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<td>0%</td>
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<td>0%</td>
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<td>Colombia</td>
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<td>32%</td>
</tr>
<tr>
<td>Haiti</td>
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<td>12,100,000</td>
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<td><strong>TOTAL TACRO</strong></td>
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<td>30,158,874</td>
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</tr>
<tr>
<td>Country</td>
<td>2008</td>
<td>2009</td>
<td>2009 - 2008</td>
<td>%</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>---------</td>
<td>---------</td>
<td>-------------</td>
<td>----</td>
</tr>
<tr>
<td>Chad</td>
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<td>35,405,080</td>
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<td>6%</td>
</tr>
<tr>
<td>Congo, Republic of the ...</td>
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<td>2,749,120</td>
<td>0</td>
<td>0%</td>
</tr>
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<td>Côte d'Ivoire</td>
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<td>12%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
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</tr>
<tr>
<td>Guinea</td>
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<td>6,003,881</td>
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<td>0%</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
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<td>13,095,000</td>
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</tr>
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<td><strong>GRAND TOTAL</strong></td>
<td><strong>1,000,494,205</strong></td>
<td><strong>1,147,707,785</strong></td>
<td><strong>276,174,045</strong></td>
<td><strong>24%</strong></td>
</tr>
</tbody>
</table>

Countries and regions in red indicate CAP 2009 countries
* Funds received as per end May 2009
Overview

The first half of 2009 has witnessed improvements in several long-standing humanitarian crises such as the gradual transition from crisis to recovery in Uganda and the efforts to restore normalcy after five years of political instability in Côte d’Ivoire, while also seeing a dramatic increase in the scope of humanitarian needs in Zimbabwe and Sri Lanka to name a few. As UNICEF reviews its Humanitarian Action Report at mid-year, millions of children and women continue to be affected by ongoing conflicts, protracted displacement and disasters associated with natural hazards such as earthquakes, droughts, floods, cyclones and hurricanes. Underlying vulnerabilities have been further exacerbated by a combination of global challenges related to high food and fuel prices, financial and economic crises, and the increasingly evident impacts of climate change. At the beginning of 2009, UNICEF called for just over US$1 billion to address the effects of acute or protracted crises in 36 countries in six regions. This overall requirement, at the time of the mid-year review, has increased by 15 per cent up to 1.15 billion. Out of this revised requirement only 24 per cent have been received to support our response with partners in the critical areas of health and nutrition, child protection, education, HIV/AIDS and water, sanitation and hygiene. An additional US$ 849 million will be required to meet critical needs in the next six months.

UNICEF typically responds to multiple emergencies and humanitarian crises in more than 80 countries every year, primarily through its existing programmes, partnerships, and support activities. However, 36 countries have been prioritized in this report due to the scale of the crisis, the severity of impact on children and women, the chronic or protracted nature of the crisis, and the potential to bring about life-saving results and the necessary sustainable changes which can lead to recovery. The HAR thus represents a compilation of CAP and other humanitarian funding appeals.

In 2009, we have noted the convergence of three global challenges which are having a direct impact on communities and countries that UNICEF and partners have prioritized for humanitarian support this year. Although the same global trends have had an impact on all humanitarian actors, UNICEF is keenly aware of how these global trends and events interact and are being compounded in the lives of children and women in the poorest and most marginalized communities we serve.

First, the global rise in food prices continues to affect many countries, particularly those highly dependent on food imports. This combined with the second global challenge of global financial and economic crisis has created additional strains on vulnerable and marginalized populations. Children and women have been especially hard hit as their families struggle to secure food and other essential goods and services in the face of reduced income and rising prices. These global events have dramatic effects on individuals and communities, as health and nutritional status are rapidly compromised among the poorest families—those who spend the bulk of their household resources on food. Country programmes from around the globe have already pointed to the devastating consequences of reduced food intake on nutrition and, ultimately, child survival. Greater numbers of severely malnourished children have been reported in countries such as Mauritania, Burundi, Malawi, Somalia and Yemen with hospital admissions for acute malnutrition in children aged 12-59 months as a direct result of lower maternal food intake1. In the absence of measures to mitigate these situations, the combination of factors is likely to contribute to higher rates of child mortality2. A pronounced decline in household economic income has a particularly negative impact on school attendance and ability to access health services. This further poses an increased risk of households resorting to harmful coping strategies such as child labour.

The third main global challenge is that of climate change, especially its direct and indirect impact on livelihoods, population movements, and adaptation. There is already ample evidence that climate change is leading to an increase in the intensity and frequency of climate-related disasters. A report from NGO OXFAM released in March 2009 suggests that the total number of people affected by climate-related disasters will increase by 50 percent by 2015, rising to as much as 375 million. Moreover, climate change affects quantity and quality of safe water supply, health status, and livelihood patterns as well as migration and forced displacement. UNICEF believes that while climate change is clearly already impacting the lives of women and children, empowered communities are ultimately powerful protagonists for both mitigating global warming and adapting to climate change.

1 Admission rates in February 2009 were two to six-fold higher than in 2008.
In addition to these challenges, the further spread of the A/H1N1 flu outbreak is of serious concern. The pandemic alert level was raised by the World health Organization (WHO) from phase 5 to 6 in June 2009. There is significant and growing concern about how A/H1N1 will spread in the southern hemisphere. Although the pandemic appears to have been only of moderate severity in comparatively well-off countries, it is prudent to anticipate a potentially bleaker picture as the virus spreads to areas with limited resources, poor health care, and a high prevalence of underlying medical problems. UNICEF, under the technical leadership of WHO, is strengthening its support to country-level social mobilization initiatives aimed at controlling the spread of the virus and promoting life-saving behaviours.

In this challenging context, immediate humanitarian assistance for the hardest hit or most vulnerable children and women plays a particularly crucial role in UNICEF operations. UNICEF is monitoring the situation of children on the ground in over 150 countries and territories and is responding according to identified needs and evidence-based analysis. UNICEF is further working with governments and other partners in 55 countries to help strengthen capacities at both national and local levels to reduce the risk, anticipate crises, prepare for and respond to emergency threats in order to protect communities and livelihoods, thereby protecting the most vulnerable children. In order to effectively deliver the necessary humanitarian assistance to affected children and women, it is crucial that donors maintain their aid commitments in a timely and predictable manner.

**Stronger systems leading to better results for children**

With donor funding received to date, UNICEF has worked with partners to deliver critical support to children and women, develop preparedness capacities, ensure multi-sector response, and support early recovery and transition interventions. Guided by the revised Core Commitments for Children in Emergencies (CCCs), we have taken steps to build clearer monitoring of results and strengthen our accountability frameworks both to those who provide funding and those whom we seek to support. Greater attention has been given to risk reduction whether the risk arises from natural disasters, conflict or other causes. Heightened readiness for emergency interventions has been achieved through the implementation of the Emergency Preparedness and Response Planning process (EPRP) which is a critical component of the overall response particularly in the context of climate change and increasing risks of disaster. National capacity development in emergency preparedness and response now forms an integral part of UNICEF’s emergency action as illustrated by countries such as Namibia, Mozambique, El Salvador and India, where civil society and government agencies are increasingly supported with training, institutional support and technical expertise to reduce risks. Key examples of this may be found in the efforts to introduce risk reduction into national school curricula in Central America, training of trainers in education in emergencies in Southern Africa, and disaster preparedness projects in Central Asia. National capacity development has further been critical in countries such as Sudan and Afghanistan, where humanitarian access has been limited.

In order to provide the most effective and most efficient humanitarian response, UNICEF takes a strong role in implementing the Cluster Approach since we know that an enhanced coordinated response will lead to better results for children, expanding scope of work and scale of partnerships. UNICEF is the global Cluster Lead Agency in Nutrition and WASH, co-lead with Save the Children in Education, leads the Child Protection sub-cluster, and co-leads the Gender-Based Violence sub-cluster as well. In the first half of 2009, UNICEF has taken on these roles in four new countries: WASH (oPt, Sri Lanka, Sudan and Timor Leste), Nutrition (Sri Lanka and Timor-Leste), Health and Nutrition (with WHO in Sudan) and Education (with Save the Children in Sri Lanka). Among noteworthy achievements at mid year are the finalization and the roll out of the global WASH cluster tools in the West and Central African region. In the Middle East and Northern Africa region several cluster leadership training sessions were organized to build organizational capacity in leading inter-agency coordination in WASH, Nutrition and Emergency Telecommunications Cluster (ETC); and finally in the Asia Pacific region, a pilot simulation exercise was undertaken by UNICEF in Thailand to test the country offices’ capacity to carry out cluster leadership responsibility in Nutrition, WASH, Education and Child Protection.

At country level, UNICEF has worked with a wide range of partners in government, civil society, and the private sector to deliver life-saving and sustained humanitarian assistance for millions of children and their families. This is illustrated by a few examples from the country specific chapters further developed later on in the document:

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• In Sudan, access to improved drinking water facilities was provided for 364,000 people through new or improved water systems, while chlorination interventions sustained access to clean water for more than 1 million internally displaced people (IDPs), returnees and host communities.
• In the Democratic Republic of the Congo (DRC), 1,859 children formerly associated with armed forces and groups were released and provided temporary care and family tracing support.
• In Ethiopia, 918 Metric Tons (MT) of Ready-to-Use-Therapeutic Food (RUTF) was provided to government and NGO-run therapeutic feeding programmes for the treatment of some 78,000 children suffering from severe acute malnutrition in more than 100 priority districts of Ethiopia.
• In Zimbabwe, as part of the response to the cholera outbreak, UNICEF worked with partners to save lives by providing access to safe water, constructing boreholes to serve 300,000 persons and enhanced chemical water treatment for 3 million more. An additional 1.5 million people have been reached through the distribution of the non-food items (NFI) as well as 3.4 million sachets of oral rehydration salts and 380,000 units of intravenous (IV) fluids in the districts worst affected by the cholera.

Current funding situation of the HAR

As at mid-year the total requirements against the Humanitarian Action Report (HAR) have increased by 15 per cent to US$ 1,147,707,785 due to increased needs in countries such as Sudan, Sri Lanka, Afghanistan, Eritrea and particularly in Zimbabwe, where the funding requirements almost doubled from US $88 million to US $166 million due to country-wide cholera outbreak and spike in food insecurity during the lean season, aggravated by an already difficult socio-economic environment of hyper-inflation and collapsed basic social services. On the other hand, funding needs in countries such as Uganda have reduced slightly as a result of an improvement in the humanitarian situation, reflecting northern Uganda’s transition from crisis to recovery. The five largest humanitarian operations for UNICEF in terms of funding needs are Sudan, Zimbabwe, Democratic Republic of the Congo, Uganda and Somalia. As of end May, US$ 276,174,045 has been received, representing 24 per cent of the revised needs for the year.

The funding level varies significantly across the regions as illustrated by the below graph. The Asia Pacific region, as an example, is funded at 46 per cent, while Madagascar and Timor-Leste remain unfunded. The funding level is also lower compared to the situation at mid-year in 2008, where 38 per cent funding were secured at mid-year. In absolute terms, amounts received at mid year are at US$ 345,269,249 in 2008 versus US$ 276,174,045 in 2009.

Table 1. Emergency funding received against the 2009 HAR by region

![Graph showing funding levels for different regions]

4 Most countries that have received little or no funding against this appeal, have used carry-overs and regular funding in order to respond to the most urgent needs of women and children.
5 It is however to be noted that the Mid-Year review is issued earlier on in 2009 than in 2008 which partly accounts for the lower funding level.
Over 60 per cent of the funding received as at mid-year is concentrated in five countries namely Sudan, Zimbabwe, Afghanistan, DRC and Iraq. Only three countries have received over 50 per cent of the revised amount requested for 2009.

Table 2. Funding received against the 2009 HAR by field office
The major part of the requirements is for the health and nutrition sector (33 per cent), followed by water, sanitation and hygiene (WASH) and Education both accounting for 23 per cent of the requirements. As illustrated by below table, the allocations for WASH are currently the highest with 28 per cent against requirements, while allocations for HIV/AIDS stand at only 9 per cent against requirements.

Table 3. Funding received against the 2009 HAR by sector

![Funding received against the 2009 HAR by sector](image)

UNICEF’s overall humanitarian funding situation

The HAR represents UNICEF’s priority needs among multiple emergencies and humanitarian crises in more than 80 countries every year. As of 30 June 2009, UNICEF has received a total of US$ 352.5 million for its overall emergency operations including the 36 HAR countries in six regions. This amount is comparable to the level of humanitarian funding that UNICEF had received in 2008- by this time in 2008 UNICEF had received US$ 355.6 million. In the first half of 2009, Japan is the largest source of humanitarian funding for UNICEF providing US $ 57.2 million in funding with a large proportion of the funding being provided to Pakistan and Afghanistan. The Central Emergency Response Fund (CERF) which is the second largest source of humanitarian funding, has provided US $ 31.8 million through the Rapid Response Window and US $ 18.8 million through the Under-Funded Window. The top ten donors of humanitarian funding, shown in below table, account for 82 per cent of the total humanitarian funds received by UNICEF for its emergency operations.

![2009 Top Ten Sources - All Emergency Funds*](image)

* As of 30 June 2009
Out of the total humanitarian contributions of US$ 352.5 million received as of 30 June 2009, around 10 per cent has been provided thematically\(^6\). The allocation of thematic contributions is needs based and enables UNICEF to utilize the resources according to priorities articulated in the humanitarian response and the Medium Term Strategic Plan. Thematic contributions also reduce transaction costs, since these contributions are pooled for each theme, such as humanitarian, and simplify the management of programme budgets at country level.

\(^6\) The top ten thematic donors to humanitarian funding are Japan Committee for UNICEF, Finland, Norway, German Committee for UNICEF, Norway, US Fund for UNICEF, UK Committee for UNICEF, Italian Committee for UNICEF, Spanish Committee for UNICEF, Netherlands Committee for UNICEF and Sweden.
ASIA-PACIFIC REGION
Situation Update
During the first six months of the year, the Asia Pacific region has witnessed the humanitarian situation deteriorating in Afghanistan and the Philippines, but even more in Sri Lanka and Pakistan. Alone in these two countries more than 2.3 million people were forcibly displaced among which children and women are considered to be the most vulnerable. Operating environments, including humanitarian access and security, remain extremely challenging which severely impacts the delivery of required services and assistance. At present, the region is also gearing up for the yearly monsoon and/or floods season. Already in West Bengal and Bangladesh, cyclone Aila affected approximately 10 million people. One million people are currently living in emergency shelter in Bangladesh, while in Myanmar and China, millions of people, affected by last year’s large scale natural disasters, are still recovering from the devastating consequences on lives and livelihood. Further to floods, the pacific seismic belt puts at risk of major earthquakes a large number of nations across the region, which would have irreparable consequences for the population. The increase in food prices, which risks exacerbating the already high rates of malnutrition in countries with conflict situations or where as a consequence of natural disasters crops have been destroyed, could put strain further on the already fragile political stability in some countries.

Key Results for Children
As part of its support to country offices, The UNICEF Asia-Pacific Shared Services Centre (APSSC) emergency unit based in Bangkok strengthened UNICEF emergency preparedness activities in Lao PDR, Indonesia, Afghanistan, Sri Lanka and Philippines, revising and updating their plans, using the new format developed by APSSC in line with the revised Core Commitments for Children (CCC) in Emergencies. Furthermore, a simulation exercise developed by the unit testing country office capacity to carry out cluster leadership responsibility in Nutrition, WASH, Education and Child Protection was pilot-tested in Thailand country office. As part of direct support on the emergency onset, Sri Lanka and Pakistan benefited from the technical support of the Senior Nutrition in Emergency Specialist in the area of the Community-Based Management of Acute Malnutrition, and from the Emergency Specialist in planning and coordinating the emergency response.

In collaboration with UNICEF Nutrition and WASH divisions at headquarters, APSSC carried out the pilot-testing of the new Nutrition in Emergencies training and the recently developed global WASH training packages, the first one aiming at further strengthening country offices’ technical knowledge and understanding of best practices in a nutrition emergency response, as well as providing an orientation on available response tools. The second one focused on UNICEF’s new Core Commitments for Children, more particularly on WASH emergency programming, resource mobilization and disaster preparedness. In Education in Emergencies, APSSC, in partnership with UNICEF regional offices, Save the Children Alliance, Interagency Network for Education in Emergencies (INEE) and the major global body for ECD in Emergencies, conducted a bi-regional Early Childhood and Development (ECD) in Emergencies workshop with participants from all agencies, including governments. Acknowledging the critical role of ECD for later child development, the workshop aimed to address the often neglected areas of advocacy and national strategies and plans for ECD in Emergencies.

Under the broader scope of information management, APSSC took the lead in organizing a workshop on the Multi-Clusters Rapid Assessment Mechanism initiative developed by the Humanitarian Country Team in Pakistan, with the objectives of sharing the experience with various stakeholders - UNICEF COs, regional IASC members, WASH and Health global clusters representatives, governments and NGOs - and identifying key lessons learnt in view of taking them forward as best practices. As a result, a guidance booklet was developed on good practices for setting-up rapid assessment for CO easy reference and replication.

Key Challenges
The large Asia-Pacific region, characterized by its variety and complexity of emergencies, has required continuous support from the APSSC emergency unit, stretching its capacity, but also CO capacities beyond existing human resources. As per its unique structure mirroring the cluster approach, the recruitment of appropriate senior cluster leaders with direct country experience of setting up clusters has been challenging.
Inter-Agency Collaboration
APSSC Emergency unit continued advocating for regional coordination on humanitarian issues and support to COs to organize inter-agency events, aiming at developing cluster-specific plans for improved coordination and more predictable, efficient and effective responses. In addition to the existing regional WASH cluster group, regional cluster networks were established for Nutrition and Education, providing a forum for discussion and coordination of technical issues and initiatives designed to enhance emergency preparedness and response at country level. APSSC co-facilitated an inter-agency simulation exercise in Nepal, which was organized as a first part of a review of an inter-agency contingency planning. In Myanmar, the WASH cluster was supported to strengthen preparedness for the dry season water scarcity in the Irrawaddy delta region affected by Nargis Cyclone, while in Bangladesh and Sri Lanka, the WASH cluster counted with APSSC support to update their inter-agency contingency plan, including training on Information Management. Further technical support was also provided to the WASH cluster in Afghanistan and Pakistan. On the emergency onset in Sri Lanka, APSSC WASH Specialist was deployed for two weeks period as cluster coordinator in Vavuniya. In Education, APSSC and Save the Children Alliance jointly supported Vietnam and Bangladesh in the operationalization of the Education in Emergency sector/cluster, including the development of a cluster action plan for the latter. For Nutrition, APSSC supported Nepal Nutrition Cluster to review the ongoing food and nutrition monitoring initiatives and provided inputs for a joint GoN/UNICEF/WFP/FAO Agriculture, Food and Nutrition surveillance programme and joint UNICEF/WFP Sprinkles project. A joint WHO/APSSC mission was conducted in Cambodia for the revision of the guidelines for the management of acute malnutrition.

Funding Requirements
The Asia and the Pacific Region is severely affected by yearly natural disasters, conflict situations and the threat of pandemic influenza is looming. The Asia and Pacific Shared Services Centre (APSSC) will continue to provide technical support in emergency preparedness and response planning (EPRP) and capacity building activities to country offices to meet these challenges. Although no funding has been received against the 2009 HAR appeal, APSSC has been fully funded in 2009 through other funding sources and no additional funds are required up to the end of the year. Unfortunately many of these contributions expire at the end of 2009 leaving APSSC in a very fragile situation in terms of resources for ensuring continuity of work and protection of progress achieved so far.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2009 HAR requirements</th>
<th>Funds received in 2009</th>
<th>Revised funding requirements</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical support to COs for emergency preparedness and response</td>
<td>260,000</td>
<td>0</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>Strengthening regional programming capacity in cluster areas</td>
<td>530,000</td>
<td>0</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>Strengthening emergency rapid response capacity of COs for sudden and new emergencies</td>
<td>500,000</td>
<td>0</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>Total**</td>
<td>1,290,000</td>
<td>0</td>
<td>Unchanged</td>
<td>0</td>
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</tbody>
</table>

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

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

Emergency Programme Priorities: July - December 2009
APSSC emergency unit will continue to provide strategic policy and programme planning guidance on issues related to emergencies in the Asia Pacific Region in line with the Core Commitments for Children and the Cluster Approach. Services will focus on building capacity of country offices and partners in emergency preparedness and response, further strengthening country offices and clusters capacities, especially in areas where UNICEF has globally cluster responsibility in nutrition, WASH, education, child protection and information management. Networking between the global cluster, country offices level and regional level will continue to take place, and inter-linkages between the four clusters will be further strengthened through planned joint trainings/exercises (inter-agency contingency plans; simulations) and missions. On the onset of emergency, direct support will be provided, as necessary, to support UNICEF offices and/or clusters for the emergency response.
Situation Update
While food prices fell from peak levels of the first quarter of 2008, they remained 53 per cent higher than the long term trend level of April 2007. Higher prices resulted in increased cultivation leading to a 40 to 50 per cent increase in the expected harvest countrywide in 2009, potentially easing conditions for vulnerable households later in the year. Floods in the first quarter of 2009 affected 22,000 households in 13 provinces in the north, northeast and west of the country. Thawing high snow levels are expected to cause increased flooding in late June into August. The number of displaced persons increased from 150,000 to 232,000 during the period under review. The drought season has already started in the 22 drought prone provinces. According to the Ministry of Rural Rehabilitation and Development (MRRD), shortage of safe drinking water has already affected more than 400,000 people.

Increased unrest in Pakistan has not seen displacement into Afghanistan as was widely expected. While security incidents increased by over 30 per cent in the first three months, the number of civilian fatalities remained similar (342 compared to 339 for the same period in 2008). Security conditions are expected to continue to worsen for the remainder of 2009, a trend reinforced by the national elections to be held in August 2009. Less than half of the schools in Afghanistan have proper school buildings. UNICEF is helping to address this situation through a school building project in the capital Kabul with support from the government of Japan.

Key results for children
UNICEF continued to play the leading role in the development of a Monitoring, Reporting & Response mechanism (MRM) for children in armed conflict to initiate five regional MRM taskforces. Capacity building of 280 provincial social workers and care workers continued in 2009. Community-based diversion scheme for children in conflict with the law has been introduced through the UNICEF-assisted project. More than 20,000 people were provided with WASH facilities and hygiene education in response to the floods. To reduce micronutrient deficiencies 45,000 pregnant and lactating women were supplemented with multiple micronutrient tablets and 115,500 under-five children with powdered multiple micronutrients (Sprinkles) in nine provinces.

Key challenges
Effective humanitarian responses are hampered by inadequate systematic data and an ineffective humanitarian information management system. Assessment and emergency responses are severely restricted with only up to half the country accessible for UN missions. Limited governmental technical and implementation capacity, especially with respect to delivery of community based services further hampers effectiveness.

Inter-agency collaboration
The UN Humanitarian Country Team (UNHCT) is the leading body coordinating humanitarian issues in the country and includes members from UN, NGOs, donors and the Red Cross movement. Eight humanitarian clusters were rolled out by the UNHCT in March 2008 with members from the UN and national and international NGOs. UNICEF is leading the WASH and Nutrition clusters and child protection sub-cluster, and co-leading Education cluster with Save the Children US. The national Emergency Commission chaired by the Vice-President in Kabul and Provincial Disaster Management Teams chaired by provincial governors are the coordination bodies with the Government entities at national and sub-national levels. Community based organizations have played an important role in implementation, especially of water and sanitation projects.

Funding received against HAR 2009
UNICEF Afghanistan Country Office initially requested US$ 15.5 million through HAR 2009. This requirement has been revised to $43.5 at mid-year due to increased humanitarian needs, and the need for replenishment of emergency stocks used during the flood response. So far $28.8 million have been received leaving a funding gap of $ 14.7 million. Additional funding is needed to address urgent needs in the 22 drought affected provinces. If drought conditions persist people may become displaced; lack of proper sanitation and poor hygiene practices may result in serious water and sanitation related diseases like cholera and diarrhoea.
Table 1: Funds received against the HAR 2009 (US$)*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2009 HAR requirements</th>
<th>Funds received in 2009</th>
<th>Revised funding requirements</th>
<th>Funding gap***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Nutrition</td>
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<td>5,713,303</td>
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<tr>
<td>Water, Sanitation and Hygiene</td>
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<td>8,344,000</td>
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<tr>
<td>Education</td>
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<td>24,902,582</td>
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<td>2,261,918</td>
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<tr>
<td>Child Protection</td>
<td>1,000,000</td>
<td>314,000</td>
<td>1,805,175</td>
<td>1,491,175</td>
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<tr>
<td>Humanitarian response and coordination</td>
<td>2,500,000</td>
<td>500,000</td>
<td>500,000</td>
<td>0</td>
</tr>
<tr>
<td>Total**</td>
<td>15,500,000</td>
<td>28,794,390</td>
<td>43,526,978</td>
<td>14,732,588</td>
</tr>
</tbody>
</table>

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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.

Emergency programme priorities: July – December 2009

Health and Nutrition
Some 500,000 vulnerable children among the displaced, returnees, host communities and impoverished will benefit from the following key activities:
- Distribution of essential emergency drugs and equipment to 150,000 persons, particularly IDPs and returnees and to drought affected areas through health centres and mobile clinics;
- Nutrition assessments, provision of technical support, strengthening of nutrition surveillance and provision of nutritional supplies, including micro-nutrients, to therapeutic feeding centres and community therapeutic centres for 5,000 severely malnourished children and 100,000 pregnant and lactating women, with a focus on food insecure areas;
- Developing and strengthening capacity at health facility and household levels in the prevention, detection and management of malnutrition;
- Delivering measles vaccination and administering Vitamin A for 100,000 children, particularly IDPs, returnees and children affected by natural and man-made disasters;
- Provision of rapid response to diarrhoeal and acute respiratory disease outbreaks for an estimated 150,000 children in high risk areas.

Water, Sanitation and Hygiene
Some 1 million displaced persons, returnee families and drought affected communities, focusing particularly on children and women, will be reached through the following key activities:
- Provision of safe drinking water, sanitary latrines, hygiene promotion and education to 40,000 people in areas affected by natural or conflict related disasters.

Education
A total of over half a million children will benefit through the following key activities:
- Construction of 1,000 classrooms in 48 schools in Kabul City has been supported by the Government of Japan with bidding completed for the first five schools. Construction of 24 schools including WASH facilities is expected to be finalized by end 2009, and all 48 by the end of 2010;
- Procurement and distribution of 1,000 school tents, 1,000 recreational kits, floor mats and Teaching Learning Materials for 80,000 children are planned activities for the remainder of 2009;
- Teachers will be trained on psycho social support later in 2009.

Child Protection
Children affected by armed conflict and natural disasters will be supported through the following key activities:
- UNICEF will continue to lead the development of Monitoring, Reporting & Response mechanism for children in armed conflict in Afghanistan, including building local capacity at regional level to ensure that the needs of children are given priority;
- UNICEF will expand the capacity building of 260 provincial social and care workers in case management and case planning with 20 additional Government social workers;
- Community-based diversion scheme for children in conflict with the law has been introduced and the official tools have been endorsed by the Government for field implementation;

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7 The funding requirements against this budget line have been reduced by $2 million and have been reallocated as follows; $1 million each to Health and Nutrition and to WASH due to change in accounting for procurement of relief items under programme sectors.
• Child protection in Eastern and Western region will target both on-the-border and place-of-origin interventions.

**Humanitarian response and coordination**
UNICEF will work with Afghan National Disaster Management Authorities and OCHA to enhance inter-agency/inter-cluster coordination for better preparedness and response in the following areas:
• Improved coordinated Rapid Assessment, especially in UNICEF-lead clusters;
• Strengthened integrated advocacy for emergency preparedness and response, in line with the Core Commitments for Children (CCCs) in Emergencies;
• Utilization of Early Warning System and Emergency/Afghan Info as Monitoring and Reporting Mechanism;
• Mapping and developing the capacity of potential partners for standby arrangements to deliver CCCs on behalf of UNICEF;
• Pre-positioning of supplies for the agreed minimum level of preparedness.
Situation Update
The first half of the year has seen an increased isolation of the country likely to result in higher levels of vulnerability of people. The food situation and its consequent impact on the nutritional status of women and children still remains a matter of serious concern. The Crop and Food Assessment done by FAO and WFP in October 2008 estimated a cereal shortfall of 836,000 tons for the year 2008/09, leaving 8.7 million people in need of food assistance. The discontinuation of food assistance from the US government and the absence of any food or fertilizer assistance from the Republic of Korea has further aggravated the situation. A large portion of the population relies on old degraded pump based water supply systems which provide water only for a few hours per day due to fuel shortages and which is often contaminated because of deteriorated pipes. Families now frequently have to seek alternative water sources, increasing the risk of water borne diseases and malnutrition, with the burden of water collection falling on women and children. Lack of adequate infrastructure and availability of updated teaching and learning materials are key factors that negatively affect the quality of education delivered to Korean children.

The current UN Strategic Framework has been extended to 2010 to give UNICEF and other agencies the opportunity to work on the next country programme using the new data that is expected to be available by that time with the results of the Census conducted in October 2008 and the Multiple Indicator Cluster Survey (MICS) expected to take place in October 2009.

Key Results for Children
In the area of health and nutrition, routine immunization was supported by UNICEF throughout the country and 97 per cent children were reported to be immunized with BCG, Measles, Polio and Hep–B vaccines while 95 per cent children received DPT+Hep B vaccinations. 98 per cent (202,000) of pregnant women received two doses of TT vaccine. All Expanded Programme on Immunization (EPI) managers and local public authorities (50 persons) participated in a workshop on the results of the Coverage Evaluation Survey and Cold Chain Assessment carried out in 2008, thus enhancing capacity to plan effectively for future activities. Up to 3,290 children suffering from Severe Acute Malnutrition in Baby Homes and 12,600 children in hospital wards were treated using 45 MT of Ready to Use Therapeutic Food and 126 MT of F-100 (Therapeutic Milk). Treatment of over 10 million people against common cold, pneumonia and acute diarrhoea at the grassroots level was facilitated by the provision of 6,288 Essential Medicine Kits and 109 Referral Kits were provided to 2,926 health facilities. Over 2 million children received Vitamin A and de-worming tablets and 350,000 pregnant women were reached with multi-micronutrient tablets. Three million packets of locally produced packets of ORS were distributed amongst Ri and Dong clinics to address common ailments of diarrhoea. Hundred section doctors were trained in Clinical Integrated Management of Childhood Illnesses (IMCI) resulting in increased knowledge of principles and guidelines for the treatment of sick children.

Some 45,300 people have access to safe drinking water through the 50 per cent completion of Gravity Fed Water systems (GFS) construction work in four counties. International expertise was engaged for technical support to the Decentralized Waste Water Treatment System (DEWATS) and GFS through on-the-job training, resulting in creation of enhanced capacities and self reliance amongst government staff. Provincial staff was trained in relevant subjects and 50 per cent of provincial GFS feasibility plans were developed leading to improved capacities for planning. Construction work on DEWATS in Yontan is about 70 per cent complete. As a result 3,600 people have been connected to DEWATS.

In education, mathematics curriculum development capacity has been strengthened and the teaching quality of primary level mathematics teachers improved. 3,500 mathematics kits have further been provided. Government capacity for setting early learning and development standards has been enhanced and 33 schools have improved healthy environments through newly constructed latrines.

Key Challenges
The major challenge that is faced currently is funding. There has been a sharp deterioration in the external political and security environment resulting in fresh UN Security Council sanctions on the country. Coming on top of the global financial crisis that has hit Overseas Development Assistance budgets of most donors, is expected that this development has the potential of severely handicapping UNICEF’s ability to marshal resources in the future. Planning for children is confronted with the major

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8 There is no UNDAF in DPRK; the UNSF serves the same purpose.
9 Ri – is a Rural area that is a subdivision of a County. Dong is a similar sub unit of an urban area.
challenge of lack of data and information. It is very difficult to plan and monitor achievement of targets in the data deficient environment. While access to project sites is granted, travel has to be planned and notified in advance and the chances of random monitoring do not exist.

**Inter-Agency Collaboration**
UNICEF participates actively in thematic groups on Health and Nutrition, WASH and Data and Planning. The first two are also chaired by UNICEF with the lead role of organizing meetings and facilitating coordination, debate and dialogue on relevant issues. UN Agencies have initiated preparations for a United Nations Strategic Framework exercise for the period 2011-2015. An emergency preparedness exercise has been carried out involving staff of all in-country UN agencies and key NGO partners.

**Funding Requirements**
UNICEF still requires substantial funding assistance to respond to the needs of the children and women of DPRK. The response from the donor community has been very limited so far with only $1.3 million (10 per cent) received in 2009.

### Table 1: Funds received against the HAR 2009 (US$)*

<table>
<thead>
<tr>
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<th>Funds received</th>
<th>Revised funding requirements</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Nutrition</td>
<td>7,500,000</td>
<td>1,289,558</td>
<td>-</td>
<td>6,210,442</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>4,500,000</td>
<td>0</td>
<td>-</td>
<td>4,500,000</td>
</tr>
<tr>
<td>Education</td>
<td>1,000,000</td>
<td>47,962</td>
<td>-</td>
<td>952,038</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13,000,000</strong></td>
<td><strong>1,337,520</strong></td>
<td><strong>Unchanged</strong></td>
<td><strong>11,662,480</strong></td>
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</table>

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** Emergency Programme Priorities: July - December 2009**

**Health and Nutrition**
- Expansion of the community-based management of severe acute malnutrition to other Counties, which will be informed by results of the implementation experience in one County.
- Support to micronutrient supplementation (vitamin A, multiple micronutrients) and deworming.
- Support to improved infant and young child feeding practices.
- Hand washing campaigns are likely to create better understanding of good hygiene practices in the short term and will prevent children from diarrhoea in the long term.
- Provision of cold chain supplies to equip health facilities in several parts of the country thus enhancing government capacity to carry out the immunization programme effectively.
- High levels of routine immunization coverage will be sustained through ongoing support of supplies and equipment, training and technical guidance as will be required.

**Water, Sanitation and Hygiene**
- The focus will be retained on training, feasibility planning and manual development for implementation of a GFS system. As a result 98,000 people will obtain access to safe drinking water.
- Government staff will be trained and supported to execute the DEWATS pilot resulting in connecting 10,000 people to DEWATS.

**Education**
- Strengthening the capacity of MoE in revising and upgrading Mathematics and English curriculum both in primary and secondary schools will be continued.
- Sanitation facilities will be improved for an additional 30 schools in focus counties together with promotion of health and hygiene in the formal curriculum through production and distribution of Life Skills learning materials.
Situation Update

One year after cyclone Nargis hit Myanmar, recovery efforts continue to support 1.5 million people in nine affected townships. One of the critical issues faced in 2009 was the recurrent shortage of drinking water during the dry season. Through intensive coordinated action by 17 WASH Cluster agencies, drinking water was provided to 230,000 beneficiaries in 353 most affected communities until rains began to alleviate the crisis in May. Distribution of household ceramic water jars and digging of community ponds allowed collection of rain water as soon as the rains started. Small-scale outbreaks of severe diarrhoeal diseases occurred in March and April, and the risks for further outbreak of water-borne diseases remain high. Cases of dengue hemorrhagic fever are still on the rise with possible rise in malaria cases.

Reconstruction of destroyed/damaged rural health facilities and schools is moving at a slow pace mainly due to funding constraints. Through combined efforts by all humanitarian actors, to date only 100 out of 1,200 total collapsed schools are under construction in the Delta. Due to delays in rebuilding, the need for temporary learning spaces remains high.

Economic hardship in the cyclone-stricken areas, coupled with insufficient funding, has further deteriorated household access to basic services, livelihood and improved shelter. As in the rest of the country, parents bear schooling costs, such as learning materials, uniforms and transport. This increases the economic burden of the already struggling families in cyclone affected communities. As a consequence the risk of children leaving school earlier is higher and the number of working children is likely to increase in the Delta. On the other hand, community support groups established by UNICEF and partners in 2008 emerged as an entry point for responding to and sustaining child protection efforts and capacity development of local NGOs. This offers important means for improving scope, quality and coverage of services in the Delta.

Key Results for Children

UNICEF assisted in the delivery of a high impact package of child and maternal health and nutrition services called Expanded Programme on Immunization(EPI) plus as well as related child and maternal health services, which reached about 90 per cent of the affected 210,00 children under five years of age (U5). In a 60 cluster -from 26 cyclone affected townships- nutrition survey undertaken in September 2008 in cyclone affected areas, the SAM was 1.9 per cent and MAM 9 per cent in children 6-59 months, which is not significantly different from national average. The second round of the nutrition survey was carried out in May/June this year and trends for acute malnutrition will be available. UNICEF supported nutritional surveillance in high risk areas that screened 244,000 children from January to April 2009 and helped treat 907 and 6,173 children suffering from severe and moderate acute malnutrition respectively through Community and hospital-based feeding programmes. Micronutrient supplementation benefited more than 5,000 pregnant and lactating women. The second Nutrition survey is currently underway.

WASH early recovery efforts included an integrated package of interventions such as the rehabilitation and construction of 40 village ponds, completion of 300 shallow boreholes equipped with hand pumps and the distribution 10,000 earthen jars. So far, approximately 74,000 rural dwellers out of the targeted 100,000 have benefited from these interventions. Furthermore, severe water shortages during the dry season months in 2009 was countered with 21.8 million litres of drinking water distributed by boats to 160 villages in the cyclone affected areas, reaching an additional 86,000 people. Out of the 600 planned school water supply and sanitation facilities only 280 are partly completed as intensive distribution of drinking water supply was given priority.

The Child Friendly School initiative has been launched in 1,220 schools in five severely affected townships with training of 2,777 teachers from all schools on child-centred approaches and methodologies. About 160,000 children received textbooks and essential learning packages facilitating primary school enrolment. Construction of nine Child Friendly Model Schools is nearly completed and 10 more are under construction. Furthermore, 500 young children have access to play and early learning materials and activities in 25 Early Childhood Development (ECD) centres recently established in five severely affected townships.

UNICEF introduced community based child protection interventions in 122 villages covering around 6,700 children in the delta to strengthen community support groups to identify, monitor, report and provide support and referrals for vulnerable children and their families. To date, UNICEF and
implementing partners have supported the reunification of 879 children with either parents or extended family members. Since April 2009, 48 out of 135 Child Friendly Spaces (CFS) have been converted into community child protection centres, 32 are integrated into ECCD centres.

Key Challenges
Reaching many hard-to-reach villages in the delta with essential services for children and mothers posed human, logistics and financial challenges. The limited quantity and quality of health workforce is also a challenge to provide health and nutrition services adequately.

The restoration and extension of the water and sanitation infrastructure is a highly challenging but necessary undertaking in order to meet the minimum standard of access and quality to safe drinking water and sanitation for longer term prevention of water shortages and disease outbreaks. The strengthening of local capacity to prepare for, respond to and cope with the effects of future disasters and emergencies is another important area that needs attention.

Construction of schools has been slow due to a) difficulties in access and transportation of construction materials through waterway; b) low ‘bearing capacity’ of the soil in the swamp areas require extra reinforced foundation causing significant increase in time and costs; c) scarcity in quality local construction materials. Majority of the schools in the affected areas are operating with temporary schools. The current slow process in approval of visas causes delays in deployment of expatriate experts and might reduce NGOs presence in the delta.

Inter-Agency Collaboration
UNICEF continued its cluster coordination role in WASH, Nutrition, and Child Protection in the first quarter of the year. Despite that the education cluster formally closed down in December 2008, technical meeting with cluster members under UNICEF coordination were held during the reporting period. The UNCT guided the clusters to gradually phase out or merge into the existing Thematic Working Groups. UNICEF will lead the thematic groups on WASH, Nutrition and Education. Child Protection sub-group, jointly chaired by UNICEF and Save the Children, will continue operating under the Child Protection Group. In 2009, an independent review of UNICEF’s emergency response found UNICEF’s response to cyclone Nargis as appropriate and relevant.

Funding Requirements
UNICEF’s requirement for Nargis response was US$20 million in the HAR 2009. In the first half of the year UNICEF received 7.5 million. This leaves a US$12.5 million funding gap for critical activities for the children and women in the most affected communities. In addition to the HAR, UNICEF requested US$ 90.8 million for the emergency response under the 2008 Flash Appeal and received US$ 74.2 million or 80 per cent of the funds requested.

Table 1: Funds received against the HAR 2009 (US$)*

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<thead>
<tr>
<th>Sector</th>
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<th>Revised funding requirements</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
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<td>Health and Nutrition</td>
<td>7,000,000</td>
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<td>Non-Food Items</td>
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<td>20,000,000</td>
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<td>12,544,740</td>
</tr>
</tbody>
</table>

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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.

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Emergency Programme Priorities: July - December 2009

Health and Nutrition: UNICEF will continue to support revitalization of health and nutrition services such as routine immunization, micronutrient supplementation, malaria and dengue prevention and treatment, health and nutrition education to improve health and nutritional status of about 210,000 children under age five and 100,000 pregnant/lactating women in nine most severely affected townships. Reconstruction of 24 rural health facilities and provision of furniture, equipment and supplies to 331 rural health facilities is planned. Training on disaster preparedness to basic health staff, outreach health services in pocket areas and nutrition surveillance are also planned.

Water, Sanitation and Hygiene: the WASH programme will emphasize hygiene education and provision of sanitation services to schools and rural health centres (RHCs). The WASH response will further focus on construction of 100 ponds; distribution of 50,000 earthen jars for household rainwater collection; installation of water storage tanks in 200 schools and 50 RHCs; introduction of water safety planning including the use of simple household water treatment technologies in Bogalay, Labutta, Mawlamyaingyun and Pyapon townships.

Education: The Ministry of Education (MoE) will train 2,800 teachers under the Child Friendly initiative and provide school kits and teachers’ kits to 1,220 schools and 5,000 teachers; 6,200 Parent Teacher Associations (PTA) members will participate in Child Friendly Schools orientation workshops. Construction of additional 25 Child Friendly Schools and 5 ECD centres to reach 6,000 children is further planned. Expansion of ECD services through 83 Centres will reach 2,500 children and scaling up of non-formal life skills education programme is planned to reach 900 additional adolescents.

Child Protection: through 200 community support group mechanisms, over 7000 vulnerable children and families will receive support to prevent secondary separation, family breakdown and child exploitation or abuse. Ranges of activities include referrals, parental guidance, education/health support, vocational training, apprenticeships within communities, livelihoods, and cash transfer. Training for 5,000 family/community members, local partners and government officials will be organized on community based child protection and child protection emergency response.
Situation Update
The first half of the year 2009 has seen one of the major tests to Nepal’s peace process and transition from conflict to peace with challenges faced by the coalition government led by the Unified Communist Party of Nepal-Maoist (UCPN-M). Following the resignation of the Prime Minister of the Unified Communist Party of Nepal-Maoist (UCPN-M) over disagreements with other political parties on the security sector reform and on people’s supremacy over Nepal army, a new coalition government comprised of 22 political parties led by United Marxist Leninist (UML) has been formed. The current political uncertainty has cast a shadow over the fragile peace process launched in 2006. The country continued to face several humanitarian concerns fuelled by factors such as residual impact of 2008 major floods in eastern region with approximately 96 IDP families still needing humanitarian assistance while other IDPs have returned to its original place of origin requiring new humanitarian assistance. In addition, the prolonged winter droughts with little or no rainfall and high food prices cause deterioration in the food security and nutritional status of children especially in remote districts in mid and far western regions. Persistent strikes and road blockades in Terai-Madhesh have further disrupted provision of services to most vulnerable communities. Nepal continues to be particularly vulnerable to several natural disasters including flooding, landslides, earthquakes, drought hailstorm and fires.

Key Results for Children
The concerted efforts of the government with assistance from UN agencies and other humanitarian actors have greatly contributed to enhanced coordinated humanitarian responses and preparedness measures. Inter-Agency contingency plans, focusing on major natural disaster scenarios, have been developed at national and district levels.

Education: The education cluster has been more institutionalized with Department of Education co-chairing the cluster meetings in collaboration with UNICEF and Save the Children Fund, thus enhancing the predictability in terms of its emergency response capacity. Central and district level partners have gained a wider understanding of the needs of emergency preparedness and response through capacity building efforts within the cluster. UNICEF supported Schools as Zones of the Peace (SZOP) campaign increasingly addressed the rights of education particularly in the eastern and central Terai districts. Pre-positioning of emergency education supplies by the cluster will enable 75,000 children (40 per cent boys, 60 per cent girls) to resume education.

Health and Nutrition: Through advocacy and orientation of senior level paediatricians and health professionals, the community based management of acute malnutrition (CMAM) approach has been initiated in three of the most food insecure districts. Rapid emergency response capacity at both health facility and nutrition rehabilitation centre level, has improved through procurement and provision of essential medicines and therapeutic food (RUTF, F75, and F100). Capacity of health staff from 13 highly flood prone districts have been strengthened to manage nutrition activities, including infant feeding during emergency. The 11th National Immunization Day (Polio Campaign) was successfully completed in all 75 districts.

Child Protection: Around 7,500 children associated with armed forces and armed groups (CAAFAG) and 2,500 other vulnerable children affected by the conflict were supported through the community-based reintegration programme. The Task Force co chaired by UNICEF and OCHCR continued to monitor the core violations under Security Council Resolution 1612. Over 90 per cent of resource trainers from the Ministry of Education were trained and equipped in Mine Risk Education (MRE) in the 20 most affected districts in 2009. Over the last 2-3 years, in total 430 emergency MRE focal points have been trained in 68 districts.

HIV/AIDS: Local NGO partners were mobilized to ensure that all women and children previously on Anti Retroviral Treatment (ART) were able to continue their treatment without a break and all pregnant women received prevention of mother-to-child transmission (PMTCT) services.

WASH: Resources provided for the Koshi flood response in 2008 allowed for continued support to over 4,000 displaced families until April 2009 to prevent and protect IDPs from outbreaks of water related diseases.

