ASIA-PACIFIC REGION
The Asia-Pacific region has been severely affected by natural disasters and conflict situations, and the threat of pandemic influenza is looming. The UNICEF Asia-Pacific Shared Services Centre (APSSC) will continue to provide technical support to Country Offices for emergency preparedness and response planning (EPRP) and capacity-building activities to meet these challenges.

### Asia-Pacific Emergency Needs for 2009*

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
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<tbody>
<tr>
<td>Technical Support for Emergency Preparedness and Response (emergency preparedness and response trainings, simulations, roll-out of the new revised <em>Core Commitments for Children in Emergencies</em> etc.)</td>
<td>260,000</td>
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<tr>
<td>Strengthening of Regional Programming Support Capacities in Cluster Areas</td>
<td>530,000</td>
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<tr>
<td>Strengthening of Emergency Rapid Response Capacity of Country Offices for Sudden and New Emergencies</td>
<td>500,000</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>1,290,000</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, underfunded 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.
1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

The Asia-Pacific region emergency profile can be characterized by a combination of natural disasters, civil/political unrest with pockets of conflict situations, the recent emergence of new global threats such as high food and fuel prices, and the threat of pandemic influenza and other emerging diseases.

On 3 May 2008, Cyclone Nargis caused unprecedented devastation in Myanmar, severely damaging buildings (including schools and hospitals) as well as other basic infrastructure, taking the lives of thousands of people, including children and women, and affecting the lives of another 2.4 million people. The impact of the disaster on children and women is incalculable. Reportedly, many children died, were separated from their families, or were injured and traumatized, increasing their vulnerability to hunger, disease and exploitation.

One week later, a massive earthquake, measuring 7.8 on the Richter scale, struck eastern Sichuan Province in China, destroying basic infrastructure including roads, bridges, dams, commercial buildings, hospitals and schools. In addition, hundreds of thousands of homes were destroyed or rendered uninhabitable. This disaster hit children especially hard given the fact that it struck during the early afternoon on a Monday at a time when effectively every child was in a classroom (over 99 per cent net enrolment rate at the primary school level in Sichuan Province). The loss of lives and the impact on the population are immeasurable and irreparable. The nation was in deep shock.

The yearly monsoon and typhoon seasons hit this year again countries in this region – comprising more than half the world’s population – particularly severely. Bangladesh, India, the Lao People’s Democratic Republic (Lao PDR), Nepal, Pakistan, the Philippines, Thailand and Viet Nam have experienced heavy flooding, leaving thousands to millions of their citizens homeless and with few of the basic necessities for survival.

Earthquakes continue to pose a threat to this region, particularly to those countries located on the Pacific seismic belt. Indonesia alone has four volcanoes currently on orange alert that could erupt any time soon.

Continually escalating conflicts in Afghanistan, the Philippines and Sri Lanka and the deteriorating security situation linked to ongoing political turmoil in Pakistan seem nowhere near resolution. Political instability triggering civil unrest continues to affect several other countries in the region, further increasing the number of internally displaced people. In these man-made emergencies, access to affected areas always remains a challenge, as does the timely provision of assistance and delivery of basic services to the affected population; this threatens particularly the survival of children and women.

Beside its vulnerability to natural and man-made disasters, this vast region also presents some of the world’s worst socio-economic indicators. Although concerted efforts are made to improve the quality and reach of primary health care, reducing deaths among children under age five and improving their health and nutritional status, the under-five mortality rate in South Asia alone is high (78 deaths per 1,000 live births) as is the prevalence of moderate or severe malnutrition, the highest in the world (45 per cent), potentially further exacerbated by high food and fuel prices. Coupled with poverty, social exclusion due to the caste system, gender inequities, and ethnic and religious tensions, these conditions could lead to irreversible consequences for children and women, and for the society as a whole. Poor families will be spending less money on health care and education and, as a consequence, child labour and trafficking could increase.

An influenza pandemic and other emerging diseases remain a threat, and the status of preparedness to cope with these potential health emergencies needs to be closely monitored throughout the region. Cholera outbreaks have been reported in Lao PDR and in internally displaced persons’ camps in Pakistan, and measles cases have been reported from the Delta region in Myanmar.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

As recommended by the Organizational Review, the UNICEF Regional Offices for South Asia (ROSA) and East Asia and the Pacific (EAPRO) agreed to create, starting from July 2008, a shared function unit in Bangkok – the Asia-Pacific Shared Services Centre (APSSC) – which includes, among others, the emergency function. This newly established shared function unit has been tasked to provide advice and technical support to all the Country Offices of the two regions.

Before the establishment of the APSSC on 1 July 2008, the two Emergency Units in ROSA and EAPRO started harmonizing their approaches to planning and resource utilization.

Whether prior to or following the establishment of the new Shared Services Centre, the emergency team has continued to provide support to Country Offices in the two regions on UNICEF’s emergency preparedness and response capacity-building
activities (training, coaching events, workshops, simulation exercises) disseminating other emergency EPR-related tools, and reinforcing linkages leading from preparedness to early action at the country level in order to ensure minimum levels of readiness. Trainings took place in the Democratic People’s Republic of Korea (DPRK), Fiji, Myanmar, Papua New Guinea, the Philippines and Timor-Leste and in all eight ROSA countries. Preparedness checklists have been developed and sent out to all countries in the region affected by monsoon (Bangladesh, India, Nepal and Pakistan) or floods (DPRK, Indonesia, Pacific, Papua New Guinea, the Philippines and Viet Nam) to ensure adequate preparedness measures are in place to respond to yearly predictable emergency.

Within the context of the UN humanitarian reform, the Emergency Unit has continued to advocate for inter-agency collaboration through the monthly meetings of the regional Inter-Agency Standing Committee (IASC) network, as well as participated in and/or provided support to Country Offices in specific inter-agency events (Bhutan, China, Myanmar, Papua New Guinea, Sri Lanka earthquake simulation) strengthening coordination measures for a more predictable and effective response.

As part of the role and responsibility of global cluster leads, the Emergency Unit has collaborated with Headquarters and regional established cluster leads in further strengthening, through cluster-specific trainings and tools, the dissemination of the cluster approach in nutrition (Sri Lanka), water, sanitation and hygiene (WASH) (Bangladesh, West Bengal, China, Indonesia, Nepal, Pakistan, the Philippines, Sri Lanka and Timor-Leste), education (Nepal) and child protection (regional workshop on children caught in armed conflict and on child protection in emergencies for Asia-Pacific countries reporting on UN Security Council Resolution 1612), for which UNICEF has been given the global responsibility.

Direct assistance has been provided to China, Lao PDR and Myanmar Country Offices with the deployment of emergency officers and to Bangladesh, Lao PDR, Myanmar and Nepal, deploying cluster-specific staff to support Country Offices in delivering the Core Commitments for Children in Emergencies and ensuring cluster accountability.

Enhanced collaboration with regional participatory monitoring and evaluation (PM&E) colleagues in strengthening the information management component within all emergency and response activities in Country Offices (Afghanistan, China, India Country Office and State Offices, Lao PDR, Myanmar, Nepal, Pakistan, the Philippines, Viet Nam and Thailand) has continued. This includes technical assistance for the development of rapid assessment methodologies, including specific measures for the development of relevant baseline datasets in emergency preparedness activities (i.e., DevInfo), performance monitoring and gap analysis as well as other information management tools in line with the latest IASC Guidelines. Direct application of some of the tested tools for effective information management between and within clusters has taken place in Bangladesh and Myanmar emergency responses. Finally, support has also been provided to build the capacity of WASH partners’ agency in Malaysia on rapid assessment and information management.

