Central African Republic. UNICEF 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 as well as host communities to address the needs of 600,000 conflict-affected people, including 294,000 children, in accordance with its Core Commitments for Children in Humanitarian Action.

- 204,000 women and 650,000 children will be covered by nutrition interventions, including 10,900 children with severe acute malnutrition who will be treated for undernutrition. Nutrition supplies will be provided to 55 treatment centres, including 17 newly established outpatient therapeutic feeding centres, in the prefectures of Bamingui Bangoran, Haut Mbomou, Nana Mambere and Vakaga.
- As many as 900,000 people (including 156,000 children) will avoid deadly disease through strengthened vaccination programmes.
- Nearly 175,000 people (including 71,000 children and 9,000 hospitalised patients) will have access to safe water after the construction of 50 new water points and the rehabilitation of 300 existing ones.
- UNICEF will develop community protection networks to prevent the recruitment of approximately 30,000 children at-risk of conscription into armed groups or government forces. By the end of the year, 500 officers and soldiers will be sensitised to the rights of children and their protection. Within the framework of the monitoring and reporting mechanism (MRM) on the six grave violations of children’s rights, UNICEF will continue to advocate for ending and preventing child recruitment into armed groups and other violations of children’s rights. By the end of 2011, UNICEF will restart dialogue with parties to the conflicts to sign action plans for the release of children and to end child recruitment. Prevailing insecurity in regions of conflict has impeded the process.

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1 Communique 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.
More than 170,000 school-age children will gain access to safe schools after 129 temporary learning and rehabilitation spaces and 65 classrooms are rehabilitated or established in the remote and crisis-affected programme regions.

In a programme supporting children associated with self-defence groups, 2,000 children will receive education, life skills and income-generating training.

About 7,000 young men and women of reproductive age and 10,000 women will receive education for HIV and AIDS prevention and care.

FUNDING REQUIREMENTS FOR 2011

UNICEF is maintaining its initial request of US$11,763,000 to carry out its planned activities and has aligned its request with the 2011 Consolidated Appeals Process (CAP) requirements. Women and children of the Central African Republic, struggling to cope despite the diminished capacities of their weakened social infrastructure and the continued effects of political insecurity, require the urgent assistance this funding can provide. US$5,857,564, or 50 per cent of the US$11,763,000 appeal has already been funded by mid-year.

Low funding levels of HIV and AIDS sector in CAR makes it difficult to effectively and credibly address the needs of HIV-affected women and children in a country with the highest HIV and AIDS rate in the West and Central African region. The lack of funds jeopardizes the efforts of the country in securing preventive and curative treatment for HIV-positive patients.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>2,644,000</td>
<td>2,644,000</td>
<td>100,000</td>
<td>2,544,000</td>
</tr>
<tr>
<td>Health</td>
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<td>4,000,000</td>
<td>2,105,764</td>
<td>1,894,236</td>
</tr>
<tr>
<td>WASH</td>
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<td>744,000</td>
<td>1,570,000</td>
<td>0</td>
</tr>
<tr>
<td>Child Protection</td>
<td>2,450,000</td>
<td>2,450,000</td>
<td>489,500</td>
<td>1,960,500</td>
</tr>
<tr>
<td>Education</td>
<td>307,000</td>
<td>307,000</td>
<td>1,592,300</td>
<td>0</td>
</tr>
<tr>
<td>Youth &amp; HIV and AIDS</td>
<td>800,000</td>
<td>800,000</td>
<td>0</td>
<td>800,000</td>
</tr>
<tr>
<td>Cluster Coordination</td>
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<td>818,000</td>
<td>0</td>
<td>818,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11,763,000</strong></td>
<td><strong>11,763,000</strong></td>
<td><strong>5,857,564</strong></td>
<td><strong>8,016,736</strong></td>
</tr>
</tbody>
</table>

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

More information on the Central African Republic can be found at www.unicef.org/hac2011.
The need for humanitarian aid in Chad has developed significantly in the last six months due to the strong presence of epidemics such as cholera, meningitis, measles and poliomyelitis, as well as exposure to new civil unrest in neighbouring countries. The various epidemic outbreaks have taken a large toll in child deaths: 3,121 deaths due to cholera, 5,754 due to meningitis, and 4,880 due to measles as of 1 June 2011. Chad continues to suffer from undernutrition and chronic food insecurity. Despite improved food production, SMART surveys in the Sahel Belt during post-harvest season revealed alarming rates of malnutrition. Access to education, drinking water and improved sanitation remains a constant struggle; however, it is steadily improving. Also, children associated with armed forces and groups continue to benefit from the national demobilization and reintegration programs and strategies.

Unfortunately, political instability in neighbouring countries continues to affect Chad’s population. In the first half of 2011, over 66,000 returnees fled war-torn Libya and are traveling back to Chad under extreme conditions through the Sahara desert without basic survival services such as water access or medical care. Unaccompanied children and vulnerable women travel alone from Zouarké to Faya in the north of Chad. These vulnerable groups risk their lives and require, among other things, psychosocial support and reintegration. On a humanitarian scale, returnees can be considered as vulnerable as refugees or IDPs and need emergency assistance, including food, basic health care, water, protection and education. The country still hosts a high number of refugees from Darfur region of Sudan and the Central African Republic and internally displaced people (IDP) in the East and South of Chad.

The impact of this sudden surge of Chadian returnees from Libya has also lead to a decrease in direct income for a large number of families living in the Sahel Belt, as they depend on remittance from Libya. This income decrease might also negatively impact the already high rate of malnutrition and create tensions among the communities. A recent rapid assessment conducted by ACF and OXFAM UK indicates that the income from transfers has decreased by 56.8 per cent in the two region of Kanem end Bahr el Gazel. In collaboration with partners, UNICEF is in the process of performing assessments on the Libyan crisis including active participation in weekly Task Force meetings in order to monitor and define emergency response strategies.