Key Challenges: Due to political instability characterized by frequent general strikes both at national, regional and local level, road blockades and threats by criminal groups especially in the Terai belts, the ability of implementing partners to deliver services have often been compromised. The programmes
proposed under the CAP and the HAR continued to experience significant funding shortfalls, thereby limiting the level of preparedness activities undertaken.

Inter-Agency Collaboration: UNICEF is providing cluster coordination leadership in nutrition, water, sanitation and hygiene (WASH), education together with the Save the Children, child protection under overall protection cluster led by OHCHR, and HIV and AIDS sub-cluster under health whilst contributing significantly to the overall WHO-led coordination in health. UNICEF also maintains close coordination with other humanitarian organizations in the matter of building up local capacity, conducting multi-sectoral rapid assessment of the affected families and coordinated humanitarian response. UNICEF also emphasizes on especial importance to maintain close coordination with district authorities and civil society.

Funding Requirements: In 2009, the response from the donor community to date amount to US$ 618,615 (8 per cent) against the original 2009 HAR requirements of US$8,017,500 to support humanitarian activities. In order to ensure an adequate response, UNICEF used other resources provided in 2008 Flash Appeal to continue activities in 2009. During the Mid Year Review, funding requirements were revised to align with the UN Common Appeal for Transition Support (UNCATS) as indicated in table 1 below.

Table 1: Funds received against the HAR 2009 (US$)*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2009 HAR requirements</th>
<th>Funds received</th>
<th>Revised funding requirements</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Nutrition</td>
<td>2,817,000</td>
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<td>2,402,312</td>
<td>2,402,312</td>
</tr>
<tr>
<td>HIV and AIDS</td>
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<td>300,000</td>
<td>300,000</td>
</tr>
<tr>
<td>WASH</td>
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<td>719,500</td>
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</tr>
<tr>
<td>Education</td>
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<td>593,269</td>
</tr>
<tr>
<td>Child Protection</td>
<td>3,600,000</td>
<td>618,615</td>
<td>1,317,600</td>
<td>1,317,600</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8,017,000</strong></td>
<td><strong>618,615</strong></td>
<td><strong>5,332,681</strong></td>
<td><strong>5,332,681</strong></td>
</tr>
</tbody>
</table>

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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.
*** Funding sources of the regular program were used to support part of the activities reflected in the original 2009 HAR

Emergency Programme Priorities: July - December 2009

Health and Nutrition
- Conduct a national nutrition survey on the impact of the drought on the nutritional status of children;
- Strengthen treatment and care capacity for acute malnutrition for 6,000 severely malnourished children under five through expansion of the Community-based Management of Acute Malnutrition (CMAM) programme.

WASH
- Strengthen capacity of over 15 National NGOs including over 350 staff on flood preparedness and emergency WASH response;
- Conduct seismic vulnerability of existing water supply infrastructure and recommend possible options for rehabilitation and upgrading.

Education
- Provide emergency education for more than 70,000 displaced children through rapid response mechanism interventions;
- Ensure expansion of Schools as Zone of Peace programme to an additional 500 schools in existing programme district and in six additional districts vulnerable to political interference.

Child Protection
- Provide reintegration support for Children Affected by Armed Conflict (CAAC) and CAAFAG and advocate for the release of 2,973 minors still in the cantonments. Build capacity of government and civil society partners to mainstream gender in reintegration programmes;
- Continue MRE activities with partners, providing supporting the government to reduce threats posed by Improvised Explosive Device (IEDs), landmines, and explosive remnants of war.

HIV/AIDS
- Ensure tracking of all HIV positive women and children on ART in areas affected by the Koshi flood to ensure continuity of ART;
- Coordination with protection cluster and other health related service delivery points to ensure access to post exposure prophylaxis kits;
- Strengthening of Peer Education and outreach activities for high risk adolescents;
- Referral of all pregnant mothers to health service centres for HIV counselling and testing.
Situation Update

Sri Lanka’s 25 year internal conflict intensified further in 2009 and culminated in a military victory for the Sri Lankan Government on 18 May over the Liberation Tigers of Tamil Eelam (LTTE). Since early February 2009 there has been a steady flow of IDPs who have managed to escape the fighting. By the end of the conflict, a total of up to 280,000 IDPs have come out from the conflict areas and have been placed in overcrowded Government controlled camps mainly in Vavuniya, but also in Jaffna and Trincomalee districts. The Menik Farm camp in Vavuniya – broken into several zones – holds 220,000 persons, making it one of the largest IDP camps in the world. The displaced populations have arrived to the camps exhausted after multiple displacements and traumatized by the horrendous situations endured including serious injuries and the loss of family members, friends and relatives. This is in addition to limited access to food, water, sanitation, medicines and other essential supplies. Malnutrition rates among the IDP population are extremely high and the IDPs are in need of immediate humanitarian assistance including food, as well as therapeutic and supplementary food, safe drinking water and health care. The government of Sri Lanka has announced its commitment to return and resettle the majority of the recently displaced population to the north within the next six months. Funding for resettlement activities in the Northern and Eastern Provinces is therefore a priority in order to assist people in rebuilding their lives and contribute to the peace building and reconciliation process.

Key Results for Children

Since the beginning of the year, UNICEF has continued to respond to the most immediate needs of more than 280,000 IDPs in camps in Vavuniya, Jaffna and Trincomalee districts in the areas of water, sanitation and hygiene, education, health and nutrition, and protection.

A UNICEF supported nutrition survey undertaken in May 2009 showed 8.8 percent of Severe Acute Malnutrition (SAM) and 27 percent of Moderate Acute Malnutrition (MAM) among children under-5 years old. To respond to this alarming situation, UNICEF is establishing 21 Nutrition Rehabilitation Centres (NRC) for malnourished children out of which ten are operational as of June 2009. A total of 11,500 under-5 year old children have been screened to date and over 3,150 children under-5 years suffering from MAM have been treated with High Energy Biscuits and UNIMIX and 1,950 children suffering from SAM with BP-100 and Plumpy Nut. At the Vavuniya General hospital, the paediatric ward and the Therapeutic Nutrition Centre built with UNICEF funding are now operational and a maternity ward is under construction. UNICEF has further provided tents to establish temporary health centres in IDP camps, supplied medical equipments, drugs and ORS to the health facilities.

UNICEF’s response in water, sanitation and hygiene (WASH) is based on Sphere Standards and seeks to ensure timely provision of safe water, adequate sanitation facilities, and hygiene assistance and to prevent any outbreak of waterborne diseases. UNICEF and its partners have been supplying millions of litres of safe drinking water on a daily basis to the camps and completed thousands of latrines. The UNICEF supported water pumping system from a nearby river is now operational and provides 4,000 cubic meters water per day to Menik Farm through a 5.5 km long pipeline. This is sufficient for 200,000 people at the rate of 20 litres per person per day. Over 75,000 hygiene kits, benefitting approximately 300,000 persons, have been delivered and UNICEF has airlifted urgently needed items such as water bladders and water treatment units.

As of June, UNICEF support has provided 58 Temporary Learning Spaces (TLS), each with 5 classrooms, and construction of an additional 86 TLS is nearing completion for students in IDP sites in Vavuniya, Jaffna and Trincomalee. These TLS (in addition to TLS for displaced host community children), are providing a total of over 43,000 displaced children with access to education and to school material including blackboards and individual learning kits. 1,500 teachers have received teaching material to provide schooling in these learning spaces.

UNICEF is scaling up its protection related interventions in the camps and is facilitating activities for more than 14,000 children in camps through 43 Child Friendly Spaces. Nearly 1,400 vulnerable children in camps and hospitals, including separated and unaccompanied children, child-headed households, and children with special needs and disabilities, have been identified and are being assisted. 256 children have been identified as former soldiers and are been cared for in line with the Emergency Regulation for children who have been associated with armed groups that was developed/adopted by the GoSL in December 2008 with UNICEF support. Emergency supplies such as children’s clothing, recreation kits, and slippers are distributed in camps for up to 90,000 children.
Key Challenges

- Access constraints and security procedures in the resettlement areas limit the coverage of services and speed of service delivery.
- There is a need to provide basic services to support the newly-started resettlement process while at the same time continue to support the 280,000 IDPs remaining in the camps, awaiting resettlement.
- The lack of access to registration data has led to delays in the identification of vulnerable children.

Inter-Agency Collaboration

As cluster lead, UNICEF supports the coordination of the nutrition, water, sanitation and hygiene (WASH) and education clusters, working closely with the Government of Sri Lanka, UN agencies, the International Committee of the Red Cross (ICRC), NGOs and community-based stakeholders. UNICEF actively collaborates with the UN Refugee Agency (UNHCR) for the shelter and protection sectors coordinating child protection-related interventions; with WHO for the health sector and with the World Food Programme (WFP) for the food security and logistics sector.

Funding Requirements

As part of the joint Common Humanitarian Action Plan (CHAP) appeal launched in February 2009 in Sri Lanka and in Geneva in March 2009, UNICEF requested US$ 15 million. The requirements have been revised to US$ 29.4 million in order to reflect the current situation and to respond to the tremendous needs in terms of water, sanitation, nutrition, health and protection of over 280,000 IDPs fully dependent on humanitarian assistance. A shortfall of US$ 13.9 million remains to be covered for UNICEF to carry out critical activities benefiting the children and women in Sri Lanka.

Table 1: Funds received against the HAR 2009 (US$)*

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>2,200,000</td>
<td>1,845,689</td>
<td>3,000,000</td>
<td>1,154,311</td>
</tr>
<tr>
<td>Health</td>
<td>1,100,000</td>
<td>475,162</td>
<td>2,000,000</td>
<td>1,524,838</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>4,300,000</td>
<td>8,324,346</td>
<td>14,445,000</td>
<td>6,125,654</td>
</tr>
<tr>
<td>Education</td>
<td>4,200,000</td>
<td>2,320,383</td>
<td>5,000,000</td>
<td>2,679,617</td>
</tr>
<tr>
<td>Child Protection</td>
<td>3,200,000</td>
<td>2,617,047</td>
<td>5,000,000</td>
<td>2,382,953</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15,00,000</strong></td>
<td><strong>15,582,627</strong></td>
<td><strong>29,445,000</strong></td>
<td><strong>13,867,373</strong></td>
</tr>
</tbody>
</table>

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Emergency Programme Priorities: July - December 2009

Nutrition

**UNICEF is the cluster lead agency for Nutrition**

- An estimated 4,200 children under five suffering from Severe Acute Malnutrition and 12,600 children suffering from Moderate Acute Malnutrition will be assisted through support to Nutrition Rehabilitation Centres (NRC) for therapeutic and supplementary feeding and through technical assistance to the Ministry of Health and other partners;
- The construction of an overall 21 Nutrition Rehabilitation Centres will be supported;
- Multiple micronutrient supplementation (sprinkles for children and tablets for pregnant and lactating women), vitamin A mega doses and de-worming tablets for all under-five children will be provided;
- Final results from the Rapid Nutrition Assessment are disseminated and the emergency response adjusted accordingly;
- Nutrition surveillance system is developed to monitor the nutritional status of children and children under five and track the progress of interventions;
- Appropriate infant and young child feeding practices, including exclusive breastfeeding, are promoted in all camps.

Health

- Access to basic and emergency healthcare services is improved;
- Emergency medical supplies are available and basic medical needs are met with particular attention to mothers and children;
- Disease surveillance system is developed and maintained for communicable diseases;
Routine and catch-up immunization services are provided. Measles campaign and other necessary vaccination for children under 5 years is supported;  
Capacity of health services providers is improved.

**Water, Sanitation and Hygiene**  
*UNICEF is the cluster lead agency for Water, Sanitation and Hygiene (WASH)*  
- Up to 350,000 IDPs and other conflict affected persons will be provided access to safe water, sanitation and hygiene facilities in camps, Temporary Learning Spaces (TLS), Hospitals and Health centres. This will be undertaken through water bowsering, provision of water supply systems, latrines, bathing spaces, hand washing facilities, hygiene kits and other essential items such as chlorine, water testing equipment, water bladders and tap stands, jerry cans, washing basins and water pumps;  
- Hygiene awareness programmes will be conducted in IDP camps, host and resettled areas.

**Education**  
*UNICEF and Save the Children are the cluster lead agencies for education*  
- Up to 120,000 school aged children have continued access to quality education through the construction of over 250 Temporary Learning Spaces (TLS) and provision of individual educational kits for children and class kits for teachers;  
- Teachers and principals provide psychosocial support for approximately 40,000 conflict affected children; recreational kits provide opportunities for children to normalise;  
- Support provided to the Ministry of Education (MoE) to develop and implement a response plan;  
- Comprehensive two-year education plan developed and implementation begun for education in the North, including specifically designed programmes for children who have lost the opportunity to rejoin formal schooling.

**Child Protection**  
- In support of Government, continue to lead child protection coordination throughout Sri Lanka;  
- Children formerly used by armed groups are supported with care and rehabilitation services;  
- More than 50,000 children have access to structured age-appropriate activities that promote a return to normalcy and reduce vulnerabilities to exploitation, neglect, abuse and recruitment;  
- At least 50,000 children have received Mine Risk Education, and at least 3,000 victims of mines/Explosive Remnants of War (ERW) and other people with disabilities are identified, assisted or referred to appropriate services;  
- Approximately 900 vulnerable children in camps including separated and unaccompanied children are identified and provided with adequate assistance;  
- Monitoring, reporting and advocacy on protection issues for children and families are linked to responses on the ground, wherever possible.
Situation Update
Humanitarian needs in Timor-Leste have been of concern since the civil unrest of April-May 2006, when the police and army were fighting each other in the streets of the capital Dili. The civil unrest resulted in the destruction or damage of 6,000 homes, followed by the displacement of about 100,000 Internally Displaced People (IDPs). Additional unrest following the formation of the new government in August 2007 caused violence and further displacement.

In the last quarter of 2008, the Government started supporting the return and reintegration of the displaced population. By the beginning of the year approximately 30,000 IDPs remained in 24 IDP camps. During the first quarter, IDPs continued to return to their places of origin and the IDP camps were gradually closed. As of mid-year only six transitional shelters hosting 2,488 IDPs remain.

Civil unrest and natural disasters such as floods, drought, severe storms and landslides are among the major recurrent challenges. The impact of these hazards is substantial in the districts where the coping mechanisms of the population are gradually eroded. The nutritional situation of children is alarming. Timor-Leste has the highest prevalence of malnutrition in the region, and the situation is worsening. The 2007 Timor-Leste Living Standard Survey reveals that 48.6 per cent of all under-five children are underweight, 53.9 per cent are stunted and 24.5 per cent are wasted. Timor-Leste is a net food importer hence the changes in global food commodity prices has an immediate impact on Timor-Leste and the livelihood of people. Only 65 per cent of the population has access to safe water sources and 49 per cent have access to improved sanitation, with high urban-rural disparities. The National Directorate of Water and Sanitation Service (DNSAS) and the MoH have limited resources to respond to the needs of vulnerable populations and communities affected by natural disasters.

Children are greatly at risk of violence, exploitation and abuse. Protective mechanisms for response to such cases are weak. Chronic natural disasters such as flood and drought have reduced children’s access to education in disaster prone rural areas.

Key Results for Children

Health and Nutrition: UNICEF provided the Ministry of Health (MoH) with essential supplies and technical assistance for emergency nutrition interventions and measles immunization. In June 2009, the MoH, with the support of UNICEF, conducted a nationwide measles vaccination and vitamin A supplementation campaign targeting 194,000 children 9–59 months old. MoH staff have been equipped to deliver in-patient therapeutic feeding country-wide. Community-based Management of Acute Malnutrition (CMAM) was piloted in one district in 2008 and has been rolled out in three out of the planned five districts in March 2009 for which orientation have been completed. In this reporting period, 13 district nutrition officers and 30 Mother and Child Health (MCH) and Integrated Management of Childhood Illness (IMCI) officers have received initial introductory training to CMAM.

Water, Sanitation and Hygiene (WASH): The programme continued to support water, sanitation and hygiene facilities improvement works in 24 IDP camps reaching 30,000 people over the first quarter. UNICEF further supported the improvement of the emergency preparedness capacity of the National Directorate of Water and Sanitation Service by improving warehousing capacity and pre-positioning emergency supplies.

Education: The focus of education has been to continue building capacity and structures for emergency preparedness and response at national, regional and district levels of the Ministry of Education (MoE) including the development of emergency school kits which will include teaching learning materials and teacher manuals to address specific needs in times of emergency such as stress management and conflict resolution. UNICEF has further supported eight primary school rehabilitation projects.

Child Protection: UNICEF reached 30,000 crisis-affected and other vulnerable children and their families in all 13 districts through the community policing school visit programme. Child protection officers have been providing legal, psychosocial, health and social welfare support for all child victims of abuse, violence and exploitation.

Adolescents and Youth Participation: In the first half of the year, 55 adolescents have been trained as life skills trainers reaching 2,735 youths with Life Skills Based Education including HIV/AIDS awareness through peer education. Similarly, the Advocacy and Communication programme has been providing
information and stimulating debate on various child and protection issues through national radio/TV and different community radio stations in Timor-Leste’s districts.

**Key Challenges**
Despite positive development in reintegration and rehabilitation support provided by the Government, the overall situation remains fragile. No emergency funding was received during the reporting period and therefore some of the planned activities had to be put on hold.

**Inter-agency Collaboration**
The cluster approach has been formally activated and humanitarian assistance is undertaken by the 11 clusters. UNICEF is leading the Education, Nutrition and WASH clusters. The Emergency Working Groups have been merged with the clusters and/or developmental working groups. All the cluster leads and co-leads are members of the Inter-Cluster Coordination Group (ICCG). At the national level, a Humanitarian Country Team (HCT) has been formed which provides overall strategic guidance and support to ICCG and clusters.

**Funding Requirements**
To date no funding has been received against the 2009 HAR. The funding requirements for 2009 remain at US$ 3,950,000 for all sectors. In order to carry out the most urgent activities, carry-overs (US$778,328) from previous year have been used.

**Table 1: Funds received against the HAR 2009 (US$)**

<table>
<thead>
<tr>
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<th>Funds received</th>
<th>Revised funding requirements</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>1,100,000</td>
<td>0</td>
<td>-</td>
<td>321,672</td>
</tr>
<tr>
<td>WASH</td>
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<td>-</td>
<td>1,500,000</td>
</tr>
<tr>
<td>Education</td>
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<td>-</td>
<td>300,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td>300,000</td>
<td>0</td>
<td>-</td>
<td>300,000</td>
</tr>
<tr>
<td>Adolescents and Youth Participation</td>
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<td>Advocacy and Communication</td>
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<tr>
<td>Emergency coordination, Monitoring and Evaluation</td>
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<tr>
<td><strong>Total</strong></td>
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<td><strong>0</strong></td>
<td><strong>Unchanged</strong></td>
<td><strong>3,171,672</strong>*</td>
</tr>
</tbody>
</table>

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** 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.

** The funding gap takes into account rephased funds from previous years.

**Emergency programme priorities: July - December 2009**

**Health and Nutrition**
- Ensure MoH staff is equipped to deliver in-patient therapeutic and Ready-to-Use Therapeutic food in five districts covering an under-five population of 82,000;
- Support preventative and curative care against malaria and other vector and water-borne diseases;
- Conduct a nutritional landscape analysis with support from HQ and RO;
- Provide training on Nutrition in Emergencies including Community-based Management of Acute Malnutrition (CMAM);
- Establish early warning systems and indicators;
- Develop minimum standards and operational guidelines.

**Water Sanitation and Hygiene**
- Provide safe, clean and reliable water supply systems and support sanitation and hygiene promotion in 30 disaster/crisis affected schools/communities in six districts benefiting about 7,000 children;
- Support WASH Cluster capacity development activities.
Education
- Support the establishment of focal points at central and regional levels within MoE to co-ordinate Emergency Preparedness and Response Planning. Production and distribution of school kits based on locally available resources;
- Provide support to Education Cluster capacity development especially in the area of the Emergency Preparedness Response Plan (EPRP);
- Pre-positioning of ECD/ECE emergency kits for young children.

Child Protection
- Provide community-based child protection interventions and psychosocial support to 1,000 crisis-affected children and families;
- Promote child-friendly police services through trainings of 300 police officers on protecting child victims of gender-based violence and child abuse;
- Provide technical assistance and human resources to the Ministry of Social Solidarity (MSS) and the Ministry of Justice to implement new policies and procedures related to children’s protection in emergencies.

Adolescents and Youth Participation
- Continue Life Skills-Based Education training for 2,000 young people in and out of school;
- Support sporting activities to reach 5,000 young people in 13 districts;
- Support HIV/AIDS prevention education targeting 4,000 young people in and out of school.

Advocacy and Communication
- Support family members’, particularly the children’s, ability to have their voices heard on TV and radio on issues affecting them;
- Support the capacity building of community influential and community workers to communicate survival, development and protection messages using Facts for Life;
- Maintain minimum stock of UNICEF advocacy supplies for emergency.
CENTRAL AND EASTERN EUROPE, COMMONWEALTH OF INDEPENDENT STATES REGION
Situation Update
From mid-April to mid-May, heavy and sustained rains caused localized flooding and mudslides in parts of Central Asia. In Tajikistan, some 25 districts were affected by these seasonal events, resulting in the loss of life, destruction of essential infrastructure and displacement of people. Since the emergence of the global pandemic (A/H1N1) in April, at least five countries in the region (Bulgaria, Romania, Russia, Turkey and Ukraine) have reported cases of A/H1N1. This has increased the threat levels for all other countries in the region. In addition, the global financial crisis continues to have an impact on the situation of women and children, particularly affecting the already poor and marginalized segments of the population. Countries such as Armenia, Kyrgyzstan and Tajikistan that heavily rely on remittances from migrant workers will be severely affected as the crisis deepens.

Key Results for Children
The CEE/CIS Regional Office has actively supported the country offices in monitoring and analyzing implications of security and political developments in the region. COs have been assisted in planning and carrying out emergency preparedness activities, including updating the Business Continuity Plans in view of the A/H1N1 threat. Together with EMOPS, the regional emergency team worked with the Bulgaria country office to develop its Emergency Preparedness and Business Continuity Plans. The RO also supported EMOPS in introducing and rolling out the new version of the online global Early Warning and Early Action (EW-EA) system, which was formally launched in May 2009. Most Country Offices in the region have received online presentations and coaching on the use of the new system. As of end-April, the RO activated its crisis management team (CMT) to coordinate and provide guidance on pandemic preparedness in the region. As indicated in the Humanitarian Action Report issued in January 2009, a key priority for the regional office this year is the effective and timely implementation of the Disaster Risk Reduction (DRR) project in Central Asia, primarily funded by European Union’s Disaster Preparedness Programme (DIPECHO). Since the start of the project, the RO has been closely monitoring, guiding and supporting the project implementation in Kazakhstan, Tajikistan and Uzbekistan. The two major regional events, that included the participation of government officials, sister UN agencies and/or NGO partners were: “Central Asia Seminar on Hyogo Framework for Action” and DRR in Education and “Capacity Development Training on DRR in Education”.

Key Challenges
Planned activities to strengthen and formalize the regional surge capacity for humanitarian response have been constrained mainly due to lack of funds.

Inter-Agency Collaboration
The RO closely collaborates with other humanitarian actors in the region on disaster preparedness and response issues. UNICEF is an active member of and regularly participates in the ad-hoc inter-agency task force on Central Asia. In May, it organized an inter-agency consultation on extreme weather events, which helped in promoting stronger inter-agency understanding of the issues and identified opportunities for cooperation and joint action. At the country level, UNICEF offices work closely with Government and NGO partners in the coordination and implementation of emergency preparedness activities.

Funding Requirements
While no funds have been received against the funding requirements outlined in the table below, the CEE/CIS Regional Office has been able to implement some of the planned activities, particularly related to emergency preparedness and disaster risk reduction. This has been possible thanks to the financial resources available from UK’s Department for International Development (DfID), European Commission’s Humanitarian Aid Office (ECHO) and Swedish International Development Cooperation Agency (SIDA). The following table indicates the outstanding funding needs, which are over and above of the funds available from the above-mentioned donors:

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2009 HAR requirements</th>
<th>Funds received</th>
<th>Revised funding requirements</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Surge Capacity</td>
<td>350,000</td>
<td>0</td>
<td>-</td>
<td>350,000</td>
</tr>
<tr>
<td>Emergency</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparedness and</td>
<td>100,000</td>
<td>0</td>
<td>-</td>
<td>100,000</td>
</tr>
</tbody>
</table>

*In June, the WHO raised the level of influenza pandemic alert from Phase 5 to Phase 6.*
Response Planning

<table>
<thead>
<tr>
<th>Disaster Risk Reduction</th>
<th>300,000</th>
<th>0</th>
<th>-</th>
<th>300,000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>750,000</td>
<td>0</td>
<td>Unchanged</td>
<td>750,000</td>
</tr>
</tbody>
</table>

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

** 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.

Priorities: July - December 2009

Disaster Risk Reduction project in Central Asia

A key priority for the regional office will be to continue providing guidance, support and oversight to the ongoing disaster risk reduction project in Central Asia. In particular, RO will collaborate with the regional office of UN-International Strategy for Disaster Reduction (UN-ISDR) in collecting best practices and lessons learned on DRR-Education in Central Asia and presenting the results in a regional conference tentatively planned for December 2009. In Kazakhstan and Tajikistan, UNICEF will be carrying out a thorough review of the existing national disaster management policies and documents. The aim will be come up with concrete recommendations that will help further strengthen the disaster risk reduction policies and action plans.

Partnership in Disaster Risk Reduction

UN-ISDR is a key partner for UNICEF in the sphere of disaster risk reduction in the region. As such, efforts will be stepped-up to finalize an agreement between the two organizations, which will formalize cooperation and further strengthen the ongoing collaboration.

Influenza A (H1N1) Preparedness

The situation with regard to the spread and severity of the H1N1 virus will be closely monitored. Preparedness support to the country offices will be accelerated to help enhance preparedness for a potential pandemic in the region.

Cluster Approach

In collaboration with the regional Education/Early Childhood Development (ECD), the Emergency Team will be conducting a mapping of institutional and human resource capacities in the region. In addition, the cluster mappings for water, sanitation and hygiene (WASH) will be finalized before the end of December 2009.
Situation Update
The abnormally intense rainfall in April and May 2009 led to severe flooding, mudflows and landslides in many parts of Tajikistan, including the capital city Dushanbe. This resulted in loss of lives, displacement, destruction of key transport and social infrastructures, housing as well as loss of crops and livestock throughout the country. Overall, 15,000 people have been affected and 734 families have lost their homes. The Government - lacking of adequate resources to respond to humanitarian needs and rehabilitate the affected communities due to the economic crises and falling budget revenues - has appealed for international assistance to respond to multiple episodes of flooding. In response to this situation, the Tajikistan Humanitarian Partnership - Rapid Emergency Assessment and Coordination Team (REACT12) appealed13 for about $1.5 million in June 2009 to support the Government of Tajikistan in its efforts to address humanitarian needs of some 12,000 severely affected individuals.

Key Results for Children
The humanitarian action for 2009 seeks to reach out to about 100,000 under-five children particularly vulnerable groups of and 80,000 pregnant women in remote and hard-to-reach areas of the country. To date, more than 50,000 pregnant women and 15,000 children have been reached through UNICEF WASH, Education and Nutrition related interventions. In response to the most recent flooding, UNICEF immediately dispatched pre-positioned items of 30,000 water purification tablets and two metric tons (MT) of chlorine powder providing about 600 families from the affected districts access to potable water at evacuation sites. UNICEF distributed 500 bars of soap to the affected families and immediately started a hygiene and breast feeding education campaign in the new settlements and children’s camps. Hygiene education campaign with dissemination of chlorine tablets, hygiene leaflets and basic hygiene messages was initiated in May in the major affected areas, covering approximately 15,000 persons through local NGOs and health authorities. Twenty hand washing facilities initially set up in temporary campsites will be relocated to resettlement sites and will reach out to about 300 families. In Education, UNICEF helped in making available school-in-a-box and recreational kits used for creating safe learning spaces through summer camps benefiting about 300 children. Hygiene education combined with psychological support exercises, and sport activities are currently ongoing in these two camps. Jointly with WFP and Save the Children, UNICEF supplied basic food commodities to food insecure areas in the country.

Key Challenges
Due to the number of small scale emergencies that the country needs to respond to, it has been difficult to raise sufficient resources in a timely manner. UNICEF has therefore reallocated regular resources and pre-positioned stocks in order to provide critical assistance to most affected children and their families. The lack of partners active in Water, Sanitation and Hygiene (WASH) and Education has meant that UNICEF, together with Save the Children in Education, had to assume responsibility for the majority of the activities putting additional burden on the country office.

Inter-Agency Collaboration
UNICEF is providing coordination leadership in WASH and Education (together with Save the Children) and contributes to WHO-led coordination in health and to WFP-chaired sector in food security.

Funding Requirements
The 2009 HAR requirements remain unchanged at mid-year with a shortfall of US$ 2 million with no funds received against this appeal to date. UNICEF is part of the local Inter-Agency Floods and Mudflows REACT Appeal. UNICEF’s requirements for the flood response amount to US$ 360,000 for two WASH projects, which are in addition to the original HAR 2009 requirements of US$2 million. The Country Office is further implementing a Disaster Risk Reduction programme funded through ECHO. This new initiative is being carried out jointly with other Central Asian countries such as Uzbekistan and Kazakhstan.

12 REACT was established in 2001 to promote the sharing of information, logistics and other resources between partners active in the disaster management sector. The group that involves over 50 state, local and international organizations and entities meets regularly to coordinate and share experiences on various issues of disaster management, including preparedness, response, mitigation and capacity building activities with national bodies.
13 The appeal comes in addition to the resources being raised for improving food security through the Humanitarian Food Security Appeal issued earlier.
### Table 1: Funds received against the HAR 2009 (US$)*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2009 HAR requirements</th>
<th>Funds received</th>
<th>Revised funding requirements</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Nutrition</td>
<td>800,000</td>
<td>0</td>
<td>-</td>
<td>800,000</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>500,000</td>
<td>0</td>
<td>-</td>
<td>500,000</td>
</tr>
<tr>
<td>Education</td>
<td>500,000</td>
<td>0</td>
<td>-</td>
<td>500,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td>200,000</td>
<td>0</td>
<td>-</td>
<td>200,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,000,000</strong></td>
<td><strong>0</strong></td>
<td><strong>Unchanged</strong></td>
<td><strong>2,000,000</strong></td>
</tr>
</tbody>
</table>

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**Emergency Programme Priorities: July - December 2009**

**Health and Nutrition**

UNICEF will undertake the following activities:

- Provision of life-saving and critical relief supplies such as Oral Rehydration Salts, baby warmers, primary health kits for more than 100,000 children;
- Promotion of exclusive breastfeeding practices and complementary feeding;
- Monitoring of micronutrient supplementation among (90,000) pregnant women and (75,000) children 6-24 months. Distribution of therapeutic food for prevention and treatment of malnutrition among children.
- Support of measles-rubella vaccination among children.

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

In the area of WASH, UNICEF’s major priority will be to ensure basic minimum requirements of water, sanitation and hygiene to affected populations, mainly women and children through implementation of the following activities:

- Ensure required minimum amount of safe water (15 litre / person /day) for 10,000 households in urban and rural areas with special attention to hospitals, schools and mass care facilities;
- Distribution of water containers, water purification tablets, chlorine, lime and soap to 10,000 households.
- Implementation of communication campaign for hygiene promotion and reach out to about 500,000 people;
- Ensure adequate WASH sector lead for a coordinated emergency response.

**Education**

UNICEF plans to implement the following interventions:

- Advocate for the temporary suspension of classes, especially during severe winter days and support catch-up programmes;
- Support ECD in emergencies together with the Health and Nutrition team and partners;
- Ensure adequate education sector coordination together with Save the Children-Alliance.

**Child Protection**

The child protection response is currently focusing on preparedness and risk reduction activities in order for UNICEF to respond to its core commitments for child protection during an emergency. The focus of the programmatic preparedness activities is on:

- Support separated and unaccompanied children (already some 9,341 children have been identified) in receiving basic survival/developmental assistance, with attention to the most vulnerable.
- Identification and provision of assistance to children and women in need of special protection; monitoring to be carried out by UNICEF and the National Commission on Child Rights on the appropriate distribution and use of supplies; awareness raising on child protection risk that children may face in times of emergency.
EASTERN AND SOUTHERN AFRICA REGION
Situation Update

Eastern and Southern Africa has endured more emergencies in the past decade than any other region. Wars and civil conflicts, droughts, cyclones, floods, and various epidemics have been significant hurdles towards realizing children’s and women’s rights. The flooding and cyclones’ crises in Southern Africa in 2009 once again affected more than 600,000 people in Zambia, Namibia, Angola, Malawi and Comoros. Nine countries in the Southern African region have reported cholera cases in 2008/2009. Trans-border infections have been recorded and cholera is becoming endemic in most affected countries. Zimbabwe is the worst affected with more than 100,000 reported cases. In addition to the southern Africa sub-region, cholera and diarrhoeal diseases have been reported in Kenya, Ethiopia, Eritrea and Somalia. In Kenya, between early January and mid April, a cholera outbreak affected more than 2,000 people in 20 districts. Chronic food insecurity, conflict and political instability all combined are threatening the well-being and lives of millions of children in the Horn of Africa. An estimated twenty million people, including four million children under the age of five, are in need of emergency relief assistance. This is a substantial increase over the September 2008 figure of 14 million people requiring emergency assistance. The impact of soaring food prices across the region is an added concern that will require careful monitoring to ensure timely and appropriate responses.

Key Results for Children

UNICEF Eastern and Southern Africa Regional Office (ESARO): During 2009, the overall goal is to ensure the continuity of predictable, capacity building support to UNICEF Country Offices (CO) on emergency preparedness and response complemented by a progressive transition to more coherent support to national capacity development for humanitarian action. To this end, ESARO continued to support twenty country offices in their preparedness planning and immediate response capacity. In terms of improvements in the area of preparedness in 2009, UNICEF facilitated emergency preparedness and response training (Rwanda, Uganda and Tanzania), a lesson learned exercise (Uganda), contingency planning (Madagascar and South Africa) and review of emergency preparedness plans (Kenya). Furthermore, the establishment of a regional rapid response mechanism and use of external standby arrangements for emergency deployment continue to be strengthened. More recently, UNICEF Offices have sought to improve their support to government preparedness planning (Angola, Swaziland and Rwanda) and community disaster preparedness (Mozambique). These are new areas of capacity building for UNICEF in Eastern and Southern Africa that will require ongoing support, documentation and possible expansion to additional countries in the years to come. Emergency funds received against the Humanitarian Action Report in 2009 have been utilized to support the Nutrition Information Project for the Horn of Africa (NIPHORN II) in Eritrea, Ethiopia, Kenya, Somalia and Uganda. A regional advocacy strategy is being developed based on consolidated review and analysis of existing policies and policy measures to mitigate effects of soaring food prices on welfare of children and women. Work has also started on evaluation of existing nutrition sentinel site surveillance systems (NSSS) in urban areas.

Comoros: In response to the flooding in the first half of 2009, UNICEF provided family kits, hygiene awareness messaging and clean water to 300 people. Essential educational equipment and materials were distributed to re-establish learning activities benefiting 5,000 children.

Swaziland: To respond to the impact of high food prices and cholera, UNICEF scaled up its nutrition emergency programme. As result of this support, child mortality rate within the therapeutic feeding centres has dropped from 25 per cent in January 2009, to about 20 per cent in May. Thirty-three schools were provided with water and sanitation facilities and support was provided to the Government to strengthen the disease surveillance system.

South Africa: Assistance was provided to 1,500 Zimbabwean children in drop-in centres in the Musina area. Eight temporary classrooms were installed in Musina benefiting 240 children. Emergency cholera response activities were supported in Musina and Mpumalanga. The number of cholera cases reduced in the second quarter of 2009, as a result of the response and mitigation activities which were undertaken. UNICEF will continue to support national surveillance and response capacity for cholera outbreaks.

Lesotho: In response to the food insecurity and nutrition crisis, UNICEF expanded the In-patient and Out-patient Therapeutic feeding programme benefiting 3,640 children in 2009. WASH activities were implemented in 300 schools reaching 180,000 students.
Key Challenges
Erratic weather patterns, increased conflict and insecurity coupled with the global economic crisis and low levels of funding constitute main challenges.

Inter-Agency Collaboration
As part of the Regional Humanitarian Partnership Team (RHPT) Secretariat in Nairobi and the Regional Inter-Agency Coordination Support Office (RIACSO) in Johannesburg, UNICEF ESARO participated in a number of regional planning and advocacy events. With RIACSO, UNICEF participated in a mission to review and support Madagascar’s contingency planning. Under the auspices of the RHPT and the Regional Director’s Team (RDT), UNICEF was part of a high level consultation on the Horn of Africa.

Funding Requirements
ESARO has received one contribution of US$ 500,000 from the United States for emergency nutrition activities against the 2009 HAR. It is critical to mobilise funding to support emergency preparedness and response functions in the regional office as these remain core to the organisation especially in order to provide specific support to COs. Despite low donors’ response, the Comoros, Lesotho, South Africa, and Swaziland offices managed to respond to the emergency needs through reprogramming regular resources and using rephased funds.

Table 1: Funds received against the HAR 2009 (US$)*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2009 HAR requirements</th>
<th>Funds received</th>
<th>Revised funding requirements</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Preparedness and Response</td>
<td>750,000</td>
<td>0</td>
<td>750,000</td>
<td>750,000</td>
</tr>
<tr>
<td>Health and Nutrition</td>
<td>750,000</td>
<td>500,000</td>
<td>750,000</td>
<td>250,000</td>
</tr>
<tr>
<td>WASH</td>
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<td>550,000</td>
</tr>
<tr>
<td>Education</td>
<td>350,000</td>
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<td>200,000</td>
</tr>
<tr>
<td>Child Protection</td>
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<td>250,000</td>
</tr>
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<td>Comoros</td>
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<td>1,338,906</td>
<td>1,338,906</td>
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<tr>
<td>Lesotho</td>
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<tr>
<td>South Africa</td>
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<td>1,000,000</td>
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<tr>
<td>Swaziland</td>
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<td>500,000</td>
<td>8,988,017</td>
<td>7,323,954***</td>
</tr>
</tbody>
</table>

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*** The funding gap takes into account rephased funds and re-programmed regular resources.

Emergency Programme Priorities: July - December 2009

UNICEF ESARO

Emergency Preparedness and Response: ESARO will continue supporting Country Offices to strengthen emergency preparedness and response through training on emergency preparedness and response (EPR), assessments, development of sector action plans, etc. In addition, ESARO will focus on national capacity development (NCD) including development of contingency plans, standard operational procedures, disaster risk reduction, etc.

Health and Nutrition: ESARO will strengthen the capacity of Country Offices to respond effectively to the ongoing and new crisis on the health and nutritional status of children under age five and pregnant and lactating women through training and technical guidance. In addition, UNICEF will provide direct technical guidance to nutrition cluster leads. In collaboration with the World Health Organization (WHO) and other partners, UNICEF will implement the recently developed regional cholera emergency preparedness and response strategy.

Water, Sanitation and Hygiene: ESARO will provide support to Country Offices to develop water, sanitation and hygiene (WASH) preparedness and response plans and provide direct technical guidance to WASH cluster leads through training (e.g. UNICEF/OXFAM cholera training package to be piloted in 2009).

Education: ESARO will build the capacity of national education stakeholders to prepare for and respond to emergencies, thus minimizing disruption of schooling for students and teachers. In addition, UNICEF will provide direct technical guidance to education cluster leads through training.
**Child Protection:** ESARO will support Country Offices to enhance their child protection capacity in emergencies, and ensure their ability to lead child protection coordination mechanisms, including sub-clusters where established.

**UNICEF Comoros:** UNICEF will ensure preparedness and adequate resources to respond to cholera outbreaks and to any volcanic eruptions in Grande Comore.

**UNICEF Lesotho:** UNICEF will continue its response to the humanitarian crisis exacerbated by high food prices and HIV through a number of emergency interventions, especially health and nutrition, targeting over 50,000 children and 50,000 pregnant and lactating mothers.

**UNICEF South Africa:** UNICEF will support the Government and partners to minimize the impact of the ongoing humanitarian crisis caused by population movement. UNICEF will also ensure preparedness and prevention to respond to any cholera outbreak.

**UNICEF Swaziland:** UNICEF will address the humanitarian situation by reaching around 60,000 children with health and nutrition interventions. In addition, UNICEF will support the Government in the areas of education, WASH and child protection.
UNICEF HUMANITARIAN ACTION
Angola
Mid-Year Review 2009

Situation Update
Despite socio-economic progress, children in Angola still face many challenges. High food prices and food insecurity are protracted crises that demand an integrated multi-sectoral response; Accelerated Child Survival Development (ACSD) being a proven efficient strategy combining health, water and HIV related response. Epidemics and natural disasters were also recorded in the first half of the year. As of mid-year 2009, cholera epidemics decreased with less than 900 cases registered (from 67,256 in 2006). However, severe flooding was experienced in the Southern and Central provinces of Angola for the entire first quarter. Among the four provinces (Moxico, Kuando-Kubango, Cunene and Bie) most affected, Cunene has been particularly hard hit, with heavy rains expected for the rest of the rainy season. The river and flood water levels recorded are the highest since 1963. As a result, more than 220,000 people were reported affected at different levels, from loss of income (cattle/crops lost) and loss of food security to destroyed housing or deaths of family members (some 60 people died). UNICEF, together with UN and other partners, responded to the floods while reinforcing local response capacities, especially through the coordination by Civil Protection and the endorsement of a National Preparedness and Response plan.

Key Results for Children
Successful cholera response is the main result of an intensive, long-lasting mobilization which started in 2006. From 67,256 cases in 2006, the different partners in Angola under the coordination of the Ministry of Health managed to reduce the caseload to less than 900 in 2009. Risks remain, but it remains an excellent example of a successful joint (Health + Water + Communication) approach and effective inter-agency collaboration. UNICEF provided emergency supplies including 250,000 Oral Rehydration Sachets (ORS) to treat 25,000 patients in need of urgent rehydration (well above the final needs since cholera and acute diarrhoea cases proved limited); 6,700 home level water kits for 40,000 people (for displaced population in camps and for host families); hypochlorite of calcium for the treatment of water, 30 water tanks of 1,000L capacity, and 30 water bladders with the capacity of 10,000 litres for distribution of safe water to 35,000 people on a daily basis in IDP camps and throughout the most vulnerable communities.

The flood response was even more integrated than the cholera response. UNICEF’s support, in addition to water provision and installation of latrines in camps, reinforced its nutrition activities, which focused on community-based interventions, complementing identification and treatment activities at the Health Centre level. Ready to Use Therapeutic Food (150 boxes) was provided to the most affected province of Cunene, along with 10,000 long lasting insecticidal nets (LLINs). Nationwide programmes such as routine immunization, child protection, and HIV have taken into account the emergency to adapt their support.

The key result for children was the acceleration of integrated health services under the Accelerated Child Survival Development approach. Water systems were built in resettlements areas with the integration of response to food security and child malnutrition. More than 12,000 severely malnourished children (wasting) are supported by a joint UN Child Nutrition programme involving FAO, IOM, UNICEF and WHO, covering the estimated entire needs of three key provinces (out of 18).

Key Challenges
Coordination and logistics challenges remain significant, especially since several provinces are hard-to-reach from Luanda. The main harbour in Luanda is overstretched and delays for unloading boats (> 8 weeks) do not enable rapid supply procurement. The local market capacity is limited and transport by road and air remains difficult. Operating costs in Angola remain exorbitant.

Social Indicators remain low, and living conditions in the outskirts of urban areas and in many isolated rural communities remain susceptible to epidemics, for example, polio has recently reappeared in several communities. Civil Protection is gradually upgrading its own coordination capacity with the support of UN Agencies and other partners but also has to overcome its own challenges, especially at provincial level, where lack of capacities in monitoring and logistics may hamper efficient response.

Inter-Agency Collaboration
The cluster approach has not been implemented in Angola, but inter-agency cooperation functions well, with a core of operational agencies regularly meeting in the UN Disaster Management Team (UN DMT). In the second quarter of 2009, in addition to the CERF, the UN in Angola received technical support of an
UNOCHA specialist, who assisted in the coordination of the response and the preparation of a National Emergency and Preparedness Plan (to be finalized by Civil Protection). UNICEF works with 16 different line ministries and counterparts in the areas of Health, Nutrition, Education, Protection and Water/Sanitation in the preparation of the National Contingency plan.

**Funding Requirements**
Funding requirements in Angola are still important despite the government’s growing participation in emergency response. Huge operating costs created by oil-related inflation, hamper humanitarian response.

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</tr>
</thead>
<tbody>
<tr>
<td>Health and Nutrition</td>
<td>1,950,000</td>
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<td>Education</td>
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<td>200,000</td>
</tr>
<tr>
<td>Child Protection</td>
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<td>200,000</td>
<td>200,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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<td><strong>1,855,930</strong></td>
<td><strong>4,400,000</strong></td>
<td><strong>2,544,070</strong></td>
</tr>
</tbody>
</table>

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**Emergency Programme Priorities: July - December 2009**

**Health and Nutrition**
- Food security and malnutrition response remain inter-sectoral priorities demanding an integrated approach for 700,000 people in the most affected provinces;
- Child Health, Reproductive Health, Malaria, Immunization will continue to be covered by regular programmes, unless a major unexpected crisis erupts.

**Water, Sanitation and Hygiene**
- Emergency water provision for a baseline of 25,000 people;
- Sanitation, particularly the fight against open defecation, will be pursued by regular programme with provincial level targets.

**Education**
- Disaster Risk Reduction will be included into the curriculum for 25,000 adolescents;
- Minimal response capacity (pre-positioning for four schools).