The Emergency Unit has continuously served as a liaison point for coordination between the Office of Emergency Programmes (EMOPS) and Headquarters with Country Offices for global processes and discussions on key humanitarian initiatives. The Unit has been actively involved with Country Offices in the revision of the Core Commitments for Children in Emergencies. At the regional level, the Emergency Unit has been actively advocating and consistently optimizing inter-agency coordination, mainly though the regional IASC network, as well as interaction with other relevant regional and subregional organizations.

In 2008, UNICEF’s regional teams consolidated the work on pandemic preparedness through consistent consultation and information-sharing with Country Offices and ongoing technical support to UNICEF’s Country Offices for contingency planning and simulation of contingency plans. As a lead member of the UN partnership on avian and pandemic influenza, UNICEF has been instrumental to meeting the objective set by the UN System Influenza Coordination (UNSIC) to test all pandemic contingency plans, considered to be one of the most effective ways to test the actual operationality of paper-based planning. Gap analysis and revision of plans have ensured that the UN system is in a much stronger position at the end of 2008 than a year ago to support national pandemic responses as part of the UN system. UNICEF’s investments of financial and human resources have supported simulation material development, piloting, rolling-out, rethinking and revision of the simulation methodology in direct support to UNSIC and the Office for the Coordination of Humanitarian Affairs/Pandemic Influenza Contingency (OCHA/PIC) teams. Highlights of 2008 included:

- **Stocktaking workshop in Kathmandu in February 2008, which provided opportunity to review experience in responding to avian influenza outbreaks and preparing for an influenza pandemic. Participants examined ways to integrate pandemic preparedness into existing programmes and processes to mitigate impacts on children and their families with an emphasis on behaviour change communication (BCC) to support programme goals;**
- **Sustained UNICEF engagement with Country Offices, UN Country Teams (UNCTs) and the UN Coordination (FAO, OCHA, UNSIC and WHO) on avian and human pandemic influenza issues;**
• Pandemic simulation exercises carried out in two UNICEF State Offices in India and with four UNCTs in Cambodia, India, Mongolia and Nepal;
• Technical support to two Country Offices for comprehensive integration of pandemic as one of many threats into the EPRP;
• Key staff trained for development of Business Continuity Plans (BCPs).

3. PLANNED HUMANITARIAN ACTION FOR 2009

Coordination and Partnership
As part of the regional IASC network, the Emergency Unit of the UNICEF Asia-Pacific Shared Services Centre (APSSC) will continue to advocate for regional coordination on humanitarian issues and support Country Offices to organize inter-agency events aimed at developing cluster-specific plans. In addition to the regional WASH cluster group, regional cluster groups/networks for nutrition, education and child protection will be established.

In 2009, the UNICEF Asia-Pacific Shared Services Centre will continue to increase its emergency preparedness and response support to Country Offices in the region through the provision of technical guidance and assistance, further strengthening UNICEF’s specific and cluster-related accountabilities in emergencies.

Technical Support for Emergency Preparedness and Response (US$ 260,000)
The Emergency Unit of the Asia-Pacific Shared Services Centre will continue to provide technical support to Country Offices to undertake and/or review and update EPRPs (through trainings, workshops, simulation exercises), disseminating the revised version of the Core Commitments for Children in Emergencies and the new EPRP matrix expected in 2009. This support is anticipated to further strengthen the capacity of Country Offices and their partners to be better prepared to respond to any sudden and/or new emergency. Complementary to this work, an additional emphasis will be placed on information dissemination and capacity-building of Country Offices and national partners.

Under Monitoring and Evaluation (M&E), support provided to Country Offices will be twofold: as a first step, the emphasis will be put in the area of emergency data preparedness, particularly on the identification of baseline and geospatial data gaps, the development of rapid assessment checklist and methodology and initiation of the discussion around the geographic information system (GIS) coding standard for humanitarian action. In a second phase, the support will be related to DevInfo/Emergency Info, initiating and/or enhancing the development of emergency baseline datasets, the adaptation of agreed rapid assessment formats for use of electronic data capture (PDA/MS Excel), possibly leading to the integration and development of relevant geospatial datasets and GIS coding standards.

In the area of pandemic preparedness, the overall objective for 2009 is to expand the role of programme communication to build capacity to support programme objectives in the broader context of emerging diseases, while the narrower focus on HPAI/H5N1 will remain a priority in enzootic countries. Pandemic as a threat will be fully integrated into general emergency frameworks and processes including the EPRP, EPR trainings and the BCP. While the threat of pandemic still exists, the understanding of the special challenges of a pandemic emergency response is strong and can now be integrated into regular preparedness without losing its singularity.

Strengthening of Regional Programming Support Capacities in Cluster Areas (US$ 530,000)
In the framework of the UN reform, the Emergency Unit will continuously provide support to UNICEF Country Offices and partners for the roll-out of the cluster approach, particularly in the four cluster areas – nutrition, WASH, education and child protection – for which UNICEF has taken the lead globally. Cluster-specific activities, such as gap analysis, mapping of cluster partner capacities, roll-out and training of tools and guidelines will be conducted so that capacity-building activities of national and local humanitarian networks on cluster approach implementation strengthen the emergency response.

As part of the regional IASC network, the Emergency Unit will continue to advocate for regional coordination on humanitarian issues and support Country Offices to organize inter-agency events, aiming at developing cluster-specific plans for improved
coordination and more predictable, efficient and effective responses. To further strengthen the regional coordination in the technical clusters, regional cluster groups/networks for nutrition, education and child protection will be established in addition to the existing regional WASH cluster group.

For that ensuring continuity in programming support capacities in cluster areas is paramount to the success of UNICEF’s and partners’ cluster implementation in the various countries of the region.

**Strengthening of Emergency Rapid Response Capacity of Country Offices for Sudden and New Emergencies (US$ 500,000)**

Whenever required, direct assistance will be provided to sudden and/or new emergencies through the deployment of general and/or cluster-specific emergency staff for initial humanitarian response support, inter-agency coordination, fundraising, liaising between the Country Offices and Headquarters (Office of Emergency Programmes and Programme Division) and within the region, supporting the delivery of the *Core Commitments for Children in Emergencies* and ensuring cluster accountability. For that resources required for ensuring comprehensive coverage of the expanded region and sufficient in-country consultancy support for preparedness as well as response activities are critical.
Drought, high food prices, population movements, floods, disease outbreaks, conflict and deportation of Afghan migrants from the Islamic Republic of Iran are the most expected phenomena in 2009. UNICEF Afghanistan through the Humanitarian Action Report 2009 contributions is planning to reach approximately 3 million children and women through lifesaving interventions in the areas of health and nutrition, water, sanitation and hygiene, education and child protection, and provision of non-food supplies.

### Summary of UNICEF Emergency Needs for 2009*

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
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<tbody>
<tr>
<td>Health and Nutrition</td>
<td>4,000,000</td>
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<tr>
<td>Water, Sanitation and Hygiene</td>
<td>5,000,000</td>
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<tr>
<td>Education</td>
<td>3,000,000</td>
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<tr>
<td>Child Protection</td>
<td>1,000,000</td>
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<tr>
<td>Emergency Relief and Coordination</td>
<td>2,500,000</td>
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<tr>
<td><strong>Total</strong></td>
<td>15,500,000</td>
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</tbody>
</table>

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1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

In 2008 Afghanistan faced a growing number of natural and man-made disasters. High food prices and droughts threaten approximately 11 million people in 22 provinces across the country. The wheat price rose by 58 per cent throughout the whole country in 2007, but in some markets the increase reached up to 80–100 per cent. By April 2008, prices had raised another 30 to 50 per cent. Over 3 million Afghan refugees live in the neighbouring countries of Pakistan and the Islamic Republic of Iran. Political changes could exacerbate the expulsion of Afghan refugees anytime.