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 over 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, where over 43,000 IDPs have returned to their

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1 Système de Surveillance Epidémiologique Intégré (SSEI) and the Ministry of Health in Chad
2 Assessment completed by the International Organization for Migration (IOM) and Office for the Coordination of Humanitarian Affairs (OCHA), update as of June 1, 2011
3 Action Contre la Faim (ACF) et Oxfam UK ; Rapport d’évaluation rapide de l’impact de la crise libyenne sur la sécurité alimentaire dans le Grand Kanem, Avril 2011
4 World Health Organization (WHO) and UNICEF independent monitoring
UNICEF Chad provides cluster coordination leadership in WASH, nutrition and education. By mid-year 2011, UNICEF together with cluster partners has helped 250,000 people gain access to safe drinking water. UNICEF developed an intersectoral cluster which includes health and WASH and has been meeting on weekly basis to respond to the cholera and other epidemics caused by unsafe water and the environment. In addition, access to water and sanitation has improved in nutritional centres and schools in affected areas including Batha and Guera, which will improve the quality of medical care in the centres and improve the learning environment in the schools.

In education, an estimated 43 per cent of the pre- and primary school-aged children to be reached in affected areas have gained access to quality primary education. These children have been reached through the construction and rehabilitation of schools, by offering training to teachers and parents, and by providing school supplies throughout the Sahel belt, and the East and South of Chad. 131,568 school-aged children were reached through this intervention. In addition, access to safe water, sanitation and improved hygiene for 505,000 refugees, internally displaced persons and those in host communities across Chad, particularly in the Sahel belt and the east and south of the country.

UNICEF continues to reach children affected by conflict by supporting child friendly spaces that provide psychosocial support, freedom of expression for children and a safe place for adults and youths to congregate. In HIV and AIDS, UNICEF is working together with partners in 12 refugee camps and three IDP sites in Eastern Chad, to promote and support 15 Youth Centers providing PMTCT services, voluntary HIV testing and sensitizations activities reaching 65,570 youth through sensitization and over 3,690 pregnant women. Women were reached through Antenatal Care consultation in health centers, youth centers, in refugee camps and district hospitals. In protection, over 47,000 youth (8 to 17 years old) in three affected areas in the east are sensitized on the effects of mines and unexploded ordinances through trained teachers in elementary schools.

villages of origin over the last 2 years. 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.

MEETING URGENT NEEDS AND BUILDING RESILIENCE IN 2011

The priority results for UNICEF to achieve by the end of 2011 for each sector include the following:

- To provide basic health-care services to the most vulnerable populations, UNICEF will ensure the routine immunization and supplementary vaccination campaigns for polio, meningitis, measles and tetanus, with a goal of reaching all 2.6 million children in the country under age 5.
- To reduce under age 5 mortality, caused by disease. UNICEF will ensure access to safe water, sanitation and improved hygiene for 505,000 refugees, internally displaced persons and those in host communities across Chad, particularly in the Sahel belt and the east and south of the country.
- UNICEF and nutrition cluster will contribute to the reduction of severe acute malnutrition in the Sahel Belt region for 100,000 children through community based management of acute malnutrition services and 60,000 children ages 6-23 months will receive Plumpydoz during the hunger gap season May through August.
- UNICEF will provide access to quality education for 561,000 pre- and primary-school-aged children in eastern and southern Chad by recruiting and training teachers for areas severely impacted by displacement (refugees and IDPs) and flood in southern Chad and by constructing 300 learning structures within the refugee camps and IDP sites.
- UNICEF will bolster protective services for 60,000 internally displaced and refugee children (roughly 50 per cent) and 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.

FUNDING REQUIREMENTS FOR 2011

UNICEF’s appeal for 2011 is underfunded by 81 per cent, directly affecting programs including protection and education. Due to funding gaps in education, the construction of 300 schools along the Sahel belt caused UNICEF to seek regular program funds for education to reach the 142,780 children. Partnerships with local and international NGOs are vital for UNICEF-supported activities to reach the largest number of children in need. In the health sector, there are urgent needs to address in HIV and AIDS prevention in IDP sites and return villages and a need to reinforce the prevention of mother to child transmission of HIV (PMTCT) services in district hospitals across the country. In addition, with the ongoing crisis in Libya, thousands of migrant children and women are fleeing to Chad requiring basic health services including immunizations.

8 42,720 from IDPs 70,560 from the host population in the East and 18,288 from host population in Southern Chad) 26,169 pre-school children from refugee camps benefited from training offered to teachers in Education In Emergency (EIE) on DDR and Emergency Preparedness.
Pregnant women were reached in health facilities through the following activities: procurement, supply and distribution of HIV tests, key equipment and consumables; HIV testing and counseling; ARV prophylaxis for PMTCT and Immunological assessment (CD4 cell count).

Funding requirements remain the same, totalling US$45,639,000. As of 1 June 2011, US$8,511,217 had been received primarily from CERF.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>15,300,000</td>
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<td>12,033,955</td>
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<tr>
<td>Health</td>
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<td>HIV and AIDS</td>
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<td>1,981,959</td>
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<tr>
<td>Cluster Coordination</td>
<td>430,000</td>
<td>430,000</td>
<td>403,680</td>
<td>26,320</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>45,639,000</strong></td>
<td><strong>45,639,000</strong></td>
<td><strong>8,511,217</strong></td>
<td><strong>37,127,783</strong></td>
</tr>
</tbody>
</table>

*The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006. More information on Chad can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011).
HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM FIRST HALF OF 2011

In 2011, UNICEF requires US$7,467,000 for its humanitarian work in Congo. As of 1 June 2011, no funding had been received. Despite this lack of funding, UNICEF was able to utilize other sources of financial support in order to meet urgent humanitarian needs of the most vulnerable women and children in Congo.