**Child Protection**
- Birth Registration programme will include an emergency component.
Situation Update

Burundi continues to face a complex mix of challenges that further exacerbate the overall vulnerability of the population. High food and fuel prices, natural hazards and returnees from Tanzania greatly contribute to that complexity. Malnutrition rates remain among the highest in the region, although the percentage of stunted children decreased from 52.5 per cent in 2005 to 46 per cent 2007. Since the beginning of the year, because of lack of rain in the previous months, farmers in Kirundo province faced increased food insecurity, resulting in food and non-food coping mechanisms such as increased migration and school drop-out, and reduction of the quality and quantity of food. According to a WFP assessment, 16,500 households were at risk of food insecurity in Kirundo. A nutrition survey was conducted in Kirundo which showed that 30.9 per cent of children were underweight (moderate). According to the Country Food Security Phase Classification, the North-East, South-East, and far North-West regions of Burundi can also be considered at high risk for food and nutrition crisis. A recent evaluation of food stocks at the household level found that quantities available will not cover the needs of the population for two months for the entire country.

Expulsions of Burundians from Tanzania from the beginning of the year have continued reaching a total of 2,098 (1,185 children and 477 women) as of 15 June 2009, and increased the need for basic social services such as health, education, water, basic sanitation, and shelter. UNHCR has supported the repatriation of 10,891 Burundian refugees from Tanzania, Rwanda, and DRC as of 31 May 2009, who face an already tense situation around land conflicts and scarcity of basic services with host populations. In the first months of 2009, persecution of people with albinism continued, and a total of eight children and three adults have been killed since September 2008. As a result of torrential rains in April 2009 in Bujumbura Mairie and part of Bujumbura Rural, around 376 households were displaced and urgently needed shelter, access to safe water and sanitation and food. In the first half of the year, two cholera outbreaks were detected in Cibitoke (38 cases) and Bururi (37 cases). Significant strides have been taken in the Burundian peace process, in particular the disarmament of the Forces Nationales de Libération (FNL), its accreditation as a political party and the release of children associated with them.

Key Results for Children

Overall, UNICEF continued to support and advocate with partners for actions to increase access by children and women affected by conflict and natural disasters to basic services that save lives, alleviate suffering and restore dignity, and to ultimately empower communities in emergency preparedness and response. To this end, 2,098 Burundians expelled from Tanzania, of which 1,185 are children, received medical, psychosocial, food and non-food and protection assistance, as well as identity cards. More than 50 persons with albinism, especially children, have been assisted through provision of non-food items such as mosquito nets, soaps, plastic sheeting, jerry cans, blankets and clothes. Further assistance, in collaboration with the United Nations Integrated Office in Burundi (BINUB), civil society organizations and International NGO partners, included advocacy activities for justice and sensitization of local authorities on the plight of the Albinos.

UNICEF continued to provide technical assistance and therapeutic foods to 111 out-patient Therapeutic Programmes benefiting a monthly estimate of 972 children under five. A successful integrated national campaign of measles immunization, de-worming, and vitamin A supplementation was organized in June. Some 578,168 households in seven provinces received long lasting insecticide treated nets; 1,37 million children aged 6-59 months were immunized against measles and received vitamin A supplementation; 3,376,612 children aged 1-14 years received deworming tablets and 707,711 children aged 7-14 year in nine endemic provinces received Praziquantel for the treatment of bilharziasis (cutaneous disease).

Through strengthened collaboration and coordination with partners, around 1,200 returnees out of 1,694 from Tanzania, enjoyed the right to access safe water through the rehabilitation of water points and construction of water supply systems at four entry points. In response to the flood emergency, UNICEF provided emergency kits consisting of jerry cans, soap, aqua tabs and plastic sheeting to 376 affected households.

In the education sector, 300 teachers, 58 school directors, seven inspectors and 58 school committee members acquired knowledge in creating participatory teaching and learning environments, transparent school management and community involvement in schooling, benefiting 15,900 primary school children. 6,000 Repatriated pupils, who had studied in a non-Burundian education system, have been integrated into Burundian primary schools while receiving supplementary French and Kirundi language classes, school kits and pedagogical materials to facilitate their transition.
UNICEF, in collaboration with partners, provided psychosocial support for about 2,020 expelled children and women from Tanzania, Rwanda and DRC. Legal assistance was also provided enabling the closure of judiciary files of about 400 women and child survivors of sexual violence and 300 children in conflict with law. At least 20,000 young people and teenagers were reached by a sensitization campaigns on HIV voluntary testing and the fight against the stigmatization and discrimination of people living with HIV. Between 2-10 April 2009, 340 children were separated from the FNL, and all have been reintegrated with their respective families and communities. The last group of children (39 boys and one girl) separated from the FNL on 9 May.

**Key Challenges**
Access to the population and monitoring and evaluation of interventions at decentralized levels remain costly and challenging as the country is in security phase III that requires the use of escorts to implement and follow up activities. The global financial crises and climate change pose a threat in the social sector in terms of resources allocation for basic social services. Furthermore, low human resource capacity of local actors and the limited number of partners with appropriate capacities particularly in the nutrition sector remain a major challenge. In addition, assuring community participation, especially in areas with a high proportion of returnee households or those affected by the high food prices, remains a considerable challenge.

**Inter-Agency Collaboration**
UNICEF assumes cluster leadership for the WASH, Education and Nutrition sectors, as well as for the Child Protection working group and actively participates in the Health cluster led by WHO. Moreover, UNICEF supports national capacity development for government and NGOs partners in Emergency Preparedness and Response planning. A joint project called Integrated Emergency Response to Food Insecurity in the North and North East Regions of Burundi, involving WHO, UNICEF, WFP, and FAO has been developed. Joint assessments and monitoring missions are also conducted with Government, UN Agencies and NGO partners.

**Funding Requirements**
The initial HAR 2009 requirement was US$8,934,800 of which US$2,740,000 have been funded. As of July 2009, the HAR has been revised to US$10.5 million. A funding gap of US$7,760,000 remains to be filled in order to be able to adequately respond to the emergency needs in Burundi, particularly the needs of an estimated 35,000 expected returnees from Tanzania.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2009 HAR requirements</th>
<th>Funds received</th>
<th>Revised funding requirements</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Nutrition</td>
<td>800,000</td>
<td>773,153</td>
<td>2,000,000</td>
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<tr>
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<td>3,000,000</td>
<td>2,578,536</td>
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<tr>
<td>Child Protection</td>
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<td>256,794</td>
<td>715,000</td>
<td>458,206</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>450,000</td>
<td>-</td>
<td>450,000</td>
<td>450,000</td>
</tr>
<tr>
<td>Emergency Preparedness and Response</td>
<td>335,000</td>
<td>161,887</td>
<td>335,000</td>
<td>173,113</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8,934,800</strong></td>
<td><strong>2,740,000</strong></td>
<td><strong>10,500,000</strong></td>
<td><strong>7,760,000</strong></td>
</tr>
</tbody>
</table>

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

**Emergency Programme Priorities: July - December 2009**

**Health and Nutrition**
- UNICEF will support the following services during the mother and child health week in November: catch-up immunization for all antigens for an estimated 64,972 children (0-11 months); Vitamin A supplementation for 1.37 million children; deworming for 3.5 million children in and out of school (1-14 years); iron supplementation and acid folic for 150,758 pregnant women and tetanus vaccine for 125,879 pregnant women;
- Assist 971 malnourished children monthly through therapeutic and supplementary feeding centres;
• Increase knowledge on nutrition and feeding practices through the production and distribution of locally adapted Information, Education and Communication (IEC) materials and provide technical assistance in the elaboration of national nutrition guidelines.

**Water, Sanitation and Hygiene**
• 4,381 School children in 10 primary schools and 11,235 people from the surrounding communities in Makamba province will have access to safe water and sanitation services through rehabilitation and construction of safe water sources and adequate sanitation facilities;
• Construct gender friendly sanitation facilities in 36 primary schools and 26 Early Childhood Development Centres and rehabilitation of water points for communities in Kirundo and Ruyigi provinces.

**Education**
• Sensitization of hard-to-reach population on Education-for-All and distribution of basic learning materials to 309,000 primary school children in three target provinces;
• Improve knowledge and skills of 100 Early Childhood Development educators, parents and primary care givers of young children on good hygiene, feeding and early stimulation practices to benefit 1,800 pre-school children in two provinces;
• Training of 2,145 primary school teachers, 129 school directors, 7 inspectors and 129 school committee members on child-centred teaching methods, transparent school management and community participation to benefit 113,700 pupils;
• Construction of 15 permanent Child Friendly Schools and rehabilitation of 100 temporary classrooms in areas most affected by the influx of returnees to enable 9,500 primary school children enjoy their right to education.

**Child Protection**
• Reintegration and follow-up of 626 children formerly associated with armed forces into their communities with support from local partners;
• Provision of medical care and/or psychosocial support to 785 girls, survivors of sexual violence;
• Advocacy for the prevention of recruitment of children into armed groups.

**HIV/AIDS**
• Training of community actors to increase the number of youths accessing testing services in affected areas.

**Emergency Preparedness and Response**
• Continued assistance to an estimated 2,500 expelled Burundians and implementation of exit strategies and contingency plans in the affected provinces;
• Strengthen capacities of national authorities, Civil Protection and NGO partners at national and provincial level on emergency preparedness and response.
Situation Update
The drought continued into the first half of 2009 in Eritrea, with both the ‘Bahri’ rain, which normally arrives in November and ends in March, and the ‘Azmera’ short rains which run between March and June in the highlands, performing poorly. Most of the small to medium size dams are either dry or have very little water left which has resulted in people using the protected borehole drinking water sources for watering their animals, putting greater demand for water on these sources. There is great demand for water with many water points needing to be rehabilitated and communities trained in operations and maintenance of hand pumps. The Water Resource Department is also facing transport difficulties in the supervision, operations and maintenance of water supply systems. Eritrea also has very low sanitation coverage especially in rural areas, which increases the risks of diarrhoea and other water-borne diseases, and is also known as one of the factors that contribute to girls dropping out of school.

The prices of essential commodities, particularly food, continue to be high, further threatening the livelihood of the population. The resettlement and migration of the drought-affected highland population to the lowland areas in Gash Barka and Debub is also adding to the burden of the receiving communities, 40,000 of who are IDPs who have resettled or returned to the areas in recent years. The results from the latest round of the Nutrition Sentinel Surveillance Survey, conducted in September 2008, indicate that acute malnutrition among under-five children is high, particularly in Gash Barka and Anseba regions, while sharp increases have been observed in the admission rates in community-based therapeutic feeding centres. Admission rates in February 2009 were two to six-fold higher than at the same time in 2008. In response, the expansion of supplementary feeding to cover 248,500 children aged 6 to 59 months as well as 85,500 pregnant and lactating mothers is being planned as a preventive measure to halt the deterioration of the nutritional status of vulnerable groups. UNICEF is currently targeting 85,000 moderately malnourished children. The impact of the drought and high food prices is expected to be the main focus of UNICEF’s humanitarian response for the latter half of 2009.

Landmines and other unexploded ordnances are another threat to the wellbeing of children. A recent government study estimates more than 100,000 to be disabled, 20,000 of them children. UNICEF is providing mine risk education and psychosocial care in affected communities and schools, as well as IDP resettled communities. A pilot landmine injury surveillance system is ongoing with the government which needs to be scaled up. Many families are female or child headed and with their coping mechanisms worn out from displacement, there is a need for income generating activities to allow these families to provide basic social services for their children and ensure rapid recovery.

Key Results for Children
The overall goal for 2009 is to respond to the health, education, water and sanitation as well as the protection needs of children made vulnerable by drought and the impact of high food prices. Pregnant and lactating women are also targeted for health and nutrition interventions as well as non food items. Essential emergency drugs and equipment have been distributed to 187 health facilities nationwide benefiting about 515,000 children under five as well as 170,000 pregnant and lactating mothers. Community-based integrated management of newborn and childhood illnesses has expanded from 100 to 263 villages in three regions, and 173 health workers and 400 community workers were trained on service delivery. In addition, 13,800 long-lasting insecticide-treated bed nets have been distributed in Gash Barka.

An integrated measles, Vitamin A and polio campaign was conducted in May 2009 in collaboration with the Ministry of Health. The results showed that 84 per cent of 450,000 children aged 6 to 59 months were covered for Vitamin A, while 82 per cent of 342,030 children aged 9-47 months and 77 per cent of 513,043 children aged 0 to 59 months were covered for the measles and polio vaccinations, respectively. Eritrea is on its way to being certified as polio free in 2009.

UNICEF continued supporting 54 facility-based therapeutic feeding (FBTF) and 72 community-based therapeutic feeding (CBTF) sites in 2009. Between January and April 2009, an estimated 1,062 severely malnourished children were admitted to FBTF sites, with an 85 per cent recovery rate and 1,893 children were admitted to CBTF sites with a recovery rate of 77 per cent. A total of 24,000 moderately malnourished children were reached by the supplementary feeding programme.

10,000 vulnerable people in Gash Barka and the Northern Red Sea regions were provided with water, sanitation and hygiene supplies, including jerry cans, water bladders, soap and water purification tablets. Preparation for installing hand pumps in ten IDP resettlement areas, benefiting 10,000 people in Gash
Barka and the Northern Red Sea regions, has begun, and is planned to be completed by the end of 2009.

Within the child protection programme support is being extended to many unaccompanied and institutionalized separated children starting with under five orphans. UNICEF support is extended to the children in group homes and subsequently to the child and female headed households, already engaged in street begging or commercial sexual exploitation.

While emergency education did not receive any funding in 2009, available resources were used to initiate the construction of 30 semi-permanent makeshift classrooms in Debub and Gash Barka regions for children of resettled IDP communities. In addition, 4,000 primary school children received stationery, and 200 school-in-a-box kits and 140 recreational kits were distributed, benefiting to 20,600 school children in the two regions. 1,000 student desks, 160 teachers’ tables and 80 blackboards were distributed to benefit 4,000 school children in the IDP resettlement communities.

All these interventions were conducted in close collaboration with line ministries, regional administrations, UN partners, other national and international partners.

Key Challenges
Field monitoring by UNICEF and counterparts has been affected by the widespread fuel shortages in the country and the fuel embargo on the UN imposed by the government since April 2008. While UNICEF has enjoyed access to most parts of the country, international staff has often been denied travel permits, mainly the areas bordering Ethiopia and particularly the Southern Red Sea region. Further, the restrictions imposed on the importation of construction materials, and the resulting high prices, has limited construction activities including school construction in the IDP resettlement areas and water and sanitation facilities.

Inter-Agency Collaboration
UNICEF is cluster lead in nutrition and water, sanitation and hygiene (WASH), while it coordinates with the health cluster led by WHO and provides significant support in the education and protection sectors. In the WASH sector, UNICEF coordinates its activities with IFRC and Oxfam for sanitation interventions. Government line ministries, regional administrations and UN agencies are the key partners in humanitarian response. UNICEF is also an active partner in the UN joint programmes on IDP resettlement, led by UNDP.

Funding Requirements
UNICEF requirements for humanitarian response in Eritrea at mid-year amount to US$ 22.5 million, an additional US$ 10 million to the original HAR 2009 requirement of US$12.4 million. The financial needs for the Nutrition sector have been revised upwards in response to the drought and food price increase, to enable expansion of the supplementary feeding programme as well as community-based therapeutic feeding to prevent the deterioration of the nutritional status of vulnerable women and children. Additional funding is required for the Shelter/Non-food Item sector, in response to the resettlement and migration of drought-affected populations.

Table 1: Funds received against the HAR 2009 (US$)*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2009 HAR requirements</th>
<th>Funds received</th>
<th>Revised funding requirements</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>4,000,000</td>
<td>3,761,931</td>
<td>14,800,000</td>
<td>11,038,069</td>
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<tr>
<td>Water, Sanitation and Hygiene</td>
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<td>0</td>
<td>5,100,000</td>
<td>5,100,000</td>
</tr>
<tr>
<td>Education</td>
<td>1,200,000</td>
<td>0</td>
<td>1,200,000</td>
<td>1,200,000</td>
</tr>
<tr>
<td>Child Protection</td>
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<td>220,420</td>
<td>800,000</td>
<td>579,580</td>
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<tr>
<td>Mine Action</td>
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<td>400,000</td>
<td>400,000</td>
</tr>
<tr>
<td>Cross sectoral</td>
<td>-</td>
<td>58,824</td>
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<td>0</td>
</tr>
<tr>
<td>Shelter/Non-food items</td>
<td>-</td>
<td>250,000</td>
<td>250,000</td>
<td></td>
</tr>
<tr>
<td>Total**</td>
<td>12,400,000</td>
<td>4,041,175</td>
<td>22,550,000</td>
<td>18,567,649</td>
</tr>
</tbody>
</table>

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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.
Emergency Programme Priorities: July - December 2009

Nutrition
UNICEF will convene twice quarterly co-ordination meetings with WHO and other partners to discuss nutrition issues and response plan.
- The expansion of supplementary feeding to cover 248,500 children (52 per cent) aged 6 to 59 months as well as 85,500 (50 per cent) pregnant and lactating mothers;
- Conduct the second round of national Vitamin A campaign targeting 450,000 children under the age of five as well as a measles campaign targeting children aged 9-47 months;
- Conduct a second polio eradication campaign targeting children aged 0-59 months in collaboration with neighbouring countries.

Water, Sanitation and Hygiene
- Train 200 communities and 150 Ministry of Health staff on the management of acute watery diarrhoea, and develop hygiene education materials to include schools;
- Procure WASH supplies for rapid response to emergencies, including water bladders, jerry cans, water purification tablets, and limited trucking for 10 IDP communities and 10 drought-affected villages targeting 10,000 people;
- Carry out sanitation and hygiene promotion in 10 communities for ‘open defecation free’ villages.

Education
- Train 200 primary school teachers on life skills, including on HIV/AIDS, as well as on psychosocial care and gender-sensitive pedagogy;
- Support the construction of four temporary schools and rehabilitate two school classroom structures to accommodate 1,800 primary school children. Sanitation and water storage facilities will also be provided in schools and learning spaces.

Child Protection
- Establish two drop-in centres in urban areas for street children and other vulnerable children in need of protection;
- Train 100 teachers and 50 health staff on basic psychosocial care and response to violence and abuse;
- Provide alternative economic assistance to 500 child and female-headed households.

Mine Risk Education
- Support the delivery of community-based Mine Risk Education (MRE) programmes in high risk areas, through 10 mobile MRE field teams and 100 community volunteers;
- Support school-based MRE activities benefiting 180,000 students.

Non-Food Items/Shelter
- Maintain a minimum readiness for any emergency to respond to the needs of 10,000 people; and provide non-food items to 9,000 vulnerable households including resettled displaced populations and drought-affected families.
Situation Update
According to the joint Government – partners Humanitarian Requirements document launched on 30 January 2009, up to 4.9 million people will continue to need emergency food assistance during the year, with an estimated 34,300 children under five requiring treatment for Severe Acute Malnutrition (SAM), and Acute Watery Diarrhoea (AWD), measles and malaria outbreaks. The number of people requiring emergency food assistance will however need to be revised after the June 2009 emergency needs assessment as late and erratic belg rains (February to May) determined a reduction of up to 30 – 50 per cent of the planted surface in belg crop producing areas, mainly in the south and south-eastern parts of the country. The resulting food insecurity is one of the main factors impacting on the nutritional status of children, with UNICEF currently estimating that 242,000 children from 309 districts will suffer from Severe Acute Malnutrition (SAM) during the year. Conflict continues to affect five Ogaden zones of Somali region, further jeopardizing the well-being of children and women. Community tensions in parts of Southern Nations, Nationalities, and People’s Region (SNNPR), Oromiya, Somali and Gambella continue to cause displacement and to affect an estimated 200,000 people, including children and women. Outbreaks of AWD and other infectious diseases have been occurring in parts of the country without becoming generalized, posing an increased threat to children already suffering from malnutrition. Floods and droughts coupled with the limited supply of clean, safe drinking water, as well as poor sanitation and hygiene practices continue to increase the risk of such diseases. An estimated 200,000 school-aged children are not able to continue their education due to drought, conflict and other emergencies. Moreover, the continued drought and conflict increases the vulnerability of children, especially those coming from poor families, requiring social protection programmes, while the presence of landmines in parts of the country calls for the implementation of mine risk education projects.

Key Results for Children
The overall UNICEF humanitarian goal for 2009 is to ensure that the Core Commitments for Children (CCC) in emergencies are upheld and that consequently, the devastating impact that the combination of food insecurity, public health hazards and population displacement has on children is addressed effectively. Since the beginning of the year, UNICEF has provided 1,897 MT of Ready-to-Use-Therapeutic Food (RUTF) to Government and NGO-run Therapeutic Feeding Programmes (TFP) for the treatment of an estimated 126,000 children suffering from severe acute malnutrition in more than 100 hotspot districts of Ethiopia. To the same end, UNICEF is supporting a national TFP roll-out strategy in 211 districts, to better respond to the needs of severely malnourished children all over the country. From January to March 2009, 20 Mobile Health Teams (MHT) in marginalized and conflict-affected areas of the Somali region attended to 65,684 consultations, of which more than 25,000 (38 per cent) to children under five. The majority of these consultations included treatments for pneumonia, malaria, and diarrhoea. They also screened 29,199 children for malnutrition, with 1,194 (4 per cent) identified to be severely malnourished. All were admitted into appropriate feeding programs and treated accordingly. From March to June 2009, UNICEF supported the deployment of four mobile teams in Afar in response to drought, malnutrition, measles epidemics in two of the most affected and poorly staffed districts. These teams provided 1,716 consultations, of which 1,360 for children under five. Since the beginning of the year, UNICEF has responded to localized Acute Watery Diarrhoea (AWD) outbreaks in Oromiya, Somali, Harari, SNNPR and Afar regions, by providing technical assistance, as well as 23 Case Treatment Centre (CTC) kits and additional drugs offering the possibility to treat up to 75,000 cases over a period of three months. UNICEF also pre-positioned 11 CTC kits in Somali region, should rapid response be needed to AWD outbreaks. UNICEF also purchased and distributed water treatment chemicals benefiting around 150,000 people, as well as communication materials informing on ways of AWD transmission and prevention methods, in areas where outbreaks occurred.

Key Challenges
In June 2009, a break occurred in the food pipeline of the relief operation, due to a mix of resource shortfalls and transport congestion, seriously impacting the availability of food for distribution as the main action to prevent further deterioration of the nutritional status of children. The Government together with WFP is looking into a number of solutions, while NGOs have some food in the pipeline. Although the capacity of the health extension programme to treat Severe Acute Malnutrition (SAM) cases at the national level has increased - from almost non-existent in 2003 to 20,000 cases in the beginning of 2008 and then three fold over the course of last year - it needs to receive additional support particularly in times of crisis when the number of malnourished children to be treated sharply increases. To counter this shortcoming, UNICEF together with the Government has started implementing a national strategy of TFP roll-out. However, the lack of systematic information from the field regarding the nutritional situation of children continues to hamper the implementation of an adequate response. In Somali region, provision of
humanitarian assistance and recovery programmes has been hampered by access constraints. UNICEF together with other agencies has been actively involved in the negotiation of improved access clearance procedures for UN agencies and NGOs.

**Inter-Agency Collaboration**

UNICEF is providing cluster coordination leadership in nutrition and water, sanitation and hygiene (WASH), whilst co-chairing the education cluster together with Save the Children – UK. UNICEF is also supporting coordination in health and is focal point for child protection issues within the protection cluster. More broadly, UNICEF is also collaborating with Government and NGOs in other country-level coordination mechanisms, such as Emergency Task Forces in nutrition, WASH and health, which are directly linked to the corresponding clusters.

**Funding Requirements**

The total original HAR 2009 requirements of US$ 71 million were revised in March 2009 down to US$ 36 million, to reflect a partial stabilization of the overall situation during the early part of 2009 and the benefit of a large amount of Ready-to-Use Therapeutic Food (RUTF) carried over from the previous year. However, due to the poor performance of the belg rains and the resumption of the national nutrition crisis, increased prevalence of AWD and other infectious diseases, as well as the need for preparedness activities for Influenza A (H1N1), the funding needs have been revised upwards again during the current HAR MYR. In addition to the US$ 11.3 million received against the 2009 HAR, US$ 18.7 million was carried over from 2008.

### Table 1: Funds Received against the HAR 2009 (US$)*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2009 HAR Requirements</th>
<th>Revised requirements HAU March 2009</th>
<th>Funds Received</th>
<th>Revised Requirements – 2009 HAR MYR</th>
<th>Funding Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>5,000,000</td>
<td>5,000,000</td>
<td>1,573,792</td>
<td>9,000,000</td>
<td>7,426,208</td>
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<tr>
<td>Nutrition</td>
<td>55,000,000</td>
<td>20,000,000</td>
<td>5,149,592</td>
<td>30,000,000</td>
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<tr>
<td>WASH</td>
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<td>Education</td>
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<td>241,749</td>
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<tr>
<td>Child Protection</td>
<td>2,800,000</td>
<td>2,800,000</td>
<td>241,749</td>
<td>2,800,000</td>
<td>2,558,251</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>71,100,000</strong></td>
<td><strong>36,100,000</strong></td>
<td><strong>11,337,489</strong></td>
<td><strong>51,960,000</strong></td>
<td><strong>40,622,511</strong></td>
</tr>
</tbody>
</table>

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**Emergency Programme Priorities: July – December 2009**

**Health**

- UNICEF will continue providing access to health, nutrition, WASH and emergency referral services to 1.57 million people in Somali region, and 65,000 in Afar region, by supporting 32 MHTs in remote areas of Somali and Afar regions, where no other health services are available;
- Technical assistance, cash and supplies for curative and preventative actions will be provided in response to Acute Watery Diarrhoea (AWD) and other infectious diseases outbreaks.

**Nutrition**

*UNICEF is the cluster lead agency for nutrition*

- UNICEF and partners will continue to assist 242,000 severely malnourished children by ensuring coordination among nutrition actors at the federal and regional levels, by supporting TFPs through health centres, hospitals and health posts and by providing technical assistance in the field to ensure delivery of quality services;
- Twelve million children under five years and 600,000 pregnant and lactating women (PLW) will be reached through key child survival interventions though the Enhanced Outreach Strategy (EOS), with an expected coverage of 85 per cent.

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

*UNICEF is the cluster lead agency for Water, Sanitation and Hygiene (WASH)*

- UNICEF will support 120 TFPs requiring a package of WASH services;
- Capacity to treat up to 10,000 people suffering from AWD will be supported and chemicals for the disinfection of public water sources in AWD affected areas provided;
- UNICEF will respond to the needs of 52,000 flood-affected people and 600,000 drought affected people, in need of basic WASH services.
Education

UNICEF and Save the Children – UK are the cluster lead agencies for education

- UNICEF aims to support 120,000 school children displaced and affected by various emergency situations through construction / rehabilitation of classrooms, procurement and distribution of teaching and learning materials, and training of teachers and Parent Teacher Associations (PTA).

Child Protection

- UNICEF will endeavour to reach around 50,000 children by continuing child protection assessments in regions with ongoing and recurrent disaster, and by implementing social protection and mine risk education programmes in Somali region;
- UNICEF will continue developing its readiness capacity to provide shelter to 200,000 people in coordination with the Government, IOM and other agencies through its decentralized emergency preparedness and response capacity support process.
Situation Update

The first half of 2009 has witnessed deterioration in the humanitarian situation. Poor rains and high food and commodity prices have deepened food insecurity in Arid, Semi Arid and urban areas as well as marginal agricultural areas. The short rains assessment in February determined that 3.5 million Kenyans required emergency food interventions. The estimated number of women and children affected by acute malnutrition rose to 340,000 (230,000 children under the age of five years and 110,000 pregnant and lactating mothers) up from approximately 240,000 at the beginning of the year. The long rains have also been poor to date signalling a likely further deterioration of the situation in the coming months. Without additional funds to support the immediate scale up of nutrition programmes, an immediate increase in mortality is likely in 6 of 10 most affected districts in Northern Kenya. Ongoing insecurity in Somalia has resulted in a continued influx of refugees to Kenya with more than 33,000 new arrivals so far this year. These new arrivals are straining already overstretched water, sanitation, health and nutrition services and protection systems in the Dadaab refugee camps which host 278,000 people while being intended for only 90,000. UNICEF programmes for life-saving nutrition interventions in Dadaab are funded only until July of this year.

So far this year a cholera outbreak has affected 27 districts with a total of 3,153 cases and 74 deaths. The health care system in many of the affected areas is weak, limited water availability and poor hygiene and sanitation practices further increase the risk of disease spread. The first case of wild polio virus, which was linked to the virus circulating in South Sudan, was detected in February in Turkana North district. To date 15 cases of wild polio have been confirmed in Kenya.

While there has been progress with the resettlement of those displaced due to the Post Election Violence in 2008, serious challenges remain to ensuring that displaced people (those displaced in Post Election Violence as well as previous displacements) find durable solutions with access to basic services and the enjoyment of fundamental rights. Of particular concern is the situation of separated children and child headed households as well as gross violations of children's rights related to the Mt Elgon conflict, including sexual exploitation, rape and the recruitment of children by the Sabaot Land Defence Force (SLDF) as well as the subsequent arrest and prosecution of child combatants.

Key Results for Children

Nutrition interventions are being scaled up with the support of partners in 16 districts. Training on the integrated management of acute malnutrition (IMAM) is completed or ongoing in 9 districts targeting 320 health workers. Since January, approximately 26,000 children under five with moderate acute malnutrition and 2,400 children with severe acute malnutrition have been admitted in nutrition programmes. With this technical support it is expected that an additional 30,000 children affected by moderate acute malnutrition and 3,000 affected by severe acute malnutrition will be treated. Essential supplies for the treatment of severe and moderate acute malnutrition have been provided to health facilities and partners in the affected areas.

UNICEF has supported the Government and partners in response to the cholera outbreak through the provision of assorted medical supplies for treatment as well as supplies for water purification. 23 cholera kits and 1,650 cartons of Ringers Lactate have been distributed to cholera affected districts. The Rapid Response component of the Central Emergency Response Fund (CERF) allowed for the procurement and distribution of Oral Rehydration Therapy (ORT) chlorine powder, soap and household water treatment supplies and portable water quality testing kits. UNICEF worked closely with the Government and partners to develop a communication strategy for cholera prevention and communications materials were developed and distributed to the affected districts reaching a population of 2.5 million.

UNICEF has supported the Government with the implementation of three rounds of a polio immunization campaign in 42 high risk districts targeting 4.2 million children under five years of age. UNICEF support included communication and social mobilization, vaccines procurement and distribution to health facility level. Vaccine procurement was supported with US$1.2 million from the Global Polio Eradication Initiative.

Work is progressing in districts affected by Post Election Violence around Eldoret and Nakuru to address the water, sanitation and hygiene needs of returnees and host communities. When implementation is complete in October 2009, 95,500 people will have access to safe water supplies.

Using the Peace Education curriculum materials developed in 2008, work has been ongoing to roll out training to schools in districts affected by post-election violence. So far this year 2,172 Primary school teachers from 203 primary schools in 6 districts have been trained making the curriculum accessible to 330,500 primary school children.
UNICEF undertook an assessment of the child protection situation in Mt Elgon, revealing serious incidence of exploitation, rape and the recruitment of children by the SLDF as well as the subsequent arrest and prosecution of child combatants.

Key Challenges
Timely resource mobilization for scaling up programmes in response to the deteriorating humanitarian situation has been the main challenge faced thus far in 2009. Without additional funds to support the immediate scale up of nutrition programmes, an increase in mortality is likely in 6 of 10 most affected districts in Northern Kenya. Finding predictable funding for critical interventions in Dadaab refugee camps has also been problematic; current funding for nutrition programmes will run out in July. Given the funds shortage, UNICEF interventions in nutrition and child protection in Dadaab are prioritized for the rest of the year. Rapid Response CERF grants amounting to $1,968,000 have made possible the continuity of critical nutrition programmes in Dadaab and the initial scale up of response to cholera and malnutrition in the rest of the country.

Inter-Agency Collaboration
UNICEF continues to support sectoral coordination for emergencies, leading ‘clusters’ in WASH, Nutrition, Education, and the sub-cluster in Child Protection. Increasing emphasis in 2009 has been on transitioning cluster functions into structures situated within Government and building capacity for Government leadership and coordination. Specific measures to enhance capacity include: training on Education in Emergencies provided to members of the Education in Emergencies Working Group (Education Cluster); planning for district level emergency preparedness and response undertaken with the Department of Children’s Services; and preparedness planning within the Nutrition Technical Forum (Nutrition Cluster). Additional resources have been provided to strengthen the information management and response capacity of the WESCOORD (WASH Cluster) at national and district level to scale up response to drought and cholera.

Funding Requirements
UNICEF’s financial requirements for humanitarian response were revised upwards in mid-March in response to the Short Rains Assessment. Most significant increases were in the nutrition sector requiring an additional $2.2 million to scale up programming. Financial needs in health have also been revised upward to help respond to disease outbreaks as well as to scale up routine services for vulnerable persons further affected by food insecurity. While some funds have been received in recent months, UNICEF’s emergency programmes in Kenya remain significantly under funded. In addition to the US $4.7 million reported below, the CO has received US$ 2.3 million to carry out emergency activities in 2009 including US$ 1.8 million from the Netherlands for education in emergencies. A shortfall of $17.4 million remains to be able to carry out critical activities benefiting vulnerable children and women in Kenya.

### Table 1: Funds received against the HAR 2009 (US$)*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original HAR requirements</th>
<th>Funds Received</th>
<th>Revised HAR requirements</th>
<th>Funding Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>1,600,000</td>
<td>64,209</td>
<td>3,090,000</td>
<td>2,520,897</td>
</tr>
<tr>
<td>Nutrition</td>
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<td>4,055,402</td>
<td>6,248,800</td>
<td>2,193,398</td>
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<tr>
<td>Water, Sanitation and Hygiene</td>
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<td>422,641</td>
<td>4,176,000</td>
<td>3,753,359</td>
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<tr>
<td>Education</td>
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<td>4,400,000</td>
<td>2,609,562</td>
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<td>5,309,500</td>
<td>5,309,500</td>
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<tr>
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<td>1,200,000</td>
<td>1,020,435</td>
</tr>
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<td><strong>Total</strong></td>
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<td><strong>4,721,817</strong></td>
<td><strong>24,424,300</strong></td>
<td><strong>17,407,151</strong></td>
</tr>
</tbody>
</table>

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

** 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.

*** The funding gap also takes into account an additional $2.3 million that the CO is using to carry out 2009 emergency activities including a contribution of $1.8 million for education activities.

**Emergency Programme Priorities: July - December 2009**

**Health**
- A fourth round of polio campaign is planned in two phases in July in 12 districts with a target population of 350,000 children under 5 years of age;
• Support to the Government in establishing ORT corners at health facilities in districts affected by cholera including supplies, treatment protocols and communication materials.

Nutrition
• Continued scale up of nutrition programmes (including supplementary and therapeutic feeding, micronutrient supplementation and infant and young child feeding) in priority districts;
• Support to sub-national coordination systems and nutrition surveys and district evaluations;
• Dissemination of National Guidelines and training package for the Integrated Management of Acute Malnutrition;
• Continuation of nutrition programmes (including supplementary and therapeutic feeding, micronutrient supplementation and infant and young child feeding) for 40,000 children under five years of age and 14,000 pregnant and lactating women in Dadaab refugee camp.

Water, Sanitation and Hygiene
• Further support to WESCOORDs (WASH Cluster) at district and national level is planned with strengthened information management and training at the district level;
• The development of district level cholera prevention communication plans in the 27 cholera affected districts will be facilitated through a national consultation and support at the district level;
• Coordination will be strengthened between longer term programmes that enhance communities’ access to improved water sources and sanitation with targeted emergency response activities.

Education
• To continue the roll out of the Peace Education and Life skills curriculum, training and support for follow up is required for an additional 4,800 teachers in 12 districts as well as the printing and distribution of curriculum to all the 22,000 primary schools in Kenya. The development of a radio programme for primary children on Peace Education and Life skills is also planned.

Child Protection
• Provide continued support to the national level ‘Child Protection in Emergencies Working Group’ and work with the Department of Children’s Services to develop emergency preparedness and response plans for five high risk districts including: Garissa, Molo/Nakuru, Kisumu, Eldoret and Mt. Elgon;
• UNICEF will support the establishment of child friendly spaces and gender based violence (GBV) referral mechanism in Mt Elgon, and support legal representation for children in conflict with the law;
• In the Dadaab refugee camps, UNICEF will work with UNHCR and Save the Children (UK) on enhancing the effectiveness of the child friendly space initiative, providing legal representation before the mobile courts, and evaluate measures to combat child recruitment.
Situation Update
In the first half of 2009, Madagascar has suffered the effects of multiple crises, including drought, cyclones and a period of political instability marked by violence which led to the ousting of the President on 17th March. **Socio-political crisis:** The political crisis has exacerbated the vulnerability of 68 per cent of the Malagasy population living under one dollar per day, affecting those living in urban areas in particular. The situation is currently being closely monitored. **Drought:** Poor rainfall between September 2008 and January 2009 has affected harvests resulting in increased food insecurity and lack of clean water for large parts of the population. Nutrition, health and water and sanitation interventions are being expanded to assist the population in need, which is estimated at 191,000 people. **Cyclones:** In the early part of 2009 three cyclones (Eric, Fanele and Jade) hit Madagascar, affecting over 120,000 people.

**Key Results for Children**
In 2009, UNICEF has responded to these multiple emergencies in the following ways:

**Socio-political crisis:** The education and protection sections are working together to provide psychosocial support to help children deal with their negative experiences. To date 3,180 children in 8 schools in Antananarivo have received psychosocial support. UNICEF, in partnership with the Syndicate of Social Workers and community protection networks have initiated family tracing and reunification including an Information, Education and Communication (IEC) campaign targeting parents on violence and child separation issues and reinforced existing child and youth friendly spaces in the capital. Fourteen existing “child friendly spaces” in Antananarivo have been reinforced to create safe spaces for children in the community and respond to the growing need of providing care to unschooled children. 

**Drought:** Two anthropometric surveys in the regions of Androy and Anosy were carried out using Standardised Monitoring and Assessment of Relief and Transition (SMART) methodology. The surveys demonstrated a Global Acute Malnutrition (GAM) rate of 14.5 per cent in Anosy and 10.9 per cent in Androy. Since March 2009, 4,084 severely malnourished children have been treated. WASH kits and ceramic filters have been provided to 91 health centres benefiting around 90,000 people and WASH kits have been provided to 7,900 families. Two water tanks of 5,000 litres, equipped with eight taps have been installed in two health centres for 600 patients and hand washing facilities have been installed in 20 health centres for 20,000 people. The first batch of essential medicines to be distributed free of charge have been sent to the south of Madagascar expected to benefit 8,000 people. 

**Cyclones:** As a response to cyclone Jade, 4,000 wells have been cleaned and disinfected in towns along the east coast benefiting around 1 million people. The Malagasy Red Cross is being supported to rehabilitate an additional 31 wells benefiting an additional 7,750 people. To enable 1,500 students to return to school 30 temporary classrooms have been constructed in 19 schools.

**Key Challenges**
The political crisis has seen the suspension of aid and budget support to the Madagascar government which is threatening the collapse of basic social services. The change in Ministry staff at both national and sub-national levels, including technical experts has weakened the capacity to both assess and respond to emergency situations quickly and efficiently.

**Inter-Agency Collaboration**
UNICEF Madagascar is providing cluster coordination leadership in water, sanitation and hygiene (WASH), Nutrition, Education and the Child Protection sub-cluster and is an active member of the WHO-led Health cluster.

**Funding Requirements**
To date, no funds have been received against the 2009 HAR. In addition to the HAR, on 5 March, UNICEF Madagascar issued an Immediate Needs Document appealing for a total of US$ 11,970,637 and received US$ 50,000 from the UK Committee for UNICEF. Some US$ 200,000 of UNICEF’s regular resources was reprogrammed to meet immediate humanitarian needs. A UN Flash Appeal for the response to the cyclones, droughts and the political crisis was issued on 7 April appealing for a total of US$ 35,732,550 out of which UNICEF Madagascar requirements amounted to US$ 16,932,550. In July, a revised Flash Appeal will be issued, with UNICEF requirements decreased to US$ 12,297,022. A total of US$ 4,528,465 has been received so far through the Flash Appeal, including US$ 2,041,560 through the CERF. It should be noted that the emergency is expected to last at least until the end of the year and possibly spill over into early 2010.
Table 1: Funds received against the HAR 2009 (US$)*

<table>
<thead>
<tr>
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<th>Revised funding requirements</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>2,100,000</td>
<td>0</td>
<td>600,000</td>
<td>600,000</td>
</tr>
<tr>
<td>Nutrition</td>
<td>500,000</td>
<td>0</td>
<td>1,500,000</td>
<td>1,500,000</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>2,000,000</td>
<td>0</td>
<td>2,500,000</td>
<td>2,500,000</td>
</tr>
<tr>
<td>Education</td>
<td>1,400,000</td>
<td>0</td>
<td>500,000</td>
<td>500,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td>300,000</td>
<td>0</td>
<td>1,320,000</td>
<td>1,320,000</td>
</tr>
<tr>
<td>Shelter and Non-Food Items</td>
<td>300,000</td>
<td>0</td>
<td>500,000</td>
<td>500,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,600,000</strong></td>
<td><strong>0</strong></td>
<td><strong>6,920,000</strong></td>
<td><strong>6,920,000</strong></td>
</tr>
</tbody>
</table>

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.
** The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

Emergency Programme Priorities: July - December 2009

Health: **UNICEF is an active member of the Health Cluster.**
- Support a measles vaccination campaign with Vitamin A supplementation for 26,000 children;
- Ensure vaccine availability and functioning of the cold chain for 88 health centres in the affected districts and provide them with essential medicines and supplies to benefit around 88,000 people.

Nutrition: **UNICEF is the cluster lead agency for Nutrition.**
- Provision of micronutrients and ready-to-use food to prevent acute malnutrition and the treatment of severe acute malnutrition for over 7,000 children in the south and 5,000 children in the five main towns to ensure 100 per cent coverage of severe acute malnourished children;
- At least four nutrition surveys using Standardised Monitoring and Assessment of Relief and Transition (SMART) methodology to be conducted in the intervention areas to monitor the situation and adjust activities accordingly;
- Support promotion of improved infant and young child feeding practices.

Water, Sanitation and Hygiene **UNICEF is the cluster lead agency for Water, Sanitation and Hygiene (WASH).**
- Provide water to 91 basic health centres targeted by the nutritional programme benefiting approximately 91,000 people, provide WASH kits to 200 schools benefiting around 40,000 children and provide access to clean water to 60,000 people in 240;
- Promote safe hygiene practices through hygiene campaigns, targeting 131,000 people (91,000 served by health centres and 40,000 students).

Education: **UNICEF is cluster lead agency for education.**
- Implement peace education in schools for 40,000 children;
- Train 4 regional authorities in disaster risk management to ensure better preparedness and pre-position educational materials for 35,000 children affected by emergencies.

Child Protection: **UNICEF is cluster lead for the Child Protection sub-cluster.**
- Human rights training for the Armed Forces, Police and Magistrates for around 150 people;
- Creation of 20 youth friendly spaces and groups to mitigate the increasing violence between youth gangs through sport and art reaching at least 5,000 youth;
- Organisation of recreational activities (sport for peace, concerts etc.) and awareness raising on sexual exploitation, sexual reproductive health, alcohol and drug abuse reaching around 50,000 people.
- Train 500 young people on Emergency Preparedness and Response who are expected to spread this knowledge to their families and friends.
Situation Update
Although no major flooding occurred during the first part of the year, numerous minor floods across the country have resulted in 8,512 households losing their homes and 12,711 households losing their crops. In general, isolated incidences of dry spells and floods contributed to the increased number of people at risk mainly in the southern region. Since November 2008, cholera is of major concern in 22 out of 28 districts since, with over 5,000 cases and a Case Fatality Rate (CFR) of 2.2 per cent as of May 2009. However, since mid-February 2009, the number of cases has been steadily decreasing with no reported deaths and only five districts reporting cases of cholera since April 2009. The national HIV and AIDS rate stands at 12.4 per cent but some districts in the south have prevalence as high as 30 per cent. While the food security situation has noted an improvement compared to last year, the average local market prices for maize remain high, having adverse effects on women and children and in particular on the urban poor. The nutrition situation in the Southern region, particularly, Chikwawa and Nsanje is worse than in other areas. Data for this year from the Malawi Vulnerability Assessment Committee (MVAC) has yet to be released but in general, rates of moderate and severe acute malnutrition, with the exception of Chikwawa and Nsanje, have remained low with a decrease in severe acute malnutrition (SAM) from 1.6 per cent in May 2008 to 0.5 per cent in December 2008. The rates of global acute malnutrition (GAM) decreased from 5.4 per cent in May 2008 to 4.4 per cent in December 2008. However, the situation may worsen as the season progresses into the rainy season.

Key Results for Children
Through continued support to 95 Nutrition Rehabilitation Units (NRU), 250 Community-based Therapeutic Care and 199 Supplementary Feeding Centres, UNICEF contributed to the treatment of 18,200 children under five suffering from severe acute malnutrition, as well as 24,000 children, pregnant and lactating women with moderate acute malnutrition. The scale-up of Community-based Management of Acute Malnutrition programmes has led to an increase in health facilities providing these services from less than 40 to 60 per cent since 2008. Rates of severe and acute malnutrition remained low in all emergency areas from January to June 2009 except in Chikwawa and Nsanje.

Up to 90 percent of children between the ages of 6-59 months benefited from high impact interventions such as promotion of exclusive breastfeeding, vitamin A supplementation, immunization, insecticide-treated bed nets, water, sanitation and hygiene promotion related interventions aimed at accelerating child survival. In May 2009, over 2 million children under 5 years of age (attaining 90 per cent coverage) and 140,000 post-partum women (80 per cent coverage) were reached with vitamin A supplementation. Additionally, about 1.8 million children aged 12 to 59 months received de-worming tablets (95 per cent coverage). Advocacy and communication messages to promote child survival were further promoted by UNICEF.