Active military operations, air strikes and insurgencies caused considerable human casualties and restricted access to the civilian population. Over 40 per cent of the country’s territory is not accessible to the humanitarian aid workers for extended periods. As of August 2008, a total of 698 civilians had been killed in the fighting between the Government of Afghanistan/coalition forces and anti-government elements. The total number of deaths by August 2008 has been very high compared to the same time in 2007. By end of third quarter of 2008 there have also been 137 serious attacks on NGOs with 88 NGO staff abductions.

There are over 150,000 internally displaced persons (IDPs) in the country, mostly in southern and western areas, including those long-term displaced by conflict, drought and lack of economic opportunities from their places of origin. The ongoing drought and conflict will cause further displacements in the months to come. Floods, disease outbreaks and deportation of Afghan migrants from the Islamic Republic of Iran have also been common phenomena in 2008.

Despite the improved situation in education in recent years, the disparity between boys and girls remains a big challenge. School enrolment in grades 1–12 has risen from 0.9 million in 2002 to 5.6 million in 2007. The primary school enrolment for girls stands at 35 per cent compared to boys at 64 per cent. The primary school completion rate is 32 per cent for boys and only 13 per cent for girls. There are an estimated 1.2 million girls out of primary school. Only 30 per cent of girls (aged 12 years) reach grade 5 compared to 56 per cent of boys (Sources: Best estimates of social indicators for children in Afghanistan 1990–2005, and Ministry of Education school survey report 2007).

Forty-three per cent of the women who got married are under age 18 and 26 per cent of working children are aged 5–14 years. Around 37,000 children work on the streets in the capital, Kabul. Around 8,000 children are associated with armed groups and armed forces.

With only 22 per cent of the population having access to improved drinking-water sources and 30 per cent to safe sanitation facilities, water and sanitation remain high priorities for the achievement of the Millennium Development Goals. Despite a significant reduction in under-five mortality (25 per cent), health services have yet to reach the marginalized people and those living in the remote and hard-to-reach areas. With maternal mortality ratio at 1,600 per 100,000 live births, Afghanistan has the second worst ratio in the world after Sierra Leone.

Afghanistan is receiving generous contributions from the international community and donors but government capacity in the areas of technical expertise and implementation remains an issue.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

UNICEF’s response to emergencies and humanitarian crises has been fully coordinated with the Government of Afghanistan, UN agencies and NGOs. Drought, conflict, population movements and high food prices have been the main emergencies in the country. UNICEF procured nutrition supplies to respond to and manage the burden of severe acute malnutrition in children under age five. The supplies were distributed to 44 therapeutic feeding centres across the country, where health workers are treating around 5,000 children with acute malnutrition. A total of 135 health workers were trained in the management of severe acute malnutrition. Essential drugs were distributed to the provinces to respond to disease outbreaks and other health-related issues. Supplies were used to respond to cholera and measles outbreaks as well as to support IDPs and returnees’ concentrated areas. Approximately 100,000 people benefited from health supplies.

The Ministry of Rural Rehabilitation and Development (MoRRD) with the support of UNICEF, international NGOs and other water, sanitation and hygiene (WASH) cluster partners provided water tankering to 17 out of 22 drought-affected provinces. In the remaining five provinces water tankering also started recently using the Central Emergency Revolving Fund (CERF) and other resources, benefiting so far about 800,000 people (out of 1,150,000). At the same time, as part of the long-term drought mitigation, MoRRD and other WASH cluster partners started providing water through the construction of more than 400 community water points, seven strategic water points (high-yield deep wells, equipped with generator and power pump serving) and five piped water supply schemes in different parts of the 22 affected provinces. With all the above-mentioned activities, the provision of water will reach all 1,150,000 people.
UNICEF and the Committee for Aid to Afghan Refugees (DACAAR), an international NGO, provided water through water tankering to the 5,639 families returned from Pakistan to eastern provinces. Discussion is underway with the UN Refugee Agency (UNHCR) for providing long-term solutions to water supply for these returnees. Two bore wells have already been constructed for 736 families.

In response to a deadly suicide attack on a school, which eventually killed 75 people, UNICEF provided psychosocial support to 2,600 students and to their teachers as well as to the surrounding community and affected families. In addition, UNICEF procured recreational kits for distribution to schools affected by armed conflict or any other type of violence. The supplies will benefit over 500,000 children.

More than 4,000 children in the returnee and refugee settlements of eastern provinces were provided with education support through the establishment of 50 new community-based schools and the existing formal schools. Over 5,000 families affected by conflict or natural disasters and returnees were provided with non-food supplies. The package included cooking sets, warm clothes, blankets and plastic sheeting.

3. PLANNED HUMANITARIAN ACTION FOR 2009

**Coordination and Partnership**

Emergency response is coordinated by the Government of Afghanistan, through its Emergency Response Commission, incorporating line ministries. The UN system support is provided through this Commission, along with NGO inputs and coordinated by the UN Assistance Mission in Afghanistan (UNAMA). A Combined Disaster Management Team (CDMT), consisting of UN agencies, NGOs and local authorities, is tasked with practical implementation of emergency response and reports to the Commission.

The humanitarian cluster approach was rolled out in May 2008 with UNICEF being the lead in nutrition, WASH and education. The cluster roll-out brought a good sense of coordination among different actors and serves efficiently in resource mobilization and division of labour for ongoing and emerging emergencies.

**Linkages of HAR with the Regular Programme**

Emergency preparedness and response activities are fully integrated into the main programme sectors of UNICEF’s Country Programme 2009. In addition to mainstreaming support to national and area-based capacity-building, each programme sector is also responsible for ensuring that a humanitarian response element is included in its annual work plan to support the development of emergency response capacity and management among government counterparts.

UNICEF Afghanistan is trying to alleviate the suffering of children and women affected by the growing number of natural and man-made disasters by providing lifesaving activities in the areas of health, nutrition, WASH, education and child protection and the provision of non-food supplies. UNICEF’s humanitarian interventions are guided by its **Core Commitments for Children in Emergencies**, which provide the minimum required lifesaving interventions in the event of emergencies. Humanitarian activities in 2009 will focus on the people affected by all kinds of natural and man-made disasters. UNICEF-supported programmes are expected to reach at least 3 million children and women in 2009.

**Health and Nutrition (US$ 4,000,000)**

For 2009, the overall goal is to reach some 500,000 vulnerable children among the displaced, returnees, host communities and impoverished through the following key activities:

- Distribute essential emergency drugs and equipment to 150,000 persons, particularly IDPs, returnees and drought-affected population through health centres and mobile clinics;
- Undertake nutrition assessment, provide technical support, strengthen nutritional surveillance and provide nutritional supplies, including micronutrients, to therapeutic feeding centres and community-based therapeutic care centres for 5,000 severely malnourished children and 100,000 pregnant/lactating women, focusing on food insecure areas;
- Develop and strengthen capacity at health facility and household levels in the prevention, detection and management of malnutrition;
• Vaccinate against measles and administer vitamin A to 100,000 children, particularly IDPs, returnees and children affected by natural and man-made disasters;
• Provide rapid response to diarrhoeal and acute respiratory disease outbreaks, with a planning figure of 150,000 children in high-risk areas.

**Water, Sanitation and Hygiene (US$ 5,000,000)**

For 2009, the overall goal is to reach about 1 million displaced persons, returnee families and drought-affected communities, focusing particularly on children and women, through the following key activities:
• Provide water to drought-affected communities and to IDPs and returnees with the planning figure of 200,000 people;
• Provide 1,000 sanitation facilities, promote hygiene and chlorination of wells and organize communication campaigns for the control of diarrhoeal diseases in the event of outbreaks for at least 5,000 families and surrounding schools, with special emphasis on IDPs, returnees and areas affected by outbreaks;
• Repair 1,000 water points and piped water schemes in drought-affected areas, mainly schools;
• Provide 60,000 collapsible water containers to IDPs and families affected by natural and man-made disasters;
• Construct 10 strategic bore wells and 400 community water points (bore well/dug well equipped with handpump) along with hygiene education in affected provinces for 200,000 people.