In the department of Likouala, UNICEF support ensured access to health care and essential services for three months for the benefit of 14,000 persons. Nutrition interventions covered all refugee children aged 6-59 months and 72 per cent of refugee women in post partum, benefiting 49,441 children (inclusive of 20,500 refugees) and 1,643 women, through supplementation activities (vitamin A combined with deworming, iron and folic acid). Promotion of key nutrition practices were also undertaken at household level, using trained community health workers, as well as animators from NGOs.

Around 23,315 previously unreachable refugees received improved access to potable water and adequate sanitation facilities as a result of the construction or rehabilitation of 17 wells equipped with manual pumps, 49 latrines, and distribution of 4,500 water filters, and 200 sanitation kits. Latrines and hand washing facilities were also constructed in 19 schools, benefiting about 7,500 children.

CHILDREN AND WOMEN IN CRISIS

More than 114,000 refugees who fled the Democratic Republic of the Congo (DRC) in 2010, of whom an estimated 80 per cent are women and children, remain in need of humanitarian assistance. Despite efforts to support the repatriation process in DRC, which started one year ago, the possibility of a safe return for refugees in the short/medium term remains uncertain due to the persistence of pockets of conflict, insecurity and sexual violence in their home country. Although the last rainy season did not cause any significant emergency situation, the upcoming rainy season threatens recurrent floods, which would cause thousands of children difficulties getting to school, and risk of cholera exposure (around 350,000 people)\(^1\). Moreover, while the sudden wild polio virus (WPV) outbreak of November 2010 was rapidly and successfully controlled through coordinated efforts of the government, WHO and UNICEF, the threat of WPV importation from neighbouring countries warrants further efforts to maintain ongoing risk control. The aftermath of the epidemics left most survivors, particularly children, with serious physical handicaps, trauma, despair, social stigmatization, and socioeconomic vulnerability.

In March 2011, the epidemiological surveillance system reported 188 suspected cases of measles, with 82 per cent of them located in Pointe Noire\(^2\). New cases of measles were reported in the departments of Kouilou, Niari Bouenza and Lekoumou from March to May. In May, the number of cases increased to 641, which lead the Ministry of Health to declare the epidemic and prepare a riposte plan in collaboration with partners.

Providing humanitarian relief in the Congo is generally extremely difficult due to logistical constraints related to weather, limited air access and minimal air cargo access to some areas. During the first half of 2011, such constraints caused high transportation and distribution costs, in addition to delays due to scarcity of transportation services.

MEETING URGENT NEEDS AND BUILDING RESILIENCE

JULY – DECEMBER 2011

Although the cluster approach has not been formally adopted in the Congo, within the UN country team UNICEF is the agreed sector lead in WASH, while it coordinates the education sector with UNESCO and provides significant support in the nutrition, health and protection sectors. Support to children disabled by polio will be also be part of UNICEF priorities for the rest of 2011.

- Nutrition interventions (prevention, detection and treatment of undernutrition) will benefit 69,470 children as well as 45,000 women who are pregnant or breastfeeding. In addition, they will have improved access to primary health care through provision of vaccines, essential drugs, cholera kits and other health commodities.
- Clean water and proper sanitation facilities are indispensable to health. WASH efforts will continue focusing on refugees, to maintain their existing water supplies and bring clean water and sanitation to 25,000 previously inaccessible refugee families.
- Some 85,000 children of preschool and primary school age will access quality education opportunities, including child-friendly emergency education programmes. UNICEF will continue supporting the 146 existing temporary learning centres and promoting key hygiene practices through peer education.
- In collaboration with the Departmental Direction of Social Affairs in Impfondo, two drop-in centres for psychosocial care of children and women

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\(^1\) Some quarters of Brayvaille and Pointe Noire, and three districts located in Pool and Bouenya are considered at risk for cholera. Population figures are from the 2007 census, preliminary results.

\(^2\) Directorate of EPI
survivors of violence and sexual abuse will be maintained.

- UNICEF, in close collaboration with the government and WHO, will support two rounds of polio immunization for children under 5, scheduled in October and November 2011 through purchase of vaccines and communication. In addition, UNICEF will strengthen polio prevention in Pointe Noire through social mobilization and promotion of hygiene and sanitation.

- UNICEF will provide technical assistance (supervision and monitoring) and social mobilization support for the riposte campaign against measles.

- In collaboration with partners (municipality, religious congregations, private sector – ENI Congo, MTN telephone company), UNICEF will promote protective environments for children disabled by polio, continuing to ensure their rights to health and education.