Thanks to massive communication campaigns, launched with the involvement of community radio and faith-based organizations in February 2009 to control and prevent cholera, there was a marked decrease in cholera cases. About four million people now have more awareness on key hygiene practices. In order to provide efficient case management, UNICEF trained 550 health workers in 17 affected districts, and provided timely distributions of cholera treatment supplies to camps and affected districts and ensured pre-positioning of supplies in highly affected areas. UNICEF further provided 1,560 cholera patients in treatment centres with safe water through pipes and about 54,000 households and 40 schools were targeted for key hygiene practices. Another 3,800 people in communities now have increased access to safe water through the rehabilitation and construction of boreholes and 72,000 households benefited from water treatment supplies.

Initial results from a child protection rapid assessment conducted in the first quarter of 2009 indicated that there was no need for a major emergency response. However, strengthening of existing child protection structures established in previous years, such as Victim Support Units, continued this year to enable communities to protect children from abuse and exploitation. The education sector focused on the pre-positioning of emergency education supplies such as tents, school-in-a-box kits and sports-in-a-box kits in order to ensure that the learning for up to 20,000 school children and their teachers in flood-affected schools would be continued in the event of a major flood. More preparedness activities including training of district officials to enhance their capacity for a timely response are due to commence.

Key Challenges
In general, weak capacities of responsible line ministries to respond to emergencies are common across sectors. In cholera prevention and control, poor coordination and lack of capacity for adequate
management contributed to the high number of cholera cases. Long term solutions to enhance preparedness are needed to address these challenges.

Inter-Agency Collaboration
UNICEF works in partnership with the Government, UN, NGOs and donors and participates in National Humanitarian Coordination fora such as the Early Recovery Coordination Group, the UN Country Team (UNCT), UN Disaster Management Groups, and various technical working groups. UNICEF participates in all Clusters and is the lead agency for child protection, education, water, sanitation, hygiene and nutrition. The National Cholera Task Force plays a key role in the coordination of the cholera response, led by the Ministry of Health with technical and financial support from UNICEF.

Funding Requirements
UNICEF received a total contribution of $955,689 against the HAR from January to June 2009. In addition, the Country Office has used carry-over funds from 2008 and its regular resources in order to conduct rapid assessments and respond to most immediate needs. Approaching the rainy season in November 2009, preparedness is crucial and US$ 1,353,078 will be required to cover planned activities.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2009 HAR requirements</th>
<th>Funds received</th>
<th>Revised funding requirements</th>
<th>Funding gap</th>
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<tbody>
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<td>Health and Nutrition</td>
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<td>440,000</td>
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<tr>
<td>Total**</td>
<td>5,025,000</td>
<td>955,689</td>
<td>3,595,000</td>
<td>1,353,078***</td>
</tr>
</tbody>
</table>

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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.

*** The funding gap has taken into account carryovers and other resources which the CO had used to meet the 2009 needs as noted in the section above.

Emergency programme priorities: July to December 2009

Health and Nutrition
- Strengthen Food and Nutrition Surveillance to monitor the impact of the rising food prices on women and children;
- Distribution of supplies and drugs for routine treatment to all 96 Nutrition Rehabilitation Units (NRUs). About 15,000 children suffering from severe malnutrition as well as about 26,000 moderately malnourished children, pregnant, and lactating women are expected to benefit from this intervention;
- 36,000 people will benefit from the scale-up of community-based therapeutic care centres (from 312 to 400) providing Ready-to-Use Therapeutic Food;
- Promote, protect and support exclusive breastfeeding and timely introduction of complementary foods with continued breastfeeding in most affected areas;
- Conduct micronutrient survey and increase coverage of micronutrient control programmes, including iron folate and vitamin A supplementation, de-worming and promotion of use of iodized salt through Child Health Days. Target groups will be children between the ages of 6-59 months, post-partum women within eight weeks of delivery, to access vitamin A supplementation, and de-worming tablets. About 2,000,000 caretakers will have access to key messages on infant and young child feeding, importance of utilization of bed nets, and other messages key to child survival;
- In cholera related issues, emphasis will be on the development and dissemination of cholera management policy; procurement and pre-positioning of supplies at district level; supporting the Ministry of Health to strengthen district cholera preparedness in conjunction with WASH through Information, Education and Communication (IEC) and training of district emergency committees on preparedness and response.

Water, Sanitation and Hygiene
- Pre-positioning of key sanitation and hygiene materials in 20 emergency prone districts;
- Drilling of 45 additional boreholes (with an expected 11,250 beneficiaries) in flood-affected and official relocation areas and construction of 460 new improved sanitation facilities in schools (27,600 pupils benefiting);
• Continue hygiene promotion campaigns and ensure local and national governments are prepared for possible cholera outbreaks during rainy season.

Education
• Conduct trainings for all District Education Managers and District Preparedness Officers in preparedness and response in flood prone areas (5 district officials in each district);
• Procure and pre-position education supplies to flood prone areas to ensure young children have access to play and early learning activities and materials. It is anticipated that 20,000 school children may be affected, in about 33 schools in the flood prone areas, with about 260 classrooms.

Child Protection
• Support the Sentinel sites with resources and support community interventions, putting in place monitoring and reporting mechanisms;
• Conduct “Stop Child Abuse Campaigns” in schools in flood prone areas;
• Ensure that emergency affected districts have full compliment of trained Community Child Protection Workers.
Situation Update

Due to its geographical location, Mozambique is prone to a wide range of natural disasters, regularly causing significant damage to lives and livelihoods and exacerbating poverty and vulnerability in the country. In 2007 and 2008 alone, natural disasters, large-scale flooding and cyclones affected more than 700,000 vulnerable people.

In 2009, while still recovering from the aftermath of the previous natural disasters, a number of areas of the country have been affected by deteriorating food security. Some areas, such as Gaza and Inhambane (in the south), Tete and Zambezia (centre) and Nampula (north) are particularly affected this year having suffered from recurrent drought for three consecutive years, pockets of severe food and nutrition insecurity and reduced access to safe water are placing a heavy burden on already vulnerable populations.

Drought and irregular rains have resulted in full or partial failure of harvest and has reduced local food production even further. Various studies undertaken by partners indicate changes in nutritional habits resulting in a reduced number of meals taken, increased green leaf consumption, decrease of grain/cereal intake, excessive sale of animals and drop out of children from school due to hunger. Stunting and low weight at birth continue to be a cause for concern in the most affected areas, together with acute malnutrition in several localities. The most recent assessment by the Government’s Vulnerability Assessment Committee (VAC) indicates that approximately 302,000 people are suffering from acute food and nutrition insecurity with another 242,000 at risk. Within the most vulnerable groups, an estimated 40,000 children are estimated to be in need of continued supplementary feeding support in the remainder of 2009 and into 2010. Moreover, since the beginning of the 2008-2009 rainy season, serious outbreaks of cholera have affected thousands of vulnerable groups across ten provinces of the country. As of mid-June, the Ministry of Health reports a total number of 18,266 cases of cholera with 142 deaths nationwide (0.08 percent case fatality). Women and girls are also at risk of abuse, violence and sexual exploitation. In areas already affected by a high prevalence of HIV/AIDS, the consequences of gender-based violence and abuse during emergencies can be even graver for women and girls.

Key results for children

UNICEF provided technical and financial assistance to the Ministry of Health in development of a nutrition response strategy for more effective management of acute malnutrition at community and facility level and together with WFP supported continued supplementary feeding programmes. A total of 2,000 malnourished children were supported. In addition, vulnerable children living in 4,500 child-headed households were supported with a basic package of materials.

In response to the cholera outbreak, support was provided to the Ministry of Health in conducting epidemiological surveillance; in the development of a cholera training manual; in setting up and managing Cholera Treatment Centres (CTCs); and in the training of staff for the prevention and management of cholera cases. In conjunction with the WASH cluster, hygiene education was also supported at community and CTC levels. Emergency cholera response activities included the provision of 70,000 units of water treatment products to 25,000 people in rural communities, together with hygiene education in conjunction with Health cluster partners. Over 40,000 people participated in community debates with a focus on cholera prevention. UNICEF also supported the completion of a small piped water system in a large resettlement centre in Mutarara District, Tete, benefiting 10,000 people, and the implementation of cholera response activities in Maputo. The number of cholera cases declined in the second quarter of 2009, as a result of cholera prevention and response activities by Government and humanitarian partners, and the end of the rainy season. Case fatality has remained below one percent.

Support was provided to the Government in improving the access of children to water and sanitation in schools located in the areas affected by drought and chronic food insecurity. Specific interventions include provision of water in schools (17 bore wells completed, benefiting 6,700 children, and work ongoing on 100); access to new sanitation facilities in 35 schools (benefiting 12,250 children); and training to community members on improved maintenance of systems.

Social mobilisation and behaviour change communication activities through radio programmes and outreach to communities by community activists and mobile theatre groups continued in conjunction with the sectoral programmes, at community, facility and school level. UNICEF supported social mobilisation activities on a range of issues including health seeking behaviours, safe use of water purification products, hygiene education, hand washing, breastfeeding and other areas of nutrition education. School-based activities reached a total of 117,000 learners with health promotion sessions. In 212 schools, special emphasis was placed on prevention of violence against children.
Key challenges
Given the recurrent nature of drought in Mozambique, chronic food and nutrition insecurity and the high risk of cholera outbreak, it is critical for all partners to continue their emergency preparedness and response support to the Government throughout the year. A particular challenge has been to secure funds in advance of an emergency, to ensure timely pre-positioning of key items in support of the national response. Another challenge is surveillance, particularly in relation to outbreaks of disease. Both will be areas of focus in the coming period.

Inter-agency collaboration
UNICEF supports the efforts of the Government of Mozambique to respond to the emergency as a member of the Humanitarian Country Team and through the implementation of the Cluster Approach. UNICEF Mozambique continues its lead role in the nutrition and WASH clusters and its co-chair role (with Save the Children Alliance) in the education and protection clusters. UNICEF is also an active participant in the health, logistics, shelter, early recovery and telecommunication clusters.

Funding requirements
In order to meet the most critical humanitarian needs, the Humanitarian Country Team in Mozambique reallocated some funding already available within agencies. Due to the huge funding gap, UNICEF has allocated some regular resources to cholera preparedness and response; nutrition supplementary feeding programmes; and water and sanitation interventions in schools in drought affected areas. In addition, the WASH and health clusters received USD 870,000 from UK’s Department for International Development (DFID), in order to strengthen the national cholera surveillance system and to support cholera prevention, preparedness and response activities with particular focus on sanitation, hygiene and health interventions. From the DFID allocation, US$ 291,060 was provided to UNICEF as the lead agency in the WASH cluster. The balance was provided to WHO as the lead agency in the health cluster. In addition, UNICEF also received a contribution of US$ 50,720 from the United Kingdom National Committee for UNICEF in support of the ongoing emergency response activities in drought and cholera-affected areas.

In reviewing the humanitarian needs for the remainder of 2009, UNICEF is reducing its request to take into account funds reprogrammed and utilised from the regular country programme.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2009 HAR requirements</th>
<th>Funds received</th>
<th>Revised funding requirements</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Nutrition</td>
<td>1,800,000</td>
<td>0</td>
<td>1,800,000</td>
<td></td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
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<td>291,060</td>
<td>1,200,000</td>
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<tr>
<td>Education</td>
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<td>2,500,000</td>
<td>2,500,000</td>
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<tr>
<td>Child Protection</td>
<td>600,000</td>
<td>0</td>
<td>600,000</td>
<td></td>
</tr>
<tr>
<td>Programme Communication</td>
<td>150,000</td>
<td>0</td>
<td>150,000</td>
<td></td>
</tr>
<tr>
<td>Emergency Coordination and Operations</td>
<td>780,000</td>
<td>50,720</td>
<td>700,000</td>
<td>649,280</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7,600,000</strong></td>
<td><strong>341,780</strong></td>
<td><strong>6,950,000</strong></td>
<td><strong>6,608,220</strong></td>
</tr>
</tbody>
</table>

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

** 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 2206/7 dated 9 June 2006.

Emergency programme priorities: July – December 2009

Health and Nutrition
- National cholera preparedness and response measures, and improved surveillance;
- Supplementary feeding and nutrition rehabilitation in food insecure areas, and during sudden-onset emergencies in the rainy season (October-April) in support of approximately 2,500 malnourished children; and
- Preventative and curative health care during the rainy season (malaria prevention, expanded integrated management of childhood diseases (IMCI) in support of 45,000 people.

WASH
- Rehabilitation and construction of water points in chronic food insecure and drought-affected areas, as well as in response to pockets of flooding during the rainy season, supporting at least 20,000 people;
- Latrine construction and hygiene education in support of affected populations; and
• Pre-positioning of emergency WASH items in advance of the rainy season.

**Education**
• Pre-positioning of school tents, school materials, learners kits and didactic materials for the rainy season emergencies in support of 30,000 children; and
• Implementation of the emergency preparedness and response plan for the education sector.

**Child Protection**
• Monitoring gender based violence exploitation and abuse by civil society partners; and
• Provision of emergency household kits and other basic items to 2,000 most vulnerable households.

**Emergency Coordination and Operations:**
• Updating of the Government’s Contingency Plan for 2009/2010, including planned simulations exercises as a preparedness measure.
• Rapid assessments and coordination of humanitarian action, including cluster coordination functions during sudden-onset emergencies.
Situation Update

During the first half of 2009, although northern Somalia continued to benefit from relative stability, recovery and development, emergencies such as a prolonged drought and high malnutrition persist. The central south regions are facing some of the most challenging times in Somalia’s history. While the start of 2009 offered hope of stability with the formation of a new government and the withdrawal of Ethiopian troops, the power vacuum has quickly been filled by militia groups attempting to gain control of Central South Somalia (CSZ). The escalation of violence in Mogadishu in May quickly undermined earlier progress, where in a matter of eight weeks over 211,000 people fled the capital among which over hundreds were killed and even more wounded. Massive displacement and civilian casualties, child protection violations including increased recruitment of children into armed forces, a prolonged and harsh dry season affecting the north and the south, followed by heavy rains and localized flooding, market disruptions and increased piracy has led to a loss in livelihoods and further deteriorated the already precarious situation of about 3.2 million people including some 640,000 children under five in a perpetual humanitarian crisis. The number of Somalis in a classified humanitarian crisis has increased by 77 per cent since January 2008, illustrating the vulnerability of the population mainly due to the lack of safe drinking water, sanitation and health facilities as well as food insecurity resulting in high malnutrition. Over 300,000 children are vulnerable to become acutely malnourished during 2009 out of which over 90,000 are vulnerable to severe acute malnutrition (SAM). As humanitarian needs increase, the targeting of aid agencies and lack of funding jeopardize UNICEF’s and partner’s support to the Somali population. With only US$12.7 million, or 18 per cent of funds received against the revised HAR by early June, critical health, nutrition and protection interventions may be suspended should financial support not materialize by mid year.

Key results for Children

In 2009, UNICEF and WHO initiated Child Health Days (CHDs), a campaign including immunization (measles, diphtheria, pertussis (whooping cough) and tetanus), oral polio vaccine (OPV)), Vitamin A, de-worming, oral rehydration salts (ORS) and water disinfection tablets and nutritional screening for children under five as well as Tetanus Toxoid vaccination for women of child bearing age every six months. The CHDs have been conducted in the Northwest zone, Northeast zone and most of CSZ. As of mid June, more than 1 million children and up to 800,000 women of child-bearing age (55 per cent children and 37 per cent women out of 2009 target) were reached by the CHDs. It is the first time ever a campaign of this magnitude takes place in Somalia, where hundreds of thousands of women and children are reached through these services. Following the CHDs, the National Immunization Days (NIDs) for polio were conducted in NWZ and accessible areas in the CSZ. Somalia remains polio free since March 2007. During the first quarter of 2009, 117,400 long lasting insecticide nets (LLIN) have been distributed, mainly in CSZ, for malaria prevention.

About 43,000 acutely malnourished children – out of which 33,000 suffering from moderate acute malnutrition (MAM) and 9,500 from severe acute malnutrition (SAM) - were treated in the first quarter of 2009, out of the annual CAP target of approximately 150,000 acutely malnourished children. Nutrition services are provided through 295 feeding programmes, of which 60 were established during the first half of the year. In addition, over 126,000 children aged 6 to 36 months were reached through a lipid-based nutrient supplement, plumpy’doz, aimed at preventing acute malnutrition.

Over 825,000 people (an estimated 165,000 children under-five) displaced and/or affected by drought throughout Somalia are benefiting from UNICEF’s support for operations, maintenance and chlorination of drinking water systems, to reduce vulnerability to waterborne disease (103 per cent of 2009 target). Over 375,000 people affected by onset emergencies such as drought or forced displacement, have or continue to receive water trucking. In Afgoye, UNICEF, through partners, was able to replace costly water trucking with water piping systems reaching about 160,000 people out of the 250,000 beneficiaries. Hygiene education and distribution of sanitation materials is provided by UNICEF to over 450,000 people.

UNICEF with local communities and cluster partners, is ensuring access to basic education for over 104,000 school children in conflict affected regions of CSZ and in IDP settlements in Puntland (48 per cent of 2009 CAP target). Of these, girls comprise over 43 per cent of new IDP children attending

14 All CSZ has been covered except Kismayo district and Benadir and Lower Shabelle Regions due to insecurity and access constraints.
15 This coverage includes NWZ, CSZ and partial NEZ. The percentage of coverage is calculated using a national denominator. However, calculation based on region/zonal denominator reaches coverage of around 80 per cent for children U5.
emergency and permanent schools in Lower Shabelle, Galgadud and Hiran, and 48 per cent in emergency schools in Afgoye and northern Mogadishu, significantly above the 30 per cent average for CSZ. Over 39,000 children in CSZ have received a combination of school supplies and textbooks in 2009. More than 17,000 children have benefited from the provision of water in 88 schools and rehabilitated or constructed latrines in 44 of these schools (almost 45 per cent of 2009 target as of midyear).

Through local NGOs, UNICEF has mobilized 190 communities (30 per cent of 2009 target) across Somalia on child protection issues such as mine risk education, child recruitment, family separation and prevention of sexual and gender-based violence as well as HIV/AIDS. Over 100,000 children were directly or indirectly reached with psychosocial care and support services. Over 240 reports of grave child rights violations were documented during the first four months of the year by UNICEF-supported Child Protection Networks (CPN), with 60 per cent of cases referred for services such as medical, legal and psycho-social care and support.

Shelter and non-food items were distributed through partners to more than 55,000 vulnerable people in targeted IDP areas, including populations newly displaced by the escalation of violence in Mogadishu in May this year.

Key challenges
The primary challenge continues to be security and access. Since January 2008 to late May 2009, 40 aid workers have been killed, 33 abducted out of which 17 are still being held. In May, UNICEF experienced aggression against UN assets and staff unseen before with looting and occupation of UNICEF’s compound in Jowhar. This incident is expected to place at least 50,000 children in CSZ in need of life-saving support at risk and delay the further expansion of much needed nutrition support, and has led to a break in the supply of vaccines intended for 800,000 children. The delivery of aid has grown increasingly challenging and expensive. The current funding crisis is another major challenge directly impacting UNICEF’s continuation of life-saving support.

Inter-agency collaboration
UNICEF works with UN agencies and over 150 NGOs in addition to donors, Somali administrations and local communities. UNICEF is the cluster lead for nutrition, education and water, sanitation and hygiene (WASH); contributes to the WHO-led health cluster and co-leads the UNCHR-led protection cluster. UNICEF continuously participates in inter-agency contingency planning and programme prioritization given the frequent shift in the location, situation and needs of the population. In close collaboration with WFP, UNICEF has developed a coordinated approach to engage with non state actors in order to maintain or expand its life saving programs in CSZ.

Funding requirements
UNICEF’s initial appeal for 2009 in the CAP and HAR amounted to US$79.5 million. As of mid-year, the requirement was reduced to US$69.8 million due both to the handover of the supply component of supplementary feeding programmes to WFP and to the receipt of late 2008 nutrition contributions that arrived after the 2009 budget was finalized. To date, UNICEF has however received only US$12.7 million, or 18 per cent of funds required against the revised HAR, leaving critical funding gaps for a range of emergency interventions forcing critical interventions to halt. HIV work with women and girls for example had to come to halt in the first half of 2009. Prevention of gender based violence and support to victims, as well as community mobilization to strengthen child protection mechanisms and referral services - will both halt at the end of July unless at least an additional US$600,000 is received. Similarly, although UNICEF has managed to ensure the pipeline for nutrition feeding supplies is on track until October 2009, UNICEF will not be able to support the implementation of feeding programmes for tens of thousands of acutely malnourished children after June without an additional US$1.5 million in the coming weeks, as well as US$1.5 million to place orders for the 4th quarter nutrition supply pipeline. In summary, although UNICEF needs an additional US$ 57 million to respond to the full scope of CCCs for Somali children and women in 2009, a minimum of US$ 9.5 million is required by July to avoid closing down various critical activities. This includes the urgent need for funding to sustain the three critical cluster coordinator posts for WASH, Nutrition and Education budgeted into their respective UNICEF projects. UNICEF further requires urgent funding for the increasing cost of essential security and operational support, which together underpin UNICEF’s ability to implement all other life-saving interventions.
Table 1: Funds received against 2009 HAR (US$)*

<table>
<thead>
<tr>
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<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Nutrition</td>
<td>38,950,183</td>
<td>5,910,743</td>
<td>29,264,903</td>
<td>23,354,160</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>17,153,000</td>
<td>4,418,671</td>
<td>17,153,000</td>
<td>12,734,329</td>
</tr>
<tr>
<td>Education (and HIV)</td>
<td>13,388,500</td>
<td>1,288,630</td>
<td>13,388,500</td>
<td>12,099,870</td>
</tr>
<tr>
<td>Protection (and HIV)</td>
<td>8,935,200</td>
<td>1,108,279</td>
<td>8,935,200</td>
<td>7,826,921</td>
</tr>
<tr>
<td>NFIs and Emergency Shelter</td>
<td>1,033,000</td>
<td>0</td>
<td>1,033,000</td>
<td>1,033,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>79,459,883</strong></td>
<td><strong>12,726,323</strong></td>
<td><strong>69,774,603</strong></td>
<td><strong>57,048,280</strong></td>
</tr>
</tbody>
</table>

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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.

Emergency Program Priorities: July to December 2009

**Health and Nutrition**: *UNICEF is the cluster lead agency for Nutrition*
- A second round of CHDs will continue to reach approximately 1,475,000 children under-five (over 90% of the total under five population) and 800,000 women of child-bearing age (over 60 per cent of the total population of women of child bearing age);
- Continue the distribution of essential medicines and vaccines to health facilities to support life saving primary health care services for 3 million displaced or vulnerable people during 2009;
- With support from partners, distribute 350,000 LLINs in malaria prone areas;
- Continue to provide life-saving nutritional support to at least 150,000 acutely malnourished children, aiming to reach at least 60 per cent of severely acutely malnourished (SAM) children (about 57,000) during the year through selective feeding programmes;
- Continue prevention efforts for 126,000 children at high risk of acute malnutrition through plumpy’doz distributions alongside ORS and household water treatment supplies.

**Water, Sanitation and Hygiene (WASH)**: *UNICEF is the cluster lead agency for WASH*
- Operations and maintenance will need to be extended for an extra 200,000 people along with hygiene education activities and establishing and training of water committees;
- Construction of communal latrines to respond to the increasing need of 70,000 people;
- Rehabilitation of existing/construction of new water systems to benefit 80,000 people.

**Education**: *UNICEF is the cluster co-lead agency for education with Save the Children*
- Access to basic education ensured for at least 175,000 displaced or emergency-affected children and youth (out of estimated 250,000), with a focus on girls; includes provision of textbooks and school supplies to over 179,000 children in CSZ for the 2009-10 school year;
- 1,500 teachers in emergency-affected regions in CSZ will continue to receive monthly incentives thereby keeping schools operational for 60,000 children.

**Communication, HIV/AIDS, Empowerment and Protection (CHEP)**
- 70 host and IDP communities supported to enhance community based emergency response with a strong focus on WASH and HIV;
- Over 95 host and IDP communities in CSZ facilitated to identify and address key child protection concerns using specific child protection mobilization strategies;
- Refer 60 per cent of victims of child rights violations to support services;
- Support an additional 150,000 children with psychosocial care and support.

**Non Food Items and Emergency Shelter**
- Provide additional NFIs for over 60,000 people mostly women and children displaced by conflict or natural disasters.
Situation Update
2009 has brought with it an improvement in the humanitarian situation, highlighting northern Uganda’s transition from crisis to recovery, even in the absence of a final peace agreement. An additional 78,000 persons in the Acholi and Teso sub-regions have been resettled in their villages of origin. Approximately 46 per cent of the displaced persons have now completed the return process. This relocation has increasingly improved households’ ability to access land and to cultivate crops and is reflected, to some extent, in decreasing rates of malnutrition. However, an estimated 628,000 persons continue to reside in camps or temporary transit sites in the northern region. While many households may choose to remain in these peri-urban “growth areas”, the majority of the displaced express a desire to return but are still unable, due to damaged or destroyed infrastructure and non-functional services in home villages. With hopes of "re-invigorating" the recovery process, the Government’s Peace Recovery and Development Plan (PRDP), first launched in October 2007, has been improved for a “re-launch” on 1 July 2009. To ensure harmonization and alignment of UN programmes under this plan, the UN finalized its Peace and Recovery Action Plan (UNPRAP), designated for simultaneous dissemination. Meanwhile, the semi-arid north-eastern sub-region of Karamoja is entering the hungry season. The estimated number of people in need of food assistance has risen from 970,000 to 1,150,000 between April and May 2009 and UNICEF is expanding programmes for treatment of severe acute malnutrition.

Key Results for Children
In 2009, nearly 5,000 children received life-saving treatment for severe acute malnutrition in 2009 as a result of UNICEF support. UNICEF also supported the Government to undertake three polio campaigns reaching 6.5 million Ugandan children under five and a major measles campaign reaching over 5 million children in June 2009. Some 18,000 children at sixty primary schools and 30,000 households in areas at high risk of Hepatitis E gained improved access to a safe water sources and sanitation facilities as per national standards, while 499,200 persons (representing 57 per cent of the population in return areas) and 130 schools in 14 districts were reached with interventions to improve knowledge, skills and capacity to promote and practice proper hygiene. 100 schools also benefited from hand-washing facilities. The percentage of antenatal care (ANC) sites with Preventing Mother-to-Child Transmission (PMTCT) services increased from 74 per cent (in 2008) to 87 per cent within the first quarter of 2009. An additional 58,745 pregnant women (61 per cent of all pregnant women) in northern and north-eastern Uganda were tested for HIV (a total of 175,442 were tested last year). Of those estimated to be HIV positive, an additional 2,408 (37 per cent of target) received anti-retroviral treatment (ARVs). Rapid Assessments of Learning Spaces (RALS) for all early childhood centres (ECD) and 224 primary schools in Pader District were conducted. Meanwhile, 99 latrines were rehabilitated/constructed benefiting 3,146 pupils and some 18,540 children in Kitgum District received scholastic materials. Capacity building activities were also conducted for a variety of school groups including 36 district officials; 100 head teachers and 290 teachers on elements of the Child Friendly School Package. At least 65 per cent of all sub-counties across Acholi, Karamoja and Teso sub-regions have at least one functional Child Protection Community-based structure. Over 2,500 child protection violations were recorded by these structures in the 1st quarter of 2009, but they require sustained support to ensure adequate responses for vulnerable children. The Child Protection sub-cluster is also supporting the Ministry of Gender, Labour and Social Development (MGLSD) to develop an Inter-agency Child protection Recovery Strategy 2009-2011, which is to be endorsed by the Government of Uganda by end June.

Key Challenges
While the “adaptation” or handover of the Inter-Agency Standing Committee (IASC) cluster coordination system to government-led working groups and sectors has been largely successful at the district level, information sharing and capacity development at the national level remains challenging. Although resilient and adaptable, communities in northern Uganda show signs of “dependency syndrome” after living with the external support of the humanitarian mission for over two decades. Encouraging communities to build independent and sustainable systems without “hand-outs” or “facilitation fees” has proven challenging for districts throughout the north. Weak district and sub-county structures in the north-eastern sub-region, combined with the limited number and capacity of national and international NGOs, means that the region still has a low “absorption capacity”, thus impeding the expansion and enhancement of all programmes.

Inter-Agency Collaboration
UNICEF is providing cluster coordination leadership in water, sanitation and hygiene (WASH), and sub-cluster coordination in Child Protection. Save the Children has assumed the role of cluster coordination for the primary education sector, following a handover period.
Funding Requirements
Humanitarian funding lost timeliness and predictability in 2009, with several firm pledges still pending receipt beyond the Mid-Year Review. Limited funding in the health sector impedes life-saving assistance programmes while the complete lack of funding in the education sector hampers the rehabilitation of the primary education system, thus frustrating the returns process. Less than 7 per cent of the appeal for child protection has been received, thus hampering reintegration and vulnerability reduction. The nutrition project in Karamoja increased its appeal to reflect the need to expand treatment of children suffering from acute malnutrition during the hungry season. The Uganda 2009 HAR appeal also included a Recovery Portion of 63.1 million, which is in addition to the 17.9 million for humanitarian actions. The Recovery Appeal addresses the challenges that local governments and communities face as they transition from aid dependence towards sustainable social service delivery. This appeal remains unchanged at US$63.1 million – with only one contribution, from the Government of Denmark, against the appeal. The funding gap for humanitarian actions amounts to over US$ 13 million. These funds are urgently needed in order to carry out life-saving activities benefiting vulnerable children and women in Uganda.

Table 1: Humanitarian Funds received against the HAR 2009 (US$)*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original HAR Requirements</th>
<th>Funds Received</th>
<th>Revised Funding Requirements</th>
<th>Funding Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Humanitarian Actions</td>
<td>Recovery</td>
<td>Humanitarian Actions</td>
<td>Recovery</td>
</tr>
<tr>
<td>Health and Nutrition</td>
<td>7,056,650</td>
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<td>529,071</td>
<td>744,964</td>
</tr>
<tr>
<td>Children and AIDS</td>
<td>0</td>
<td>4,124,000</td>
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<td>0</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>4,515,430</td>
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<tr>
<td>Education</td>
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<td>Child Protection</td>
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<tr>
<td>Emergency Preparedness and Response and Non-Food Items</td>
<td>1,378,470</td>
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<td>0</td>
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<td>Total**</td>
<td>17,921,380</td>
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<td>1,951,345</td>
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</tr>
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<td>GRAND TOTAL</td>
<td>81,045,380</td>
<td>2,696,309</td>
<td>78,529,873</td>
<td>75,833,564</td>
</tr>
</tbody>
</table>

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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.

Emergency Programme Priorities: July - December 2009

Health, Nutrition and HIV
- Some 257,030 children under five are assisted during health emergencies by strengthening of national and district capacity to detect and respond to epidemics; Over 548, 590 children under five have improved access to health services and the nutritional status of over 257,030 is improved.
- Children increasingly realize their right to survival by increasing coverage PMTCT services to 80 per cent.

Water, Sanitation, and Hygiene
- Children are protected from incidences of waterborne disease by strengthening local level capacity for WASH emergency preparedness and response; provision of safe water and sanitation and ensuring adequate hygiene promotion for IDP and disaster affected communities.

Education
- Children affected by emergencies realise their right to education through UNICEF support to rapid assessments and improvements to learning spaces; provision of schools supplies and other appropriate support; up to 1,000 children enrol in accelerated learning programmes.

Child Protection
• Children benefit from an increasingly protective environment through the expansion and enhancement of child protection systems and improved monitoring and reporting of gross child rights violations. Up to 1,000 children formerly associated with the LRA are returned and reintegrated. UNICEF will continue to play a lead in the child protection sub-cluster increasingly in support of Government to ensure sustainability and long-term systems building.

**Emergency Preparedness and Response and Non-food Items (NFIs)**

• Children affected by rapid population displacement due to conflict and/or natural disaster are supported with approximately 35,000 NFI family kits.
Situation Update
Heavy rains during the first half of the year have exacerbated the ongoing chronic vulnerability suffered by millions of children and women in Zambia. Cholera cases were recorded in eight of Zambia’s nine provinces, with the capital, Lusaka, being the hardest hit with nearly 5,000 cases. Four provinces were severely affected by floods, displacing communities, damaging schools and washing out key infrastructure. Poverty levels are high, and – exacerbated by escalating costs and deep impacts from the HIV and AIDS emergency (80,000 babies are born to HIV+ mothers every year and an estimated 130,000 children are living with HIV) – leave families with little or no capacity to deal with additional external shocks. Already hard-pressed to meet basic needs of survival, education and development, Zambian families are left without the capacity to cope when faced with further crises. In addition, countless children, especially those living in areas impacted by disasters, are subjected to violence, exploitation and abuse, including harmful cultural practices, child marriage, the worst forms of child labour, violence and abuse within communities. As such, UNICEF in Zambia proposes on-going emergency preparedness and response actions – these reaching up to 100,000 potentially affected children – in support of its wider country programming to reduce vulnerabilities of all Zambian children over the long term (2,380,000 under five children, representing 20er cent of total population).

Key Results for Children
During 2009, the overall goal is to respond to immediate needs in flood-affected areas and to build emergency preparedness and response capacity for cholera and other potential epidemics and emergencies. To this end, UNICEF continued to strengthen collaboration and coordination with government and NGO partners for emergency response to the floods and cholera epidemic. Emergency water, sanitation and hygiene interventions, including support to water trucking, improved drainage, sanitation and hygiene promotion, were implemented as part of the cholera response plan for Lusaka. Subsequently, the epidemic was brought under control and ended in April 2009. For flood and cholera response over 386,000 bottles of household chlorine solution, 30,000 bars of hand soap, 4,500 twenty-litre jerry cans and 78 50kg bags of HTH chlorine were distributed to affected districts assisting up to 30,000 households including 100,000 children, with the majority of supplies going to the cholera response programme in Lusaka.

In order to minimize disruption of learning and facilitate the continuance of functional learning and recreational spaces for children in flood-affected parts of Western Province, supplies were procured for 110 basic schools with an enrolment of 14,000 children. The supplies comprised of school in a box, recreation kits and mobile chalkboards. Emergency preparedness and response capacity building were also undertaken to strengthen interagency coordination and cooperation in child protection emergency work in Zambia, to enhance capacity building for partners and to develop an action plan for 2009-2010.

Key Challenges
During the first six months of 2009 UNICEF Zambia has not been able to carry out all of its planned activities in response to the floods due to insufficient funds. The lack of pre positioned education supplies led delays in getting supplies to schools due to long lead times in local procurement. The issue of co-ordination of cholera response activities by Government partners has also been weak which has caused some overlapping, inefficiency and uncertainty regarding stakeholder roles and responsibilities.

Inter-Agency Collaboration
Based on mutual agreement among UN agencies and other partners, UNICEF provides sector coordination leadership in Health and Nutrition, Water, Sanitation and Hygiene and Child Protection, and is the co-lead for Education (with Save the Children). Several education sector meetings were held to share information, strengthen emergency coordination and joint monitoring. UNICEF also provided technical, logistical and financial support to the Disaster Management and Mitigation Unit (DMMU) to improve assessment tools and emergency preparedness strategies, and to the National Epidemics Prevention and Preparedness Committee and other partners for cholera response.

Funding Requirements
UNICEF requirements for emergency response amount to US $4.9 million, as outlined in the original HAR 2009 proposal. UNICEF reprogrammed US$ 100,000 of existing resources from the Government of Japan to meet the immediate emergency needs for cholera response. In addition, funding was received for education activities from the United Kingdom Committee for UNICEF amounting to US$ 552,964. However, a shortfall of US$ 4.3 million remains to be able to carry out critical activities benefiting the children and women in Zambia.
Table 1: Funds received against the HAR 2009 (US$)*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2009 HAR requirements</th>
<th>Funds received</th>
<th>Revised funding requirements</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Nutrition</td>
<td>729,638</td>
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<tr>
<td>Water, Sanitation and Hygiene</td>
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<td>Mine Action</td>
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<td>4,896,438</td>
<td>552,964</td>
<td>Unchanged</td>
<td>4,279,638</td>
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</table>

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

** 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.

*** US$ 100,000 of existing resources was re-programmed to meet the emergency needs for cholera response.

Emergency Programme Priorities: July - December 2009

Health and Nutrition
- The second half of 2009 will focus on preparedness and planning, mainly in two areas; development of a comprehensive multi-sectoral national cholera prevention, preparedness and control plan for 2009/10 rainy season; and supporting the implementation of the Influenza A (H1N1) national preparedness and response plan, especially in the area of behaviour change communication; Nutrition activities including surveillance, community mobilization and general management of severe malnutrition for 100,000 children in 30 high burden districts of Zambia will be another area of focus.

Water, Sanitation and Hygiene
- The priority for the second half of 2009 is to work with the Health section in developing and implementing a multi-sectoral national cholera prevention and control plan. This will include contracting a consultant to assist the relevant line ministries and government agencies in joint planning and co-ordination, and will include an environmental sanitation and hygiene action plan.

Education
- Partners and educational officials (72 District Planning Officers) from flood-prone districts will be trained on emergency preparedness and response by UNICEF, the Ministry of Education and Save the Children. Teachers from Western and Southern provinces will also be trained in HIV/AIDS, life skills and child-protection issues;
- UNICEF will also provide education supplies to benefit 100,000 children such as school in a box, recreation materials and tents/tarpaulins to ensure timely response in emergencies.
Situation Update

The humanitarian situation in Zimbabwe deteriorated sharply after the launch of the 2009 HAR leading to an increase in the funding requirements from US$ 88 million to US$ 166 million. The country-wide cholera outbreak and spike in food insecurity during the lean season aggravated an already difficult socio-economic environment of hyper-inflation and collapsed basic social services.

Significant changes in the country's political and socio-economic landscape have taken place this year and have given rise to cautious optimism but in spite of the positive impact of the humanitarian response and initiatives by the Inclusive Government, the international community remains relatively cautious. The country’s humanitarian needs remain staggering. Six million people out of a population of about 13 million have limited or no access to safe water and sanitation in rural and urban areas; 600,000 families will require key agricultural inputs for the 2009/10 planting season immediately, creating the potential for improved food security, and a consequent reduction in the planned 5.1 million people required to receive food assistance during the next lean season. 1.3 million people are living with HIV/AIDS, including 133,000 children under the age of 14. There are 1.5 million orphaned and vulnerable children, including over 100,000 child headed households. Due to natural disasters, and to the political and economic situation, there is an imprecise number of persons who remain internally displaced, and an estimated 40,000 returnees also in need of assistance. There is concern that, unless conditions change, outbreaks of water-borne diseases at the onset of the next rainy season could lead to many more new cholera cases and higher humanitarian needs. In the education sector, despite the progress made in March 2009 to re-open the schools with about 60 per cent of teachers resuming duty in schools, an appropriate solution that addresses the issue of teachers' salaries is still to be reached. The lack of stationery and the high fees and levies charged constitute additional and critical barriers to children accessing schools. Zimbabwe’s children are in danger of losing yet another school year if immediate emergency assistance is not provided. The shortage of qualified teachers is becoming critical due to Zimbabwe’s brain drain and low salaries as teachers continue to opt for opportunities in neighbouring countries or abroad. Humanitarian activities in the education sector therefore need to facilitate the establishment of necessary conditions to improve the level of school enrolment and retention of teachers including accelerated learning programmes to catch up on a whole year of lost class time in 2008. The focus must remain on the education needs of two million orphaned and vulnerable children (OVCs) in both urban and rural areas, as well as promoting innovative strategies that can help to mitigate the attrition within teachers’ ranks.

Zimbabwean children continue to migrate irregularly to South Africa and neighbouring countries while the number of children deported from South Africa has declined significantly since this April, due to the change in the South African authorities' policy. However, many Zimbabwean unaccompanied minors continue to face humanitarian situations in South Africa without adequate shelter and access to basic social services despite an increased level of humanitarian assistance provided for them by NGOs, faith-based organizations and other stakeholders in South Africa. UNICEF offices in two countries, Zimbabwe and South Africa continue to support the respective governmental departments responsible for unaccompanied minors as well as Save the Children Alliance in two countries both of which provide interim care and other support for Zimbabwean unaccompanied children in border towns, namely Musina and Beitbridge. Communication has been maintained among UNICEF country offices, with the support by the ESARO regional emergency child protection manger.

In conclusion, all of the above described humanitarian needs triggered by the current crisis occur in a context of existing, deep and widespread vulnerability and require urgent assistance for the most vulnerable populations.

Key Results for Children

During 2009, UNICEF is and will be responding with emergency interventions targeting 5 million vulnerable women and children in a holistic manner by focusing on the provision and distribution of essential medicines, educational and Home Based Care supplies, anti-retroviral therapy (ART) to people affected by HIV/AIDS and by conducting major water, sanitation and hygiene (WASH) interventions to affected populations. To this end, UNICEF continued to procure and distribute essential emergency drugs including vaccines for all 1,780 health facilities in all 62 districts of the country as well as cold chain equipment for 320 health facilities. The first round of Child Health Days has been conducted from 8-12 June including measles vaccination, polio and vitamin A supplementation. Community and hospital based treatment of severely malnourished children continued reaching over 12,000 malnourished children in the first six months. Through strengthened collaboration and coordination with NGO partners and new unity government, emergency water and sanitation interventions are aiming to provide the affected population of over 5
million people with safe drinking water and sanitation facilities. UNICEF with partners has so far provided over 300,000 people with access to safe water through construction of water boreholes and over 3 million people through provision of water treatment chemicals. This is in addition to 1.5 million people reached through the non-food items (NFI) distribution in the 15 districts worst affected by cholera. In response to the acute watery diarrhoea/cholera outbreak, UNICEF also provided 3.4 million sachets of oral rehydration salts and 380,000 units of intravenous (IV) fluids to partners during the first half of 2009 that were delivered directly to affected populations. UNICEF made significant contributions towards salary incentives for nursing staff as well as teachers across the country that partly stabilized the current fluid situation and enabled 80 per cent of school aged children to attend school.

Key Challenges
Key operational challenges for the entire humanitarian community were in communications, lack of transport, functional vehicles and fuel that continue to hamper planned activities and much needed scale up in order to support collapsing basic social services sector’s emergency interventions.

Inter-Agency Collaboration
UNICEF is providing cluster coordination leadership in nutrition and water, sanitation and hygiene (WASH), whilst contributing significantly to WHO-led coordination in health, and supporting education working group and child protection subgroup of the newly formed protection cluster. More broadly, UNICEF is collaborating with Government’s Central Statistics Office on a Multi Indicator Monitoring Survey covering the whole country with the initial results being available in July 2009. UNICEF is also facilitating and liaising with the World Bank in regard to the longer term reconstruction efforts for Zimbabwe.

Funding Requirements
At mid-year, UNICEF additional requirements amount to US$ 78 million, bringing the total requirements up to 166.2 million. Due to the large impact that the continued unaddressed access to safe drinking water and sanitation will have on already vulnerable populations, the financial needs for WASH and Health sectors has been significantly revised upwards. UNICEF Zimbabwe also significantly revised Education sector needs due to the critical situation of 1.5 million children that require educational support in order to access education in 2009 through provision of quality education through retention of teachers as well as provision of teaching and learning materials. A shortfall of US$ 123.5 million remains to be able to carry out critical activities benefiting the children and women in Zimbabwe specifically in the education sector.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2009 HAR requirements</th>
<th>Funds received</th>
<th>Revised funding requirements</th>
<th>Funding gap</th>
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</thead>
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<td>42,731,949</td>
<td>166,200,000</td>
<td>123,468,051</td>
</tr>
</tbody>
</table>

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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.

Emergency Programme Priorities: July - December 2009

Health and Nutrition

UNICEF is the cluster lead agency for Nutrition.

- UNICEF will complete the distribution of the essential emergency medicines including vaccines and cholera supplies and will treat an additional 10,000 malnourished children through community and hospital based support. UNICEF will also continue the provision of mosquito nets to affected populations in the 11 most affected districts.

Water, Sanitation and Hygiene

UNICEF is the cluster lead agency for Water, Sanitation and Hygiene (WASH).

- UNICEF will respond to WASH related disease outbreaks and other natural and man made disasters within 72 hours and ensure that through UNICEF’s interventions at least 3 million people will have
access to safe water and sanitation services. This will be done through rehabilitation and construction of safe water sources and adequate sanitation facilities in selected schools and health facilities, rehabilitation of urban water systems with the highest vulnerability amongst users, and provision of emergency water trucking services where no other solutions are available.

**Education**

- UNICEF will rehabilitate 102 schools in all provinces targeting over 42,000 children, supply core text books, stationery, recreational kits for provision of quality education as well as other teaching and learning materials to identified primary schools benefiting 1.5 million vulnerable children. UNICEF will further provide cholera school NFI kits to schools in most affected areas as well as safe water and sanitation in some 150 selected schools;
- At ECD level it is planned to train 500 parents and caregivers in parenting education so that they can facilitate integrated ECD at home and school. UNICEF will procure and distribute stimulating play materials to 4,000 children.

**Child Protection**

- UNICEF aims to support reunification of 500 separated children and provide humanitarian assistance to at least 7,000 children and 1,000 adult family members in 3 communities most affected by the displacement. Interventions will include provision of psychosocial support through structured play and recreation for children, provision of age and gender appropriate non-food items, strengthening of child protection and school committees to report and respond to child abuse, individually tailored support to address specific issues (e.g. sexual and gender-based violence -SGBV), and engagement of adolescents in peer-to-peer supportive discussions;
- Issues of child protection are coordinated through newly formed protection cluster that also formed a subgroup dealing specifically with child protection issues.

**HIV/AIDS**

- UNICEF will support training and provision of palliative care and counselling, including ART adherence and distribution of home base care (HBC) supplies, to approximately 36,000 HBC clients and their families as well as support additional 2,000 young people in provision of community support services targeted towards children affected by HIV.
MIDDLE EAST AND NORTH AFRICA REGION
Situation Update
The beginning of 2009 was marked by the Gaza/Israeli conflict, a war that lasted for over a month with great devastating impact on people's lives, especially children, and destruction of infrastructure. Following the war in Gaza, the situation in Sada'a Yemen has also deteriorated with the escalation of fighting after a relatively short truce period. The fighting resulted in additional displacement and further shrinking of the humanitarian access to the affected population.