**Education (US$ 3,000,000)**

For 2009, the overall goal is to reach over 500,000 children through the following key activities:
• Construct 30 cost-effective schools in remote areas for 15,000 children with possible community contribution;
• Provide psychosocial support to traumatized and war-affected children in 1,000 schools across the country;
• Procure teaching/learning materials and teacher support for 20,000 students with special focus on IDP and returnee areas.

**Child Protection (US$ 1,000,000)**

For 2009, the overall goal is to reach children affected by armed conflict and natural disasters through the following key activities:
• Create child-friendly play areas for over 8,000 children in the IDP/deportee concentrated areas and for children affected by armed conflict and/or natural disasters;
• Strengthen monitoring of child rights’ violations and abuse through existing Child Protection Action Networks (CPANs) and continue to co-chair, coordinate and develop the Monitoring and Reporting Mechanism (MRM) on children affected by armed conflict violations (Security Council Resolution 1612);
• Support community-based psychosocial/child-friendly corners in the IDP/deportee concentrated areas. Activities will cover setting up the places, training volunteers/teachers/peer educators and developing relevant materials;
• Conduct mine-risk awareness programmes with special focus on training of peers, implementation of community based interventions, advocacy and materials development in close collaboration with the UN Mine Action Centre in Afghanistan (UNMACA) at national and regional levels;
• Trace and reunite separated children in the event of natural/man-made disasters, in close collaboration with child protection and human rights organizations under the ongoing tracing programmes;
• Strengthen community and caregivers’ capacity to develop community-based alternative options for children deprived of parental care.

**Emergency Relief and Coordination (US$ 2,500,000)**

For 2009, the overall goal is to support in coordination with the Government and UN agencies the humanitarian coordination system, information management system, assessment and capacity-building, and provide logistical assistance at national and subnational levels. UNICEF will procure and preposition non-food supplies for 30,000 families with a standard package of family kits, tarpaulins, blankets, warm clothing for women and children and collapsible water containers at provincial hubs.
Malnutrition in children, pregnant women and lactating mothers continues to be a serious concern in the Democratic People’s Republic of Korea following the impact of widespread flooding in 2007 and drastic reductions in food imports. UNICEF requires critical support from the international community to support basic social services in health and nutrition for over 2 million children under age five and 400,000 pregnant/lactating women.

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1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

Malnutrition in children, pregnant women and lactating mothers continues to be a serious concern in the Democratic People’s Republic of Korea (DPRK). The impact of widespread flooding in August 2007 further aggravated by drastic reductions in food imports from China and the Republic of Korea that traditionally meet a big chunk of such deficits created concern in the international community. In response to this situation and, based on a rapid food security assessment conducted by the World Food Programme (WFP), the US Government announced a large food assistance programme through WFP and a consortium of US NGOs.

Given the fluctuating political context, the availability and quality of basic social services for women and children continue to rely critically on support from the international community. Basic rights of Korean children remain compromised as a result of prolonged poverty, under-resourced health and education systems, decaying water and sanitation infrastructure, inadequate caring practices for young children and pregnant women and fragile food security.

UNICEF responded very quickly to the opening-up of three provinces where international agencies were not permitted access since the end of 2006. Immediately after the opening was announced, a UNICEF technical team led by the Representative, carrying four truck loads of essential medicines and nutritional supplements, initiated a 12-day visit in two of these provinces. An increase in the number of children suffering from varying degrees of acute malnutrition was noted in all the institutions visited during the mission. Humanitarian assistance, comprising essential medicines, therapeutic milk and nutritional paste, was thereafter re-established in the last quarter of 2008. These provinces, with an estimated under-five population of 220,000 children, which are among the most vulnerable in the country, will continue to need special attention.

UNICEF worked closely with partners in organizing a number of workshops on lessons learnt from the 2007 floods in order to strengthen preparedness and response to DPRK’s recurrent natural calamities. As a result, prepositioning of emergency supplies was increased in locations identified as vulnerable from previous years.

As the broader political and security environment continues to be uncertain, the support that the UNICEF Country Office receives through the Humanitarian Action Report (HAR) is vital to its ability to continue responding to children’s most urgent needs.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In close collaboration with national and international partners, UNICEF has continued to respond to the humanitarian needs of women and children in the priority areas of health, nutrition, water, sanitation and hygiene (WASH), and education. Despite some progress, these areas suffer from chronic shortages of material and financial resources due to the absence of the major investments and large-scale assistance necessary to the reduction of child and maternal mortality as well as malnutrition among children and women.

With UNICEF’s assistance, vaccination coverage remained high at 94 per cent for all antigens, meaning that more than 400,000 children were fully immunized. Following the measles outbreak in 2007, the second dose of measles was introduced nationwide for all children aged 15 months. Moreover, 96 per cent of pregnant women received tetanus toxoid vaccine. Basic essential medicines for the treatment of common childhood diseases, including locally produced oral rehydration salts (ORS), continued to be provided to more than 2,000 health facilities, providing basic health services to a population of over 8.9 million. During two yearly ‘Child Health Days’, 95 per cent of the over 2 million children under age five in DPRK received vitamin A and deworming tablets together with information to their caregivers on the prevention and treatment of diarrhoea and acute respiratory infections (ARI), which continue to be the leading causes of child morbidity and mortality in DPRK. To ensure quality of maternal health care, midwifery kits were provided for 144 rural clinics, and obstetric emergency kits for 15 county hospitals estimated to benefit over 7,500 deliveries.

In all accessible counties, over 300,000 pregnant women received multi-micronutrient supplementation during the first and second trimesters of pregnancy, and postpartum women received vitamin A supplementation during the first six weeks after delivery. Information, education and communication (IEC) materials on breastfeeding and complementary feeding were developed to reach women nationwide. An information package was also developed to provide newly wed couples with key information on family planning and care of women before and during pregnancy.

Gravity-fed water supply systems, initiated in 2007, were completed and are providing safe drinking water to nearly 100 per cent of the 72,000 residents in three county towns. Construction of water supply systems started in four new county towns to ensure access to safe drinking water to an additional 90,000 people. Water quality surveillance was strengthened in six provinces through training of technicians and delivery of water quality monitoring laboratories. Following the
2007 floods, around 1.5 million people benefited from emergency recovery measures, such as chlorination and repairs of flood-affected pump stations in 20 counties. In line with the International Year of Sanitation, over 10,000 people, representing over 60 per cent of the total residents of one county town, will benefit from the pilot construction of a decentralized wastewater treatment system. An estimated 8,000 schoolchildren in over 20 schools will get access to improved sanitation through the construction of latrine blocks complemented with life skills-based education focusing on hygiene and health promotion.

Basic materials were provided for the printing of school textbooks along with interventions aimed at improving the quality of education, such as teacher training and mathematics curriculum revision. The child-friendly school concept was gradually introduced to Ministry of Education officers and policy makers. New material on life skills education was produced benefitting more than 250,000 children in over 600 primary schools. In-service teachers’ training centres are being equipped with libraries and learning materials benefitting around 10,000 teachers.

To strengthen emergency preparedness, UNICEF supported several sectoral lessons learnt workshops following the 2007 floods and led an inter-agency contingency planning exercise on flood response. As a result, critical supplies in the areas of health, nutrition, water supply and education have been prepositioned to face an emergency affecting 100,000 people.