FUNDING REQUIREMENTS FOR 2011

UNICEF initially requested US$4,830,000 to carry out its planned activities for the Congo in 2011. However, emerging situations including the recent polio outbreak and the current measles outbreak require increased funding to meet additional humanitarian needs, totalling US$7,467,000 for 2011. A prompt donor response to the desperate needs of women and children will improve their survival, well-being, development, protection and access to basic social services. Lack of funding will result in increased risk of polio and measles for children, lost opportunities for children disabled by polio, as well as deterioration of the living conditions of refugee children and women in the department of Likouala.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>983,000</td>
<td>983,000</td>
<td>0</td>
<td>983,000</td>
</tr>
<tr>
<td>Health</td>
<td>384,000</td>
<td>1,311,000</td>
<td>0</td>
<td>1,311,000</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>2,293,000</td>
<td>3,862,000</td>
<td>0</td>
<td>3,862,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td>350,000</td>
<td>350,000</td>
<td>0</td>
<td>350,000</td>
</tr>
<tr>
<td>Education</td>
<td>820,000</td>
<td>961,000</td>
<td>0</td>
<td>961,000</td>
</tr>
<tr>
<td>Total*</td>
<td>4,830,000</td>
<td>7,467,000</td>
<td>0</td>
<td>7,467,000</td>
</tr>
</tbody>
</table>

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

More information on humanitarian action in the Congo can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011).
Côte d’Ivoire

CHILDREN AND WOMEN IN CRISIS

The political crisis and the conflict that followed the November 2010 presidential election in Côte d’Ivoire have each had a devastating effect on the country’s adolescents and children. Serious tensions and violence returned to the country as heavy fighting erupted in the West and in Abidjan, leading to a major humanitarian crisis with an estimated 1 million people fleeing their homes,1 more than 200,000 of which escaped to neighbouring countries.2 Homes were burned down while more than 800,000 children were unable to attend school for several months.3 In Abidjan, an estimated 1,500 people were killed, while millions remained stranded in their homes for weeks, living in difficult conditions with limited access to food and water. Even though the crisis eased in April, the political climate in Côte d’Ivoire remains volatile, and there are significant risks for escalation of tensions.

As of mid-June, UNHCR reports that more than 300,000 people are still displaced in Côte d’Ivoire. Approximately 322,277 people have been registered as internally displaced persons (IDP), with the largest proportion in the west (132,188 people), the north (62,676), followed by Abidjan with 55,912.4 They are staying in sites or with host families across the country, though exact numbers of the displaced are difficult to estimate, because many are hiding in the bush. About 60 per cent of the displaced are women and children,5 and children in these families are extremely vulnerable to exploitation and abuse. With around 49 per cent of the population living below the national poverty line,6 humanitarian need is also rooted in poverty and compounded by food shortages, lack of access to clean water, education, health and social services. Worsening health conditions due to the growing risk of diseases in the current rainy season also present a major problem for the country.

MEETING URGENT NEEDS AND BUILDING RESILIENCE
JUNE – DECEMBER 2011

- In collaboration with the Government, UN Agencies and NGO partners, UNICEF will screen 30,000 children for severe acute malnutrition and treat 1,200 children in the most conflict-affected western areas. In total, UNICEF will treat 5,000 children suffering from severe acute malnutrition nationwide. In collaboration with partners, UNICEF will carry out blanket immunization campaigns for 30,000 children aged 6-23 months, lactating and pregnant women.
- Some 3 million children and 600,000 pregnant and lactating women in areas of displacement and camps will benefit from immunization programmes. An immunization campaign against measles will benefit 1 million displaced children aged 6-59 months in the North, and another campaign will take place against measles and yellow fever in October 2011.
- UNICEF will ensure the provision of safe drinking and promotion of key hygiene practices for 1.5 million beneficiaries in the North. Household water treatment, hygiene kits and sanitation promotion will be delivered to 100,000 hosting households in urban and rural areas.

6 Institut national de la statistique, ‘Enquête sur le niveau de vie’ [Survey of household wealth], INS, Abidjan, Côte d’Ivoire, 2009.
Regarding WASH interventions, UNICEF has disseminated hygiene promotion messages to over 420,000 people. 162,046 people exposed to cholera received hygiene kits. UNICEF also provided improved hygiene and sanitary facilities through the repair of hand pumps and boreholes in the camps and host communities, and has improved water schemes in the North.

UNICEF has provided household water treatment products to 43,000 persons, and 656,000 persons have benefitted from the well chlorination campaign.

In the education sector, UNICEF has advocated for the reopening of schools in the Centre, North and West (CNO) of the country, and 460,130 students (85 per cent of whom were enrolled before the crisis) have returned to school in the region.

10,000 displaced children are participating in daily non-formal programmes in IDP sites in the life skills and recreational activities offered. UNICEF assisted 13,991 displaced persons with non-food items (NFI). UNICEF also provided support to identify 604 cases of separated or unaccompanied children.

Over 130 victims of gender-based violence, including 57 children, received assistance from UNICEF and partners. Four hundred children deprived of parental care, in institutions, and affected by the crisis, received direct assistance. UNICEF has provided support to identify 604 cases of separated or unaccompanied children. UNICEF provided assistance to 4,600 families with vulnerable children. In addition, UNICEF provided NFIs to 13,991 persons.

Awareness messages in IDP sites or in host communities reached 921,000 people. Over 560 cases of STIs were treated in IDP sites. UNICEF also provided support to 1,400 OVCs based on their needs for education, nutrition, health assistance or psychosocial support, while 466 women benefitted from PMTCT services and 440 people living with HIV and AIDS continued to receive care.

- UNICEF will develop child protection interventions in 16 priority districts in 7 regions and in the district of Abidjan, for improved rights protection of 1,242,000 children aged 10-17 years (including 602,000 girls) against violence including GBV, abuse and exploitation. 100 per cent of reported victims of sexual violence will be referred and supported for adequate care.
- UNICEF is rolling-out the back-to-school (BTS) campaign, which will benefit 1,000,000 school children directly affected by the conflict. More than 4,700 teachers will be trained on psycho-social support and life skills to ensure detection and follow-up of trauma cases among children in 2,370 schools and in IDP sites in 10 education directorates.
- UNICEF and partners will strive to ensure continuity of access to quality HIV and AIDS prevention, care and treatment services, including access to ARVs. UNICEF will focus on ensuring continuity of treatment for 15,000 women and 4,443 children; providing behaviour change interventions and HIV testing through mobiles clinics to 5 million adolescents and young people to reduce the risk of HIV transmission.
- UNICEF and partners will reach out to some 3,000,000 children, youth, mothers and adults on key messages related to hygiene, sanitation, vaccination campaigns and EPI activities.