In Sudan, government revoked licenses of 13 international NGOs – requesting these NGOs to immediately cease operations in the north of Sudan, to hand over assets and for international staff to leave the country, reducing the humanitarian workforce in Darfur by about 40 per cent and interrupting life-saving services for an estimated 1.5 million people. Three national NGOs were also dissolved. This has had major implications on UNICEF programming, since most of the NGOs whose licenses have been revoked are key implementing partners of UNICEF in the north of Sudan, particularly in Darfur, and implementation strategies and partnership arrangements had to be reviewed.

In the light of the Algiers bombing in December 2007 as well as repeated threats or actual attacks specific to UN targets in Lebanon, occupied Palestinian territory (oPt) and Iraq, a new security threat paradigm has emerged - one in which the UN is increasingly seen by extremist elements as the softest and most media-disposed, and thus a primary target for attacks. This new threat environment has necessitated new models of work arrangements for the UN and its partners in order to deliver on their mandates.

Key Results for Children
The Regional Office (RO) continues to focus its support to Country Offices (CO) on surge capacity, capacity building in emergencies as well as in providing technical advice and oversight to CO preparedness and response planning. So far in 2009, the RO supported oPt, Yemen and Sudan with surge capacity by deploying RO staff in different programme and operation sectors including emergency coordination and management.

The RO supported the capacity building in emergencies for UNICEF staff and partners. Over 90 UNICEF staff were trained in the first half of this year in emergency preparedness and response in Sudan, Syria and Yemen. Several cluster leadership trainings have also been organized in Middle East and North Africa (MENA) to build the organizational capacity in leading the interagency coordination in WASH, Nutrition and Information and Communication Technology. Additional activities are planned to support the Education Cluster as well as the Child Protection sub-cluster.

Furthermore, technical advice and oversight to CO preparedness and response planning was provided by the RO. On the response planning side, the RO was able to field staff to OPT, Sudan, Algeria and Yemen to support COs in designing their Emergency Preparedness Response Plans (EPRPs) as well as in conducting rapid assessments.

Key Challenges
The MENA context is a complex one, as there is wide disparity among countries in the region in terms of income, capacity, security and levels of vulnerability. The region is also experiencing different types of emergencies, ranging from natural disasters, complex emergencies, food prices and refugee issues from other countries in the region such as in Sudan, Yemen, Algeria and Iran.

Security is an obvious and increasing challenge to deliver humanitarian assistance in many countries in the region; access is still a major concern in Iraq, Yemen, Sudan and oPt. UN security rules compelled some offices to adopt alternative modes of programme delivery including working on shifts or at times from home.

Reduced humanitarian space is a major concern in MENA, as some of the conflicts such as Darfur, oPt and Yemen are politically defined situations, with variable humanitarian access of relief workers to the affected population. The security element is also a major factor in reduced humanitarian access.

A number of emergencies in the region are under funded, such as the Sada’a emergency in Yemen, the droughts in Syria and Djibouti, the Sahrawi’s population in Algeria and South Sudan. Furthermore, the emergency response to Iraqi refugees, particularly in Lebanon and Egypt, is under funded as well.
Inter-Agency Collaboration
MENARO continued to work closely with other regional entities, UN and non-UN organizations. The regional interagency forum continued to be the main coordination platform for interagency coordination. With other agencies, UNICEF implemented a number of joint activities. Support was provided to the UN Country Teams (UNCT) in Syria, Yemen and Morocco on interagency contingency planning; joint trainings and capacity building were undertaken with WHO, OCHA and WFP. During the escalation of fighting in Lebanon earlier this year, the network of partners collaborated to assess the potential impact, review agencies’ preparedness measures and provide advice to the UNCT. Inter-agency coordination was effectively used during the oPt crisis and Sudan following NGO expulsions.

Funding Requirements
MENARO humanitarian requirement for 2009 remains unchanged at US$600,000. To date, no funds have been received against the regional MENA appeal. However, specific sectoral funding was received, which made it possible for MENARO to implement some of the programme initiatives.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original HAR 2009 requirements</th>
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<th>Revised funding requirements</th>
<th>Funding gap</th>
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</thead>
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</tr>
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<td><strong>Total</strong></td>
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<td><strong>0</strong></td>
<td><strong>Unchanged</strong></td>
<td><strong>600,000</strong></td>
</tr>
</tbody>
</table>

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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.

Emergency Programme Priorities: July - December 2009
While MENARO will continue to retain its capacity as a first call point for COs during emergencies, it will deploy staff, coordinate COs needs with HQs and with other regional UN offices. The period July - December will also witness the implementation of the following activities:

Emergency Preparedness and Capacity-Building
- Training for Trainers on EPRP for francophone countries in the region (planned end of October 2009, Morocco);
- Emergency Simulation and SWOT Analysis in Algeria Country Office (planned end of November 2009);
- EPRP Training for UNICEF staff and partners in Khartoum (Sudan, early October 2009)

Emergency Response
- Continued support by undertaking field visits, technical advice and support, surge staff deployment to all current emergencies: Sudan, Iraq, oPt, Iran, Yemen, etc.

Coordination and Partnership
- Joint tri-cluster training with WCARO on cluster leadership in WASH, Nutrition and Education. 15 candidates in MENA will be trained as potential cluster leads in the three sectors;
- An interagency emergency simulation will be organized in Yemen later this year to test the UNCT readiness to address emergencies in Yemen;
- Conduct UNICEF focus simulation exercises in Jordan Country Office and RO the regional office and JCO capacity in responding to multiple emergencies scenario in the region;
- Expand UNICEF existing Early Warning/Early Action (EW/EA) system through links with wider EW/EA systems of other UN agencies and produce a list of indicators for each CO;
- Establish Regional Rapid Response Mechanism (RRRM) allowing for effective Human Resources in emergency countries.
**Situation Update**

During the first six months of 2009, the situation of drought and the nutrition crisis in Djibouti remain worrying. Rapid assessments using Mid Upper Arm Circumference (MUAC) conducted among under fives in high vulnerable areas during the first semester 2009 showed a mean global acute malnutrition (GAM) rate of 28.8 per cent with 23.6 per cent of moderate acute malnutrition (MAM) and 5.2 per cent of severe acute malnutrition (SAM). Therefore, given these stark statistics, more than 30,000 children under five are estimated to be acutely malnourished nationally, requiring urgent action in order to avoid any further loss of life among them. In urban areas, the cost of staple foods has been gradually increasing since January 2009 and is currently 20 per cent higher than during the same period last year. Higher prices have been affecting the purchasing power of poor households in both urban and rural areas and the level of food access and dietary diversity of these populations is currently very limited.

Water shortage in Djibouti is mainly due to poor quality water and difficulties to access available resources; more than 95 per cent are abstracted from groundwater. A rapid assessment of water quality found that more than 70 per cent of water points are polluted. The most deprived populations travel up to 30 km (return trip) daily to collect safe drinking water. A high proportion of childhood illnesses, like diarrhoea, is linked to the consumption of unsafe water or to inadequate water use.

Many children, particularly girls, drop out school and are deterred by the lack of separated and decent sanitation facilities in schools. Women often suffer from the lack of privacy and need to walk long distances to find suitable places for defecation in the absence of the household appropriate toilet. The practice of open defecation comes from the lack of awareness of the people about the associated health hazards. The latest survey shows that only 18.1 per cent has latrines within/attached to their house.

There is a growing number of street children and migrant children due to the prevailing situation in the region. UNHCR estimates that about 5,000 migrant foreign children are living in urban areas without any support and are out-of-school. During the Child Health Days, many vulnerable migrant children were discovered without access to any health interventions and other basic social services.

**Key results for children**

UNICEF supported the Ministry of Health (MoH) to improve the facility-based and community-based management of moderate and severe malnutrition, with an increased coverage of more than 60 per cent of severely malnourished children. At the end of the first quarter 2009, the recovery rate among severely malnourished children treated was 67 per cent while the case fatality rate was 3.3 per cent. In parallel, a community programme to promote exclusive breastfeeding is underway with 156 experienced women trained for the counselling of mothers. Child Health Days was organized in May 2009 to increase the coverage of children with high impact interventions (vaccination, vitamin A and deworming).

UNICEF pursued its efforts to strengthen the provision of safe drinking water and water retention networks through water trucking operations for about 25,000 people in remote rural areas, promoting household water treatment and water storage at points of use. Ceramic filters and plastic jerry cans were provided in two districts for about 200 households. Pumps, generators, spare parts and gas oil were provided for the operation and maintenance of 10 pumping stations.

UNICEF, in partnership with the Ministry of Women Promotion and Social Affairs, joined efforts to mitigate the impact of high food prices on orphan and vulnerable children (OVCs) in urban areas through support for safety net interventions to 700 OVCs and their families or caretakers. 95 Street children were offered with a friendly space, literacy support and leisure/recreation activities.

**Key challenges**

The MoH faces a shortage of qualified personnel to conduct multiple activities simultaneously. Warehouse capacities remain limited for the pre-positioning of NFIs, drugs and other materials. Inadequate regular monitoring and of coordination are key challenges at government level. Water trucking is not cost efficient and not economically sustainable in the long term; however it remains vital to the emergency response. Main challenges in the social sector include limited institutional capacity to organize safety net interventions for rural children; lack of social workers in the country; limited number of NGOs working with most vulnerable children like street children; and weak coordination among different stakeholders.

**Inter-Agency collaboration**

There is close collaboration among UN agencies to conduct joint missions, for example, for the assessment of the situation within the highly vulnerable areas (WFP); interventions related to the management of moderate malnutrition (WFP, WHO, UNHCR); and in the WASH sector (FAO). Nutrition
sector coordination is led by the MoH, with participating UN agencies, other ministries and NGOs, including one international NGO (MSF Switzerland). Working groups on WASH include government partners and civil society. This collaboration is currently moving towards creating a national WASH cluster.

Funding Requirements
The main funding received in 2009 was from the CERF, the government of Japan, and the Japan National Committee for UNICEF. Due to limited fresh funding, carry-over funds from 2008 were also used for the emergency response. Revised needs at mid-year include an Education component, particularly to support schooling of foreign migrant children.

Table 1: Funds received against the HAR 2009 (US$)*

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<th>Funding gap</th>
</tr>
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<td>500,000</td>
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<td>Child Protection</td>
<td>200,000</td>
<td>0</td>
<td>200,000</td>
<td>200,000</td>
</tr>
<tr>
<td>Education</td>
<td>0</td>
<td>0</td>
<td>200,000</td>
<td>200,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,977,682</strong></td>
<td><strong>740,109</strong></td>
<td><strong>6,177,682</strong></td>
<td><strong>5,437,573</strong></td>
</tr>
</tbody>
</table>

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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.

Emergency programme priorities: July – December 2009

Health
- Organization of Child Health Days to reach 80 per cent of under five children with high impact interventions (vaccination, vitamin A and deworming).

Nutrition
- Extension of the management of acute malnutrition to over 80 per cent of under five children moderately and severely malnourished treated at health facilities and at community levels;
- Proactive early detection of acute malnutrition and effective management of severe acute malnutrition (SAM) using RUTF to maintain the fatality rate of SAM to below 5 per cent;
- Prevention of acute malnutrition through the use of ready-to-use food (Plumpy’doz);
- Support to the improvement of infant and young child feeding and of the micronutrient status of children, pregnant and lactating women.

Water, Sanitation and Hygiene
- Emergency water trucking operations especially for the hot period;
- Protection and rehabilitation of water points and provision of hand pumps or solar energy;
- Distribution of water treatments (chlorine, filtration and Solar Water Disinfection technologies) to attenuate the bad quality of water as reported by the water quality assessment review;
- Hygiene promotion to reach at least 10,000 households in peri-urban as well as in rural areas;
- Reinforce the emergency stockpile in case of situation aggravation such as cholera outbreaks and the reduction of water levels during the hot period.

Child protection
- Care, support and protection of OVCs through the provision of social services to 700 OVCs through conditional cash transfers and vocational training for caretakers;
- Strengthen the support given to at least 90 street children and migrant children.

Education
- Support for 1,000 migrant children through non-formal primary education or vocational training.
UNICEF HUMANITARIAN ACTION
Iraq
Vulnerable Iraqis in Jordan, Syrian Arab Republic, Lebanon and Egypt
Mid-Year Review 2009

Situation Update
Iraq has entered a phase of early recovery. While pockets of acute vulnerability exist, and there remains the potential for flashpoints to create humanitarian crisis, the life-threatening emergencies and massive population movements seen in 2006 and 2007 are reducing in scale and severity. Investments now need to shift beyond distribution of relief items and small-scale rehabilitation, towards addressing more durable solutions for communities. Assessment data and experiences collected over the past six months clearly indicate that the humanitarian ‘crisis’ of Iraq is no longer one defined by the effects of massive population movement. Rather, while Internally Displaced Persons (IDPs) and returnees should remain within the purview of humanitarian actors, the unaddressed effects of conflict extend to millions of other Iraqis also. The environment surrounding the Iraqi refugee populations in Jordan, Syrian Arab Republic, Lebanon and Egypt remain largely unchanged. Restrictions still remain on access to school, health care and employment with difficult socio-economic circumstances faced by refugees, posing challenges to self-reliance and limited availability of safety networks.

Key Results for Children
UNICEF continues to invest humanitarian resources strategically to assist households affected by unpredicted, sudden-onset crises. Area-based humanitarian responses are those designed to reduce vulnerabilities of communities that continue to be impacted by the unaddressed effects of conflict and preceding deprivation. These are undertaken via an area-based approach in the most vulnerable pockets of Iraq, often in rural communities.

Rapid response: To date, over half a million Iraqi children have been reached through rapid response to sudden-onset crisis. This has been through support to containment of a major measles outbreak which has already infected over 25,000 people, many of them children. UNICEF’s contribution of two million doses of measles vaccine, eight million auto-destruct syringes and support of community level social mobilization activities across five key governorates, in full collaboration with the Ministry of Health and WHO, has ensured that over 686,000 children aged 9-59 months have been vaccinated against the disease.

Area-based investments: To date, a total of 76 area-based responses have been completed or are ongoing, representing a catchment population of over 1.8 million people (equivalent to 310,000 households or 900,000 children). The average population size of each area targeted is just over 24,000 people with an average direct investment of approximately US$150,000 per area. Each area-based response includes action in WASH, health and nutrition, education, and protection, with interventions “customized” depending on assessment findings in each location. Of the 317 sectoral responses conducted to date, the greatest number of actions have been in WASH (32 per cent), followed by education (29 per cent), health (24 per cent) and protection (15 per cent).

For Iraqi refugees in Jordan, Syrian Arab Republic, Lebanon and Egypt, key results have been realized in psychosocial care, access to education and child and maternal health. For example, a major intervention was to build the capacities of the Jordanian Ministry of Education in the field of psychosocial support with 680 educational counsellors and 1,600 school principals and deputy principals receiving training. At mid-year, Lebanon had already enrolled 1,459 children in formal education and having received financial/in-kind assistance (against the 2009 target of 2,000).

Key Challenges
UNICEF Iraq has successfully implemented humanitarian action as planned during the reporting period, building on lessons learned throughout. Challenges remain very real in the Iraqi context, but thankfully these are less security-related as was the case in 2008 and prior. From UNICEF’s perspective, the most important of these include:

• Identification of humanitarian investments that have lasting impact. Most vulnerabilities in Iraq are now related to chronic neglect and poverty rather than the direct effects of conflict or displacement, requiring longer-term investments addressing the root causes of deprivation rather than simply attempting to mitigate the symptoms;
• Further expansion of partnerships is necessary to ensure quality and comprehensiveness of response;

17 In Jordan however, restriction on access to public schools for all Iraqi children was lifted in August 2007.
• Continued severely restricted access by UNICEF staff to the field, including the absence of permanent sector leadership in Baghdad, means a continued reliance on partners and contractors to implement and monitor programmes;
• Ensuring a coherent approach with relevant counterparts and actors to support the integration of returns;
• Securing adequate humanitarian and early recovery funding.

In mid-2009, efforts to tackle the underlying causes of need remain ever more critical. The creation of a wider and more effective response through improved advocacy and coordination remains unfulfilled on a national scale, although some positive results have been seen at the local level. Catalyzing real change is impossible without a robust mechanism for coordination and results-based advocacy in place – a key strategic priority that has not been fully realized. While the number of outputs delivered to communities by UNICEF and its partners have been substantial, the opportunity to engage other actors in complementary efforts to address identified vulnerabilities has largely been lost to date largely due to weak coordination and information sharing at the field level. Addressing this shortcoming will be the single most important element of humanitarian action in Iraq for 2009 and beyond.

With respect to Iraqi refugees in Egypt, legal constraints pertaining to many of the refugee-based NGOs have affected the capacity of these NGOs in providing services for refugees. Addressing this limitation will provide significant changes to the lives of refugees in Egypt. Whilst for Jordan, cross-border movement continues to be difficult to monitor with estimates of how many Iraqis have entered or exited Jordan varying widely. For Iraqi refugees in Lebanon, the economic situation remains difficult.

Inter-Agency Collaboration

In late 2007, Iraq's humanitarian community revisited its coordination structures, whereby the former "clusters" were reformed into Sector Outcome Teams (SOTs). This structure continues to function. UNICEF is the leader of two SOTs – Education and WASH – and the deputy lead of two others – Health and Nutrition and Protection – in alignment with the Inter-Agency Standing Committee (IASC) cluster denomination. UNICEF is also an active participant of multi-sectoral coordination mechanisms such as the Humanitarian Country team, chaired by the Humanitarian Coordinator, the Humanitarian Working Group, chaired by OCHA, and the Information Analysis Unit (IAU) of OCHA. Active participation of UN-agencies, donors and NGOs continues within Jordan, Lebanon, Egypt and the Syrian Arab Republic.

Funding Requirements

An overall 41 percent of the revised funding needs for Iraq and the neighbouring countries have been received by mid year. There has been a small decrease in the total funding requirement from the original HAR requirement of US$ 61.7 million to US$ 58.5 million.

UNICEF Iraq's humanitarian requirements for 2009 remain unchanged at US$29.5 million. To date, UNICEF Iraq has received US$14.7 million of this amount, equivalent to 50 per cent of requirements for the year. Significant re-phasing of humanitarian funding received against late in 2008 to 2009 has ensured that programme implementation was not affected.

Summary of UNICEF Emergency Needs for 2009*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Iraq Original 2009 HAR requirements</th>
<th>Funds received</th>
<th>Revised funding requirements</th>
<th>Funding gap</th>
<th>Jordan Original 2009 HAR requirements</th>
<th>Funds received</th>
<th>Revised funding requirements</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Nutrition</td>
<td>8,138,000</td>
<td>2,600,000</td>
<td>8,138,000</td>
<td>5,538,000</td>
<td>-</td>
<td></td>
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</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>10,680,000</td>
<td>4,744,696</td>
<td>10,680,000</td>
<td>5,935,304</td>
<td>-</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>5,008,000</td>
<td>1,682,651</td>
<td>5,008,000</td>
<td>3,325,349</td>
<td>9,278,562</td>
<td>1,865,000</td>
<td>10,168,110</td>
<td>8,303,110</td>
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<tr>
<td>Child Protection</td>
<td>5,634,000</td>
<td>5,703,161</td>
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<td>4,000,000</td>
<td>1,085,000</td>
<td>1,352,907</td>
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<tr>
<td>Total**</td>
<td>29,460,000</td>
<td>14,730,508</td>
<td>29,460,000</td>
<td>14,798,653</td>
<td>13,278,562</td>
<td>2,950,000</td>
<td>11,521,017</td>
<td>8,571,017</td>
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</table>

<table>
<thead>
<tr>
<th>Country</th>
<th>Syrian Arab Republic</th>
<th>Lebanon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sector</td>
<td>Original 2009 HAR requirements</td>
<td>Funds received</td>
</tr>
<tr>
<td>Health and Nutrition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Protection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total**</td>
<td>29,460,000</td>
<td>14,730,508</td>
</tr>
</tbody>
</table>
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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.**

Emergency Programme Priorities: July - December 2009

**IRAQ**

While retaining rapid response capacity to sudden-onset crisis, UNICEF and partners will also assist acutely vulnerable communities with activities in all core sectors through an area-based approach, including but not limited to actions stipulated in the Core Commitments for Children (CCCs) in emergencies.

**Health and Nutrition**
- UNICEF and partners will assist 360,000 children in acutely vulnerable communities with improved access to health services and therapeutic nutritional care (based on identified need).

**Water, Sanitation and Hygiene**
- UNICEF and partners will provide 360,000 children in acutely vulnerable communities with improved access to water and sanitation services (based on identified need).

**Education**
- UNICEF and partners will enable 75,000 children in acutely vulnerable communities to access basic education services (based on identified need).

**Child Protection**
- UNICEF and partners will assist 10,000 children and women at high risk of abuse and exploitation (based on identified need).

**JORDAN**

The following priorities set in the 2009 Humanitarian Action Report remain:
- Support the double shifting of 20 schools and support the costs of renting buildings, giving 12,000 children access to school;
- Engage in continued advocacy to increase the number of Iraqi children in school;
- Create opportunities for alternative forms of education;
- Support informal education activities, such as life skills, international computer licenses, and recreational activities;
- Provide education SOT leadership;
- Build upon the base of the 2008 psychosocial work and expand upon it, targeting a total of 3,000 children by training Jordanian professionals (social workers) in the Ministry of Social Development.

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<table>
<thead>
<tr>
<th>Country</th>
<th>Egypt</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sector</td>
<td>Original 2009 HAR requirements</td>
<td>Funds received</td>
</tr>
<tr>
<td>Health and Nutrition</td>
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<td>110,000</td>
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<tr>
<td>Water, Sanitation and Hygiene</td>
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<td>-</td>
</tr>
<tr>
<td>Education</td>
<td>200,000</td>
<td>200,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td>-</td>
<td>15,284,000</td>
</tr>
<tr>
<td>Total**</td>
<td>450,000</td>
<td>110,000</td>
</tr>
</tbody>
</table>

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SYRIAN ARAB REPUBLIC
The priorities set in the 2009 Humanitarian Action Report are still valid for UNICEF in Syria:
• Increase immunization coverage among refugee children under five and women;
• Monitor the nutritional status of Iraqi refugee children in Syria;
• Promote hygiene practices among 75,000 targeted Iraqi refugee children in schools and raise awareness on health and nutrition issues to promote proper home care and increase the utilization of primary health-care services;
• Improve the availability and quality of adolescent primary health-care services in high-risk areas, with emphasis on girls;
• Rehabilitate education infrastructures and enhance the quality of education in schools;
• Provide remedial classes to 6,800 Iraqi and Syrian children and adolescents as well as non-formal education, including registered, out-of-school children and children/adolescents with special needs;
• Provide education SOT leadership;
• Maintain existing child protection and psychosocial services structures: five child-friendly spaces, two adolescent-friendly spaces and three psychosocial support (PSS) and child protection multidisciplinary units;
• Improve equal access to and provision of quality social services for 1,250 Iraqi children and adolescents;
• Expand collection, analysis and dissemination of UNICEF partners/inter-agency data and assessment on vulnerable Iraqi children, mothers and adolescents.

LEBANON
Appealing or participating agencies have identified four thematic priorities for 2009 within Working Group Response Plans, namely Protection, Education, Health and Relief and Community Empowerment. The Mid-year Review concluded that the strategic priorities remain fully valid for the remainder of 2009:
• Vaccinate vulnerable children under age five (80 per cent of Iraqi children under five);
• Undertake awareness campaigns for 500 women of childbearing age on the importance of mother and child health, including immunization, childhood diseases, infant feeding and nutrition in general, water, sanitation and hygiene, smoking etc.;
• Train community health workers;
• Develop information, education and communication (IEC) materials on health life skills, infant and young child feeding (IYCF) practices and maternal, newborn and child health (MNCH);
• Enhance capacity of health-care workers and NGOs on health life skills, IYCF practices and sexually transmitted infections/HIV counselling and management;
• In collaboration with ILO, develop integrated programmes focusing on the worst forms of child labour, pulling together experiences in the areas of vocational training, education and empowerment for 2,000 Iraqis and vulnerable Lebanese hosting communities.

EGYPT
• UNICEF and partners will assist at least 3,680 children with improved access to health services and provide at least 1,400 children in trauma and other psychological problems with comprehensive psychosocial services and referral to medical treatment;
• UNICEF and partners will continue supporting and enhance the capacity of 24 psychosocial workers from 15 NGOs and Ministry of Health in providing quality psychosocial services for refugees.
Situation Update
In the first half of 2009, Gaza experienced over three weeks of military operations. Damage sustained to water networks and waste water systems initially left over 500,000 persons without safe drinking water and sanitation services near to collapse, increasing the risk of disease outbreaks. The war had a severe impact on the psychosocial well-being, development, education and health status of children. Acute levels of stress and insecurity is evident in children and their caregivers. Devastation to the education infrastructure by the military operations resulted in unsustainable and greater overcrowding of classrooms. According to Government estimates in May, 28,000 people, out of which 14,000 are estimated to be children, are still in need of access to adequate water, hygiene and sanitation. An estimated 156 government schools were partially damaged; 8 kindergartens were severely damaged, and 54 were partially damaged\(^1\), affecting roughly 95,000 children. Children who left destroyed or damaged homes lost textbooks, notebooks, uniforms, clothes, and other learning materials which need to be replaced. It is estimated that over 71,000 people have been displaced.

In the West Bank, the humanitarian needs of those living in Areas C, Jordan Valley, Barrier and settlement adjacent areas, and East Jerusalem are increasing. Over 144 communities (220,000 people, of which half are estimated to be children) are without piped water, while 240,000 (10 per cent) of the West Bank population lives on less than the 30 litres per capita per day. Traditional water sources such as springs and wells have been depleted as a result of the drought and people no longer have access to water sources due to the closing of large areas for settlements and military zones. In Gaza, 80 per cent of the water is not safe for human consumption due to high salinity. Overall, access and restrictions of movement continue to cause severe hardship and isolation for families. This is compounded with loss of employment and livelihoods that have further deteriorated the ability for families to send their children to school, increased the level of under-nutrition and the ability to access health care, thereby affecting the well-being of children.

Key Results for Children
During 2009, the overall goal is to protect children and women from the impact of violence and poverty and any further deterioration in their well-being.

UNICEF’s health programme equipped thirteen neonatal units with essential newborn and basic obstetric equipment to provide quality care to 4,000 high risk newborns and 7,500 pregnant women. High Measles, Mumps and Rubella (MMR) and Vitamin A campaign coverage (99.8 per cent) was achieved for 7-9 grade students during a one round integrated post Gaza conflict vaccination campaign. Nutritional support was provided to 15,000 preschoolers in 114 kindergartens to improve under-nutrition and eliminate micronutrient deficiencies. In addition, 900 severely acutely malnourished children were treated through community managed therapeutic feeding centres. Capacity strengthening of health workers on nutrition has also been carried out with 80 health workers trained on appropriate breastfeeding practices.

UNICEF’s Water, Sanitation and Hygiene (WASH) programme continues to strengthen and improve water and sanitation systems, especially in schools and health facilities. It has supported partners to construct water wells, rehabilitate water networks, and install desalination plants; provide safe drinking water to marginalized communities, improve the treatment and quality of water; promote awareness on hygiene, strengthen local capacity in monitoring water quality. In Gaza, 89,800 people (of which 6,600 babies) benefited from hygiene kits, water kits and water testing kits; 60,000 of these were displaced people who were also supplied with water. Funds were provided for emergency repairs of sewage pump stations and water facilities serving around 175,000 in Gaza. UNICEF is coordinating the water scarcity plan in the West Bank.

UNICEF’s Education programme distributed 50 Early Childhood Development (ECD) kits to kindergartens in the West Bank and an additional 156 to kindergartens in the Gaza Strip. 2,200 math and science kits were distributed in the West Bank and Gaza benefiting 704,000 students. 50 math and 50 science kits were given to UNRWA for their distribution to the students in need.

UNICEF’s Child Protection programme coordinated Mine Risk Education activities in Gaza, broadcasting MRE messages on radio and television. In addition, 58,000 children in oPt received a range of psychosocial support services and 18,684 caregivers were assisted in supporting children with psychosocial concerns.

\(^{1}\) Assessment by Ministry of Education and Higher Education (MoEHE) in Gaza.
UNICEF is supporting 73 Adolescent Friendly Learning Spaces in the West Bank and Gaza Strip. In total, 10,417 adolescents in the West Bank and 7,856 adolescents in the Gaza Strip have participated in remedial and recreational activities implemented at these centres.

**Key Challenges**

UNICEF programme efforts are hindered by access and restrictions of movement on supplies, equipment and personnel, particularly in the Gaza Strip where the blockade continues. Restrictions on essential WASH materials and equipment into Gaza have delayed the resumption of essential services and hinder the efficiency of water and wastewater facilities. Education delivery is compromised as the Israeli authorities do not consider education supplies as humanitarian items. Supplies for psychosocial and adolescent activities have not been getting into Gaza in sufficient quantities, all of which have an impact on planned activities.

**Inter-Agency Collaboration**

UNICEF provides cluster coordination leadership in WASH and Education. UNICEF also leads the Child Protection sub-cluster and contributes significantly to WHO-led health coordination and the Food Security and Nutrition Cluster. UNICEF collaborates with the Government, UN and NGO partners in its relevant programmatic areas as well as on cross-sectoral issues. UNICEF humanitarian activities complement the ongoing development and reconstruction activities carried out by the World Bank in Gaza.

**Funding Requirements**

UNICEF’s funding requirements for 2009 amounted to US$42.2 million. These needs reflected the requirements through the CAP 2009 as well as the Gaza crisis. Subsequent to the CAP Mid Year Review in OPT, UNICEF’s requirements now amount to US$ 42.4 million. The revised financial needs show an upward revision for the WASH, Child Protection and Education programmes. The cost of essential WASH repairs is five times higher in Gaza than in the West Bank due to blockades and restrictions of material that can enter Gaza. Education and Protection programmes also rely heavily on supplies and services procured in the local market. The decrease in the revised requirements of the Adolescents programme is due to a project that was shifted to the Education programme. In addition the requirements for Health and Nutrition were reduced, since some of the projects were withdrawn from the CAP. The impact of the drought on communities has also affected the revised financial needs for WASH. Furthermore, UNICEF requires resources to ensure leadership in cluster coordination for WASH, Education and Child Protection to enable it to provide a dedicated effective, coordinated and systematic multi-partner approach to respond to and advocate for the needs of children. UNICEF oPt, received a CERF grant amounting to US$1,551,500.

**Table 1: Funds received against the HAR 2009 (US$)**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original HAR 2009 requirements</th>
<th>Funds Received***</th>
<th>Revised Funding Requirements</th>
<th>Funding Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Nutrition</td>
<td>9,508,650</td>
<td>2,361,693</td>
<td>5,407,373</td>
<td>3,045,680</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>7,883,222</td>
<td>3,503,489</td>
<td>8,627,466</td>
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</tr>
<tr>
<td>Education</td>
<td>8,313,600</td>
<td>2,210,178</td>
<td>11,820,200</td>
<td>9,610,022</td>
</tr>
<tr>
<td>Child Protection</td>
<td>11,494,850</td>
<td>6,349,154</td>
<td>12,707,788</td>
<td>6,358,634</td>
</tr>
<tr>
<td>Adolescents</td>
<td>5,027,700</td>
<td>815,000</td>
<td>3,837,950</td>
<td>3,022,950</td>
</tr>
<tr>
<td>Total**</td>
<td>42,228,022</td>
<td>15,239,514</td>
<td>42,400,777</td>
<td>27,161,263</td>
</tr>
</tbody>
</table>

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*** An additional US$21,750 is pending allocation.

**Emergency Programme Priorities: July - December 2009**

**Health and Nutrition**

- Facilitate the procurement and timely delivery of routine Expanded Programme on Immunization (EPI) vaccines and related supplies to ensure vaccine security and high coverage;
- UNICEF with partners will continue to assist 15,000 pre-school children per month at risk of moderate and severe under nutrition through support to 134 preschools in the Gaza Strip by providing fortified milk and high energy biscuits.
- Strengthening technical capacity in the prevention and management of maternal and child malnutrition through partnership with the Ministry of Health and NGOs. Appropriate child care practices (including breastfeeding) promotion and expansion of the coverage of acute malnutrition
management programmes will be emphasized. Four therapeutic feeding programmes are currently operational to assist the severely malnourished children.

- Strengthening the nutrition surveillance to monitor the nutrition situation and improve the nutrition situation database, for reference in the future programming.

**Water, Sanitation and Hygiene:** UNICEF is the cluster lead agency for Water, Sanitation and Hygiene (WASH).

- UNICEF will support the repair of water and sewerage networks and respond to the water scarcity; it will advocate for the entry of materials into Gaza and ensure continuity with the wider reconstruction efforts;
- Water quality will be monitored in 18 locations in south east West Bank serving 12,000 people, half of them children;
- UNICEF will ensure water quality surveillance for 153 water wells and distribution points and hygiene promotion in 282 schools and 30 selected communities;
- UNICEF will lead coordination efforts to alleviate the drought impact for marginalized communities in the West Bank.

**Education:** UNICEF and Save the Children are the cluster lead agencies for education.

- Through the back-to-school project in Gaza, UNICEF will supply remedial worksheets (10,000 for grades 1-4 and 25,000 for grades 5-6), 50,000 copy books and school bags;
- 5,000 children in 125 marginalized schools in the West Bank and 6,000 in 60 low performing schools in Gaza will be provided with remedial classes in Math and Arabic through active learning and participating in extracurricular activities to improve attainment rates;
- UNICEF will train 500 teachers, 200 principals and 60 supervisors in Gaza.

**Child Protection:** UNICEF is the cluster lead agency for the Child protection sub-cluster

- A total of 15,000 children will benefit from psychosocial interventions;
- A total of 7,000 parents and other caregivers will be trained/supported to better support and protect children;
- UNICEF will support the establishment of a total of 20 Family Centres with WASH facilities in Gaza;
- UNICEF will support the establishment of a framework for the monitoring and reporting of grave violations against children’s rights.

**Adolescents**

- UNICEF aims to target 30,000 adolescents in 73 Adolescent-friendly Learning Spaces, most of which have WASH facilities, in the West Bank and Gaza Strip through remedial and recreational activities, community out-reach and advocacy campaigns;
- UNICEF, through its Family Centres in Gaza will provide services for approximately 10,000 adolescents and will target 6,000 children and adolescents in 60 centres in the West Bank.
UNICEF HUMANITARIAN ACTION
Sudan
Mid-Year Review 2009

Situation Update
The first half of 2009 has presented tremendous challenges for Sudan with the sudden change in the humanitarian landscape in the northern states and increased armed conflicts in Southern Sudan. The decision by the Government of Sudan (GoS) to revoke the licenses of thirteen international NGOs and three national NGOs, following the issuance of an arrest warrant for President Omar al-Bashir by the International Criminal Court (ICC) on 4 March, has significantly affected humanitarian operations in the north of Sudan, especially in Darfur. A joint GoS and UN assessment mission was carried out in Darfur within the same month which identified priority life-saving areas necessitating immediate attention in light of the NGO expulsions. A similar joint assessment was also undertaken in Three Areas (Abyei, South Kordofan and Blue Nile) in April. Remaining humanitarian actors have been engaged in restructuring operations in order to meet the most urgent needs that were identified in the joint assessment, and this intervention in life-saving areas is known as “Track 2 – Period immediately after the expulsion of NGOs until the end of June”. The UN and partners are now preparing for the “Track 3” which looks at the longer term restructuring of humanitarian operations, within the framework of the Cluster Approach, to address gaps created by the NGO expulsions.

In Southern Sudan, the first half of 2009 has seen increased armed conflicts in eight out of the 10 states affecting an estimated 112,000 people, including many children. Recent inter-tribal clashes have intensified since the signing of the Comprehensive Peace Agreement (CPA) in 2005. Heightened attacks by Uganda’s Lord Resistance Army (LRA) in Sudan’s borderline states of Central and Western Equatoria caused the displacement of 73,345 people and abduction of children and women. In Jonglei and Upper Nile States, inter-tribal clashes have increased and re-arming of groups has taken place killing 539 people. To date, UNICEF and partners have registered at least 192 children and 10 women as missing or abducted.

Since the beginning of the year, through an improved disease surveillance system, several disease outbreaks have been reported, including about 15,000 cases of acute watery diarrhoea and 149 cases of cholera in Southern Sudan. During the first quarter, a meningitis outbreak was reported in Eastern Equatoria with 128 confirmed cases including nine deaths. The meningitis outbreak had an equally large effect in the Darfur states, where major NGO operations had been suspended. Polio continued to spread, especially in Southern Sudan, with 28 cases confirmed in nine states, putting 2.8 million children under five years at risk. As of mid-year, potential malnutrition related to the forthcoming hunger gap, limited access to target populations, and political insecurity remains a significant threat.

Key Results for Children

North Sudan
In the health and nutrition sectors, four rounds of polio National Immunization Days (NIDs) and the meningitis vaccination campaigns were conducted through joint efforts of UNICEF, WHO and implementing partners on the ground, successfully containing further outbreaks. During the Child Health Weeks which were combined with the NIDs in April, a package of low cost, high impact interventions were delivered. In all northern states of Sudan, 97 per cent of 6.5 million children under five were vaccinated against polio, almost 100 per cent of 5 million children between age 1 and 5 received deworming tablets and 5.7 million children 6-59 months of age received vitamin A supplements. In addition, 122,400 pregnant women in three high risk states received iron/folic acid tablets. Meningitis campaigns reached a total of 334,235 people in three states. Over 5,500 severe acutely malnourished (SAM) children aged 6-59 months and over 18,500 moderate acutely malnourished (MAM) children aged 6-59 months have been admitted for treatment in Darfur and other states as of 30 April.

In the water, sanitation and hygiene (WASH) sector, access to improved drinking water facilities was increased/re-established for 364,000 people by constructing new water systems and rehabilitating old non-functional systems, and sustained for over 1.1 million internally displaced people (IDPs), returnees and host communities by supporting chlorination of water supply and providing spare parts and fuel for operation and management of water systems. Access to safe means of excreta disposal was increased, re-established or sustained for 84,322 IDPs, returnees and host communities by supporting construction of household latrines and school latrines, as well as maintenance or replacement of damaged or filled latrines in IDP camps. The level of water supply services varies camp to camp from 6 to 20 litres per person per day.
In education, as of end April, a total of 139,175 children are reportedly newly enrolled in primary schools. UNICEF together with its partners constructed 225 classrooms and rehabilitated 95 classrooms (170 classrooms constructed and 95 classrooms rehabilitated for Darfur). A total of 2,008 government teachers and 909 unqualified/volunteer teachers have been trained and 48,978 children have so far received educational supplies. This figure is likely to increase as the education supply distribution is underway for opening of schools in late June/early July. In late April, Girls Education Sub-sector strategy and Nomadic Education sub-sector strategies were launched in the State of Blue Nile. These strategies will provide overall guidance to promoting increased enrolment and learning opportunities for girls and nomadic children.

In the child protection sector, coordination mechanisms were strengthened through 57 Child Protection Working Group meetings in 10 States with the participation of a wide range of actors and stakeholders for information-sharing, strategy-setting, filling the gaps of the expelled NGOs. Over 3 million people in seven States were reached through the awareness campaign on Child Rights, and over 650 children in contact with the law, benefited from enhanced legal systems and procedures. Moreover, 147,266 vulnerable children and young people benefited from psychosocial services, enhanced protection and reintegration opportunities, including education and vocational/livelihood training. In addition, 607 social workers and professionals were trained on child protection issues including female genital mutilation/cutting (FGM/C). Furthermore, 573 of the released children from armed forces and groups benefited from inclusive reintegration activities in nine states, and 2,061 separated/unaccompanied children were identified out of which 915 children in four states were reunified with their families. Mine/unexploded ordnance (UXOs) risk education reached some 29,077 people at risk including 13,125 children through schools.

Through the communication and advocacy programme, 23 million people are estimated to have been reached with messages on safer, healthier practices and behaviours. Almost 240,000 people received correct information and relevant skills to reduce their risk of acquiring HIV/AIDS through peer education and awareness-raising sessions. Over 10,000 pregnant women and infants had access to Prevention of Mother-to-Child Transmission (PMTCT) services. In addition, some 677 teachers were trained on HIV life-skills, which is expected to benefit about 150,000 children for the new school year starting in June 2009.

Southern Sudan
Throughout the region, the WASH sector supported 170,433 people in 210 communities, including guinea worm endemic villages and returnee host communities. In terms of sanitation and hygiene, 5,373 students in 22 schools can now use latrines and hand washing facilities while receiving hygiene education. Responding to the acute watery diarrhoea (AWD) and cholera, UNICEF provided 30 cholera kits to treat 130,000 AWD cases, along with soap and water purification tablets and training of hygiene promoters. UNICEF has also pre-positioned more emergency water, sanitation and hygiene supplies in Wau and Northern Bahr-el-Ghazal.

Against the polio outbreak, four NIDs were held to immunize 2.8 million children under five, with almost two million children receiving vitamin A tablets in one of the campaigns. Responding to the meningitis outbreak, UNICEF supported the immunization campaign to protect 138,000 people. 23,032 Children aged 6-59 months were immunized against measles, and 23,391 women of child bearing age against tetanus through localized campaigns. Continuous measles immunization activities brought down the measles cases to 47, with no deaths, from 121 in the same period of 2008. UNICEF continued to support 46 supplementary and therapeutic feeding centres, treating at least 1,654 malnourished children and 273 lactating or pregnant women, while closely monitoring the nutritional situation of children as the region enters the hunger period.

Into the fourth year of the Back-To-School Initiative, 1.6 million children in school received essential educational material to continue their learning and 1,270 teachers are being trained in English language. A learning assessment system is being developed to monitor and improve the quality of education at primary school. Child protection services continued for vulnerable children, including the provision of psychosocial services to 1,489 at-risk children, registration of the children associated with armed forces for their demobilization and ensuring reintegration support services to 82 demobilized children. Over 5,890 people, including 3,580 children, living near mine fields received information about landmines and UXOs and the progress toward their eradication. To promote HIV/AIDS prevention, over 16,000 people received HIV/AIDS messages and 478 peer educators were trained, while 1,218 pregnant women received PMTCT services.

In response to displacements caused by both LRA attacks and the inter-tribal fighting in Western and Central Equatoria, Lakes and Jonglei States, UNICEF provided 5,000 households with essential non food items (NFIs), while 2,500 NFI kits have been pre-positioned in Unity State prior to the rainy season.
Twelve latrines have been installed in Jonglei for displaced persons, alongside hygiene promotion efforts, and the provision of water purification tablets for over 15,000 people. 30,000 affected children in Central and Western Equatoria were provided with educational materials. UNICEF assisted in reunifying 37 children who escaped from LRA captivity in the two states.

Key challenges
The expulsion of NGOs has had a major impact on the North Sudan Area Programme, especially in Darfur, where they represented 40 per cent of the humanitarian workforce. This has meant an overall loss in technical expertise, logistics support, and monitoring capacity. While programming has been re-established, the quality of services, access to services through community-based outreach, and sustainability issues need further strategic support. The focus on “life-saving” sectors weakens the protective environment for children, jeopardizes the momentum achieved in education (created since the CPA) and the overall effectiveness of a multi-sectoral response. In Southern Sudan, increased armed conflicts and the absence of implementation partners in insecure areas adds to the complexity and challenge of emergency delivery and response.

In light of the unstable situation, securing funding in a timely manner has been very difficult. The pooled funds (Common Humanitarian Funds and Central Emergency Response Fund) were disbursed as late as May resulting in delays in implementation. Increased funding requirements due to the NGO expulsions, implementation of the Cluster Approach, government’s fiscal deficit, and armed conflicts will make resource mobilization the biggest challenge for the rest of 2009.

Inter-Agency collaboration
As sector lead for education, WASH, sub-sector lead for Child Protection, and co-chair with WHO for health and nutrition activities, UNICEF plays a key role in the coordination and implementation of emergency activities. After the NGO expulsions in the north, the outbreak of clashes in the south, UNICEF played a critical role in leading these sectors for inter-agency assessment and gap filling.

Funding Requirements
Original HAR 2009 overall requirements of US$ 147.6 million for North and South Sudan were based on the UN work plan for Sudan. The work plan was revised at mid-year to reflect the situation after the NGO expulsions and roll-out of the cluster approach. Out of the revised funding requirement of US$ 184.3 million, for North and South Sudan, US$ 137.2 million remains unfunded. To support gap filling activities, North Sudan received a CERF grant of US$6,292,455. Southern Sudan received US$2,325,193 from CERF to respond to the LRA crisis.

Funds received against the HAR 2009 (US$)*

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<tr>
<th>Sector</th>
<th>Original 2009 HAR requirements</th>
<th>Funds received</th>
<th>Revised funding requirements</th>
<th>Funding gap</th>
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WASH 15,000,000 3,994,746 15,000,000 11,005,254
Education 10,063,567 3,807,285 16,200,000 12,392,715
Child Protection 4,065,000 1,488,142 4,065,000 2,576,858
HIV/AIDS 1,600,000 241,229 1,600,000 1,358,771
Mine Action 687,765 0 687,765 687,765
NFIs & Coordination 4,266,111 2,507,323 4,266,111 1,758,788
C&A 500,000 56,013 500,000 443,987
Total** 46,656,260 15,509,756 52,792,693 37,282,937

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

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

Emergency Programme Priorities: July - December 2009

North Sudan

Health and Nutrition
- Treatment services for moderate and severe acute malnutrition through provision of supplies, equipment, technical support, and where necessary operational funding, as well as strategic scaling up of community based management of acute malnutrition through sequential rounds of training and capacity building;
- Efforts to strengthen treatment will be complemented by introduction and scaling up of the Essential Nutrition Package through routine Accelerated Child Survival and Development (ACSD) initiative localities;
- Support for basic health services to conflict-affected populations through the provision of basic supplies and essential drugs.