3. PLANNED HUMANITARIAN ACTION FOR 2009

Coordination and Partnership
Five inter-agency theme groups comprising UN agencies, development partners and Government regularly meet to strengthen coordination in key sectors. UNICEF chairs the groups on health and nutrition and water, sanitation and hygiene (WASH). Weekly inter-agency meetings exchange information among UN agencies and other partners.

Linkages of HAR with the Regular Programme
Although DPRK stopped being part of the Consolidated Appeal Process (CAP) in 2005, when Government called for development assistance to replace humanitarian assistance, UNICEF’s Country Programme retains a significant humanitarian focus by providing direct support to basic services for women and children. In the absence of a CAP, humanitarian funds have therefore been secured mostly through the Humanitarian Action Report (HAR).

In DPRK, UNICEF is implementing a two-tier system of national and focus county interventions. At the national level, UNICEF will support capacity-building of government counterparts providing basic social services and implementing national programmes, such as immunization and nutritional supplementation. In selected focus counties, sectoral programmes will converge to assure greater impact with limited resources and allow for innovation and modelling that could later be replicated or taken to scale with the Government’s own or external resources that might be available in the future.

Health and Nutrition (US$ 7,500,000)
For 2009, the overall goal is to minimize the impact of the ongoing crisis on the health and nutritional status of over 2 million children under age five and 400,000 pregnant women, through the following key activities:

At the national level
- Provide vaccines and cold-chain equipment to maintain a high immunization coverage of at least 94 per cent for all antigens for over 400,000 children under age one and pregnant women;
- Train 200 county staff and 400 commune-level staff in immunization services and cold chain;
- Provide essential drugs to over 3,000 health facilities covering a population of over 11 million;
- Provide supplies and training for the inpatient treatment of an estimated 10,000 severely malnourished children in paediatric and county hospitals in accessible counties;
- Conduct a nationwide nutrition survey including an urinary iodine deficiency assessment;
- Procure and distribute vitamin A and deworming tablets to over 2 million children under age five;
- Procure and distribute multi-micronutrients for over 300,000 pregnant women in accessible counties;
- Develop, print and disseminate promotional materials on breastfeeding, complementary feeding, key care practices and multi-micronutrients for families and newlywed couples, disseminated through health clinics and local authorities.
In selected focus counties

- Promote a model care framework for young children and pregnant women at both the institution (nurseries and health centres) and household levels in 10 counties;
- Improve the quality of child and maternal health care at the facility level in 10 counties through rehabilitation, provision of equipment and training;
- Expand the pilot of community-based treatment of severe malnutrition to 10 counties.

Water, Sanitation and Hygiene (US$ 4,500,000)

For 2009, the overall goal is to improve access to and utilization of safe drinking water and sanitation services and hygiene practices in selected communities, schools and health institutions. Some 200,000 people – including children in institutions, such as baby homes, nurseries, kindergartens and primary schools – will benefit from the following key interventions:

At the national level

- Update water, sanitation and hygiene (WASH) sector emergency preparedness plans to meet immediate water and sanitation needs of the inter-agency contingency planning scenario of 100,000 flood-affected people;
- Train over 200 technicians and decision makers on water supply and sanitation technologies;
- Introduce and promote point-of-use water treatment technologies (ceramic filters) to meet immediate safe water supply needs of 10,000 families;
- Provide water treatment chemicals and spare parts for provision of safe water in provincial cities meeting the needs of 1 million people.

In selected focus counties

- Construct water supply systems in five county towns (four initiated in 2008 and one new in 2009) providing safe drinking water to nearly 100 per cent of residents, estimated at over 100,000 people;
- Improve rural water supply in 10 communes, benefiting an estimated population of 40,000 people;
- Finalize and assess the decentralized wastewater treatment pilot system in one focus county town addressing sanitation needs of 10,000 people and initiate replication in two counties.

Education (US$ 1,000,000)

For 2009, the overall goal is to improve the quality of education. An estimated 250,000 children will benefit directly from the following key interventions:

At the national level

- Strengthen pre- and in-service teachers’ training, focusing in particular on child-centred methodologies and learning outcome approaches;
- Provide technical assistance for the final stage of the revision of the mathematics curriculum, focusing on piloting new material and approaches;
- Revise school readiness standards and undertake content and age validation in urban, peri-urban and rural kindergartens and nurseries throughout the country;
- Strengthen life skills curriculum and learning aids through the production of new classroom materials on health and hygiene, traffic accident prevention and interpersonal communication;
- Provide printing consumables for the publication of textbooks in primary and secondary schools.

In selected focus counties

- Provide basic rehabilitation and equipments to in-service teachers’ training centres at county level;
- Provide training to an estimated 10,000 teachers and headmasters on child-friendly methodologies;
- Print and distribute new life skills materials and specific innovative material/equipment for mathematics and science, benefiting an estimated 320,000 children in 8,000 classrooms;
- Improve quality education through progressive introduction of child-friendly approaches in primary and secondary schools.
In 2009, UNICEF will pursue programmatic interventions in the fields of health and nutrition, water, sanitation and hygiene, education and child protection to the benefit of women and children in the areas worst-affected by Cyclone Nargis. It is estimated that the 2009 programme will reach out to some 1.5 million people, including 450,000 children. The programme will focus on a combination of support to the early recovery efforts at community level and to the provision of limited relief materials.

### Summary of UNICEF Emergency Needs for 2009*

<table>
<thead>
<tr>
<th>Sector</th>
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<tr>
<td>Non-Food Items</td>
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<td>Telecommunications</td>
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<td><strong>Total</strong></td>
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</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 emergency needs reflected in the HAR are in addition to UNICEF’s needs of US$ 25.57 million outlined in the UN flash appeal.
1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

Cyclone Nargis affected an estimated 2.4 million people, with the Government estimating that around 140,000 people either died or are missing. More than 4,000 schools (over 50 per cent) in the affected areas were destroyed or badly damaged, with many more schools losing learning materials, latrines and furniture. An estimated 75 per cent of health facilities were also destroyed or badly damaged, with the loss of essential medicines and equipment even more widespread. The cyclone also had a devastating impact on the main water sources in the affected areas, with more than 70 per cent of ponds salinated in the four worst-hit townships. The homes of a huge number of families were washed away, along with their possessions and livelihoods. Many children were separated from their parents and families.

In the months following the cyclone considerable progress was achieved, with the Government relaxing its restrictions on the movements of aid workers, enabling UNICEF and other relief agencies to intensify and expand relief activities. Nonetheless, the need for humanitarian assistance remains huge. Access to basic health services is still of critical concern and, although immunization has resumed in all of the affected areas, significant improvements are required if all children are to be covered. Also of special concern are the possibility of future water shortages and the outbreak of waterborne diseases during the dry season, which would seriously impact on children’s well-being and nutritional status.

In education, the rehabilitation and construction of schools along with the strengthening of basic curricula is progressing very slowly, with few actors involved apart from UNICEF. It is estimated that over 100,000 children affected by the cyclone need psychosocial support. As of September 2008, child protection agencies have registered approximately 3,000 unaccompanied and separated children. There is also an increasing risk of the institutionalization of children in monasteries and other residential facilities. A larger number of children work to support their families than before the cyclone, with adolescent boys and girls moving to urban centres in search of jobs. Girls and women are also increasingly vulnerable to sexual abuse, exploitation, trafficking and violence.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

UNICEF has focused on its priority areas – health and nutrition, water, sanitation and hygiene (WASH), education and child protection – but has also played an active role in the provision of shelter and non-food items, providing over 87,000 tarpaulins and 60,000 family kits for an estimated 400,000 affected persons. In the area of telecommunications, UNICEF in partnership with the World Food Programme (WFP) ensured internet connectivity to the benefit of all UN agencies and 20 NGOs.