**FUNDING REQUIREMENTS FOR 2011**

In March 2011, a UNICEF Humanitarian Action Update was released to reflect the deteriorating situation in the country, and the subsequent increase in the needs of children and women affected by the post-elections crisis in Côte d’Ivoire. At mid-year UNICEF is requesting US$44,590,000 for its humanitarian work in Côte d’Ivoire in 2011, to assist children and women as they cope with the aftermath of the political crisis and conflict. This includes UNICEF requirements of US$36.8 million against the inter-agency Emergency Humanitarian Action Plan (EHAP).

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements (March 2011 Humanitarian Action update)</th>
<th>Revised HAC MYR requirements</th>
<th>Funds received (US$)</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>1,551,000</td>
<td>6,550,000</td>
<td>7,875,000</td>
<td>3,826,073</td>
<td>4,048,927</td>
</tr>
<tr>
<td>Health</td>
<td>1,000,000</td>
<td>6,500,000</td>
<td>9,215,000</td>
<td>5,302,145</td>
<td>3,912,855</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>350,000</td>
<td>1,220,000</td>
<td>1,500,000</td>
<td>251,073</td>
<td>1,248,927</td>
</tr>
<tr>
<td>WASH</td>
<td>900,000</td>
<td>7,770,000</td>
<td>9,050,000</td>
<td>1,502,145</td>
<td>7,547,855</td>
</tr>
<tr>
<td>Child Protection</td>
<td>650,000</td>
<td>2,200,000</td>
<td>3,550,000</td>
<td>1,476,609</td>
<td>2,073,391</td>
</tr>
<tr>
<td>Education</td>
<td>700,000</td>
<td>6,690,000</td>
<td>11,800,000</td>
<td>1,746,609</td>
<td>10,053,391</td>
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<tr>
<td>Emergency preparedness and response</td>
<td>300,000</td>
<td>0</td>
<td>0</td>
<td>162,348</td>
<td>0</td>
</tr>
<tr>
<td>Communication for Development</td>
<td>0</td>
<td>490,000</td>
<td>900,000</td>
<td>550,000</td>
<td>350,000</td>
</tr>
<tr>
<td>Cluster/Sector coordination related costs</td>
<td>90,000</td>
<td>700,000</td>
<td>700,000</td>
<td>1,276,785</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,541,000</strong></td>
<td><strong>32,120,000</strong></td>
<td><strong>44,590,000</strong></td>
<td><strong>16,093,787</strong></td>
<td><strong>29,235,346</strong></td>
</tr>
</tbody>
</table>

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

More information on Côte d’Ivoire can be found at [www.unicef.org/hac2011](http://www.unicef.org/hac2011) or the country office web site at [www.unicef.org/cotedivoire](http://www.unicef.org/cotedivoire).
Democratic Republic of the Congo

CHILDREN AND WOMEN IN CRISIS

Since the beginning of 2011, three situations have required the urgent attention of UNICEF and its partners: (1) epidemic levels of measles in Katanga, South Kivu, Kasai Oriental, Kasai Occidental, Maniema provinces, (2) increasing numbers of displaced families fleeing South Kivu into Katanga’s northern Tanganyika district, and (3) protection abuses and humanitarian needs of Congolese citizens forcibly expelled from Angola in the border areas of Bas Congo, Bandundu, and Kasai Occidental.

In addition to these issues, ongoing and newly emergent conflict and insecurity make the Democratic Republic of the Congo 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; the displaced population as of June 2011 remains at an estimated 1.71 million, more than half of them children. In 2011, attacks with mass sexual violence by both armed groups and armed forces continued in both North and South Kivu. More than 100 attacks by the Lord’s Resistance Army have been reported in northeast Congo. Hundreds of children have escaped armed groups since the beginning of the year. Ongoing conflict in the east and northeast along with dysfunctional or nonexistent infrastructure throughout the country make delivering humanitarian aid extremely challenging due to security issues and lack of physical access to communities in need.

MEETING URGENT NEEDS AND BUILDING RESILIENCE

JULY – DECEMBER 2011

UNICEF and its network of partners are leaders in both humanitarian response and coordination in the Democratic Republic of the Congo. In the second half of 2011, UNICEF will continue to work with the Government, other UN agencies, and local and international NGOs as well as affected communities to meet the needs of boys and girls and their families. UNICEF is leading the nutrition, education, WASH, emergency shelter and non-food items (NFI) clusters and the child-protection sub-cluster and is actively participating in the health cluster. With forthcoming funds in the second half of 2011 for cluster coordination, UNICEF will scale up and strengthen its cluster work in coordination, evaluation, standard development, information management and monitoring.

- By the end of the year, more than 93,500 children affected by severe acute malnutrition will be admitted into therapeutic feeding centres for treatment, according to the protocol for community-based management of acute malnutrition.
- In response to a major measles outbreak in DRC, UNICEF will vaccinate about 7 million children under age 5 against measles in seven provinces in the second half of 2011.
- During the second half of the year, UNICEF and its partners will meet the needs of 475,000 people in water supply and sanitation facilities.
- 2,700 children separated from armed forces and groups and 1,500 unaccompanied children will receive protection and care.
- At least 5,000 women, men, girls, and boys survivors of sexual violence will access appropriate services supported by UNICEF. Protocols on minimum standards of care for child and adult survivors will be adopted by the government and disseminated to service providers.