WASH
- Water, sanitation and hygiene services will be sustained for 1.1 million persons (roughly 55 per cent of the target population are children).
- Sustaining the water, sanitation and hygiene services for 989,490 persons through gap filling in areas affected by NGO departures;
- Access to safe water, sanitation and hygiene services will be provided or re-established for 200,000 persons; preparedness planning and response for AWD/Cholera;
- Capacity of communities and water, environment and sanitation partners will expand and be reinforced through training and provision of essential emergency supplies and equipment.

Education
- Finalization of gap assessment to accurately capture the gaps left by the expelled NGOs;
- Immediate provision of existing education supplies and replenishment of supplies;
- Rehabilitation and completion of classrooms which the expelled NGOs were not able to complete including roofing reinforcement of IDP schools before the opening of schools;
- Capacity development for teachers, Parent’s Teachers Association (PTA) and community members towards child friendly schools and ensuring access to quality education for the most disadvantaged and conflict affected children.

Child Protection
- Strengthen monitoring and reporting on violations against children’s rights jointly with UNMIS and UNAMID within the mechanism established under Security Council Resolution 1612;
- Mainstream psychosocial support for children into the education system, especially in Darfur; provide psychosocial support for children to cover the gaps created by the expelled NGOs targeting some 200,000 children;
- Reintegration support including education and vocational training for some 1,000 children associated with armed forces and groups to be released; support to family reunification, child protection awareness campaigns, support the family and child protection units of the police;
- Reach 170,000 throughout northern Sudan with Mine Risk Education.

HIV/AIDS
- Training of 1,843 teachers on HIV life-skills curriculum to equip an additional 100,000 children and young people with information and skills to reduce their vulnerability to HIV;
- Provision of prevention of mother-to-child transmission of HIV (PMTCT) services;
- Provision of comprehensive HIV information and skills to an additional 450,000 young people.
Non-food items (NFIs)

- As the procurement agency for the NFI Common Pipeline in North Sudan\(^{19}\), UNICEF will coordinate with partners to ensure timely and adequate assistance for 1.44 million conflict and disaster affected people.

Southern Sudan

Health and Nutrition

- The response plan for W. Equatoria includes health and nutrition screening, systematic treatment for children such as de-worming, vitamin A supplementation and vaccination for measles, while treating severely malnourished children without medical complications;
- Two rounds of polio national immunization campaigns for all children under five; protect 200,000 estimated children against measles in seven high risk counties and 100,000 women protected against tetanus; Vitamin A supplementation for 1.9 million children aged 6-59 months;
- Treatment of malnourished children and promotion of exclusive breastfeeding during the World Breastfeeding Week (the first week of August).

Water, Sanitation and Hygiene

- Provide 100,000 people affected by emergencies, including 30,000 affected by LRA attacks, with access to improved drinking water and sanitation services;
- Construct or repair 359 water sources/facilities for 179,557 people; equip 90,000 people in rural communities with improved latrines with key hygiene messages, including in the areas of return.

Education

- Responding to the tribal clashes emergency in Jonglei, establish learning spaces and provide educational and recreational material, psychosocial support and life skills training for the school children and teachers;
- In-service teacher training for 310 teachers and construction or renovation of six child friendly school facilities for 1,450 students.

Child Protection

- Verify and register 800 children reported to be associated with armed groups and ensure that all identified children are demobilized and provided with reintegration services;
- Ensure family tracing and reunification services to the missing children of Jonglei and provide 2,000 vulnerable children affected by LRA attacks with recreational and psychosocial activities;
- Mine Risk Education for 46,300 people in three states.

HIV/AIDS

- Support education on HIV/AIDS prevention to reach more people, including IDPs and children through participatory life skills activities;
- Strengthen PMCTC system to provide voluntary counselling and testing services to 5,000 pregnant women.

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\(^{19}\) In the north of Sudan, over 90 per cent of NFI needs for emergency response in Darfur and other states are provided by NFI Common Pipeline, for which UNICEF undertakes procurement of all NFIs.
Situation Update

The conflict in the capital Sa’ada has continued to deteriorate during 2009 with an escalation of hostilities between the Government and rebels in May 2009. At mid-year there are approximately 170,000 Internally Displaced Persons (IDPs) among a total Governorate population of 700,000 and more are expected. Half of the IDPs are concentrated in Sa’ada city and suburbs and over 75 per cent are women and children. The withdrawal of foreign aid workers and closure of key facilities delivering health services in the governorate following the abduction of several humanitarian health workers mid June has led to a serious deterioration of services, including the lack of specialized medical staff and essential drugs. Gaining access to affected populations in the districts outside Sa’ada City has been very difficult for security reasons.

The global financial and economic crisis has created additional strains on vulnerable and marginalized populations and is driving an ever increasing number of families below the poverty line – presently 40 per cent out of the 22 million population in Yemen. Health and nutrition indicators for young children and women are among the worst in the region. Over 12 per cent of children between 6 and 59 months of age suffer from acute malnutrition and the rate is on the increase in all Governorates. According to a WFP/UNICEF survey undertaken in 2006, over 80 per cent of children under five and 73 and 83 among pregnant and lactating women respectively suffered from anaemia. At 8.2 per cent, national birth registration is very low.

In Hadramout, where some districts were badly devastated by flooding last year, and locust infestation this year, the emphasis has moved to development and reconstruction. Increased security threats within the governorate, since March 2009, have however constrained the UN’s humanitarian operations.

Key Results for Children

During the first six months of 2009, UNICEF continued to work through local authorities and local NGOs in Sa’ada, supporting screening and referral of children under five suffering from severe acute malnutrition through provision of Ready to Use Food (RUTF), nutrition measuring tools and medication. From January to March 2009, 9,742 children under five were screened compared to 1,238 for the same period in 2008. Distribution of Non Food Items (NFIs) including blankets, jerry cans, detergents and kitchen sets for 2,000 families (12,000 IDPs) was undertaken through a local NGO to complement UNHCR support.

In 2009, the overall goal has been to minimize the impact of the high food prices on the health and nutritional status of under-five children. UNICEF provided substantial support for the finalization of the long-awaited National Nutrition Policy completed in April 2009, now awaiting Cabinet approval. With the exception of Sa’ada (since early 2008) and Hadramout where services were initiated in 2008 and April 2009 respectively, capacity building is ongoing in 22 Governorates for the implementation of the national Community Management of Severe Acute Malnutrition (CMSAM) approach in line with the National Nutrition Emergency Plan. Supplies of RUTF, nutrition measurement tools and medication are available in all governorates. To date, 43 training of trainers (TOTs) and 508 health staff were trained since December 2008 in 15 out of 22 Governorates, in addition to 12 Ministry of Health Nutrition Department staff. In Seyoun (in Hadramout Governorate), staff working in the Health Centre of the main city of each district were trained. By end July, all districts will have benefited from the training, resulting in 1,763 trained community volunteers.

In Hadramout the life-saving interventions supported by UNICEF and its partners, contributed to the prevention of outbreaks of water-borne diseases through the distribution of 2,600 hygiene kits for 1,000 families, 30 mobile latrines in affected schools housing IDPs, 79 water tanks and 750 water filters and one million water purification tablets. In 2009, two water schemes, planned to serve 22,500 inhabitants are being rehabilitated. Thirty local rural water sanitation technicians and 40 management committees with local NGOs have received training in hygiene promotion. A measles campaign with vitamin A administration was supported, which reached 150,000 children under five years of age. Capacity building of 34 health staff in the Governorate was undertaken in treating severe acute malnutrition among children under five. Seventy-two tents were set up as temporary learning spaces for 5,500 school children and 138 mobile latrines are being installed in the same areas. Some 3,300 birth certificates were issued in affected areas, facilitating children’s access to education, health and protection services.

Key Challenges

- In Sa’ada the biggest challenge remains gaining access to affected areas outside Sa’ada City beyond the IDP camps where the need is greatest.
• Relating to the food crisis, the challenge still remains to create more awareness to change public and official perceptions of malnutrition among children and women, through intensive advocacy and use of up-to-date data for policy and programme development. Rolling out the national nutrition emergency plan in a timely way while also ensuring supplies, capacity building and facilities are available to scale up in 22 Governorates is a huge challenge.

• Delivering assistance to communities affected by flooding within a security phase environment was a major constraint, hence expansion of partnerships with local NGOs.

Inter-Agency Collaboration
UNICEF has participated in joint UN rapid assessments for Sa’ada and the flood emergency response in Hadramout. UNICEF follows cluster-based principles in providing cluster leadership in nutrition and water, sanitation and hygiene (WASH) and education whilst significantly contributing to WHO-led coordination in health, and supporting child protection.

Funding Requirements
At mid-year, the HAR requirement is being increased to US$ 3,500,000 in view of the increased needs in Sa’ada and to sustain the countrywide scale up of treatment of malnutrition among under fives affected by the high food prices. UNICEF received US$ 560,680 for Health, WASH, Nutrition, Education and Child Protection through the Central Emergency Response Fund (CERF) in May 2009. Activities detailed above were implemented through these funds in addition to bilateral contributions against the 2008 UN flood appeal, set-aside funds and RR allocations reprogrammed from the 2008 regular programme. A funding gap of US$ 2,939,320 remains in order to be able to respond to critical needs.

<table>
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<th>Funding gap</th>
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<td>560,680</td>
<td>3,500,000</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.

Emergency Programme Priorities: July - December 2009

Health and Nutrition UNICEF is leading the Nutrition cluster.
• In Sa’ada, UNICEF and partners (mainly WFP, WHO and MSF France) will assist 15,000 acutely malnourished children under five per month (11,500 moderately and 3,500 severely acute malnourished) through support to two Therapeutic Feeding Centres (TFCs) and 16 therapeutic and supplementary feeding centres and will further assist 110,000 children under five and 30,000 mothers by providing an integrated package of services (such as immunisation, Vitamin A, Reproductive Health services and Integrated Management of Childhood Diseases (IMCI)) through outreach mobile teams and health facilities;
• UNICEF will reach 120,000 children suffering from acute malnutrition by supporting the CMSAM programme (through the provision of RTUF, F100, F75 and drugs) launched in 19 TFCs, 348 Outpatient Therapeutic Programmes (OTPs) and the communities in their catchment areas.

Water, Sanitation and Hygiene UNICEF is the cluster lead agency for Water, Sanitation and Hygiene (WASH).
• 100,000 additional people will have access to safe water and sanitation services through rehabilitation or construction of safe water sources and adequate sanitation facilities in schools, health facilities and camps and through the provision of emergency water trucking services where no other solutions are available. Mobile latrines and ceramic water filters will be provided as appropriate.

Education UNICEF is leading the Education cluster that will respond to educational needs of at least 50,000 internally displaced and returnee children as well as 350 teachers in Sa’ada. This will be done through the following interventions:
• Provision of essential learning materials for the school year 2009-2010 as well as temporary learning zones (tents) and school kits for 42,000 IDP children to ensure continuation of school in newly affected areas;
• Initialization of school-based psycho-educational support for 4,000 school children in affected areas in Sa’ada;
• Capacity building of 30 master trainers and 300 school social workers and teachers in the affected areas in Sa'ada to provide psycho-social support for affected children;
• Provision of psycho-educational and recreational activities for 1,000 children in IDP camps;
• Mobilization and facilitation of self-learning materials for 3,000 IDP;
• Pre-positioning of supplies for an estimated 250,000 school children in need.

Child Protection
The following activities will all be carried out in Sa’ada:
• Training of 100 humanitarian professionals in skills and knowledge on child protection issues in line with the Core Commitments for Children in Emergencies (CCCs);
• Support to 10,000 IDP children/families, NGOs, local authorities, imams and teachers who will acquire knowledge on child protection issues such as trafficking, child recruitment, child labour, street children, child marriage, birth registration and violence against children;
• Training of 150 social workers, teachers and community workers on psychosocial support to provide services including referrals for affected IDP children;
• Support to 5,000 IDP children and families for psychosocial support including recreational activities;
• 10,000 copies of information, education and communication (IEC) materials on child protection issues developed and distributed to IDPs, NGOs, local authorities, religious leaders and teachers.
Situation Update

Although no major disaster occurred during the first part of the year, the Americas and Caribbean region remains extremely prone to frequent natural disasters such as hurricanes, tropical storms, landslides and flooding. Pre-existing conditions of poverty, food shortages and violence aggravate the situation of children and women. The regional office is strengthening its preparedness activities and particularly preparing for the “hurricane season” expected to start in August. In the month of April-May 2009, the Influenza A (H1N1) heavily affected nearly all countries in the Latin American Region.

Key Results for Children

Within the framework of humanitarian reform and the regional Inter-Agency Standing Committee (IASC) Risk, Emergency and Disaster Task Force for Latin America and the Caribbean (REDLAC), the UNICEF Americas and Caribbean Regional Office (TACRO) has actively participated in the efforts to develop a more coherent and coordinated response to emergencies in the region as well as a better understanding and an enhanced capacity related to the cluster coordination in the sectors where UNICEF is the cluster lead, especially in water, sanitation and hygiene (WASH), education and protection. During the first six months of the year, TACRO has maintained a steady taskforce to ensure necessary support to the countries in the region and has further supported the Country Offices with the updating of their respective Emergency Preparedness and Response Plans (EPRPs) and Business Continuity (BCs) plans. Throughout the reporting period, TACRO has actively participated in all interagency initiatives within the context of the REDLAC, a regional interagency mechanism based in Panama and chaired by OCHA.

The project funded by Disaster Preparedness ECHO (DIPECHO) aiming at expanding Disaster Risk Reduction (DRR) in the education sector in South America has continued its capacity building activity to develop technical and training material. UNICEF continues to support various ministries of Education to build their capacity in the education sector.

Funds obtained through the Spanish Agency for International Development Cooperation (AECID) are allowing continuing the work on water, sanitation and hygiene (WASH) cluster issues, including surge capacity, capacity development, and technical guidance. Capacity mapping in WASH sector was completed in Colombia and is in process in Ecuador. A preliminary mapping is planned for Dominican Republic before the start of the hurricane season.

A lesson learnt exercise was organized by TACRO with 12 country offices in order to ensure a more predictable response and preparedness on emergencies in Central America and the Caribbean. Main lessons learned were the need to improve pre-positioning of supplies before emergencies arise, to better identify qualified personnel, the need for more simulations in various countries and the need for predictable funds, a prerequisite for the country offices to respond effectively.

A regional emergency roster composed of skilled and experienced personnel is being developed in order to ensure a more predictable and suitable deployment of staff in emergencies. The roster, will include candidates from UNICEF and other agencies and will be used by TACRO and the Panama based interagency mechanism REDLAC members to identify the most suitable assistance to enhance COs preparedness and response to emergencies.

Key Challenges

TACRO Emergency Unit is in need of funding in order to be able to continue to provide crucial technical assistance to the country offices in terms of emergency preparedness and response. Funds are further needed to support a rapid response mechanisms enhancing prompt and improved response within UNICEF as well as on an interagency level.

In the field of education in emergencies, efforts are taking place to strengthen Ministries of Education in the region not always adequately represented in inter-governmental platforms such as the Caribbean Disaster Emergency Response Agency (CDERA) and the Andean Committee for Disaster Prevention and Assistance (CAPRADE). The capacity of UNICEF’s Country Offices to work in Disaster Risk Reduction is also strengthened through trainings at both country and regional office level.

Inter-Agency Collaboration

During the period under review, TACRO participated in the development of the REDLAC work-plan and supported an interagency emergency simulation exercise in Colombia. REDLAC took part in the “lessons
learnt” exercise organized by TACRO giving UNICEF colleagues a regional perspective on how we can be better prepared for a better response.

**Funding Requirements**

To date, no funding has been received against the HAR. The funding requirements for 2009 remain unchanged. In order to carry out WASH related activities the regional office has utilized US$ 330,537 of the funding provided by AECID, hence the unmet funding requirement of US$ 2,469,463 against the 2009 HAR.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2009 HAR requirements</th>
<th>Funds received</th>
<th>Revised funding requirements</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthen the American and Caribbean Country Offices and National Counterparts’ Capacity Building on Issues Pertaining to the Humanitarian Reform, including clusters where UNICEF is lead agency</td>
<td>1,100,000</td>
<td>0</td>
<td>-</td>
<td>1,100,000</td>
</tr>
<tr>
<td>Strengthen the Americas and Caribbean Region to Respond to Emergency Natural Disasters and Other Rapid Onset Emergencies</td>
<td>500,000</td>
<td>0</td>
<td>-</td>
<td>500,000</td>
</tr>
<tr>
<td>Support Disaster Risk Reduction Initiatives, with Focus on Education and Water, Sanitation and Hygiene Sectors</td>
<td>1,200,000</td>
<td>0</td>
<td>-</td>
<td>869,463</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,800,000</td>
<td>0</td>
<td>Unchanged</td>
<td>2,469,463</td>
</tr>
</tbody>
</table>

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

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

**Emergency Programme Priorities: July - December 2009**

During the second part of the year, the UNICEF Americas and Caribbean Regional Office will continue to strengthen preparedness activities, work towards an effective implementation of Disaster Risk Reduction (DRR) activities and build the capacity of national and sub regional entities. TACRO intends to expand its DRR activities beyond education in emergencies and start focusing on incorporating support and attention to both the Nutrition and WASH sectors. Technical support focusing exclusively on DRR is currently under recruitment.

The regional capacities to respond to emergencies, both natural disasters and other rapid onset emergencies will also be strengthened. By the end of the year, a rapid response mechanism is to be established and functional.

TACRO will further support capacity building of National Counterparts’ Capacity Building on issues pertaining to the Humanitarian Reform, including clusters where UNICEF is lead agency. Necessary support and guidance will also be provided to country offices in the region where the cluster approach is activated. Increased focus will be given to the development of strategies to influence Governments’ public policies to ensure that children’s rights are included in preparedness activities and emergency response. Technical guidance documents on measure to be taken to respect children rights in emergency preparedness and response will further be developed in consultation with the government.

In August 2009, TACRO is planning an interagency workshop to strengthen the coordination of the sectoral WASH group at regional level. The workshop is part of the initiative supported by AECID to strengthen alliances in Latin America and the Caribbean in the context of the WASH sectoral group to ensure an effective and coordinated humanitarian response. A regional workshop on nutrition and nutrition in emergencies will also be organized by UNICEF TACRO for nutrition focal points in the region, to establish performance monitoring for the nutrition sector and the revision and development of nutrition guidelines.
Situation Update
During the first six months of 2009, confrontations have continued among the illegal armed groups, newly emerging groups and the Armed Forces. Attacks on public installations, combats in rural areas and the use of improvised explosive devices against military targets have increased, especially as of May 2009. Colombia's Pacific Ocean Coast and the eastern Amazonian region have been particularly affected, deteriorating the already precarious living conditions of children, adolescents and their families. In this period, massacres, individual kidnappings and selective assassinations of social leaders have been reported. The indigenous population has been particularly affected in the departments of Cauca and Nariño. Illegal armed groups' recruitment of children has continued, throughout the country.

According to official information, almost 3 million persons have been registered as Internally Displaced Persons (IDPs) since 1997. In 2008, there were 372,333 newly displaced persons (199,402 of them being children and adolescents), and during the first three months of 2009, another 39,293 displaced persons have been officially registered. The indiscriminate use of anti-personnel mines (APMs) by the illegal armed groups continues. During 2008, 769 victims of APMs were registered. Over the first four months of 2009, there have been 214 victims, of whom 18 are children or adolescents. During 2008, a total of 1,877,504 persons were affected by natural disasters caused mainly by flooding, windstorms, tremors and volcano eruptions. Official records register that 242,734 persons have been affected by natural disasters in 2009. The study on the health and nutritional status of indigenous children affected by the internal conflict on the Colombian Pacific (UNICEF, WFP and UNDP) shows conditions of extreme poverty and vulnerability of 5,339 families in 80 indigenous villages in Chocó (approximately 35,000 persons), including 99 per cent of food insecurity in families, 73 per cent chronic malnutrition, and high rates of diarrhoea and acute respiratory infection (ARI) among children under 5 years of age. The lack of access to basic health services is reflected in the very low percentage of vaccination coverage (only 2.5 per cent have had the complete scheme) and the very slight use of health services.

Key Results for Children
UNICEF and partners have provided 23,026 children and adolescents (of which 47 per cent are indigenous and 53 per cent are of Afro-descendent) affected by violence and armed conflict with access to education, psychosocial support, primary health care, and nutritional attention. UNICEF has continued carrying out humanitarian interventions in areas severely affected by the armed conflict. The strategy is mainly directed at families that have been forcefully displaced or are at high risk of displacement, as well as at communities severely affected by the armed conflict. The study on the health and nutritional status of indigenous children affected by the internal conflict on the Colombian Pacific coast was completed in May 2009. A total of 55,195 children and adolescents and their families living in 20 municipalities and rural communities affected by flooding in the first semester of 2009 have received integrated protection and assistance in the areas of psychosocial recovery, education, primary health care, nutrition, safe drinking water and basic sanitation, under the framework of a coordinated UN response. 104 mine action facilitators have been recruited and trained and work at departmental, municipal and village level in the development of regional mine action programmes with local authorities, public, health and education institutions and communities. A network of departmental coordinators of comprehensive action against mines has been created under the Presidential Programme of Integrated Action against Mines. UNICEF is providing technical and financial support to this Presidential Programme for the local organization of the Second Review Conference of the Ottawa Convention. 84,822 children and adolescents were participating in projects supported by UNICEF to prevent the involvement in illegal armed groups, during the last two years. The projects, which are located in 17 of the 32 departments of Colombia, promote protective environments and structures within the family/community and with the support of relevant institutions, as well as the participation and the development of pertinent vocational, educational, cultural and sports strategies at a community level in municipalities with high levels of risk and vulnerability. Since 2008, UNICEF has been providing technical and financial support to the Inter-Sectorial Commission for the Prevention of Recruitment, led by the Vice President's Office. At present, UNICEF is preparing "land maps" or maps on the risk of recruitment, in order to develop a pertinent and adequate strategy for preventing recruitment in the 106 selected municipalities, which correspond to those most severely affected. UNICEF continued to support socio-familiar alternatives for the assistance of children and adolescents demobilized, through the strategy "Hogar Gestor" (Tutorial Home). 258 children demobilized from illegal armed groups attended by the Colombian Institute for Family Welfare have participated in integrated processes of family and social reintegration, with UNICEF support.

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20 Statistics from the Agencia Presidencial para la Acción Social; www.accionsocial.gov.co
21 Programa Presidencial de Acción Integral contra Minas; http://www.accioncontraminas.gov.co/estadisticas/estadisticas.html
22 Sistema Nacional de Prevención y Atención a Desastres; www.sigpad.gov.co
Key Challenges
Local governments’ interest in the protection of children during emergencies has increased significantly, demanding increasing technical and financial capacity on UNICEF’s part. As a result of the national strategy to prevent recruitment, departmental and local governments have initiated the construction of regional prevention plans. Much progress has been made in the departments of Antioquia, Cesar, Meta and Nariño. Security conditions have deteriorated significantly in some of the zones, where UNICEF performs humanitarian action operations, affecting the implementation and the cost of the activities.

Inter-agency Collaboration
UNICEF leads the Basic Services cluster of the Interagency Cooperation Mechanism and participates in the clusters on Protection and Early Recuperation. UNICEF participates actively in the emergency response during natural disasters, coordinating with the other agencies comprising the UN Emergency Country Team and the Inter-Agency Standing Committee (IASC) Basic Services Cluster.

Funding Requirements
UNICEF funding requirements have been revised upwards in anticipation of increased displacement and in order to expand coverage of activities related to the prevention of child recruitment and protection of children demobilized from illegal armed group. Emergency assistance funding needs have also been raised to ensure an integrated response in support of children and their families in the event of natural disasters, including the possible eruption of the Galeras Volcano as well as major floods and landslides.

Table 1: Funds received against 2009 HAR (US$)*

<table>
<thead>
<tr>
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<th>Funds received</th>
<th>Revised funding requirements</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisting and protecting children affected by internal displacement and other complex emergencies</td>
<td>2,500,000</td>
<td>521,876</td>
<td>2,500,000</td>
<td>1,978,124</td>
</tr>
<tr>
<td>Emergency assistance</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>2,000,000</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Humanitarian mine action</td>
<td>750,000</td>
<td>-</td>
<td>750,000</td>
<td>750,000</td>
</tr>
<tr>
<td>Prevention of child recruitment and protection of children demobilized from armed groups</td>
<td>1,200,000</td>
<td>633,700</td>
<td>1,500,000</td>
<td>866,300</td>
</tr>
<tr>
<td>Total*</td>
<td>5,450,000</td>
<td>2,155,576</td>
<td>6,750,000</td>
<td>4,594,424</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.

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Emergency Programme Priorities: July to December 2009

Assisting and protecting children affected by internal displacement and other complex emergencies
To increase the coverage of assistance, with special focus on indigenous children in Chocó affected by especially critical situations of health and food insecurity indicated in the study introduced in the introductory part. The Country Office expects to provide assistance through implementing partners in the field to 15,000 indigenous and Afro-descendant children. Emergency actions in micronutrients, maternal breast feeding, vaccination, water and environmental sanitation and child protection will be supported or implemented directly. This intervention will be coordinated with the other UN agencies with humanitarian presence in the selected zones.

Emergency Assistance
UNICEF will support the national and United Nations System in Colombia response for the protection of 50,000 children affected by natural disasters during the second half of 2009 through integral actions in health, water and basic sanitation, education in emergencies and child protection

Humanitarian Mine Action
UNICEF will support the Colombian State in Integral Action Against Landmines, expanding its cooperation in Anti-personnel Mine Accident Risk Education to a total of 40,000.

Prevention of child recruitment and protection of children demobilized from illegal armed group
To support Government in the coordination of child protection activities and the implementation of the National Plan for the Prevention of Involvement of children in Illegal Armed Groups and increase the coverage of the projects with the aim of reaching 100,000 children and adolescents.
Situation Update
The prolonged impact of the 2008 hurricane disasters which inflicted extensive damages and losses, affected the country in the first half of 2009. Post-disaster risks of increased malnutrition, school dropouts and exploitation of children remain especially eminent in vulnerable households. The situation is further compounded, as a result of the on-going global financial crisis, with the diminution of remittances that constitute nearly a quarter of the Gross Domestic Product (GDP) and the main coping mechanism for some 70 per cent of households. The economic impact of the falling remittances on Haiti is estimated to be the largest in the region, and will have negative implications on the process of poverty reduction. A high-level donor conference\(^{23}\) has meanwhile agreed to inject US$ 326 million for Haiti’s recovery and reconstruction. This presents a rare window of opportunity for reinforcing UNICEF interventions in Haiti, which remains the poorest country in the Western hemisphere with 78% of its population living in poverty and 54 per cent living in extreme poverty. As the hurricane season approaches in August, UNICEF concentrates its efforts on emergency preparedness.

Key results for children
The emergency operation, which had started last August, continued with the aim of minimizing negative impacts on the health and well being of children who were already vulnerable as a consequence of recurrent natural disasters in recent years and the impact of the increase of food prices in 2008. Through the cluster approach, UNICEF in coordination with the Government of Haiti, sister UN agencies and partner NGOs, carried out emergency operations including rehabilitation of 53 existing water supply infrastructures and more than 360 existing boreholes to provide safe drinking water to over 230,000 people, which represents almost 58 per cent of the population estimated in need by the Water, Sanitation and Hygiene (WASH) sector. 600 children with severe acute malnutrition have been treated in addition to 15,000 children, who have been screened monthly for malnutrition. 12,000 children also received micronutrients such as vitamin A, and deworming. A total of 25 outpatient therapeutic posts and 11 hospitals have been provided with nutrition supplies. Additionally, 120,000 out of 200,000 affected children in the disaster-hit areas received financial support from UNICEF and were able to pursue their education.

Despite all the technical challenges in identification, UNICEF also managed to reach out to over 8,000 most vulnerable children with recreational and referral-to-essential services activities. The build-back better concept was applied in the protection sector in which UNICEF assisted the state’s child protection institute (IBERS) in multiple manners for the establishment of a basic child protection mechanism. Training and in-service coaching have been provided to IBERS, social workers and community based agents in key departments, enabling them to better control child care institutions and to raise community awareness. IBERS was also assisted with additional human resources through the internship programme established and supported by UNICEF and a national faculty that jointly trained social workers to serve for IBERS during the period of 6 months. As a result, the number and quality of both reports and follow up visits have improved for controlling child care institutions, the majority of which are unregistered and are often the destination of abandoned children.

Key Challenges
The main constraints for UNICEF Haiti are associated with under funding, especially for the sector of Education (9 per cent coverage) and WASH (18 per cent), both are below average of the CO’s global funding coverage (22 per cent). Regular resources had to be mobilized in order to respond to the magnitude of needs, which slowed down the implementation of planned activities in CO’s regular programme. Especially in the sector of Education, planned rehabilitation/reconstruction of public schools in the disaster-prone areas was negatively affected, limiting children’s access to basic education.

Institutional capacity, availability of reliable data and partners on the ground, security and accessibility as well as high opportunity costs for basic services continued to present operational challenges. While the reinsertion of children victims of exploitation and abandonment remains the lasting solution, there is always a high cost associated. Lack of understanding on parental responsibilities in Haitian society adds yet another obstacle and child abandonment as a post-disaster phenomenon is on the rise.

Inter-Agency Collaboration
The cluster mechanism which was activated in the emergency operation remains up and running and UNICEF continues taking a leading role in WASH, nutrition and education clusters as well as child protection sub cluster. Under this mechanism, UNICEF is collaborating with Government and NGO
partners to reinforce cluster coordination and national authorities’ leadership role to improve emergency preparedness and response mechanisms at local level, in at-risk regions.

Funding Requirements
The total requirement has been revised from US$ 11.5 million to US$ 12.1 million in order to respond to newly identified funding needs in the WASH sector (20 per cent increase in the sector). US$ 2.6 million, which is equivalent to 22 per cent of the total requirements, has been funded from different sources including CERF (67 per cent), National Committees (22 per cent), and a Government donor (11 per cent), leaving some US$ 9.5 million as the unfunded balance. Given that the funding coverage of the previous years as of the same period represents 60 per cent in 2007 and 36 per cent in 2008, the low coverage rate, which has already slowed down the CO’s regular programme in the first half of the year, may scale-down the CO’s emergency response in 2009 hurricane season.

Table 1: Funds received against the HAR 2009 (US$)*

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</tr>
</thead>
<tbody>
<tr>
<td>Emergency Preparedness</td>
<td>500,000</td>
<td>0</td>
<td>500,000</td>
<td>500,000</td>
</tr>
<tr>
<td>Health and Nutrition</td>
<td>5,000,000</td>
<td>1,299,997</td>
<td>5,000,000</td>
<td>3,700,003</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>2,500,000</td>
<td>545,765</td>
<td>3,000,000</td>
<td>2,454,235</td>
</tr>
<tr>
<td>Education</td>
<td>2,900,000</td>
<td>282,022</td>
<td>3,000,000</td>
<td>2,717,978</td>
</tr>
<tr>
<td>Child Protection</td>
<td>600,000</td>
<td>493,987</td>
<td>600,000</td>
<td>106,013</td>
</tr>
<tr>
<td>Total**</td>
<td>11,500,000</td>
<td>2,621,771</td>
<td>12,100,000</td>
<td>9,478,229</td>
</tr>
</tbody>
</table>

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under funded emergencies.

** 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

Emergency Programme Priorities

Emergency Preparedness
- In order to ensure swift response in the first 72 hours for an estimated 2,000 affected families, UNICEF will give priority to the establishment and maintenance of a sufficient level of emergency stocks in strategic locations.

Health and Nutrition
- To minimize the impact of the ongoing crisis on the health and nutritional status of under-five children and pregnant women, UNICEF will continue to procure and distribute essential emergency drugs and equipment, provide training to 25 additional outpatient clinics and 3 additional hospitals, micronutrients supplementation and deworming for 400,000 children, support promotion of improved infant and young child feeding, and management of severe acute malnutrition.

Water, Sanitation and Hygiene (WASH)
- To benefit 20,000 people UNICEF will support rehabilitation works on disaster-affected water supply infrastructure in household, community and municipal levels, and water/sanitation facilities in schools.

Education
- To benefit 40,000 school children and 125 schools affected by disasters, UNICEF will continue its support through provision of school kits, school materials and furniture, school rehabilitation, and elimination or alleviation of financial burdens for their families. 100 ECD kits for 5000 pre-schoolers will be pre-positioned.

Child Protection
- To support 3,000 children, UNICEF will provide training of parents, peers and public institutions’ staff on prevention and response to violence/abuse, identification, birth registration documentation, tracing, psychosocial care and family separation.
 Situation Update

West and Central African countries continue to be affected by high food prices, with serious impact on the urban and rural poor. With the onset of the lean season, uncharacteristically high food prices remain a threat to nutritional status of children, livelihoods and general food security. In this context, vulnerable groups face increasing problems in accessing food, as they are both market dependent and have suffered from income shock. Natural disasters, such as floods which usually occur during July to September in parts of West Africa further exacerbate countries’ vulnerabilities. Benin, Burkina Faso, Northern Ghana and Liberia are particularly vulnerable to the adverse effects of climate disasters in addition to facing persistent food insecurity. In addition, Burkina Faso, Guinea Bissau, Guinea, Niger, Nigeria and Togo, also face natural environment challenges such as pest infestation, cholera, and meningitis.

Cameroon continued to face a silent emergency in the North and the East of the country, where some 283,000 people, including 63,000 refugees from Central African Republic (CAR), are currently in need of humanitarian assistance. Since 2005 CAR refugees have sought refuge in Cameroon having fled from conflict and insecurity. Host populations of approximately 200,000 lack adequate access to basic services as available resources are stretched far beyond local capacity. Growing competition for food and water between host families and refugees has the potential to threaten thousands of young lives and those of their caretakers, especially mothers. Healthcare facilities and service providers, as well as schools and teachers are also overwhelmed. Concern is mounting among humanitarian actors and community leaders that conflict between the two populations may occur if additional resources are not made available to address the scarcity.

Key Results for Children

Nutrition - UNICEF has supported all West and Central African countries to scale up the management of severe acute malnutrition (SAM). Countries are now using management of SAM as an entry point for preventative nutrition interventions such as infant and young child feeding practices and micronutrients that are important for increasing resilience of populations to shocks. Regional efforts focus on strengthening the capacity of national nutrition information systems to collect and analyse relevant data using SMART surveys (already in the planning stage for Burkina Faso, Cote d’Ivoire, Mali and Mauritania). Partners are jointly working on regrouping the most up-to-date malnutrition data at sub-national level for the region to allow for a close monitoring and analysis of the situation.

WASH - The global WASH cluster tools (Initial Rapid Assessment Tool, Comprehensive Assessment Tool, Rapid Assessment Took, Hygiene Promotion Took, Agency Reporting Tool, and the Capacity Mapping Tool) have been finalised and are being rolled out in the region. The tools have been translated into French and are currently available to all sector partners. A comprehensive strategy is currently being undertaken in partnership between Oxfam and UNICEF with workshops planned for eight countries in the region. To date, training workshops have been held in Sierra Leone and Liberia with the remaining to be completed before the end of the year. The francophone regional WASH in emergencies training, developed in collaboration with the International Institute for Environment and Water in Ouagadougou (2iE) and Bio force, was held in Ouagadougou in January with participation from 10 countries in the region. A steering committee of sector actors was created to advise the development and execution of the course consisting of UNICEF, Oxfam, IFRC and Red Crescent Societies, ACF, CARE and MSF. A cholera preparation and evidence building project targeting the sub-region of Guinea and Guinea Bissau is on-going. The project aims to build evidence on what works and does not work in cholera response with real-time evaluations of WASH interventions being conducted during this year’s cholera outbreaks. The project will further work to build capacity of Early Warning Systems and to conduct time series analysis of past cholera outbreaks to help determine determinants of cholera epidemics.

Child Protection - In the area of child protection, the regional office and country offices (DRC and Cote d’Ivoire) child protection staff members have improved their cluster approach capacity by participating in a global training and workshop on the child protection sub cluster. Emergency needs assessment planning has been improved with the introduction of the Child Protection Rapid Assessment tool in CAR and Chad as well as a review the of agencies emergency response capacity in eastern Chad. UNICEF staff from Uganda, Sudan, DRC and CAR met to define common and coordinated strategy to prevent and respond to Lords Resistance Army related protection issues. Twelve child protection partners in Chad benefited from a four days intensive training on child protection principles and minimum programmatic standards; a 3 month plan of action for restitution and adequate review of their
programmatic standards is ongoing. A French language training kit is under finalization with HQ contribution. A psychosocial program diagnosis and 15 days training for five partners in Chad is ongoing; as above a French language training kit is also under development. Follow up on the Family Tracing and Reunification project conducted in 7 countries in WCAR is ongoing, targeting Chad and CAR. A process of consultation to agree on common child protection indicators in emergencies among the region concerned countries has been initiated.

Emergency Preparedness - UNICEF emergency preparedness trainings with support to emergency preparedness response planning updates were conducted in Liberia (45 participants for training and 90 for the simulation exercise) and Gambia (25 participants). In efforts to support country offices develop more effective humanitarian programming based on improved gender analysis yielding improved results in humanitarian assistance for girls, boys and women, WCAR is conducting gender in emergencies initiatives in DRC, CAR, Guinea Bissau and soon to join Cote d’Ivoire. Learning from the lessons of the 2008 cholera outbreaks in Guinea Bissau, Guinea, Togo and Benin, UNICEF offices have pre-positioned a minimal stock of essential supplies in 2009. A Training of Trainers Workshop on the ECD Resource Pack is taking place in RO with the representatives from 9 countries from the region. The workshop included a ½ day session dedicated on ECD in Emergencies.

In Cameroon the main achievements include the extension of nutritional activities to 19 health districts covering 45,000 acutely malnourished children (Cameroonian children in the North and East as well as refugees), training of health personnel and community volunteers, provision of nutritional supplies and joint monitoring of activities (Government, UNICEF and Helen Keller International). In addition, health workers have been trained in essential and emergency obstetric care. Yellow Fever and Poliomyelitis campaigns covered more than 90 per cent of the target populations. In HIV & AIDS, decision making of refugee youths and adolescents has improved with the establishment of the Mandjou Youth Municipal Council which includes six CAR refugees. In addition, 32 health workers in the emergency zones of the North and East are being trained in Anti-natal Care and management of pregnant women in an HIV context. In WASH, 23 health centres were equipped with ventilated pit latrines and incinerators; and rain catchments systems were installed in 70 of them. Approximately 1,000 families received support to construct family-improved latrines. Community-led total sanitation activities have begun in 10 villages. In protection, an assessment has been conducted on birth registration needs, violence, abuse, exploitation, early marriages and education of refugee children. Fifty partner staff/volunteers were trained in juvenile justice, 90 on birth registration issues with two networks established to disseminate correct information on the legal process and assist families to register the births of children. Six hundred birth registration booklets and 30,000 birth certificate forms were provided to the Ministry of Territorial Administration and Decentralization.

Key Challenges
One of the weaknesses identified in the management of acute malnutrition is the low capacity in planning and the need to forecast nutrition supplies, especially in Ready to Use Therapeutic Foods. A regional stockpiling strategy is currently being undertaken with UNICEF’s support to respond to these needs. UNICEF has further elaborated a planning and forecasting tool that has helped countries to quickly assess their needs. All the countries of West and Central Africa are using the tools.

Lack of funds for child protection in emergency and post emergency response remain a real issue for the countries in the region. Although several capacity building programmes have taken place in the past in the various areas impacting the protection of populations, the scaling down of humanitarian operations in West African countries and the departure of large and experienced international NGOs leaves a gap in the local capacities to prevent and respond to protection needs of vulnerable populations, particularly refugees and displaced. Furthermore, due to lack of funding, the CAP project entitled ‘Early Warning for the Impact of High Food Prices on Children’s Vulnerability in Togo’ did not start. The number of children and women begging on the roads of Lomé has increased, and other forms of child rights violations are increasingly visible in communities: child abandonment, school drops outs, street kids, working children in the main market of Lomé and children and women involved in prostitution are among the concerns. Unfortunately, the phenomenon is still not well documented and conducting a situation analysis is one the objectives of the funding request for Togo. The main challenges in Cameroun relate to the lack of resources to provide and sustain basic emergency health services, education, water and sanitation services and food. Furthermore, the low visibility of this emergency in the media and broader donor community means less attention and donor funding.

Inter-Agency Collaboration
Through the West Africa Food Security and Nutrition Working Group, WFP, UNICEF and FAO provide joint analysis of the food security and nutrition context on a monthly basis and coordinate assessments, emergency preparedness and response throughout the region. In addition, the three agencies are working with multiple stakeholders at regional and country levels on the REACH initiative (Renewed
Efforts against Child Hunger and Undernutrition) that aims to increase awareness and understanding, while advocating for a coherent and integrated approach to nutrition. Recent efforts have included expanding the REACH initiative in West Africa from a pilot phase in Mauritania to a larger regional remit with a secretariat in Dakar. UNICEF regional office also ensures that UNICEF country offices have the right capacity to prepare and respond to nutrition emergencies and is thus planning to organise training on nutrition cluster leadership.

The Regional WASH working group has enlarged its membership with the new presence of Regional WASH advisors in Oxfam and CRS. The group meets monthly and members include the following organisations: CRS, ECHO, IFRC, French Red Cross, OFDA, OCHA, Oxfam Plan International UNICEF and WHO. In the area of emergency preparedness, UNICEF in collaboration with WFP and OCHA, continue to conduct inter-agency emergency simulation exercises and support inter-agency contingency planning processes. Inter-agency simulation exercises have been conducted in Benin and Togo (cross border) with over 60 participants from governments and humanitarian agencies. Inter-agency contingency planning and emergency preparedness trainings have been conducted in Benin, Gabon and Nigeria. In Cameroun, UNICEF coordinates activities with UNHCR and WFP, the ministries of Health, Education and Social Welfare, regional and local authorities, and humanitarian organizations.

**Funding Requirements**

WCARO has received a total of US$ 5,953,532 in humanitarian funds (thematic and non-thematic). The original requirements of UNICEF Cameroon are part of the regional West Africa appeal in the UNICEF Humanitarian Action Report 2009. The funding requirements of UNICEF Cameroon were revised slightly downwards in March 2009 to reflect only the most critical humanitarian interventions with a funding gap of US$2,480,000. To date, UNICEF Cameroon received US$100,000 from the regional office but did not directly receive any emergency funding to carry out humanitarian interventions planned in 2009. Emergency preparedness actions, including emergency contingency stocks and related requirements, have been redistributed across the sectors.

**Table 1: Funding received against the HAR 2009 (US$)**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2009 HAR requirements</th>
<th>Funds received</th>
<th>Revised funding requirements</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthening emergency response</td>
<td>2,600,000</td>
<td>428,388**</td>
<td>2,600,000</td>
<td>2,171,612</td>
</tr>
<tr>
<td>Child survival and nutrition</td>
<td>11,011,594</td>
<td>4,920,777</td>
<td>11,011,594</td>
<td>6,090,817</td>
</tr>
<tr>
<td>Health (preparedness and response to meningitis)</td>
<td>1,280,000</td>
<td>1,280,000</td>
<td>1,280,000</td>
<td></td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>13,382,580</td>
<td>604,367</td>
<td>13,382,580</td>
<td>12,778,213</td>
</tr>
<tr>
<td>Education</td>
<td>900,000</td>
<td>900,000</td>
<td>900,000</td>
<td></td>
</tr>
<tr>
<td>Child protection</td>
<td>724,700</td>
<td>724,700</td>
<td>724,700</td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>260,000</td>
<td>260,000</td>
<td>260,000</td>
<td></td>
</tr>
<tr>
<td>**Total ***</td>
<td>30,158,874</td>
<td>5,953,532</td>
<td>30,158,874</td>
<td>24,205,342</td>
</tr>
</tbody>
</table>

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under funded emergencies.

** Note: $100,000 out of this amount was allocated to Cameroon emergency operations

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

**Emergency Programme Priorities: July - December 2009**

As an ongoing silent emergency that continues to not receive resources, Cameroon is one of the major concerns in the region. Cameroon is seeking to scale-up programmatic activities in the three most affected regions (Adamawa, East and North regions) to cover the needs of about 283,000 people including 63,000 refugees from CAR. The goal is to sustain progress made in 2008 for all children, scale up interventions and take necessary preparedness and contingency measures for a potential influx of additional refugees. UNICEF will coordinate its activities with UN sister agencies (especially UNHCR and WFP) and support line ministries (Health, Education and Social Welfare), Eastern and Northern regional and local authorities as well as international and national NGOs in delivering humanitarian assistance.
and protection to the most vulnerable children. Networks will be established, in particular with the NGOs for improved outreach in rural areas. Local preparedness and response capacities will be built and/or sustained at health centre, school and community levels to address food shortages, malnutrition, outbreaks of communicable and water-borne diseases, primary education and child protection issues. Social mobilization, participation and communication will also be a key element for effective programme interventions. This will help foster and sustain community-based activities leading to comprehensive development programme.

At a regional level, given the high levels of chronic poverty, general inflation, political instability and persistence of abnormally high food prices, humanitarian assistance is essential for targeted vulnerable groups in order to ensure nutrition security and assist the most vulnerable to meet their minimum needs throughout the annual lean season. While national and regional contexts remain in flux, it is imperative to remain vigilant in strengthening nutritional monitoring systems whilst strengthening coordination mechanisms at both regional and national levels, to reinforce preparedness and to rapidly scale up high-impact nutrition interventions (both curative and preventive). Inter-agency emergency simulations will continue to be a priority based upon requested from country teams as well a review of the impact of the inter-agency simulations already conducted. In collaboration with MENARO, two tri-cluster trainings will be organised for cluster coordinators and programme staff with cluster coordination accountabilities.
UNICEF HUMANITARIAN ACTION
Central African Republic
Mid-Year Review 2009

Situation Update
The emergency situation in Central African Republic (CAR) requires urgent response. In the beginning of 2009, fighting restarted in a number of locations in the north of the country causing the displacement of thousands of local inhabitants. In terms of emergency preparedness and response, one of the main challenges are the widespread epidemic diseases in the country, particularly in the northern regions: where a re-emergence of the wild poliovirus with seven cases was detected between April to May; two yellow fever cases were detected in January; and 120 cases of meningitis were confirmed following an outbreak in January and February with a high mortality rate of 23 per cent. In terms of security, conflicts in the North-eastern (Bamingui Bangoran, Vakaga and Nana Gribizi) and North-western (Ouham and Ouham Pende) prefectures led to a large population displacement estimated at 35,000 persons. The global food crisis with the subsequent increase of food prices and other essential commodities has exacerbated food insecurity in CAR. Restricted access to many areas due to insecurity negatively impacted all humanitarian operations in northern CAR.