In health, UNICEF has taken the lead in revitalizing the maternal, neonatal and child health services, through the extensive provision of supplies to health facilities; the training and deployment of over 130 midwives and health assistants; the rehabilitation of collapsed and damaged health centres and the revitalization of expanded programme on immunization (EPI) services and the introduction of EPI Plus, which provided an integrated programme of outreach services that combines the reactivation of routine immunization with high-impact maternal and child health interventions, such as antenatal care, deworming, health education, and vitamin and iron supplementation. UNICEF also strongly advocated for and supported an emergency immunization campaign, which provided 25,000 children in temporary settlements and high-risk villages with measles vaccination and vitamin A supplementation. UNICEF also supported the first ever large-scale larviciding campaign in Myanmar, along with providing over 200,000 long-lasting insecticidal nets, diagnostic kits and drugs, which prevented any outbreak of dengue fever and malaria. UNICEF has taken the lead in supporting a nutritional surveillance system in 12 high-risk townships with a combined population of 196,000 children aged 6–59 months, which has achieved very high screening levels, with more than 260,000 screenings recorded by UNICEF’s implementing partners. UNICEF has supported community and hospital-based feeding programmes to treat acute malnutrition, along with micronutrient supplementation campaigns. Over 12,000 children have received supplementary (BP5) rations and more than 1,300 have benefited from therapeutic treatment.

UNICEF’s efforts to provide safe water and adequate sanitation in the cyclone-affected areas includes the cleaning of more than 500 ponds and 250 dug wells; the installation and maintenance of eight water purification plants, along with the provision of more than 40,000 sets of latrine pans and pipes, 40,000 jerrycans and 45,000 hygiene kits. UNICEF has also assisted more than 2,500 schools, which has benefited an estimated 390,000 children, with support ranging from the provision of learning materials (books, chairs, desks etc.) to the construction of 1,000 temporary safe learning spaces and the repair of more than 800 schools, using over 103,000 roofing sheets. More than 290,000 children have already received essential learning packs, while teachers have been trained in psychosocial support. Over 18,500 children have benefited
from community-based psychosocial assistance through 104 UNICEF-supported child-friendly spaces. UNICEF has set up over 150 community-based child protection support groups and worked with the Government to assign new social workers in selected locations.

3. PLANNED HUMANITARIAN ACTION FOR 2009

**Coordination and Partnership**
UNICEF will continue playing a leading role in its priority areas of health and nutrition, water, sanitation and hygiene (WASH), education and child protection through leading or participating in cluster coordination meetings at national and subnational levels. Efforts will also be made to increase partnerships with national and international NGOs to strengthen programmatic interventions.

**Linkages of HAR with the Regular Programme**
Throughout the emergency UNICEF made substantive efforts to create linkages with the Country Programme. In 2009, UNICEF will seek to incorporate five out of the nine emergency focus townships into its regular programme, focusing on education and WASH activities in schools.

In 2009, UNICEF’s programmatic interventions in the fields of health and nutrition, water, sanitation and hygiene, education and child protection will benefit an estimated 1.5 million people, including 450,000 children in the areas most affected by Cyclone Nargis. The programme will focus on a combination of support to the early recovery efforts at community level and the provision of limited relief materials.

**Health and Nutrition (US$ 7,000,000)**
For 2009, the overall goal is to minimize the impact of the ongoing crisis on the health and nutritional status of children under age five. Approximately 210,000 children under age five and 100,000 pregnant/lactating women will benefit from the following key activities:

- Provide essential drugs and supplies to basic health facilities in the nine worst-affected townships;
- Provide training to basic health staff and community health workers;
- Support the reconstruction/rehabilitation of 100 damaged and collapsed basic health facilities;
- Provide continued support for community-based therapeutic and targeted feeding programmes aiming to benefit all acutely malnourished children (estimated at 20,000) in the 12 townships at highest risk;
- Continue supporting micronutrient supplementation through the provision of supplies;
- Continue supporting and improving the nutritional surveillance system.

**Water, Sanitation and Hygiene (US$ 4,000,000)**
For 2009, the overall goal is to rehabilitate the destroyed water and sanitation infrastructure in the affected areas. Efforts will be made to strengthen traditional coping mechanisms by introducing simple household water technologies and latrine designs. Key activities will include:

- Construct/rehabilitate ponds and traditional open wells, along with 200 boreholes equipped with handpumps benefiting 100,000 people;
- Construct adequate sanitary facilities for 600 schools and provide hygiene education;
- Train government staff on the development of a ‘WASH Emergency Preparedness Plan’.
**Education (US$ 4,000,000)**

For 2009, the overall goal is to integrate schools in severely affected areas into UNICEF’s regular education programme. Key activities will include:

- Implement the child-friendly school (CFS) initiative in more than 1,000 schools, benefiting some 150,000 children;
- Train approximately 4,500 teachers in CFS and child-centred methodologies;
- Reconstruct approximately 10 schools and 5 early childhood development (ECD) centres;
- Distribute essential learning packages to 150,000 students; 1,000 school kits to schools; 5,000 teachers’ kits to primary and preschool teachers; and implement the life skills programme for in- and out-of-school children.

**Child Protection (US$ 3,000,000)**

For 2009, the overall goal is to provide care, support and protection to some 70,000 affected vulnerable children and women. Key activities will include:

- Provide psychosocial support to over 30,000 children and support 104 child-friendly spaces;
- Support prevention, identification, documentation, tracing, care and reunification for all of the estimated 3,000 separated and unaccompanied children;
- Provide support to vulnerable children and families through income-generating activities;
- Strengthen 200 community-based child protection support groups in affected villages.

**Non-Food Items (US$ 1,700,000)**

For 2009, the overall goal is to provide non-food items to targeted vulnerable groups and preposition limited quantities of supplies as contingency preparedness.

**Telecommunications (US$ 300,000)**

For 2009, the overall goal is to ensure that all UN agencies and NGOs have access to internet connectivity in accord with UNICEF’s role as co-lead of the telecommunications cluster.
The 10-year Maoist insurgency in Nepal, which ended in 2006, deeply affected the lives of millions of women and children in remote and poorly resourced districts, especially in already vulnerable households. In many areas, the Government’s health and education systems were put under extreme pressure, and progress in improving water and sanitation and preventing HIV was stalled. Issues related to child protection became increasingly urgent. Although the conflict is now over, the transition to normality is taking time and many families remain extremely vulnerable. Furthermore, natural disasters, particularly flooding, affect much of the country. It is estimated that over 1 million people will be assisted in these areas with the funds raised by the Humanitarian Action Report.

### Summary of UNICEF Emergency Needs for 2009*

<table>
<thead>
<tr>
<th>Sector</th>
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<tbody>
<tr>
<td>Health and Nutrition</td>
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<tr>
<td>HIV and AIDS</td>
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<tr>
<td>Water, Sanitation and Hygiene</td>
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<tr>
<td>Education</td>
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<tr>
<td>Child Protection</td>
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<td><strong>Total</strong></td>
<td><strong>8,017,000</strong></td>
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</tbody>
</table>

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1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

Following 10 years of Maoist-inspired conflict, the signing of the Comprehensive Peace Accord on 21 November 2006 marked a new phase in Nepal's social, political, and economic development. Despite a certain degree of political progress during 2007, there was an escalation of violence in the terai (Nepal's southern plains, bordering India), as several groups and factions pushed for ethnic autonomy. Nevertheless, following much political negotiation, elections to the 601-seat Constituent Assembly were eventually held on 10 April 2008. The Communist Party of Nepal (Maoist) gained the most seats but not enough to form a government in their own right. The first meeting of Constituent Assembly was held on 28 May 2008, and resulted in the formal declaration of a republic. However, strikes (bandha) and other disruptions organized by political groups are still affecting security and normal life in many places, especially in the central and eastern districts of the terai.