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3 Beneficiaries are provided with vouchers that they can use to buy the items they need most at the market of local vendors.
In the first half of 2011, UNICEF responded to a measles outbreak in five provinces, vaccinating more than 5.5 million children aged between 6 months and 15 years old. UNICEF has also provided essential drugs to 3,927 cholera cases in Kisangani, Tanganyika and South Kivu.

Through UNICEF programmes, more than 465,000 people affected by cholera and displacement (against the goal of reaching 826,000 for the year) have improved their hygiene knowledge, gained access to safe water, sanitation facilities and emergency water supply. These results were achieved through the construction of more than 200 water points and 1,800 latrines.

Age- and gender-appropriate services have been accessed by 6,015 survivors of sexual and gender based violence, 50 per cent among them being children.

Thus far, around 19,000 displaced and returnee children (out of 50,000) have accessed the protective environment of child-friendly spaces; UNICEF has provided temporary care for 300 children who have escaped armed groups (3,000 children planned) and reintegration support for over 520 (of the 2,000 to be served).

In addition to the education activities carried out under RRMP, from January to March 2011, about 38 per cent of emergency education targets were reached.

Approximately 18,000 children (42 per cent girls), have received improved access to quality basic education through the rehabilitation and provision of 45 temporary classrooms and latrines and have benefited from adapted protective spaces, which reduce the risks of psychosocial stress linked to child recruitment into armed groups, forced labor and other employment.

- Emergency education interventions will ensure that 93,050 children will gain access to quality education and remain enrolled therein, thereby building their capacities to become independent actors in the future.
- UNICEF’s Rapid Response to Movements of Population (RRMP) partners will continue its focus on four core areas in eastern DRC, including: providing quality information about humanitarian needs in newly affected areas by conducting 400 multi-sectorial assessment reports and meeting urgent needs of emergency affected populations; distributing essential household and personal items (Non-Food Items) and emergency shelter material for 97,300 families or around 486,500 people; supplying emergency water-sanitation and hygiene solutions for 448,000 persons; and ensuring access to basic education for 41,700 children.
- Through UNICEF’s NFI initiatives complementary to RRMP—such as the Alternative Responses for Communities in Crisis, which focuses exclusively on the cash-based voucher approach and pre-positioned emergency stocks and funds for NFI interventions throughout the country—UNICEF and partners will meet the needs of at least 12,000 additional emergency affected families.

**FUNDING REQUIREMENTS FOR 2011**

UNICEF has revised its yearly requirements to US$ 123,070,000 to respond to the humanitarian needs of children and women in the DRC. The health funding requirements have been revised from US$7 million to US$12 million in view of the need to vaccinate an unanticipated number of children against measles. The funding needs for NFI assistance have been increased to US$4.5 million due to increased needs in areas where RRMP does not operate. While only US$23.5 million had been received during the first six months of the year, due to an additional US$ 14.3 million of carry-over funds received in 2010 but used in 2011, the actual funding gap is reduced from US$99.5 million to US$ 85.2 million.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>25,738,000</td>
<td>25,738,000</td>
<td>9,115,551</td>
<td>16,622,449</td>
</tr>
<tr>
<td>Health</td>
<td>7,000,000</td>
<td>12,000,000</td>
<td>1,331,512</td>
<td>10,668,488</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>15,123,000</td>
<td>15,123,000</td>
<td>0</td>
<td>15,123,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td>12,600,000</td>
<td>12,600,000</td>
<td>2,850,432</td>
<td>9,749,568</td>
</tr>
<tr>
<td>Education</td>
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<td>16,845,000</td>
<td>886,401</td>
<td>15,958,599</td>
</tr>
<tr>
<td>RRMP</td>
<td>33,000,000</td>
<td>33,000,000</td>
<td>7,316,728</td>
<td>25,683,272</td>
</tr>
<tr>
<td>NFI</td>
<td>1,720,000</td>
<td>4,500,000</td>
<td>2,043,239</td>
<td>2,456,761</td>
</tr>
<tr>
<td>Cluster coordination</td>
<td>3,264,000</td>
<td>3,264,000</td>
<td>0</td>
<td>3,264,000</td>
</tr>
<tr>
<td><strong>Total</strong>*</td>
<td><strong>115,290,000</strong></td>
<td><strong>123,070,000</strong></td>
<td><strong>23,543,864</strong></td>
<td><strong>99,526,136</strong></td>
</tr>
</tbody>
</table>

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

CHILDREN AND WOMEN IN CRISIS

As a consequence of the Presidential elections held in November 2010 in Côte d'Ivoire and resulting violence, a large number of Ivorians fled their country and sought refuge in border towns and villages of Eastern Liberia (Nimba, Grand Gedeh, River Gee and Maryland counties). The Government of Liberia recognised all Ivorians fleeing their country as refugees on a *prima facie* basis. The national government, UN agencies and NGOs rapidly focused their attention in providing immediate humanitarian assistance to the increasing number of refugees, 60 per cent of whom are children.1

With new arrivals of refugees continuing, there is little prospect of immediate return for refugees, especially for the ones in the border regions. The refugees do not feel that conditions for their safe return exist yet. It is extremely important that facilities are in place so that they may remain in Liberia in safety and dignity until conditions allow them to return to their home countries voluntarily. The humanitarian assistance provided to refugees in camps, transit centres and host communities will need to be sustained and scaled up, moving out of emergency phase and into early recovery by early 2012. Over the coming months, UNICEF’s priority will be to encourage refugees to relocate into camps and to access services. However, this relocation process is expected to take time, creating the need to maintain the assistance to refugees in host communities. The continuing arrival of refugees into Liberian villages has dramatically outstretched the absorptive capacity of the host communities, who rely on meagre subsistence economies and resources. Host communities will be assisted in accordance with vulnerability criteria as defined by each sector. Throughout the emergency there has been a consistent in-flow and reported presence of Third Country Nationals (TCN) and Returning Liberian Migrants who fled Côte d’Ivoire at the same time as the Ivorian refugees. They prefer to wait and monitor the situation in Côte d’Ivoire before making a decision to return.