Key Results for Children
UNICEF in collaboration with the Government of CAR organized two national campaigns against polio covering 760,000 children under five in February and April 2009. The third round of the campaign is taking place early June 2009. As a response to the yellow fever epidemics, UNICEF vaccinated more than 170,000 (15.6 per cent) persons aged over 9 months in Ombella Mpoko and Upper Kotto. UNICEF further supports 30 therapeutic feeding programmes throughout the country whereby around 1,000 children under five suffering from severe acute malnutrition (SAM) are treated every month with an estimated coverage at 45 per cent. As part of emergency Water, Sanitation and Hygiene (WASH) activities, 67 water points and 256 sanitation facilities were improved and 23 hygiene specialists were trained, to benefit 21,005 people (10,587 women and 10,418 children including 5,063 girls) in Ouham, Ouham Pende, Nana Gribizi and Vakaga prefectures who are the most vulnerable groups. UNICEF provided access to educational services in a safe and protective learning environment for 13,000 school-age children from Bamingui Bangoran, half of them girls. This was achieved by training 260 teachers and Parent Teachers Associations (PTA) members, rehabilitating eight primary schools, and providing basic school supplies to 13,000 children. 178 children (162 boys and 16 girls) formerly associated with the People's Army for the Restoration of Democracy (APRD) were demobilized and were either referred to interim care centres managed by UNICEF implementing partners for temporary care and protection or were reunified with their families. An additional 32 ex-combatant children (31 boys and 1 girl) were identified in Bouar and were provided with Non- Food Items (NFIs) as an emergency assistance. UNICEF provided basic training on children's rights during armed conflict with focus on gender based violence and protecting children from recruitment to 238 military personnel and local authorities.

Key Challenges
A very low level of funding especially for health programmes in the first semester despite serious epidemic spread and other health threats in CAR have made the implementation of the planned activities difficult. The implementation of emergency WASH activities during the first semester has also been largely hampered by the lack of funds. UNICEF pledged USD 2 million through CAP 2009 but failed to receive any funding. This has had a serious negative impact on UNICEF and especially the WASH cluster. The low level of funding and the insecurity in the northeast are hindering implementation of emergency education activities. The on-going fighting in CAR makes it difficult to engage armed forces and groups to release and demobilise children associated with them, and many areas in the country are difficult to access due to persistent insecurity.

Inter-Agency Collaboration
UNICEF is an active member of the UN Country Team and is represented in all planning and coordination events. It participates in UN Thematic Group Meetings supporting the Government in the different sectors assisted by UN agencies including Communication. UNICEF is also strongly involved in cluster approach coordination and leads the nutrition, WASH, education and Non-food Items (NFIs) clusters, co-leads the protection sector with UNHCR and contributes to the health and other clusters. UNICEF additionally participates in the Inter-Agency Coordination Group with other UN agencies, NGOs and bilateral agencies and also participates in national coordination meetings. In 2009, UNICEF contributed to two inter-agency evaluations conducted in the Northeast (Vakaga and Bamingui Bangoran) and the Northwest (Bocaranga) to assess the humanitarian situation and to identify the needs of the affected population.
Funding Requirements

In order to adequately respond to the emergency crisis in CAR UNICEF’s initial fund requirements amounted to US $12,481,330 against the 2009 HAR. During the MYR, almost all sections have revised their funding requirements due to difficulties in receiving funds. These funding constraints will negatively impact on UNICEF humanitarian operations and on the needy populations who will receive less in terms of humanitarian assistance. $7,016,601 is urgently needed in order to be able to carry out critical activities to benefit the children and women of CAR.

Table 1: Funds received against the HAR 2009 (US$) *

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original HAR requirements</th>
<th>Funds received</th>
<th>Revised funding requirements</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Nutrition</td>
<td>6,743,990</td>
<td>1,500,000</td>
<td>4,837,465</td>
<td>3,337,465</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>1,990,040</td>
<td>279,552</td>
<td>552,120</td>
<td>272,568</td>
</tr>
<tr>
<td>Education</td>
<td>1,072,900</td>
<td>0</td>
<td>1,072,900</td>
<td>1,072,900</td>
</tr>
<tr>
<td>Child Protection</td>
<td>1,839,400</td>
<td>0</td>
<td>2,000,900</td>
<td>2,000,900</td>
</tr>
<tr>
<td>Shelter and non-food items</td>
<td>835,000</td>
<td>106,232</td>
<td>439,000</td>
<td>332,768</td>
</tr>
<tr>
<td>Total**</td>
<td>12,481,330</td>
<td>1,885,784</td>
<td>8,902,385</td>
<td>7,016,601</td>
</tr>
</tbody>
</table>

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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.

Emergency Programme Priorities: July - December 2009

Health and Nutrition

UNICEF will procure and distribute essential emergency drugs and equipment for 55 health centres; distribute impregnated mosquito nets to 4,000 households with an estimated beneficiaries of 220,000; train community volunteers in 100 villages on home-based management of malaria, pneumonia and diarrhoea; support the organisation of immunisation campaigns in the event of measles/yellow fever outbreaks; support eight therapeutic feeding centres and six outpatient treatment centres; conduct nutrition surveys/assessments in inaccessible zones and set up a nutrition surveillance mechanism. UNICEF signed agreements with different partners to expand nutrition activities, including community promotion of nutrition care practices, focusing on the most vulnerable areas.

WASH

100,000 people will have access to safe water and sanitation services through construction of 50 safe water sources and 1,635 adequate family sanitation facilities. There will be adequate sanitation facilities in 10 schools and 10 health facilities, 129 existing community water systems will be rehabilitated, good hygiene practices will be promoted especially hand-washing with soap, and emergency water trucking services where no other solutions are available will be provided.

Education

260 parent-teachers will be trained on basic teaching skills by using new life skills-based curricula. 100 Parent-Teacher Associations (PTAs) will be trained to enable them to recruit, supervise and motivate parent-teachers. Classrooms will be rehabilitated and equipped. Safe temporary learning spaces will be provided. 260 teachers and 13,000 pupils will be provided with basic school supplies based on the new revised curricula.

Protection

UNICEF will continue to advocate for the release of children associated with armed groups and to support the reception, care and community reintegration of at least 1,000 children formerly associated with armed groups. It will provide medical care and/or psychosocial support to 9,500 girls, survivors of sexual violence as well as care and psychosocial support to at least 40,000 vulnerable children across the war affected regions. UNICEF for a long time advocated for the establishment of Child Protection (CP) Sub-Cluster in CAR. Today, the CP sub-cluster is operational both at national (Bangui) and zonal (Paoua and Kaga Bandoro) level with UNICEF as leading organisation.
Situation Update
The first six months of 2009 saw an overall deterioration of the security situation, with increased disruptions to humanitarian access, new emergencies and shortfalls in responses due to increasingly alarming gaps in funding for humanitarian assistance. Violence escalated in early May with the launch of a new offensive by Chadian armed opposition groups aiming to repeat last year’s attack on N’Djaména. From the launch of the offensive there were frequent skirmishes followed by intense fighting pitting government and rebel forces in the vicinity of Am Dam in eastern Chad, which led to temporary suspension of humanitarian operations. Renewed violence has thus led to increased needs on the ground, while at the same time the fighting revealed a high number of children associated with the armed forces and groups. A total of 84 children were released for transit care and are in need of comprehensive health, psychosocial, reintegration and reunification support. Meanwhile, this latest violence comes on the backdrop of growing tensions between Chad and Sudan and a general increase in armed banditry which has severely impacted access to populations in need.

Since January 2009 the deterioration of the security situation in the Central African Republic (CAR) has led to a new influx of refugees in south-eastern Chad in the vicinity of Daha and Massambagne (Salamat region). A total of over 18,000 CAR refugees have been registered to date and are in dire need of assistance. Moreover, growing food prices, environmental deterioration and competition for scarce resources among communities have added further strains on vulnerable populations. The overall acute malnutrition rate continues to be above 10 per cent among children under five. Finally, UNICEF humanitarian action remains curtailed due to continuing shortfalls in funding requirements. So far, only 6 per cent of UNICEF’s HAR appeal for has been funded, with critical consequences for UNICEF’s core emergency programmes, including health.

Key Results for Children
Since January 2009, UNICEF has maintained efforts to meet immediate humanitarian needs of over 750,000 persons including 360,000 children living in eastern and southern Chad. UNICEF has targeted refugees, internally displaced persons and host populations while at the same time tackling the overall acute malnutrition rate. Among others, UNICEF provided care and rehabilitation to 8,052 children suffering from acute malnutrition and supplementary feeding to 18,807 pregnant and lactating women in eastern Chad. Along with NGO partners, UNICEF also brought the number of family latrines in Ouré Cassoni refugee camp up to 1,200, while every month since January three tons of soap has been distributed for improved hygiene among 115,000 Internally Displaced Persons (IDPs) in Dar Sila. Meanwhile, UNICEF continues to lead child protection activities and notably support Child Disarmament, Demobilization and Reintegration (DDR), with new efforts set to be deployed following the recent release of a new caseload of children associated with armed forces and groups in the aftermath of the recent violence in Am Dam. In the education sector, UNICEF has since the beginning of the school year been engaged in supporting schools in the displacement areas and among host and semi-nomadic populations in Goz Beida, and Koukou. UNICEF also helped reopen schools that had been closed since 2005 in Adé and Dogdoré benefiting 2,737 children. Despite critical shortfalls in funding, across east and south, educational activities continue to target and reach an overall 62,544 primary school children (62 per cent), out of whom 30,988 are girls and 31,556 boys; and 31,000 pre-school children out of whom 15,800 are girls and 15,200 boys. UNICEF notably focused on upgrading schools and supporting primary school teachers and students to ensure quality education for all, while in preschools UNICEF supported opportunities for children’s cognitive development through training for preschool animators and distribution of 40 Early Childhood Development (ECD) Kits. Finally, in response to the emergency in Daha UNICEF set up programmes in health including emergency measles immunisation, combined with services in nutrition, distribution of water-purification tablets and construction of two boreholes and 267 latrines, as well as distribution of school-in-a-box kits.

Key Challenges
High insecurity, rapidly shrinking humanitarian space and intense fighting have meant serious disruptions to UNICEF’s efforts in eastern Chad. Among many examples, 50,000 IDPs in Assounga and Djorouf were virtually out of reach during distribution of soap and other Non-food Items (NFIs) and hygiene promotion. Similar situations were encountered in refugee camps – notably Am Nabak, where access was closed out between October 2008 and up to February 2009. At the same time UNICEF has seen continuing recruitment of children into armed groups and serious unexploded ordnance (UXO) incidents – all of them involving children. Meanwhile a new influx of CAR refugees in the south east has also created additional needs. At the same time, critical under funding for UNICEF as well as for all humanitarian partners has seriously curtailed the breadth and scope of activities in both eastern and southern Chad.
Inter-Agency Collaboration
UNICEF continues to lead the coordination in the Water, Sanitation and Hygiene (WASH), and Education and Nutrition Clusters, working closely with WHO in health and with UNHCR in co-leading the Child Protection Sub-Cluster. UNICEF at the same time is collaborating with WFP as well as with local government partners, including the Ministries of the Interior, Public Health, Education, and Social Affairs.

Funding Requirements
Requirements against the 2009 HAR remain very largely unmet. In this regard it was agreed within the wider CAP framework to maintain original projects and requirements given the critical level of under funding. Additional requirements are however sought to respond to rising needs in health and nutrition and notably for continued responses in Daha in the health, WASH, education and child protection sectors in order to complement the US$ 363,800 received through the Central Emergency Response Fund (CERF).

Table 1: Funds received against the HAR 2009 (US$)*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2009 HAR requirements</th>
<th>Funds received in 2009</th>
<th>Revised funding requirements</th>
<th>Funding gap***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Nutrition</td>
<td>7,369,522</td>
<td>646,447</td>
<td>8,043,622</td>
<td>5,588,286</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>10,260,000</td>
<td>301,824</td>
<td>10,367,000</td>
<td>8,731,097</td>
</tr>
<tr>
<td>Education</td>
<td>11,258,598</td>
<td>259,765</td>
<td>11,258,598</td>
<td>8,892,175</td>
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<tr>
<td>Child Protection</td>
<td>4,320,000</td>
<td>681,137</td>
<td>4,320,000</td>
<td>2,813,305</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>1,365,570</td>
<td>377,348</td>
<td>1,365,570</td>
<td>815,222</td>
</tr>
<tr>
<td>Mine Action</td>
<td>50,290</td>
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<td>50,290</td>
<td>50,290</td>
</tr>
<tr>
<td>Total**</td>
<td>34,623,980</td>
<td>2,266,521</td>
<td>35,405,080</td>
<td>26,890,375</td>
</tr>
</tbody>
</table>

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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.

*** The funding gap is calculated by combining funds received in 2009 and earlier funds UNICEF was able to carry over to continue supporting humanitarian efforts in Chad.

Emergency Programme Priorities: July - December 2009

Health and Nutrition
UNICEF and partners will ensure continuous treatment and care of acute malnutrition cases across IDP sites and refugee camps - aiming to reach at least 7,675 malnourished children and 12,600 pregnant and lactating women newly admitted and treated by the end of the year. UNICEF will also continue nutritional surveillance, while coverage in key Expanded Programme on Immunization (EPI) vaccines reaches at least 95 per cent in all target areas, combined with 80 per cent of children receiving treatment along the Integrated Management of Childhood Illness Initiative (IMCI) guidelines and 100 per cent of malaria cases treated using Artemisinin-based Combination Therapy (ACT).

Water, Sanitation and Hygiene
UNICEF will aim to provide access to safe drinking water and sanitation infrastructure to 30,000 Sudanese refugees in Ouré Cassoni, 18,000 refugees from Central African Republic in Salamat region, 90,000 IDPs across the different IDP sites and 30,000 members of host communities in the east in line with SPHERE standards. In the South of Chad, eleven local community schools in the area of Gore – where there are three CAR refugee camps - will be supported to secure and strengthen access to water, sanitation and hygiene.

Education
179,000 children will benefit from quality education including 103,000 vulnerable Sudanese refugee children and 50,000 IDP children in eastern Chad, as well as 11,000 CAR refugees and 15,000 Chadian children from host communities in southern Chad. The main focus will remain to ensure quality education for all and to continue strengthening early childhood development for preschool children, notably with plans to distribute a further 300 ECD kits.

Child Protection
UNICEF aims to secure the release and support the reintegration of at least 1,000 children associated with armed forces and groups by the end of the year, while ensuring that 50,000 vulnerable children from refugee, IDP and local host communities are protected from abuse, exploitation and sexual and gender based violence.
**Situation Update**

The situation in Congo’s Department of Pool remains characterized by a deterioration of vital indicators related to children and women. However, basic social infrastructures show a progressive return to peace and the reintegration of this department into the national political agenda. However, development assistance has yet to make impact despite increased manifestation of interest from development partners to invest in the Pool. Pockets of insecurity persist, linked to the failure of the disarmament, demobilization and reintegration (DDR) programme. As such the population of Pool is particularly vulnerable, compared to the remaining part of the country. Waterborne diseases continue to negatively affect the nutritional status of children and women. On the education front, despite efforts undertaken by the government and its partners, the situation is still worrying. The destruction and pillage of school infrastructures and the shortage of trained teachers have contributed to a drop in teaching quality, the closure of many schools, and a low attendance rate. Many children, especially girls who have been affected by sexual violence in particular, are therefore in need of special interventions aimed at helping them to catch up the missed school years as well as psychosocial support.

In March 2009, following a suspected case of yellow fever in the department of Cuvette Ouest, the Ministry of Health decided to organize a vaccination campaign targeting all people aged above nine months, with a view to prevent an extension of the epidemic. Cuvette was also affected by the Ebola epidemic in previous years.

Following the heavy rains of February 2009, a new cholera epidemic was confirmed in the department of Pool. As of 4 April 2009, in the district of Goma Tsé Tsé, 206 cases of diarrhoea were reported, including six confirmed cases of cholera. Fortunately, no deaths occurred. Then the district of Boko was also included among the areas under alert, followed by other sites located along the railway linking Pointe Noire to Brazzaville, where suspected cases of cholera were reported sporadically. As of 11 May 2009, since the alert was launched, the epidemiological surveillance system reported 168 suspected cases of cholera in the Health districts of Goma Tsé Tsé and Kinkala Boko. In addition, statistics since 2006 show that in other areas bordering the Pool department, cases of cholera are periodically reported, due to use of unprotected dwellings, rainwater and rivers as the main sources of drinking water, absence of sanitation system and lack of adequate hygiene practices. This situation is likely to increase the risk of cholera as an endemic disease in these areas, in addition to urban areas along the railway between Pointe Noire and Brazzaville.

**Key Results for Children**

The response to yellow fever was completed with vaccination coverage of 75 per cent. UNICEF provided support to social mobilization, to increase awareness of adverse symptoms post-immunization (ASPI) as well as acceptance of vaccines by communities. On the basis of available resources and emergency supplies, and in partnership with local authorities, NGOs and faith-based organizations, UNICEF supported the response to the cholera epidemic through mobilizing 78 community relays and nine health authorities to undertake a door-to-door sensitization campaign on hygiene and hand washing, as well as treatment of drinking water at the household level, using bleach water. The campaign reached 6,195 for the benefit of 15,938 persons. Beyond communication support to emergency interventions, UNICEF continues to work with religious congregations to improve access to essential information and promote key practices for child survival and development at the household level, through the “Life savers behaviours” initiative. In education, 4,000 primary school students benefited from an improved school environment through the rehabilitation of six schools and the equipping of 36 classrooms with benches, hygiene infrastructures and water supplies. More than 4,000 students have been provided with minimum school materials and 36 teachers received didactic materials.

UNICEF has started an advocacy process for social mobilization against sexual violence through: (1) dissemination of study reports on sexual violence in Congo, and in the Pool in particular; (2) promotion of video material based on human interest stories for social mobilization purposes. This advocacy process has just started, using findings from two studies, including one specific for the Pool department. The dissemination has started at the central level; it will be followed by sensitization activities at decentralized level. While UNICEF is not directly involved in response to sexual and gender-based violence, it is supporting upstream interventions such as strengthening Government leadership and coordination among actors, and developing standards.
Key Challenges
UNICEF did not receive any funding against the 2009 HAR. However, thanks to the effective integration of emergency interventions within the Country Programme of Cooperation, some interventions could be implemented in support to the response to cholera, using core funding sources. This will impact on emergency preparedness and response capacity for the next six months, compounded in particular by the return of the rainy season, the global food crisis on food and nutrition security, and the current political agenda characterized by the forthcoming July presidential election.

Inter-Agency Collaboration
There is no cluster mechanism in Congo. However, the UN Country Team, under the leadership of the Resident Coordinator, is currently supporting the reactivation of the forum of humanitarian actors, with a view to strengthen information sharing and lay the groundwork for improved synergy and increased impact of humanitarian interventions among all partners.

Funding Requirements
The original HAR 2009 requirement amounted to US$ 2,634,120. Due to lack of emergency funding, UNICEF reprogrammed US$ 463,634 of its regular funding to support emergency preparedness and response activities during the first semester. The lack of emergency funding will impact on child survival, particularly in the cholera prone department of Pool and surrounding areas.

Table 1: Funds received against the HAR 2009 (US$)*

<table>
<thead>
<tr>
<th>Sector</th>
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<th>Revised funding requirements</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Nutrition</td>
<td>1,124,077</td>
<td>0</td>
<td>1,124,077</td>
<td>1,118,271</td>
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<td>Water, Sanitation and Hygiene</td>
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<td>750,043</td>
<td>736,261</td>
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<td>Education</td>
<td>310,000</td>
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<td>425,000</td>
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</tr>
<tr>
<td>Child Protection</td>
<td>450,000</td>
<td>0</td>
<td>450,000</td>
<td>430,954</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,634,120</td>
<td>0</td>
<td>2,749,120</td>
<td>2,285,486***</td>
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</tbody>
</table>

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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.
*** As mentioned, the CO reprogrammed some of its regular funding to support emergency preparedness and response activities.

Emergency Programme Priorities: July - December 2009

Health and Nutrition
- Two rounds of Mother and child health weeks (August and December 2009) to provide vitamin A for at least 10,400 children under five (80 per cent) and 2,480 women in post partum (80 per cent), de-worming products for at least 9,200 children aged 6-59 months (80 per cent), Long-Lasting Insecticidal Nets (LLINs) and iron for anaemia prevention, intermittent preventive treatment (IPT) treatment for at least 2,480 pregnant women (80 per cent).
- The “Life savers Behaviours” initiative will be pursued to reach at least 42,000 people (60 per cent of households) for the prevention of childhood diseases and early detection of complications for reference to the health centre.

Water, Sanitation and Hygiene
- Promote low cost strategies for treatment and storage of drinking water at the household level.
- Support community-led total sanitation in the rural areas of the Pool department.

Education
- Two training sessions on education in emergency will be organized for 100 teachers.
- Six children’s clubs in the six targeted child-friendly schools will be supported with training on environmental education and equipped with hygiene kits. Three community-based early childhood centres will be supported with equipment and teachers’ training.
- Promotion of respect to a child’s right to education; community’s participation to school life will be supported through two social mobilization campaigns.

Child Protection
- Support birth registration campaigns for at least 5,000 children and strengthen social mobilization against sexual violence by targeting at least 10,000 people; continued support to government to strengthen leadership and coordination in SGBV and develop standards.
Situation Update
The long-awaited presidential election will mark an historic milestone in Côte d’Ivoire’s peace process if the set date of 29 November 2009 is respected. The holding of these elections is one of the two critical benchmarks established by the March 2007 Ouagadougou political agreement to restore normalcy after five years of political instability. The second prerequisite and measure of progress to sustainable peace that is reunification of the army is however lagging behind. On a positive note is the gradual restoration of donor confidence with the International Monetary Fund and World Bank decision to include Côte d’Ivoire among the beneficiaries of the Heavily Indebted Poor Countries (HIPC) initiative. This opens the country to possible write-offs of the country’s huge debt. The country’s economy which has shown some resiliency to the global economic downturn is slowly picking up from the effects of the 2002 civil strife and growth is projected at 3.9 percent in 2009. However economic recovery has not translated into quantifiable improvements in the livelihoods of impoverished populations with major hindrances in access to health, protection and education. Government allocations in these basic social service sectors are still too low if the country is to reach the Millennium Development Goals (MDGs) for children. Poor compliance of best family practices particularly of exclusive breastfeeding compounded by high food prices are partly responsible for continued high malnutrition rates in the northern parts of the country. Access to quality education is still undermined due to the low number of rehabilitated schools and qualified teachers in the country’s northern and western parts. In the absence of a unified army and a fully operational judicial system, security is still fragile. Reports from our partners in the field note the increased incidents of violence and rape over the last six months, particularly in the northern and western areas. Through the reporting period the humanitarian community concentrated on providing relief but also gradually incorporated development initiatives into their action plans with respect to the country’s transition from conflict to peace.

Key Results for Children
In order to respond to continued high malnutrition as revealed by the Standardised Monitoring and Assessment of Relief and Transition (SMART) 2008 nutrition survey, where Severe Acute Malnutrition (SAM) was found to be at 4.7 per cent and Moderate Acute Malnutrition (MAM) at 13.5 per cent and to the polio epidemic in the West and Central Africa Region, UNICEF supported immunization and nutrition activities targeting 190,000 children and 48,000 pregnant/lactating women. Given limited funding, no funds were allocated for water, hygiene and sanitation (WASH) interventions since malnutrition and Gender-based Violence (GBV) were identified as major priorities. Supplemental national immunization campaigns have helped increase Tetanus coverage from 45 per cent in 2007 to 92 per cent. UNICEF participated in three rounds of synchronized polio campaigns with social mobilization and contributed to the increased vaccination coverage against the disease.

The nutrition emergency response programme in the north was supported through (i) training of 37 regional trainers, 193 health workers and 7,410 voluntary community workers, (ii) provision of anthropometric material, therapeutic food, essential drugs and management tools to therapeutic feeding centres (TFCs). Seven TFCs and 250 supplementary feeding centres (SFCs) were reinforced for malnutrition management. An early screening campaign was conducted and approximately 10,000 malnourished children were identified for malnutrition treatment both severe and moderate in twelve health districts in the northern part of the country and were adequately treated.

The main objective of 2009 Humanitarian Action Plan was to ensure formal and non-formal quality education standards to the majority of crisis affected children from 3 to 14 years of age, with a particular attention to girls. A Child Friendly Schools (CFS) programme, including rehabilitation of 200 schools, has been implemented since 2006. UNICEF is further contributing to girls’ education and non-formal education projects. However, key activities remain unfunded, such as the setting up of 70 “bridging classes” for out-of-school children, the provision of school materials to 114,000 children and 2,280 teachers, the setting up of 50 Early Childhood Development (ECD) community centres, and the provision of ECD kits to 2,500 children of 3 to 5 years. UNICEF continued to support awareness activities in approximately 150 areas in the West, Centre, North, East and Abidjan by building the capacities of the Child Protection local committees. Assistance to GBV survivors was strengthened through the reinforcement and widening of local mechanisms which offered psychological and medical support and legal counselling to 70 survivors.

Key Challenges
The lack of sufficient funding impeded the implementation of many planned activities towards curbing malnutrition rates (SAM 4.7 per cent; MAM 13.5 per cent) in the Northern part of country. Shortages in...
Funding have further caused delays in the rehabilitation programme of 200 planned schools and in building the capacity of school management at the local level. The three annual “Back to School” Campaigns (2006-2007-2008) boosted the demand for education but many schools which could have enrolled more children have still not been rehabilitated. Financial constraints also prevented the complete rehabilitation of social centres and training activities for partners and replication of activities to other localities. Delays in the redeployment of police forces and judiciary in the majority of areas pose a challenge in ensuring access to legal assistance.

Inter-Agency Collaboration
Supplemental vaccination campaigns were coordinated by the Inter-agency committee and the technical committee gathering the Ministry of Health, WHO, UNICEF, Rotary and the Red Cross. The emergency nutrition response was coordinated at the central level gathering staff members from the National Nutrition Programme of the Ministry of Health (PNN) and UN partners and NGOs working in the field of nutrition. UNICEF leads the WASH and the Education cluster (together with Save the Children Alliance) and also participates in the Gender Thematic group. UNICEF is an active member of the Protection, Gender Working group and Child protection forum.

Funding Requirements
To date, humanitarian funding has been limited, which has meant that some activities have had to be put on hold. At mid-year, UNICEF still requires nearly US$ 5.4 million to support humanitarian actions in health, nutrition, WASH, education, HIV/AIDS and child protection for the remainder of the year.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2009 HAR requirements</th>
<th>Funds received in 2009</th>
<th>Revised funding requirements</th>
<th>Funding gap***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Nutrition</td>
<td>4,653,000</td>
<td>713,350</td>
<td>3,000,000</td>
<td>2,286,650</td>
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<tr>
<td>Water, Sanitation and Hygiene</td>
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<tr>
<td>Education</td>
<td>800,000</td>
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<td>800,000</td>
</tr>
<tr>
<td>HIV/AIDS</td>
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<td>720,637</td>
<td>720,637</td>
</tr>
<tr>
<td>Child Protection</td>
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<td>1,177,000</td>
<td>1,177,000</td>
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<td>Total**</td>
<td>7,752,637</td>
<td>713,350</td>
<td>6,099,637</td>
<td>5,386,287</td>
</tr>
</tbody>
</table>

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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.

Emergency Programme Priorities: July - December 2009

Health, Nutrition and WASH
UNICEF is assisting 5,000 acutely malnourished children, improving routine immunization services through increased technical assistance to the Ministry of Health and providing facilities to 500 people to have access to safe water and sanitation services and providing emergency water trucking services where no other solutions are available. Key interventions are the following:
- Train health and community workers in malnutrition management;
- Provide TFCs with anthropometric material, therapeutic foods and essential drugs, including micronutrients and deworming drugs;
- Promote improved infant and young child feeding practices;
- Reinforce routine immunization programme;
- Rehabilitate and construct safe water sources and adequate sanitation facilities.

Education
UNICEF will support emergency education for the most vulnerable children through the following:
- Set up 70 “bridging classes” targeting 3,500 children and provide them with basic school and recreational kits;
- Rehabilitate and equip 35 schools in the conflict affected areas;
- Provide school materials to 114,000 children and 2,280 teachers;
- Set up 50 Early Childhood Development community centres.

HIV/AIDS
UNICEF will support 5,000 pregnant women, 500 children infected by HIV/AIDS and 3,000 Orphaned and other Vulnerable Children (OVCs) through activities below:
• Implement Prevention of Mother-To-Child Transmission (PMTCT) communication activities in communities;
• Provide drugs and PMTCT materials to the PMTCT centres as well as early testing materials;
• Train of 300 health staff on PMTCT activities in 20 districts;
• Organize community mobilization to promote HIV testing among pregnant women through women association;
• Provide early testing material to increase children infected by AIDS under antiretroviral therapy (ART) treatment in 20 centres;
• Provide educational, nutritional and medical services to OVCs.

**Child Protection**

UNICEF will provide medical care and/or psychosocial and legal support to all girls and women declared as victims of GBV. They will be protected from further suffering and provided with adequate care and support (psychosocial, medical and legal assistance). The risk of gender-based violence will be prevented/reduced through:

• Training of local community members, teachers and health workers on GBV;
• Organizing and training of peer 150 educators to increase community awareness;
• Increasing the capacity of partners including national governments, religious/traditional leaders, service providers and citizens to recognize, prevent and address GBV;
• Rehabilitating and equipping social and medical centres;
• Strengthening monitoring and reporting mechanisms on child rights violations.
Situation Update
The political and military situation in the eastern Democratic Republic of the Congo has changed dramatically since January 2009, with the integration of the Congrès National pour la Défense du Peuple (CNDP) and other armed groups into the national armed forces bringing stability to certain parts of North Kivu. The Governments of the Democratic Republic of the Congo and Rwanda embarked upon joint military operations against the Forces Démocratiques de la Libération du Rwanda (FDLR) in January 2009. Since March 2009, the United Nations Mission for DR Congo (MONUC) has been supporting FARDC operations against FDLR (known as Kimia II), with the objective of stifling FDLR counterattacks and eventually dismantling the rebel group. The Rwandan Hutu militaries’ clashes with government forces in April, however, have caused the massive displacement of the civilian population, displacing thousands of civilians with up to 800,000 new IDPs in the last six months according to OCHA. In Haut and Bas Uéle, attacks by the Lord’s Resistance Army (LRA) against civilians have become more frequent in the past months and have aggravated the situation for children and women. Both in North and South Kivu, humanitarian needs are immense ranging from lack of protection of civilians to insufficient access to basic services. As of June 2009, there are still an estimated 1.72 million people internally displaced in the DRC. The number of displaced people has thus not decreased since the end of 2008 and the needs are still acute. While security is still considered precarious in North Kivu, in some areas, people are returning home in large numbers. In North Kivu alone an estimated 300,000 people have returned in recent months, with up to 30 per cent of those people in IDP camps around Goma having returned. The people who do return home are often in need of assistance to restart their lives and to allow for a safe return and reintegration, which is key for sustained peace. In the cholera endemic provinces of the East, displacement and concentration of population increase the likelihood of outbreaks. The recurrent displacement of populations, making it impossible for people to grow crops along with the high food prices, has also affected the nutritional situation especially for children under five years. Thirty-eight per cent of Congolese children under age five suffer from chronic malnutrition or stunting – with the highest rates in the Kivus; 13 per cent suffer from moderate or severe acute malnutrition. During flight, families are often split apart and children separated. Separated and unaccompanied children are less likely to go to school and are at greater risk of violence, abuse and exploitation – including recruitment by armed groups and forces. The recurrent displacement of populations has caused interruptions in education for many children and only about 50 per cent of the children in school age are going to school. Destruction and looting of school infrastructure has been continuously observed throughout the first months of 2009.

Key Results for Children
UNICEF DRC together with its partners has so far in 2009 provided over 1,000,000 vulnerable persons in emergency-affected areas of the DRC, with live-saving humanitarian assistance, including interventions in health; nutrition; water, sanitation and hygiene; emergency education; child protection; and emergency shelter and household relief items. So far in 2009, the Rapid Response Mechanism (RRM) programme managed together with OCHA, and implemented through Solidarités and the International Rescue Committee (IRC) has responded to the most acute needs of the displaced populations in eastern DRC by providing 55,410 non-food item (NFI) kits, reaching over 277,000 people, and by delivering basic services in water, sanitation and hygiene to 158,450 beneficiaries. RRM has also rehabilitated 68 classrooms and distributed school kits to 22,484 primary school children. Similar to the RRM program, the Programme of Expanded Assistance to Returnees (PEAR) is based on partnerships with operational international NGOs (AVSI, the Norwegian Refugee Council (NRC) and Solidarités). PEAR is widely recognized as the key source of information about the humanitarian situation in IDP return areas in eastern DRC. During the first half of 2009, the (PEAR) has conducted 108 rapid assessments and 44 multisectoral assessments. The programme has furthermore provided NFI assistance to 59,000 returnee families (or 295,000 people), either through traditional distributions of NFI kits or through the increasing use of ‘NFI Fairs’ which through cash-based vouchers allows families to chose their own NFI. In addition to NFI assistance, the PEAR programme has also rehabilitated 76 classrooms and provided education kits to over 100,000 children.

In order to gauge the impact of the on-going crisis and displacement on the nutritional status of children in DRC, UNICEF’s network of nutritional partners have carried out 12 surveys in 2009. From January up to March 2009, 14,598 cases of severe acute malnutrition and 25,587 cases of moderate acute malnutrition have been taken care of in 101 therapeutic nutrition units and 271 supplementary nutrition units in North Kivu. UNICEF has been expanding the pilot use of the community-based therapeutic care approach, which allows treating children within the communities and is complementary to the conventional nutritional centres. PRONANUT, the governmental counterpart, together with UNICEF has created community groups who will ensure that 7,200 children suffering from acute malnutrition will be assisted via a community-based approach.
In the area of water, sanitation and hygiene (WASH), more than 2,000 latrines have been built and 60,000 persons have benefited from water trucking activities. These interventions have strongly contributed in mitigating cholera outbreaks, especially in North Kivu province the number of cholera cases has decreased from 200 on average per week at the beginning of the year to less than 50 on average since April. So far in 2009, the UNICEF education section and partners created the conditions for the return of schooling in emergency zones through the distribution of school student kits to 112,660 students, recreation kits to 46 schools and 13 didactic kits. Children in need of psychosocial support were assisted by teachers who have been trained in peace education and reconciliation attitudes and values.

From January to June 2009, UNICEF and partners assisted the release of about 1,859 children formerly associated with armed forces and groups (CFAAFG) and provided temporary care for them and reintegration support for 212 children. 200 foster families were identified and trained to host CFAAFG and received NFIs as an assistance to encourage them to provide appropriate care to the children entrusted to them. From January 2009 up to date, 6,457 displaced children (3,358 girls and 3,099 boys) have been received in 16 different child-friendly spaces (CFS), providing a protective environment for displaced children and offering informal learning and recreation opportunities. A new initiative to enhance protection for girls established discussion groups for adolescent girls, creating a space for talking about their needs and concerns, including sexual and reproductive health. 911 Separated and unaccompanied children were identified and documented, and 1,275 separated children were reunified with their families. 238 Children headed houses and extremely vulnerable individuals received NFIs and psychosocial support as support to integrate in the community.

Key Challenges
While the needs of the population are further growing, humanitarian access is shrinking, and delivering humanitarian response has thus become even more challenging. Some of the planned activities had to be relocated to other, more accessible areas.

Inter-Agency Collaboration
UNICEF is leading five out of the ten clusters activated in the DRC, namely Nutrition, WASH, Education, NFIs/Emergency Shelter and is co-leading the telecommunications cluster together with the World Food Programme. UNICEF is also leading the Child Protection Working Group and is participating actively in the Health, Early Recovery and Logistics clusters. UNICEF works in close collaboration with all other UN agencies, NGOs, and Government actors in the framework of the Humanitarian Action Plan covering not only humanitarian emergencies but also post-conflict and transition.

Funding Requirements
Humanitarian Response in DRC is organized around the Humanitarian Action Plan (HAP), launched in November 2008, estimating the overall financial needs at US$831 million. The revised 2009 HAR needs of UNICEF DRC amount to US$127.8 million out of which only 21 per cent have been received. There are critical gaps throughout the sectors, which are making the delivery of humanitarian response difficult. Requirements of the nutrition sector have been revised upwards, due to the increased needs in view of future military operations such as Kimia II. The increase in the requirements for RRM are due to the opening of a new RRM programme in Haut Uele, and the need to sustain RRM in South Kivu, for which a phase out by mid-2009 had been planned originally. The requirements for the PEAR programme have also been revised upwards, as the programme is extending its coverage to unstable return zones.

Table 1: Funds received against the HAR 2009 (US$)*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Initial HAR Requirements (US$)</th>
<th>Funds Received (US$)</th>
<th>Revised Requirements</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>18,000,000</td>
<td>1,758,586.55</td>
<td>18,000,000</td>
<td>16,241,413</td>
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<tr>
<td>Nutrition</td>
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<td>Water, Sanitation and Hygiene</td>
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<td>Child Protection and Mine Risk Education</td>
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<td>13,320,685</td>
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<td>Rapid Response</td>
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<td>28,000,000</td>
<td>28,000,000</td>
<td>20,593,032</td>
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</tbody>
</table>

* In DRC, there is not a CAP, but a HAP – a Humanitarian Action Plan. This document is a roadmap for humanitarian action for the year, but does not include individual projects for agencies. It is oriented around clusters, not organizations, and there is thus no funding breakdown for the different organizations.
Emergency Programme Priorities: July - December 2009

Rapid Response Mechanism
- Implement 126 rapid multisectoral assessments; provide 105,700 NFI kits in favour of 530,000 beneficiaries; water, hygiene and sanitation for 238,000 beneficiaries; rehabilitate 196 classrooms and provide scholar kits to 60,000 children.

Programme of Expanded Assistance to Returnees
- Expand the PEAR programme in North Kivu to respond to the needs of more than 300,000 IDP returnees; 50 multisectoral assessments will be conducted and NFIs provided to 50,000 of the most vulnerable families.
- Consolidate the PEAR programme in the district of Ituri and the province of South Kivu to respond to the ongoing needs of IDP returnees. 30,000 families will be assisted with NFIs and 80 classrooms will be rehabilitated.

Health
- Ensure primary health care for 900,000 internally displaced people, including 180,000 children under five years of age and 45,000 pregnant women;
- To prevent measles outbreaks, UNICEF will organize mass vaccination campaigns with supplementation of Vitamin A and organize catch-up campaigns of multi-antigen vaccination for children who have not benefitted of recent vaccination campaigns due to current insecurity, with a special regard to the 75,174 children under 5 years in South Kivu.

Nutrition
- Assist 80,000 severe and moderately malnourished children under five years in Therapeutic and Supplementary Feeding centres.

Water, Sanitation and Hygiene
- Build more than 1,000 latrines and cap more than 40 water points in IDP camps or host families in the eastern districts, ensuring that the water is uncontaminated. It is expected that these interventions will avoid any major cholera or other water-borne disease outbreaks in displaced areas.
- More than 100,000 people will gain access to safe water and sanitation services in communities affected by population displacement and return.

Education
- Back to School campaign in emergency-affected areas will take place at the beginning of the school year in September/October. School kits will be provided to 65,100 children to encourage them to go back to school (public school or in the Catch-Up Centres);
- Awareness raising activities for 21,000 adolescents and their families, communities and authorities on the importance of education for children and knowledge on HIV/AIDS;
- Mobile teacher training to provide refresher courses to 1,875 teachers in IDP zones;
- The number of Catch-Up Centres in emergency areas will be increased by 100 in order to provide access to education for 15,100 children who are not in school or have dropped out of school.

Child Protection and Mine-Risk Education
- Assist 2,300 new cases of children separated from armed forces and groups; provide temporary care and reunify them with their families. This will bring the total number of demobilized children from 2,800 to 5,100;
- 12 child friendly spaces, assisting approximately 24,000 children, will be established in areas under FDLR control and programmes for youth and adolescents will be developed in Haut Uele, supporting approximately 2,200 children;
• Essential services and reintegration support for survivors of sexual violence, 50 per cent of whom are children in DRC, will be available for an estimated 5,000 women and children;
• Awareness raising on landmines and unexploded ordnance (UXOs) for children, students, communities, and leaders will continue through a community based approach in order to reduce the risk of mine-related accidents and enable community members to identify and mark affected areas in North Kivu, Oriental Province and South Kivu.
Situation Update
Guinea has been undergoing a deep socio-economic and political crisis with several general strikes in mid 2006 and popular demonstrations and riots in 2007 culminating in the overthrow of the government in December 2008. At mid-year, the country remains under military rule in which the constitution and all public institutions are suspended.

Out of a total population of 10.8 million, more than half of the population (54 per cent) lives under the poverty line. Guineans suffer from food insecurity and limited access to basic social services, such as safe drinking water, adequate sanitation and health care and further face several forms of human rights violations. Mortality rates among children are high with 163 deaths for 1,000 live births in children under five and 91 deaths for 1,000 live births in the group of children below one year of age. The main causes of child morbidity and mortality are malaria, neonatal health problems, and upper respiratory infections. Malnutrition is one of the main underlying causes with 8.3 per cent of children under five suffering from moderate acute malnutrition (MAM) and 2.8 per cent from severe acute malnutrition (SAM). Cholera is still endemic in Guinea although cholera cases have progressively and drastically decreased from 8,546 cases registered in 2007 to 255 cases in 2008 to 29 cases only in July, 2009.

Key Results for Children
UNICEF provided technical, financial and material support to the Ministry of Health enabling the development of a national protocol for the management of children suffering from severe malnutrition. In partnership with WFP, UNICEF organized training on the management of malnutrition for 144 health workers in April 2009. UNICEF further worked with NGO partners to rehabilitate severely malnourished children under five. Through combined efforts, 3,635 malnourished children without medical complications, out of 4,687 admitted in feeding centres, were cured. This represents a cure rate of 77.5 per cent against the Sphere Standards recommended cure rate of over or equal to 75 per cent). For children admitted to feeding centres with medical complications during the same period, 250 under five children out of 337 were cured, representing a cure rate of 74.2 per cent. However, up to 12 per cent of the children died, due to the fact that health facilities lacked drugs to provide proper treatment and due to children being brought to health facilities too late or with serious complications. UNICEF supported a national polio campaign coupled with Vitamin A and deworming. Preliminary results indicated that 97 per cent of children 6 -59 months received vitamin A supplementation, and 98 per cent of children 12-59 months were de-wormed. 70 per cent of the post-partum women received Vitamin A supplementation.

As WASH cluster lead, UNICEF coordinated activities on the prevention and risk management of cholera. Combined actions, such as the provision of safe water supply, hygiene promotion, radio broadcasting on cholera prevention, and mobilization of political, local government and religious authorities, resulted in a drastic reduction of the recurrent cholera epidemic - from 8,546 cases registered in 2007 to 255 cases in 2008. At mid-year, 29 cases of cholera were recorded. In response, UNICEF supported door to door hygiene promotion as well as distribution of chlorine reaching a total of 350,000 persons in the affected prefectures. In the education sector, 2,100 parents from 70 Women’s Associations received basic training on integrated childhood development. Nine new Community Child Care Centres (CCCC) were established with game and recreational spaces and child friendly toilets to receive 720 additional children. Educational kits were distributed in 200 CCCCCs to improve learning. Twenty new elementary schools catering for 2,400 students were built with separated male/female toilets, wells with hand pumps, hand washing facilities and recreational areas. HIV/AIDS prevention at the school level was enhanced through the provision of school-in-the-box kits and guides to 400 schools. Training of 69 trainers and 1, 200 teachers were also undertaken.

Key Challenges
Due to security concerns and limited access to some of the affected populations, UNICEF Guinea has not been able to carry out all of its planned activities.

Inter-Agency Collaboration
UNICEF is providing cluster coordination leadership in Water, Sanitation and Hygiene (WASH) and contributes significantly to the WHO-led health coordination. UNICEF takes a lead role in the Nutrition Technical Committee, working with participating NGOs and government institution partners.

25 Living on below 1.5 USD$ per person a day.
Funding Requirements
Only US$230,566 has been received against the 2009 HAR. In order to respond to the most urgent needs, carry-overs from 2008 have been used. The funding requirements remain the same at mid-year, displaying a funding gap of US$4.8 million.

Table 1: Funds received against the HAR 2009 (US$)*

<table>
<thead>
<tr>
<th>Sector</th>
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<th>Funds received in 2009</th>
<th>Revised funding requirements</th>
<th>Funding gap***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Nutrition</td>
<td>4,348,251</td>
<td>0***</td>
<td>-</td>
<td>3,425,645</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
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<td>-</td>
<td>506,859</td>
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<td>Education</td>
<td>265,630</td>
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<td>265,630</td>
</tr>
<tr>
<td>Child Protection</td>
<td>535,000</td>
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<tr>
<td>Total**</td>
<td>6,003,881</td>
<td>230,566</td>
<td>Unchanged</td>
<td>4,773,134</td>
</tr>
</tbody>
</table>

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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.