Despite the political progress, many critical matters remain unresolved. Child malnutrition rates are persistently high. Acute malnutrition (or wasting) – an indicator of sudden and severe nutritional deficit – affects some 12 per cent of children, especially in the Mid-Western and Far-Western Development Regions. Treatment for severely malnourished children remains largely unavailable, with only a few facility-based or food-based rehabilitation initiatives currently available. Diarrhoea and acute respiratory infections (ARI) are the two leading causes of death among children under age five. Both conditions are exacerbated by generally poor sanitation and hygiene conditions and practices. In emergency contexts, women and adolescents are particularly vulnerable to sexual exploitation. In camps for the displaced, services such as antenatal care, safe delivery and voluntary counselling and testing (VCT) for HIV are difficult to access. There are also difficulties in providing uninterrupted antiretroviral treatment (ART) for HIV-positive women and children.

The conflict has shattered most child protection systems and much of the social structure. Despite efforts to recover and rebuild their lives, children are especially vulnerable to violence, abuse and exploitation. Obligations towards children contained in the peace agreement remain partially unfulfilled. Most critical has been the failure to formally discharge the 2,973 combatants who have been verified by UN monitors as underage. Both parties to the conflict have used explosive devices across the country.

Nepal lies in an earthquake-prone region, and parts of the country are also vulnerable to landslides, drought and other natural disasters. Some regions have become increasingly affected by flooding, which carries growing risk of vector-borne diseases including Plasmodium falciparum malaria. Since 1971 more than 4.5 million people have been affected by floods and landslides. Prepositioning of drugs and supplies has been effective, as demonstrated by UNICEF's ability to respond to the flooding in August/September 2008.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

UNICEF has been working closely with sister UN agencies – most notably the International Labour Organization (ILO), the Office for the Coordination of Humanitarian Affairs (OCHA), the Office of the High Commissioner for Human Rights (OHCHR), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Food Programme (WFP) and the World Health Organization (WHO) – local and international NGOs and bilateral agencies as well as with national coordination mechanisms and sectoral working groups to respond to the needs of Nepali children and women affected by the conflict and other national emergencies as well.

In health and nutrition, UNICEF operationalized the Inter-Agency Standing Committee (IASC) nutrition cluster and coordinated the development of contingency plans for various emergency scenarios. In collaboration with the Ministry of Health, WFP and other relief partners, UNICEF supported the provision and distribution of essential medicines, such as oral rehydration salts (ORS), zinc tablets and vitamin A capsules, and insecticide-treated mosquito nets (ITNs) to 8,000 families out of more than 10,000 families affected by the 2008 floods in the eastern region of Nepal. UNICEF also supported measles and polio immunization for children in camps for the displaced. Working with Concern Worldwide and Action contre la Faim (ACF), UNICEF developed an implementation plan to pilot community-based management of acute malnutrition (CMAM) in three districts, reaching 3,600 children suffering from severe acute malnutrition with community-based treatment. UNICEF also continued to support existing nutrition rehabilitation centres offering inpatient rehabilitation for severe acute malnutrition and providing therapeutic foods. HIV and AIDS follow-up was carried out to identify children and women in emergency situation on antiretroviral treatment, and ensure post-exposure prophylaxis (PEP) kits are available in health facilities.

Sanitation and hygiene promotion has continued. Some 104 government and NGO partners and over 6,700 frontline workers/volunteers have gained knowledge and skills on promotion of proper handwashing with soap and the use of water purification products. More than 500,000 people were expected to receive hygiene and sanitation messages from these
trained volunteers/frontline workers. UNICEF has prepositioned stocks of emergency relief materials for over 100,000 people. Water purification products, buckets and hygiene kits were distributed to 8,000 flood-affected families. In addition, UNICEF installed over 500 tube wells, 900 latrines, and 300 bathing facilities for women. Solid waste management was established in camps, and basic hygiene was promoted by over 100 volunteers. Water purification tablets were distributed and their use demonstrated.

In the education sector, UNICEF scaled up the schools as ‘zones of peace’ programme to 10 conflict-affected districts and, through NGO partners, is currently training teachers and community leaders to negotiate codes of conduct to maintain access to education for nearly 50,000 children. UNICEF, with education cluster co-lead Save the Children, provided training in emergency preparedness and response for district education officers, Nepal Red Cross volunteers, and education cluster agencies in 10 districts. Districts completed capacity-mapping and planning exercises; these have helped in mounting a quick response to the 2008 flood emergency. UNICEF also stockpiled 6,000 child kits, 200 school kits, 100 UNICEF ‘school-in-a-box’ kits, and 300 tin-trunk libraries. Some 6,000 child kits, 90 school kits, and 300 tin-trunk libraries were deployed as a response to the floods. UNICEF also procured 125 early childhood development (ECD) kits.

With respect to protection, UNICEF currently supports more than 450 community-based paralegal committees in 23 districts. These committees have been instrumental in protecting children and women from violence, abuse and exploitation during emergency situations, by activating referral mechanisms and helping with reintegration. UNICEF and its partners have established a strong community network to provide reintegration services to more than 5,000 children and youth associated with armed forces and armed groups. Community reintegration support programmes also target children affected by the conflict and other vulnerable children in the community, and promote peace and reconciliation activities. UNICEF’s activities cover all terai districts affected by ongoing insecurity. During the recent flooding, emergency child protection issues were addressed successfully for the first time in Nepal. UNICEF provides technical and financial support to the Government for the development of a national plan of action for the reintegration of children affected by armed conflict, and supports district-level child protection agencies such as District Child Welfare Boards and Women’s Development Offices. The national emergency mine-risk education network, composed of 409 governmental, Nepal Red Cross and NGO focal points, has the capacity to deploy prevention activities in 68 districts in a timely manner. During the year, all minefields and improvised explosive device (IED) fields have been marked with official hazard signs. Four training courses on emergency preparedness and response were conducted for key stakeholders (national and local governmental bodies, international NGOs and community-based organizations).

3. PLANNED HUMANITARIAN ACTION FOR 2009

**Coordination and Partnership**
UNICEF collaborates closely with the UN Country Team (UNCT), local and international NGOs, and bilateral agencies. The Consolidated Appeal Process has been particularly fruitful in terms of coordination. The decentralized character of UNICEF’s implementation modalities requires continued close coordination with district authorities and civil society. UNICEF is the cluster lead for health and nutrition, water, sanitation and hygiene, and education.

**Linkages of HAR with the Regular Programme**
The Country Programme 2008–2010 focuses on community-centred initiatives in 23 districts to improve the lives of children and women. Nationwide interventions include support to the national immunization and vitamin A programmes. The Country Programme has been adapting its implementation modalities to operate effectively in the post-conflict context, and humanitarian activities are woven into the regular programme. UNICEF will target additional areas whenever they are particularly affected by the conflict or natural disasters.

UNICEF-supported programmes are expected to address the humanitarian and protection needs of children and women in the post-conflict situation as well as in the situation emerging from natural disasters. The programme is also expected to build up institutional capacity of national and district partners for an effective humanitarian response. A total estimated 1.5 million children and women are expected to benefit from the UNICEF-supported programme.
Health and Nutrition (US$ 2,817,500)

For 2009, the overall goal is to increase access to and utilization of quality, high-impact health and nutrition services in normal and emergency situations and to contribute to improved child survival and development. Some 3 million people will benefit from the following key activities:

- Preposition essential drugs and medical equipment for timely emergency response;
- Provide technical assistance to the Emergency Health and Nutrition Working Group;
- Introduce emergency nutrition surveillance to monitor increased risk of malnutrition during emergencies, hence triggering emergency interventions and coordination;
- Support nutrition and health responses in emergency-affected areas:
  - Support vaccination and treatment of childhood illnesses in emergency-affected areas for 16,000 children;
  - Provide insecticide-treated mosquito nets and undertake social mobilization to mitigate risk of malaria in emergency-affected areas;
  - Procure ready-to-use therapeutic food (RUTF), therapeutic milks and essential medicines for the rehabilitation of severely acutely malnourished children;
  - Strengthen capacity of nutrition rehabilitation centres and support the establishment of new centres;
  - Expand the CMAM approach in five new districts to increase coverage of treatment for 6,000 severely malnourished children;
- Initiate a joint UNICEF/WFP food and nutrition emergency response in the Mid-Western and Far-Western Development Regions to mitigate the impact of food insecurity and high food prices.