Logistical challenges have been exacerbated by Liberia’s severe rainy season2 and poor road conditions. These will continue to pose challenges for transporting and distributing emergency supplies to the refugee population who are already scattered in host communities, camps and transit centres. Protection and human rights concerns are continuing challenges exacerbated by the large number of vulnerable groups and, as with many situations of conflict and insecurity, the possibility of gender-based violence (GBV) is high.

MEETING URGENT NEEDS AND BUILDING RESILIENCE IN 2011

In partnership with UNHCR and a number of humanitarian agencies, UNICEF is leading the WASH, nutrition, education (co-lead with Save the Children), the child protection sub-cluster, and supporting the health and HIV and AIDS coordination and response mechanisms to ensure proper sectoral coordination. In collaboration with partners, UNICEF will scale up humanitarian assistance and address new challenges in the humanitarian situation, serving an estimated 160,000 refugees, 100,000 host community members and 15,000 returnees and 5,000 TCNs for the second half of 2011. Over 80 per cent of this group is comprised of children (60 per cent) and women (20 per cent).

- Through the nutrition programme, 3,100 children under age 5 will be treated for severe acute malnutrition (SAM) and 5,800 children under age 5 will be treated for moderate acute malnutrition through provision of high energy food and micronutrient dense fortified spread (lipid nutrient supplement) foods. 34,400 affected children will benefit from the promotion of optimal

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1 Sources of data and information are derived from Government of Liberia, UNHCR and UNICEF reports and publications.
2 Liberia’s rainy season runs from June to October
infant and young child feeding practices to ensure adequate growth and development.

- The health programme will support the provision of access to emergency health care to refugee population, host community and returnees: 69,500 under-five children and 13,500 pregnant women. The programme will also strive to reduce morbidity and mortality among crisis-affected population specifically women and children.

- Approximately 85,000 refugees and 100,000 host community members will benefit from emergency WASH services in conformity with SPHERE minimum standards to the refugee population and promotion of sanitation and hygiene.

- The protection programme will ensure the rights to protection from violence, abuse and exploitation of all boys, girls and young people during emergency in line with UNICEF’s Core Commitments for Children in Humanitarian Action, reaching 75,000 Ivorian children; 20,000 Ivorian adolescents; 15,000 Liberians in school; 25,000 primary school children; and 15,000 out of school Liberian youth in host communities.

- The education programme will ensure that all Ivorian and Liberian children 3-17 years affected by the crisis have access to quality and relevant formal and non-formal education opportunities in safe and protective learning environment, where integrated education and child protection interventions are implemented for a total of 200,000 people including Ivorian children.

**FUNDING REQUIREMENTS FOR 2011**

By mid-year, UNICEF has revised its yearly funding needs to around US$30 million in order to respond to the needs of refugees, host community members and returnees. This amount is inclusive of the funding needs against the inter-agency Emergency Humanitarian Action Plan (EHAP) revised as of July 2011.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2011 requirements as per EHAP in March 2011</th>
<th>2011HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>3,942,308</td>
<td>6,005,275</td>
<td>2,505,276</td>
<td>3,499,999</td>
</tr>
<tr>
<td>Health</td>
<td>1,005,800</td>
<td>2,512,706</td>
<td>812,705</td>
<td>1,700,001</td>
</tr>
<tr>
<td>WASH</td>
<td>3,089,304</td>
<td>8,718,549</td>
<td>3,768,795</td>
<td>4,949,754</td>
</tr>
<tr>
<td>Protection</td>
<td>3,892,125</td>
<td>5,809,867</td>
<td>2,109,867</td>
<td>3,700,000</td>
</tr>
<tr>
<td>Education</td>
<td>6,952,596</td>
<td>6,952,596</td>
<td>1,435,836</td>
<td>5,516,760</td>
</tr>
<tr>
<td>Total**</td>
<td>18,882,133</td>
<td>29,998,993</td>
<td>10,632,479</td>
<td>19,366,514</td>
</tr>
</tbody>
</table>

*In addition, UNICEF received $4,067,612 from UNICEF HQ Emergency Response Fund which needs to be reimbursed.

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

CHILDREN AND WOMEN IN CRISIS

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.1 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 2.2 Unprecedented humanitarian action backed the Government of the Niger response and helped avoid a heavy death toll. Floods and outbreaks of cholera and malaria added hazardous elements and increased distress in the second half of 2010.

Although the food outlook for 2011 is better than in 2010, some regions have seen their food security compromised due to locust invasion or localized flooding. The Government identified 164 food insecure zones, for a total of about 2 million people, including 460,000 under 5 children. Chronic and acute undernutrition are therefore expected to remain high and a total of 200,000 cases of Severe Acute Malnutrition (SAM) are expected to be treated in Niger in 2011. Moreover, from January to July 2011, one case of wild polio virus was identified in Niger. At the same period 8,564 cases of measles including 30 deaths were recorded, as well as 1,149 meningitis cases and 134 deaths.3

The country faces widespread poverty, limited health infrastructure and inadequate education facilities. In the northern area, the presence of Al-Qaida further complicates humanitarian access. The humanitarian situation in Niger has also been impacted since January by the political crisis in Libya: as of May 2011, 103,297 persons crossed the border to Niger while fleeing the violence.