*** "Funding received in late 2008 was carried over and utilised for WASH and nutrition activities in 2009."

Emergency Programme Priorities: July - December 2009

Health and Nutrition
The nutrition response will support the rehabilitation of severely malnourished children in prefectures with high malnutrition rates. By the end of the year, over 1,000 children suffering from severe malnutrition with medical complications will be rehabilitated on a monthly basis in stabilization centres (health facilities) and about 5,000 children will be treated in outpatient nutrition centres for the management of severe malnutrition without complications. Planned activities include training of trainers and health workers, sensitization of community health workers on malnutrition among children, development of training and IEC material for community health workers, distribution of feeding and equipment supplies to feeding centres as well as monitoring and supervision of the activities. In health, the programme will seek to strengthen the integrated management of childhood illness at community level. Community health workers will be trained and equipped to treat simple cases of upper respiratory infections, fever/malaria and diarrhoea.

Water, Sanitation and Hygiene
The WASH response aims to reduce the incidence of the cholera and other water borne diseases. Some 100,000 direct beneficiaries, focusing particularly on children and women, will be reached through door to door sensitization campaigns on hygiene promotion, through household water treatment and sanitation, disinfection of 300 water points and rehabilitation of wash facilities in the cholera health centres treatment. Mass communication will be broadcasted through radio; emergency stocks will be pre-positioned; and the government will be supported to setting up a specific cholera contingency plan with technical and financial assistance from Action Contre la Faim (ACF) and UNICEF. The capacity of the WASH cluster will be further strengthened.

Education
Emergency education will be supported for displaced and war affected children (7,300) and preschool educators and teachers (300). Basic school materials will be provided; training will be supported for 50 staff in prefectural education structures to prepare local contingency plans and be able to coordinate and develop relevant response in crisis situations. Fifty temporary schools will be constructed to accommodate 2,500 primary school children.

Child Protection
In line with the emergency rescue plan elaborated by all the stakeholders through the protection cluster meetings, UNICEF will support psychological assistance for children in addition to integrated interventions from WASH and medical rescue. A contingency plan for initial protection of up to 10,000 children and women will be undertaken in order to prevent and get ready in case of crisis. Capacity building activities will be undertaken to reinforce the capacity of national counterparts, NGOs and local associations to respond to emergencies.
Situation Update
The first half of the year has been characterized by severe and continuous political, institutional, security and social instability. Following Legislative Elections in November 2008, a new Government was eventually put in place in January 2009, under the leadership of Prime Minister Carlos Gomes Junior. However, the assassinations of the President of the Republic and the Chief of Staff in March 2009 led to further bloodshed and violence in June. The first round of Presidential Elections took place as planned on the 28th of June, and a second round is planned for the end of July.

 Strikes have continued to limit the provision of the minimal social services (especially education, health and sanitation) to the population, as salaries arrears have not yet been fully paid. The widespread cholera epidemic that had been affecting the country since May 2008 was officially declared over in February 2009. In the course of the epidemic, 14,229 persons got sick with cholera, and 225 died. Unexploded ordnances of war (UXO) have continued to maim and kill, with two major accidents during the first part of the year resulting in the death of 4 children, and the wounding of 6 more children, 4 women and 1 man. The Nutrition Survey conducted at the end of 2008 shows 5.6 per cent severe acute malnutrition at national level and 28 per cent chronic malnutrition, with an increased vulnerability in two north-eastern regions of the country. Malaria remains the first killer of children, followed by acute respiratory infections and diarrhoea. Child trafficking is on going, with an estimated 200 children being smuggled across the country’s borders every month.

The general humanitarian outlook remains worrying and unpredictable. Guinea Bissau’s continuing instability has had dire consequences on the most vulnerable populations – especially children and women – whose majority continues to be deprived of basic rights, acceptable social services and of the social protection mechanisms they so urgently need.

Key Results for Children
During the first half of 2009, outreach activities to address extremely low immunization coverage were accelerated, resulting in an increase from 23 per cent to 74 per cent of immunization coverage from September 2008 to June 2009. Child Health Days are being implemented from 3-7 July nationwide, providing 235,000 children aged 6-59 months with an integrated package of services: Measles immunization, routine immunization, de-worming and Vitamin A supplementation. The goal is to reach 95 per cent of target children in each health area.

A Cholera Prevention Strategic Plan has been jointly developed by UNICEF, WHO and the Ministry of Health, to ensure harmonized preventive interventions and a coordinated, rapid and quality response in case of new outbreaks. A rapid response mechanism has been put in place, with rapid response teams identified and trained, and stand-by agreement concluded by UNICEF with NGOs in all regions, to be activated within hours from news of a new outbreak. Cholera rapid response kits have been prepared and are ready to be used if needed. An intensive communication campaign for cholera prevention was organized nationwide in April-May (just before the start of the new rainy season) with NGOs support. Preliminary results of the impact evaluation show a good coverage of the intended audience.

A review and impact evaluation of past activities, training modules and communication materials relating to Mine/UXO Risk Education have been conducted, and the resulting Communication Strategy will ensure a more effective protection of the population at risk - mostly children and women. However, the needed funds for implementation of this improved strategy have not yet materialized.

The Standardized Monitoring and Assessment of Relief and Transition (SMART) Nutrition survey conducted at the end of 2008 highlighted a very serious malnutrition problem in the country, with 5.6 per cent acute severe malnutrition and 28 per cent chronic malnutrition among under 5 children. As a consequence, a new approach to tackle malnutrition is being finalized, aiming at assuring nutrition surveillance and rehabilitation in all public health centres, while a community-based mechanism for prevention and monitoring is being put in place. Training of health personnel has been conducted in all regions.

Rehabilitation of schools and constructions of water points, hand washing devices and toilets continues, while a new project aiming at ensuring basic education and vocational skills for illiterate adolescents at risk is being implemented. A study on HIV/AIDS vulnerability of youth is being conducted and emergency antiretroviral (ARV) and HIV/AIDS test kits had to be procured by UNICEF to respond to the humanitarian crisis resulting from yet another national stock-out.

Following the training conducted last year for 80 Border and Immigration Police to stop child trafficking, transport means and registers have been made available to Police Officers to empower them to control the borders. Participation of Guinea Bissau Border Police in a meeting in Senegal has been supported, to allow the two countries to put in place a joint Plan of Action against child trafficking. Advocacy is on-going and technical support provided to ensure a quick finalization of the law against Child Trafficking and a
Senegal-Guinea Bissau inter-country agreement. UNICEF has at the moment sufficient funds to support implementation of needed activities in this area of work.

**Key Challenges**
The continuing institutional, security and political instability does not allow a real concentration of decision makers and Government technicians on the urgent development issues to be addressed. It is difficult to identify qualified national and international staff and consultants willing to work within such a challenging and unpredictable environment. Furthermore, national NGOs are extremely weak and only a very few solid international NGOs are present in the country.

**Inter-Agency Collaboration**
UNICEF is coordinating the Inter-agency Working Group on Emergency Preparedness and Response (IAWGEP). The Cluster mechanism is being put in place, and UNICEF is providing cluster coordination leadership in Nutrition, Water, Sanitation and Hygiene (WASH), Education and Protection, while contributing significantly to WHO-led coordination in Health. Within the UN Country Team mechanism, UNICEF is participating in the discussions on the development of a national mechanism for civil protection.

**Funding Requirements**
Initial UNICEF requirements for the HAR 2009 were US$ 2,082,000, for Health and Nutrition, WASH, Education and Mine Action. Successively, the amount needed for Emergency Education was revised, with an increase in the requested amount to more realistically address the need for international technical assistance and the rising prices of supplies, linked to the increasing international isolation of the country and to the limitations and lack of competition within the local market.

Out of the total amount requested, by mid-year, the CO has received US$ 164,690 from ECHO for Cholera Prevention activities, and US$1,000,000 from Japan for Emergency Education. However, over 54 per cent of revised 2009 requirements remain unfunded. In particular, no support has been received for Health & Nutrition and Mine Action activities, two areas that need urgent interventions and renewed international support.

**Table 1: Funds received against the HAR 2009 (US$)**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2009 HAR requirements</th>
<th>Funds received</th>
<th>Revised funding requirements</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Nutrition</td>
<td>535,000</td>
<td>0</td>
<td>535,000</td>
<td>535,000</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>856,000</td>
<td>164,690</td>
<td>856,000</td>
<td>691,310</td>
</tr>
<tr>
<td>Education</td>
<td>535,000</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>0</td>
</tr>
<tr>
<td>Mine Action</td>
<td>156,000</td>
<td>0</td>
<td>156,000</td>
<td>156,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,082,000</strong></td>
<td><strong>1,164,690</strong></td>
<td><strong>2,547,000</strong></td>
<td><strong>1,382,310</strong></td>
</tr>
</tbody>
</table>

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

**Emergency Programme Priorities: July - December 2009**

**Health and Nutrition**
*UNICEF is the cluster lead agency for Nutrition*

Assist approximately 250,000 children and 30,000 pregnant women through:
- Supporting one round of Child Health Days nationwide, providing an integrated package of services;
- Procurement and distribution of essential drugs, micronutrients and health kits to 30 Health Centres;
- Training of 60 health staff on management of malaria, diarrhoea, acute respiratory infections;
- Provision of long-lasting impregnated mosquito-nets to 30,000 children and 30,000 pregnant women;
- Training of 120 community health workers on provision of basic health services and promotion of healthy key practices, including nutrition surveillance;
- Training of 48 additional health staff in management of severe malnutrition;
- Supporting 24 therapeutic feeding centres in order to benefit about 200 severely malnourished children.

**Water, Sanitation and Hygiene**

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26 During the first part of the year, Air Senegal – one of the only two airlines linking Bissau to Dakar – has ceased operations.
**UNICEF is the cluster lead agency for Water, Sanitation and Hygiene (WASH)**

- Support about 300,000 vulnerable people living in the most cholera at-risk areas by providing the information, education, skills, supplies and water and sanitation facilities needed to prevent a new cholera epidemic and respond quickly to isolated outbreaks, therefore avoiding unnecessary suffering and deaths.

**Education**

**UNICEF is the cluster lead agency for education**

- UNICEF will accelerate the implementation of the Emergency Education project aiming at benefiting about 6,000 adolescents out-of-school with basic education and vocational skills, by training 500 teachers, rehabilitating training centres, providing materials, and involving communities in taking an active role in the social integration of these adolescents.

**Mine Action**

**UNICEF is the cluster lead agency in Child Protection**

UNICEF will reach about 20,000 children and at least an equivalent number of adults in at-risk areas with communication and UXO/Mines accidents prevention activities, by training 70 school teachers and 70 community volunteers, producing and disseminating materials, and using local radios in affected radio to spread information in local languages on location of at-risk sites and risk avoidance opportunities.
Situation Update
In addition to frequent outbreak of yellow fever, there is a resurgence of polio in Liberia with three new confirmed cases. Another major concern is the high level of malnutrition affecting children, and pregnant and lactating women. Food security and nutrition surveys conducted in September 2008 and March 2009 respectively demonstrated that the proportion of households in Greater Monrovia with poor levels of food security had doubled. Due to increased food prices, urban households are spending an increasing proportion of their income on basic food commodities, while reducing expenditures on higher quality food commodities and other basic needs such as education, health and housing. Access to basic social services (health, education, water and sanitation) is poor and the capacity of the Government to provide the services is still grossly inadequate. Children continue to die from preventable or treatable diseases, mainly malaria, acute respiratory infection and diarrhoea. Household access to safe water and sanitation coverage remains still low - with coverage of only 25 and 10 per cent respectively. Much of the school infrastructure, furnishings, teaching and learning materials have been destroyed and have not been fully repaired or replaced. Heavy rains and flooding continue to cause displacement and destruction of physical infrastructure. The political situation in Liberia and neighbouring Guinea and Côte d’Ivoire is calm despite uncertainty of the future; especially concerning reactions to the impact of the high food prices and the current global economic downturn. In this regard, UNICEF will support strengthening social protection interventions at household and community levels for most vulnerable households and children exposed to abuse, violence and sexual exploitation. UNICEF will maintain provision for emergency response for up to 10,000 children to quickly meet the Core Commitments for Children in Emergencies.

Key Results for Children
Since January 2009, UNICEF has increased the capacity to manage cases of SAM from 450 to 600 cases per month. The food security and nutrition surveillance data shows that in spite of the worsening food security situation, global acute malnutrition rates in Greater Monrovia have remained below the critical threshold of 10 per cent declining from 7.8 per cent in December 2006 to 6.2 per cent in March 2009. This demonstrates that the surge capacity mobilised for therapeutic treatment of children with SAM is working and should be sustained. Additional funding is being sought to increase coverage to 70 per cent from the current level of 49 per cent. In response to the resurgence of polio in Liberia and West Africa, UNICEF supported the synchronized polio integrated vaccination campaign that reached 98 per cent of the targeted 650,000 children under five. During the campaign, all children over 6 months old received vitamin A supplementation while those aged 1 to 5 years received de-worming tablets. In January 2009, armyworms invaded Bong County in Liberia devouring vegetation (including crops) and contaminated safe water sources. Consequently, UNICEF supported the government in conducting awareness campaigns on measures to be taken by the affected communities. UNICEF further provided chlorine and training on chlorination of the contaminated water sources. To reduce the risk of cholera and other diarrhoeal diseases, UNICEF supported the development and launching of a household water treatment and storage strategy. Roll out of the strategy started with Monrovia and its environs. Although the Influenza A (H1N1) pandemic has not yet been reported in Liberia, a surveillance system and public awareness campaigns have been instituted. UNICEF continues to fully finance the operation of 12 primary health care clinics serving at least 5 per cent of the total population. UNICEF procured 150,000 insecticide-treated nets (ITNs) and distribution thus far has contributed to increased national coverage from 3 to 67 per cent over the last four years. In June 2009, UNICEF provided non-food items and BP5 biscuits to 150 persons displaced by the floods due to heavy rains in the outskirt of Monrovia. To improve access to quality education 140 primary teachers were trained in accelerated learning programme methodology to expand the national coverage of the Accelerated Learning Programme (ALP).

UNICEF is continuously working to ensure strong government leadership and commitment for emergency resource mobilization, response capacity development.

Key Challenges
UNICEF has not been able to carry out its planned activities in Child Protection and Basic Education due to lack of funding. This has negatively impacted the psycho-social wellbeing of affected children and women, and has limited education opportunities for children, many of whom missed schooling due to the past civil conflict.

Inter-Agency Collaboration
UNICEF is the cluster lead in nutrition, Education (co-lead with Save the Children) as well as water, sanitation and hygiene (WASH), whilst significantly contributing to WHO-led coordination in health, and is a key player in the coordination of child protection. UNICEF is implementing joint programmes with
Government, UN agencies and NGOs in the area of: food security and nutrition; prevention of sexual and gender-based violence; strengthening the capacity of sub-national administration; and employment and empowerment of young women and men in Liberia.

**Funding Requirements**
UNICEF’s HAR 2009 requirements of US$13.1 million remain unchanged at mid-year. Due to the return of polio, disease outbreaks, high malnutrition levels as well as poor access to food, safe drinking water, health care and basic education, the financial needs for all the sectors have been retained. However, a shortfall of US$7.1 million remains to be able to carry out critical activities benefiting the children and women in Liberia.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2009 HAR requirements</th>
<th>Funds received</th>
<th>Revised funding requirements</th>
<th>Funding gap***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Survival (Health, Nutrition and WASH)</td>
<td>8,000,000</td>
<td>1,062,251</td>
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<tr>
<td>Basic Education and Gender Equality</td>
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<td>-</td>
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<tr>
<td>Child Protection</td>
<td>2,060,000</td>
<td>790,030</td>
<td>-</td>
<td>1,018,362</td>
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<td><strong>Total</strong></td>
<td><strong>13,095,000</strong></td>
<td><strong>1,852,281</strong></td>
<td><strong>Unchanged</strong></td>
<td><strong>7,095,359</strong>*</td>
</tr>
</tbody>
</table>

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

** 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.

*** Carried-over funds are also being used in 2009 thus lower funding gap compared to revised funding requirements.

**Emergency Programme Priorities: July - December 2009**

UNICEF’s humanitarian action aims to minimise the devastating consequences of high food on the nutritional situation, the high burden of disease, outbreak of epidemics and natural disasters occasioned by heavy rainfall, poor household sanitation coverage and hygiene practices, and access to quality basic education for at least 320,000 children. Social protection interventions will be strengthened at household and community levels to support up to 10,000 orphans and most vulnerable (at-risk) children and adolescents. These will target up to 1.1 million children, women and community members.

**Child Survival (Health and Nutrition; and Water, Sanitation and Hygiene):**

**Health and Nutrition:** UNICEF will support a third round of polio immunisation campaigns in July; a national preventive yellow fever campaign targeting an estimated 2.9 million persons over 9 months (excluding pregnant women) in November; support 11 in-patient facilities and 33 out-patient facilities nationwide managing approximately 600 cases of severe acute malnutrition per month representing a 60 per cent increase in coverage; continue direct support nine primary health clinics, complete the distribution of 150,000 impregnated mosquito nets, train 600 health staff in integrated management of childhood diseases and malnutrition; and support the organization of Vitamin A supplementation and de-worming campaigns. These services will benefit up to 700,000 children, women and vulnerable community members;

**Water, Sanitation and Hygiene (WASH):** UNICEF will provide 200,000 persons with safe water and sanitation facilities through new technologies on household water treatment and storage, provision of wells and sanitary facilities and promoting hygiene education and hygiene awareness programmes.

**Basic Education and Gender Equality:** UNICEF will provide learning materials and seats to 320,000 basic education learners including ALP learners and further expand the ALP to four counties targeting 7,200 new learners. As cluster lead for education (with Save the Children), UNICEF will pre-position education supplies for up to 10,000 children who may require emergency education support in 2009.

**Child Protection:** Strengthen social protection interventions at household and community levels to support 10,000 most vulnerable and exposed to abuse and violence, to increased child labour, HIV/AIDS and sexual exploitation children and adolescents. The action aims at countering the adverse consequences the high food prices are having on 1,000 most vulnerable households.
Situation Update
The global acute malnutrition rate in Mauritania has varied from 8 per cent to 12 per cent according to the season and year since 2000. A UNICEF / Ministry of Health survey carried out in December 2008 demonstrated that five regions out of 13 have high prevalence of acute malnutrition (>10 per cent) during the post harvest period. The peri-urban areas were also affected with considerable differences between rich and poor families. In Nouakchott, the global acute malnutrition rate was more than twice as high among the poorest (6.1 per cent) compared to the richest families (2.9 per cent). Access to a clean water source at household level is lower in the poorest families (8 per cent) compared to the richest ones (76.9 per cent). A similar WFP / Government food security survey was conducted at household level in May 2009. The results will be available by the end of July 2009. While the preliminary qualitative observation showed an improvement in food security compared to the same period in 2008, the situation remains precarious in the localised rural and sub-urban zones. The prices of staple food in the markets remain high.

In addition, the repatriation and reintegration programme supporting Mauritanian refugees returning home from Senegal continues primarily in the south (Trarza, Brakna, Gorgol and Guidimakha regions). To date, 20,000 returnees have been assisted through humanitarian programmes (health, nutrition, food assistance, education and safe water supply). The Government’s Special Intervention Programme (Programme Spécial d’Intervention (PSI)), implemented in 2007-2008 to mitigate the effects of rising food prices was stopped in September 2008 after the August military coup. In fact, today what exists are only regular partners’ programmes and punctual government food distributions which are not based on a proper situation analysis. The immediate consequences of the political instability are the reduction of social sectors budgets and low investment in preparation of the 2009-2010 agricultural campaign.

UNICEF and other UN agencies identified possible flooding between August and September 2009, social troubles and nutritional emergency in some regions as potential risks, which could well further aggravate the situation for vulnerable populations. Consequently relevant response would be required in terms of access to safe water, hygiene, sanitation, nutrition, education (re-building schools) and child protection (family re-integration, identification and psychosocial support to unaccompanied children and wide monitoring). Also, Influenza A (H1N1) was considered as a potential risk.

Key results for children
During the first semester of 2009, the overall goal was to minimize the impact of the ongoing financial crisis and the high food prices on the health and nutritional status of under-five children. To do so, UNICEF continued to support therapeutic feeding centres in nine vulnerable regions treating over 1,200 children suffering from Severe Acute Malnutrition (SAM) and 800 children suffering from Moderate Acute Malnutrition (MAM). Therapeutic food was further positioned in nine health regions. Mobile teams set-up to treat difficult to reach malnourished children are helping increase access to treatment. In addition, water supply and treatment stocks and emergency education supplies including protection material against Influenza A (H1N1) were secured in Nouakchott covering the needs of around 10,000 persons.

Successful preventive and emergency campaigns were carried out including: (1) two rounds of tetanus immunization covering 26 out of 53 health districts; (2) the promotion of exclusive breastfeeding for under-six months children integrated into the Vitamin A Supplementation (VAS) campaign, using mass media and home visits by community volunteers in the 13 regions. The proportion of women of reproductive age exposed to messages during home visits was over 58 per cent (393,501 women) in addition to mass media messages sent nationally; (3) VAS coverage among 6-59 months was 97 per cent as it was for de-worming; (4) as a planning action, the protection team started emergency preparedness in the sector by identifying and mobilizing stakeholders for the second half of the year.; (5) reinforcement of human resources and emergency component of programmes in all major sectors (education, protection, WASH, nutrition and health); (6) the nutrition component was integrated in the Health Information System; (7) 2009 Emergency Preparedness Response Plan (EPRP) was updated and the first report of the new Early Warning Early Action was prepared.

Regarding surveillance and early warning, UNICEF will continue to support the Ministry of Health to organize two annual nutrition surveys and to strengthen routine health information systems to properly include the nutrition component. Funding was secured for three years for these aspects.
Key Challenges in 2009
Apart from the financial crisis, the high food prices and a high potential of flooding in 2009 and the political instability, the main outstanding challenges are: (1) to reduce the prevalence of wasting below 10 per cent in the most vulnerable regions, by linking management of acute malnutrition and prevention (through the Child Survival programme and REACH); (2) to achieve emergency preparedness in collaboration with partners; and (3) to support Government in preparedness and response of emergency situations.

Inter-agency collaboration in 2009
UNICEF among other UN agencies contributed to the WHO-led development of an action plan and preparedness of Influenza A (H1N1) in May 2009. The UN, other humanitarian agencies and NGO Inter-agency Contingency Plan was revised in May 2009 for emergency preparedness, focusing on the most probable contingencies: flooding, food and nutritional emergencies, social troubles and Influenza A (H1N1). REACH technical group including UN Agencies, INGOs and Government participants is working with regular coordination meetings and a technical emergency group was created with regular meetings. In all these inter-agency mechanisms UNICEF plays a catalytic role based on significant technical expertise.

Funding Requirements
Funding requested in the 2009 HAR was part of the 2009 West Africa Consolidated Appeal within Health and Nutrition. UNICEF received funds from ECHO and USAID/OFDA for 2009 activities as shown in the table below. In addition, UNICEF also re-programmed funding received from Ireland and a number of thematic donors for 2009 activities.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2009 HAR requirements (US$)</th>
<th>Funds received (US$)</th>
<th>Revised funding requirements (US$)</th>
<th>Funding Gap (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Nutrition</td>
<td>2,000,000</td>
<td>2,115,161</td>
<td>2,889,000</td>
<td>142,742</td>
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<tr>
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<td>500,000</td>
<td>500,000</td>
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<tr>
<td>Education</td>
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<td>350,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td>250,000</td>
<td>0</td>
<td>250,000</td>
<td>250,000</td>
</tr>
<tr>
<td>Mine Action</td>
<td>100,000</td>
<td>0</td>
<td>100,000</td>
<td>100,000</td>
</tr>
<tr>
<td>Total**</td>
<td>3,200,000</td>
<td>2,115,161</td>
<td>4,089,000</td>
<td>1,342,742***</td>
</tr>
</tbody>
</table>

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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.

*** In addition to the $ 2,115,161 noted in the table above, the CO has also reprogrammed $ 631,097 for 2009 activities.

Emergency Programme Priorities: July - December 2009

Health and Nutrition
In collaboration with international NGOs, WFP, WHO and the Ministry of Health, UNICEF will assist 28,500 children under-five with acute under-nutrition of whom 4,500 suffer from severe and acute under-nutrition. UNICEF will also carry out preventive interventions through the implementation of the Child Survival Strategy i.e. follow up on the tetanus campaign, the promotion of exclusive breastfeeding, implement the second round of VAS and de-worming, the promotion of hand washing with soap and the use of insecticide-treated nets (ITNs). Special surveillance will be set up with regard to Influenza A (H1N1).

Water, Sanitation and Hygiene
Some 10,000 displaced persons, focusing particularly on children and women, will be reached through:
- the repair and maintenance of mini-water supply systems;
- the promotion of hygiene education and hygiene awareness programmes in schools and in local communities to supplement existing water and sanitation activities;
- Provision of 8 collapsible water tanks 5,000 litres and also provide 2,000 units of 20 litre collapsible jerry cans; and
- Provision of sufficient quantities of chlorine for disinfection of flooded or contaminated water supply schemes (hygiene kits, soap and cleaning materials).
**Education**

UNICEF will support local schools for displaced populations with:
- school kits for 50 primary schools, including 205 school in box for 3,000 students and primary school teachers; 40 temporary classrooms; 20 temporary classrooms tents until the rebuilding of new schools;
- 50 latrine blocks with 4 latrine cubicles along with 200-500 additional squatting plastic plates for use in areas in need; 50 school sanitation committees and cooperatives will also be established to manage emergencies and school hygiene and 50 sport kits.

**Child Protection**

Additional funding (US$ 250,000) is required for children out of parental care including psycho-social support, access to basic services, social and family integration, and monitoring and support of re-united families and mine risk education for the sensitization of children and nomadic families and to assist landmine victims.

**Mine Action**

Mine action activities will be developed through three components: (a) awareness and landmine risk education; (b) marking of mine areas and (c) support to mine victims and survivors focused on children.
### Situation Update

The first half of the year has seen two disease outbreaks: meningitis and measles. As of 4 June 2009, 12,590 cases of meningitis have been reported since the beginning of the year (W1 to W22), with 510 deaths, resulting in a lethality rate of 4.1 per cent. Last year for the same period, 3,432 cases and 218 deaths had been registered. The measles outbreak caused 32 deaths out of 6,098 cases (January to 4 June 2009), compared to 8,515 cases (32 deaths) for the same period last year. Child malnutrition is still a major concern in Niger. The June/July 2008 nutrition survey showed rates of Global Acute Malnutrition (GAM) at 10.7 per cent and Severe Acute Malnutrition (SAM) at 0.8 per cent (National Centre for Health Statistics - NCHS References), which justifies a global humanitarian response, including public health interventions and improved access to essential health services. Some 225,000 malnourished children (of which 100,000 are severely malnourished) are expected to be treated at the 685 therapeutic feeding centres. The situation in the North of the country which had become insecure after rebel groups started an insurgency in 2007, has improved after peace talks started in May 2009. More recently, some displaced populations have started to resettle and demobilization and disarmament of some rebel groups has been initiated.

### Key Results for Children

In the area of nutrition, the overall goal is to reduce child mortality, to maintain the rate of acute malnutrition below 10 per cent and contribute to the reduction of the prevalence of stunting. To that end, UNICEF maintained its support to the Government of Niger in the coordination of the nutrition response. As of May 30, 50,000 (of which 20,000 severely) malnourished children had received treatment in one of the 627 UNICEF-supported therapeutic centres run by NGOs. Another 43,000 children had been treated for malnutrition at government-run centres (among which 15,000 severely malnourished) during the first four months of 2009, which represents 30 per cent of expected numbers for 2009. An increase in cases is expected in the coming months, with the onset of the lean season. UNICEF’s support to improve the quality of complementary feeding by using new ready to use food such as Nutributter and sprinkles is still in its formative phase. A Child Health and Nutrition Survey is currently being carried out (June/July 2009) with preliminary results expected in July 2009. In the area of infectious diseases, UNICEF made available 957,800 doses of meningitis vaccines during the epidemic. An evaluation of the emergency vaccination campaign conducted in 24 districts (in epidemic and in alert) is underway (June 2009) to assess the coverage of meningitis vaccination in these districts. The meningitis epidemic has now come to an end. In January, 15 journalists from private and public media received training on how to treat information relative to Mine Risk Education.

### Key Challenges

The number of expected children to be treated for malnutrition was based on the use of the WHO norms. While such norms have been formally adopted by partners, their implementation is only partial. The integration of therapeutic feeding centres within the public health system is ongoing, and data on the number of children treated for malnutrition is collected through two different data management systems: one that includes mostly NGOs, and one that includes mainly data from health centres. Neither system is perfectly accurate and/or reliable, which means some children might be reported twice, while others might not be reported at all. To address this issue, UNICEF is working on multiple fronts including training of service providers, strengthening monitoring and supervision to improve data collection and management. In the medium term, use of SMS is being considered for data transmission. In response to the meningitis epidemic, 1,250,000 vaccines had been pre-positioned by WHO and UNICEF, however this number was too low as to the scale of the epidemic. Neighbouring countries such as Nigeria were severely affected and further vaccines were needed. It was found that the number of vaccines available at the International Coordination Group (ICG)27 was not sufficient to cover all the region’s needs.

### Inter-Agency Collaboration

UNICEF is providing cluster coordination leadership in nutrition and support to the Nutrition Section of the Ministry of Health. More broadly, UNICEF continues to participate in the emergency preparedness and response coordination mechanism chaired by the Chief of Staff of the Prime Minister’s office, through a joint consultation committee that includes Government partners, UN agencies, the donor community and the network of NGOs. Within the interagency cooperation framework, funding from the CERF under funded and rapid response windows enabled UNICEF to partly fill the CAP 2009 gap and give a coordinated UN emergency response in the areas of nutrition and the meningitis epidemic. Discussions are currently ongoing to establish a cluster approach for WASH.

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27 International Coordination Group is responsible for the supply of meningitis vaccines.
Funding Requirements
UNICEF requirements for humanitarian action amount to more than US$14 million to respond mainly to the nutrition situation in Niger and cholera and meningitis epidemics. Funding was received amounting to over US$2 million, and a remaining US$2 million were carried over from the 2008 CAP funding. However, a shortfall of almost US$10 million remains to be able to carry out critical activities benefiting the children and women in Niger.

Table 1: Funds received against the HAR 2009 (US$)*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2009 HAR requirements</th>
<th>Funds received for 2009</th>
<th>Revised Funding Requirements</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Nutrition</td>
<td>12,689,148</td>
<td>2,067,722</td>
<td>-</td>
<td>8,621,426</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>800,000</td>
<td>0</td>
<td>-</td>
<td>800,000</td>
</tr>
<tr>
<td>Education</td>
<td>450,000</td>
<td>0</td>
<td>-</td>
<td>450,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td>80,000</td>
<td>0</td>
<td>-</td>
<td>80,000</td>
</tr>
<tr>
<td>Mine Action</td>
<td>50,000</td>
<td>0</td>
<td>-</td>
<td>50,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14,069,148</strong></td>
<td><strong>2,067,722</strong></td>
<td><strong>Unchanged</strong></td>
<td><strong>9,748,426</strong>*</td>
</tr>
</tbody>
</table>

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.
** 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.
*** Another US$ 2,252,950 was carried over from 2008 and has been used to reduce the funding gap for 2009

Emergency Programme Priorities: July - December 2009

Health and Nutrition
- UNICEF will support more than 600 therapeutic feeding centres to address the needs of 225,000 under nourished children;
- UNICEF will support the WFP-led effort to blanket feed 150,000 children under three years old with human resources capacity building;
- At the community and household level, a community-based integrated high impact child survival package with 7 key behaviours and 8 essential services28 will be implemented;
- Communication activities for the prevention of cholera and provision of supplies for the management of 1,500 cases.
- Provision of medical supplies to cover the needs of up to 10,000 women and children displaced by floods or conflicts in the Northern area (contingency stock).

Water, Sanitation and Hygiene (WASH)
- Respond to the needs of a population of 10,000 people (1,250 households with 7,500 children), who may either be affected by floods, displacement or cholera outbreaks. UNICEF will provide water and sanitation equipment, and support the renovation/construction of up to 30 water points/water supply system in 30 schools and 10 health centres in affected areas.

Education
- UNICEF will support the training of 30 teachers, 30 community educators and 700 parents and the regional director of Agadez in their efforts to maintain all children at school;
- School kits and materials to build temporary learning spaces to respond to situations of flood.

Child Protection
- Assist 1,000 disadvantaged households through income generating activities, benefiting 5,000 children who will then have improved access to basic social services.

28 The 8 essential services are: integrated management of childhood illnesses, Vitamin A supplementation in children aged 6-59 months, quality antenatal care, growth monitoring, malnutrition case management, complete vaccination of children, low cost boreholes and delivery assisted by trained staff. The 7 Key behaviours are: exclusive breastfeeding, use of impregnated bed nets for pregnant women and U5, use of SRO, hand washing, recognition of early signs of danger of illnesses, use of health services, appropriate weaning and complementary food.
## ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACSD</td>
<td>Accelerated Child Survival and Development (strategy)</td>
</tr>
<tr>
<td>ACT</td>
<td>Artemisinin-based Combination Therapy</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ALP</td>
<td>Accelerated Learning Programme</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal Care</td>
</tr>
<tr>
<td>APM</td>
<td>Anti-Personnel Mines</td>
</tr>
<tr>
<td>APRD</td>
<td>People’s Army for the Restoration of Democracy (CAR)</td>
</tr>
<tr>
<td>APSSC</td>
<td>Asia-Pacific Shared Services Centre (UNICEF)</td>
</tr>
<tr>
<td>ARI</td>
<td>Acute Respiratory Infections</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
</tr>
<tr>
<td>AVSI</td>
<td>Associazione Volontari per il Servizio Internazionale</td>
</tr>
<tr>
<td>AWD</td>
<td>Acute Watery Diarrhoea</td>
</tr>
<tr>
<td>AWP</td>
<td>Annual Work Plan</td>
</tr>
<tr>
<td>BC</td>
<td>Business Continuity (plan)</td>
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<tr>
<td>BCG</td>
<td>Bacille Calmette-Guérin (anti-tuberculosis vaccine)</td>
</tr>
<tr>
<td>BINUB</td>
<td>Bureau intégré des Nations Unies au Burundi</td>
</tr>
<tr>
<td>CAAFAG</td>
<td>Children Associated with Armed Forces and Armed Groups</td>
</tr>
<tr>
<td>CAP</td>
<td>United Nations Inter-Agency Consolidated Appeal Process</td>
</tr>
<tr>
<td>CBTC</td>
<td>Community-Based Therapeutic Care</td>
</tr>
<tr>
<td>CBTF</td>
<td>Community-Based Therapeutic Feeding</td>
</tr>
<tr>
<td>CCC</td>
<td>Core Commitments for Children (in Emergencies)</td>
</tr>
<tr>
<td>CCCC</td>
<td>Community Child Care Centre</td>
</tr>
<tr>
<td>CEE/CIS</td>
<td>Central and Eastern Europe/Commonwealth of Independent States (UNICEF)</td>
</tr>
<tr>
<td>CERF</td>
<td>Central Emergency Response Fund</td>
</tr>
<tr>
<td>CFR</td>
<td>Case Fatality Rate</td>
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<tr>
<td>CFS</td>
<td>Child-Friendly Space</td>
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<tr>
<td>CHD</td>
<td>Child Health Day</td>
</tr>
<tr>
<td>CMAM</td>
<td>Community-Based Management of Acute Malnutrition</td>
</tr>
<tr>
<td>CNDP</td>
<td>Congrès national pour la défense du peuple (DRC)</td>
</tr>
<tr>
<td>CPA</td>
<td>Comprehensive Peace Agreement</td>
</tr>
<tr>
<td>CRS</td>
<td>Catholic Relief Services (INGO)</td>
</tr>
<tr>
<td>CSS</td>
<td>Central South Sudan</td>
</tr>
<tr>
<td>CTC</td>
<td>Case or Cholera Treatment Centre</td>
</tr>
<tr>
<td>DDR</td>
<td>Disarmament, Demobilization and Reintegration (of children associated with armed forces and/or armed groups)</td>
</tr>
<tr>
<td>DFID</td>
<td>Department for International Development (United Kingdom)</td>
</tr>
<tr>
<td>DMMU</td>
<td>Disaster Management and Mitigation Unit</td>
</tr>
<tr>
<td>DNSAS</td>
<td>National Directorate of Water and Sanitation Services (Timor-Leste)</td>
</tr>
<tr>
<td>DRC</td>
<td>Danish Refugee Council and Democratic Republic of Congo</td>
</tr>
<tr>
<td>DRR</td>
<td>Disaster Risk Reduction</td>
</tr>
<tr>
<td>ECD</td>
<td>Early Childhood Development</td>
</tr>
<tr>
<td>ECHO</td>
<td>European Commission Humanitarian Aid Office</td>
</tr>
<tr>
<td>EMOPS</td>
<td>Office of Emergency Programmes (UNICEF)</td>
</tr>
<tr>
<td>EOS</td>
<td>Enhanced Outreach Strategy</td>
</tr>
<tr>
<td>EPI</td>
<td>Expanded Programme on Immunization</td>
</tr>
<tr>
<td>EPR</td>
<td>Emergency Preparedness and Response</td>
</tr>
<tr>
<td>EPRP</td>
<td>Emergency Preparedness and Response Plan</td>
</tr>
<tr>
<td>ERW</td>
<td>Explosive Remnants of War</td>
</tr>
<tr>
<td>ESARO</td>
<td>Eastern and Southern Africa Regional Office (UNICEF)</td>
</tr>
<tr>
<td>EW-EA</td>
<td>Early Warning-Early Action system</td>
</tr>
<tr>
<td>F100</td>
<td>Milk-based product designed for rehabilitation of severely malnourished children. Supplies 100 Kcal/100ml</td>
</tr>
<tr>
<td>F75</td>
<td>Milk-based product designed for initial treatment of severely malnourished children. Supplies 75 kcal/100ml</td>
</tr>
<tr>
<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
</tr>
<tr>
<td>FBTF</td>
<td>Facility-Based Therapeutic Feeding</td>
</tr>
<tr>
<td>FNL</td>
<td>Forces nationales de libération (Burundi)</td>
</tr>
<tr>
<td>GAM</td>
<td>Global Acute Malnutrition (includes children with low weight-for-height (z score less than -2) and children with oedema</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender-Based Violence</td>
</tr>
<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
</tr>
<tr>
<td>GoN</td>
<td>Government of Nepal</td>
</tr>
<tr>
<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>GoS</td>
<td>Government of Sudan</td>
</tr>
<tr>
<td>GoSL</td>
<td>Government of Sri Lanka</td>
</tr>
<tr>
<td>HAR</td>
<td>Humanitarian Action Report (UNICEF)</td>
</tr>
<tr>
<td>HCT</td>
<td>Humanitarian Country Team</td>
</tr>
<tr>
<td>HIPC</td>
<td>Heavily Indebted Poor Countries Initiative</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HWG</td>
<td>Humanitarian Working Group</td>
</tr>
<tr>
<td>IASC</td>
<td>Inter-Agency Standing Committee (United Nations)</td>
</tr>
<tr>
<td>IDP</td>
<td>Internally Displaced Person</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education and Communication (campaign/material)</td>
</tr>
<tr>
<td>IED</td>
<td>Improvised Explosive Device</td>
</tr>
<tr>
<td>IFRC</td>
<td>International Federation of Red Cross and Red Crescent Societies</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organization</td>
</tr>
<tr>
<td>IMAM</td>
<td>Integrated Management of Acute Malnutrition</td>
</tr>
<tr>
<td>IMCI</td>
<td>Integrated Management of Childhood Illness (initiative)</td>
</tr>
<tr>
<td>INEE</td>
<td>Inter-Agency Network for Education in Emergencies</td>
</tr>
<tr>
<td>IOM</td>
<td>International Organization for Migration</td>
</tr>
<tr>
<td>IPT</td>
<td>Intermittent Preventive Treatment</td>
</tr>
<tr>
<td>IRC</td>
<td>International Rescue Committee</td>
</tr>
<tr>
<td>ISDR</td>
<td>International Strategy for Disaster Reduction</td>
</tr>
<tr>
<td>ITN</td>
<td>Insecticide-Treated Net</td>
</tr>
<tr>
<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
</tr>
<tr>
<td>LLIN</td>
<td>Long-Lasting Insecticidal Net</td>
</tr>
<tr>
<td>LRA</td>
<td>Lord's Resistance Army (Uganda)</td>
</tr>
<tr>
<td>LTTE</td>
<td>Liberation Tigers of Tamil Eelam</td>
</tr>
<tr>
<td>MAM</td>
<td>Moderate Acute Malnutrition</td>
</tr>
<tr>
<td>MDA</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>MENARO</td>
<td>Middle East and North Africa Regional Office (UNICEF)</td>
</tr>
<tr>
<td>MGLSD</td>
<td>Ministry of Gender, Labour and Social Development (Uganda)</td>
</tr>
<tr>
<td>MHT</td>
<td>Mobile Health Team</td>
</tr>
<tr>
<td>MICS</td>
<td>Multiple Indicator Cluster Surveys (UNICEF)</td>
</tr>
<tr>
<td>MoE</td>
<td>Ministry of Education</td>
</tr>
<tr>
<td>MoEHE</td>
<td>Ministry of Education and Higher Education</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MONUC</td>
<td>United Nations Mission in the Democratic Republic of the Congo</td>
</tr>
<tr>
<td>MRE</td>
<td>Mine-Risk Education</td>
</tr>
<tr>
<td>MRM</td>
<td>Monitoring Reporting Mechanism</td>
</tr>
<tr>
<td>MRRD</td>
<td>Ministry of Rural Rehabilitation and Development (Afghanistan)</td>
</tr>
<tr>
<td>MSA</td>
<td>Multisectoral Assessment</td>
</tr>
<tr>
<td>MSF</td>
<td>Médecins sans Frontières (Doctors without Borders-INGO)</td>
</tr>
<tr>
<td>MUAC</td>
<td>Mid-Upper Arm Circumference</td>
</tr>
<tr>
<td>MVAC</td>
<td>Malawi Vulnerability Assessment Committee</td>
</tr>
<tr>
<td>NCHS</td>
<td>National Centre for Health Statistics (Niger)</td>
</tr>
<tr>
<td>NFE</td>
<td>Non-Formal Education</td>
</tr>
<tr>
<td>NFI</td>
<td>Non-Food Item</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>NID</td>
<td>National Immunization Day</td>
</tr>
<tr>
<td>NIPHORN</td>
<td>Nutrition Information Project for the Horn of Africa</td>
</tr>
<tr>
<td>NRC</td>
<td>Nutrition Rehabilitation Centre/Norwegian Refugee Council</td>
</tr>
<tr>
<td>NRU</td>
<td>Nutritional Rehabilitation Unit</td>
</tr>
<tr>
<td>NSSS</td>
<td>Nutrition Sentinel Site Surveillance Systems</td>
</tr>
<tr>
<td>OCHA</td>
<td>Office for the Coordination of Humanitarian Affairs (United Nations)</td>
</tr>
<tr>
<td>OHCHR</td>
<td>Office of the United Nations High Commissioner for Human Rights</td>
</tr>
<tr>
<td>OPV</td>
<td>Oral Poliomyelitis Vaccine</td>
</tr>
<tr>
<td>ORS</td>
<td>Oral Rehydration Salts</td>
</tr>
<tr>
<td>OTP</td>
<td>Outpatient Therapeutic Programme</td>
</tr>
<tr>
<td>OVC</td>
<td>Orphaned and other Vulnerable Children</td>
</tr>
<tr>
<td>Oxfam</td>
<td>Oxford Famine Relief Campaign (INGO)</td>
</tr>
<tr>
<td>PEAR</td>
<td>Programme of Expanded Assistance to Returns</td>
</tr>
<tr>
<td>Plumpy'doz</td>
<td>A vitamin- and mineral-enriched paste of milk and peanuts</td>
</tr>
<tr>
<td>PLW</td>
<td>Pregnant and Lactating Women</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of Mother-To-Child Transmission (of HIV)</td>
</tr>
<tr>
<td>PRDP</td>
<td>Peace Recovery and Development Plan</td>
</tr>
<tr>
<td>PSI</td>
<td>Programme Spécial d'Intervention (Mauritiana)</td>
</tr>
<tr>
<td>PSS</td>
<td>Psychosocial Support</td>
</tr>
<tr>
<td>PTA</td>
<td>Parent-Teacher Association</td>
</tr>
</tbody>
</table>
RALS  Rapid Assessment of Learning Spaces
RDT  Regional Director’s Team
REACT Rapid Emergency Assessment and Coordination Team
REDLAC Risk, Emergency and Disaster Task Force for Latin America and the Caribbean
RHC  Rural Health Centers
RHPT Regional Humanitarian Partnership Team (ESARO)
RIACSO Regional Inter-Agency Coordination Support Office (ESARO)
RRM  Rapid Response Mechanism
RRRM  Regional Rapid Response Mechanism
RUTF Ready-to-Use Therapeutic Food (high-energy, fortified, ready-to-eat food suitable for the treatment of children with severe acute malnutrition)
SAM  Severe Acute Malnutrition: includes children with severely low weight-for-height (z-score less than -3) and children with oedema
SGBV  Sexual and Gender-Based Violence
SIDA  Swedish International Development Cooperation Agency
SMART Standardized Monitoring and Assessment of Relief and Transitions
SOT  Sector Outcome Team
STI  Sexually Transmitted Infection
SWOT  Strengths, Weaknesses, Opportunities and Threats
TACRO The Americas and Caribbean Regional Office (UNICEF)
TFC  Therapeutic Feeding Centre
TFP  Therapeutic feeding programme
ToT  Training of Trainers
UNCATS UN Common Appeal for Transition Support
UNCT  United Nations Coordination Team or United Nations Country Team
UNDP  United Nations Development Programme
UNHCR  United Nations Refugee Agency
UNICEF United Nations Children’s Fund
UNRAP United Nations Peace and Recovery Action Plan
UNRWA United Nations Relief and Works Agency
UXO  Unexploded Ordnance
VAC  Vulnerability Assessment Committee
VAS  Vitamin A Supplementation
WASH  Water, Sanitation and Hygiene
WCARO West and Central Africa Regional Office (UNICEF)
WESCOORD Water and Sanitation Coordination Committee
WFP  World Food Programme
WHO  World Health Organization