MEETING URGENT NEEDS AND BUILDING RESILIENCE

JULY – DECEMBER 2011

As cluster lead agency for nutrition, protection and WASH, UNICEF will continue to work with the Government of the Niger, other UN agencies, and local and international NGOs as well as host communities in addressing the needs of more than 2 million children.

- At 822 therapeutic feeding centres, 200,000 children aged 6–59 months will be treated for severe acute malnutrition (SAM). Blanket feeding operations will reach 210,933 children aged 6 – 23 months and 73,868 lactating women in 2011.

- UNICEF will ensure immunization of 200,000 children under age 5 (100 per cent of target population), contribute to the vaccination of 200,000 children against measles, provide antibiotics for the treatment of 20,000 children with measles complications, and provide health centres with medicine and equipment (including 200,000 insecticide-treated mosquito nets) to treat 1.6 million paediatric cases of malaria and 200 paediatric cases of cholera

- 20,000 households (representing 140,000 people) will receive water-purification tablets. 5,000 wells will be treated with calcium hypochlorite and water points restored in schools, hospitals and health centres, benefitting a total of 1,000,000 people. Water tanks and latrines will be installed in flood-affected areas for 7,200 households (or 50,000 people). Communication for development activities to promote the treatment of drinking water and good hygiene practices will also target 7,200 households.

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3 Weekly Reports, Health Information National System, Ministry of Health of Niger
During the first half of 2011, 285,000 cases of malaria among under age 5 children were treated (peak season is July-August); 500,000 children were immunized against measles in epidemic targeted districts; 733,641 children received the MenA (Meningococcal A conjugate) vaccine during the national immunization campaign, and 50 cases of cholera among children were treated.

As a response to migrations to Niger following the political crisis in Libya, UNICEF provided support (counseling services, non-food items and lodging) to 702 women and 189 children (including 110 girls) who travelled through the transit centres of Agadez. These populations have now safely returned to their communities of origin.

In April 2011, UNICEF also provided care, recreational activities and non-food items to 60 children (23 girls and 37 boys - out of which 4 boys separated from their families) in the Maradi region, following migrations of families fleeing the political violence of the elections in Nigeria. The children were successfully reunified with their families, and all families had returned to their communities by the end of April 2011.

The independent evaluation of the first large scale emergency cash transfer operation in Niger, carried out during the nutrition emergency response of 2010, was released in March 2011. The evaluation showed positive results, and the operation has been recognized as an efficient new tool to be used in the emergency context.

The Nutrition Cluster played a leading role in planning and coordinating the 2010 nutrition emergency response. Under its leadership, a joint response plan was developed, interventions were coordinated both at central and regional levels, and regular feedback was provided to Government and donors.

- UNICEF will promote and protect the rights of children and women affected by natural disasters by leading strong advocacy efforts at national and local levels, and by providing psychosocial support, protection from violence and abuse, information through local media, and training for 400 humanitarian workers and 240 service providers among police, health promoters and social workers. In particular, UNICEF will continue to provide support to migrant families returning from Libya, and particularly to non-accompanied children, vulnerable women and children; and landmine risk education to communities of returned migrants families living in landmine-affected areas in the Northern part of the country.

- 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. In the worst-case scenario, up to 60 schools could be affected by floods, representing about 15,000 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.

FUNDING REQUIREMENTS FOR 2011

UNICEF is maintaining its original request of US$37,062,000 to carry out its planned activities in the Niger. This request is in line with Consolidated Appeals Process (CAP) requirements. The total amount utilized in 2011 is US$19,639,358, of which $10.2 million has been received in 2011 and the remaining US$9,441,473 has been carried over from 2010. This leaves the UNICEF Emergency Programme with a total funding gap of $US17,422,642 notably in Health, Nutrition, wash and Child protection. Hence, generous and rapid funding is needed to prevent child deaths due to undernutrition and disease.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Original 2011 HAC requirements</th>
<th>Revised HAC requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
<th>Additional funds utilized in 2011</th>
<th>Final funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>24,129,000</td>
<td>24,129,000</td>
<td>7,173,653</td>
<td>16,955,346</td>
<td>9,087,598</td>
<td>7,867,748</td>
</tr>
<tr>
<td>Health</td>
<td>7,711,000</td>
<td>7,711,000</td>
<td>3,024,231</td>
<td>4,686,769</td>
<td>0</td>
<td>4,686,769</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>3,420,000</td>
<td>3,420,000</td>
<td>0</td>
<td>3,420,000</td>
<td>0</td>
<td>3,420,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td>1,362,000</td>
<td>1,362,000</td>
<td>0</td>
<td>1,362,000</td>
<td>300,000</td>
<td>1,062,000</td>
</tr>
<tr>
<td>Education</td>
<td>200,000</td>
<td>200,000</td>
<td>0</td>
<td>200,000</td>
<td>0</td>
<td>200,000</td>
</tr>
<tr>
<td>Cluster/Sector coordination</td>
<td>240,000</td>
<td>240,000</td>
<td>0</td>
<td>240,000</td>
<td>53,875</td>
<td>186,125</td>
</tr>
</tbody>
</table>

Total* 37,062,000 37,062,000 10,197,884 26,864,115 9,441,473 17,422,642

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