HIV and AIDS (US$ 100,000)

For 2009, the overall goal is to improve access to and utilization of quality services for the prevention of mother-to-child transmission (PMTCT) of HIV, paediatric AIDS, adolescent HIV prevention, and for the protection and care of children affected by HIV and AIDS. Some 25,000 people, especially women and adolescents in camps for the displaced, will benefit from the following key activities:

- Provide HIV and AIDS education for most-at-risk adolescents, women and families;
- Support the provision of antiretrovirals for HIV-positive children, pregnant and postpartum women;
- Integrate HIV prevention services (voluntary counselling and testing) into health services in camps for the displaced;
- Conduct nutrition assessment of HIV-positive children to ensure linkage with programmes for management of severe malnutrition.

Water, Sanitation and Hygiene (US$ 1,000,000)

For 2009, the overall goal is to reduce child mortality and morbidity through the adoption of improved hygiene practices and increasing use of and participation in the management of safe, sustainable drinking-water and sanitation facilities. Some 130,000 people in 13 districts will benefit from the following key activities:

- Support 8,000 families displaced by the 2008 flooding;
- Preposition relief items for shelter, hygiene, sanitation, and drinking-water purification;
- Rehabilitate water supply schemes damaged by floods and landslides;
- Train at least one NGO in each of 13 flood-prone districts for the installation of water and sanitation facilities and hygiene promotion in emergency situations;
- Train female community health volunteers, Nepal Red Cross volunteers, and health workers in the promotion of handwashing with soap, and promote and demonstrate options for household treatment of drinking water in 10 remote hill districts susceptible to annual outbreaks of diarrhoea.
**Education (US$ 500,000)**

For 2009, the overall goal is to provide quality education that is socially inclusive, conflict- and gender-sensitive, and child friendly to 50,000 displaced children, 60,000 conflict-affected children, and 3,000 teachers through the following key activities:

- Supply basic scholastic materials, including notebooks, pencils and uniforms, for 50,000 displaced children;
- Procure and distribute recreational and teaching/learning materials for 500 learning spaces, benefiting an estimated 20,000 children;
- Support the implementation of schools as ‘zones of peace’ in 10 districts;
- Procure temporary learning structure materials, including tents, for the prepositioning of 500 temporary learning spaces in disaster-prone regions for 20,000 children;
- Train 500 teachers in peace education in conflict-affected regions;
- Train 2,500 teachers in the delivery of emergency education, including psychosocial support and the use of alternative learning materials.

**Child Protection (US$ 3,600,000)**

For 2009, the overall goal is to increase access to and utilization of improved child protection systems and legislation to protect children from violence, exploitation, and abuse. Some 10,000 children affected by the armed conflict as well as 25,000 women and children in emergency situations will benefit from the following key activities:

- Undertake capacity-building of 500 paralegal committee members through training on child protection issues, including preventing and responding to gender-based violence in emergencies, as well as operational support in the field;
- Train national child protection cluster members (as subgroup under protection cluster) and regional-level stakeholders to reinforce their capacity to prevent and respond to cases of violence, abuse and exploitation, with particular focus on child separation, gender-based violence (GBV) and related psychosocial issues;
- Reinforce the capacity of key child protection stakeholders involved in the identification of separated and/or unaccompanied children, family tracing and reunification in collaboration with the cluster members;
- Carry out sensitization and advocacy campaign among affected communities on child rights and protection against all forms of violence, abuse and exploitation and family separation;
- Procure and preposition child protection kits and related emergency supplies for seasonal flooding and landslides or other emergency situations;
- Enhance response mechanisms to provide essential services to children and youth in need of special protection within emergencies, including psychosocial services and other necessary assistance, such as referral system where medical and legal services are available;
- Coordinate and support child protection activities for children affected by the conflict, especially girls, including (i) develop capacity of government and civil society partners to monitor, document, and report violations of child rights (in accordance with Security Council Resolution 1612) and prevent recruitment of children into armed forces and armed groups; (ii) provide community-based reintegration services, including access to formal and non-formal education, skills training, income-generating activities, psychosocial support, and job linkage and placement; (iii) develop community reconciliation initiatives and strategies to ensure that returning children are accepted and integrated; (iv) promote inclusion of children, youth and community groups into local peace committees; and (v) support conflict resolution;
- Support national mine action authority to reduce the humanitarian and socio-economic threats posed by improvised explosive devices, landmines and other explosive remnants of war; ensure better compliance with victim assistance needs; and provide systematic mine-risk education coverage of at-risk areas.
The northern part of Sri Lanka is facing an increasing humanitarian emergency due to intensified conflict between the Government of Sri Lanka and the Liberation Tigers of Tamil Eelam (LTTE). Ensuring adequate access to nutrition for children and women, educational opportunities, safe drinking water and adequate sanitation and hygiene, as well as protection of children and health services for over 430,0001 internally displaced persons (IDPs), IDP returnees and conflict-affected host families will be the priority for UNICEF and its partners throughout 2009. While UNICEF’s humanitarian action will focus on populations displaced due to the emergency situation in the Vanni,2 it will also include assistance and resettlement of IDPs and support to affected host communities in northern and eastern Sri Lanka.

Summary of UNICEF Emergency Needs for 2009*

<table>
<thead>
<tr>
<th>Sector</th>
<th>US$</th>
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</thead>
<tbody>
<tr>
<td>Health</td>
<td>1,100,000</td>
</tr>
<tr>
<td>Nutrition</td>
<td>2,200,000</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>4,300,000</td>
</tr>
<tr>
<td>Education</td>
<td>4,200,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td>3,200,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15,000,000</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 underfunded 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.

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1 This figure includes population displaced due to the conflict in northern and eastern Sri Lanka.

2 The Vanni is the region below the Jaffna peninsula and includes parts of Kilinochchi, Mannar, Mullaitivu and Vavuniya districts.

1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

Sri Lanka’s three-decade-long internal conflict has intensified since the Government’s withdrawal from the 2002 Ceasefire Agreement (CFA) in January 2008. The northern part of Sri Lanka is facing an increasing humanitarian emergency due to escalation of conflict, with regular aerial bombings, frequent shelling and daily confrontations between the Government and Liberation Tigers of Tamil Eelam (LTTE) troops. The total number of internally displaced persons (IDPs) in northern and eastern Sri Lanka is estimated at over 330,000 as of October 2008. The humanitarian needs are growing drastically as families face multiple displacements and see further erosion of their coping mechanisms and livelihoods. Given the current situation in the Vanni, it is likely that the IDPs will remain displaced for extended periods of time. UNICEF’s priority areas throughout 2009 will include: ensuring adequate access to nutrition for children and women, together with safe drinking water, sanitation and hygiene, education opportunities, health services, and the protection of children among the conflict-affected people. Access to beneficiaries in areas of conflict has become increasingly difficult due to ongoing military operations and restrictions imposed by both Government armed forces and the LTTE.

Preliminary results from the 2006 Sri Lanka Demographic and Health Survey (DHS 2006) indicate that 22 per cent of Sri Lankan children under age five are underweight and up to 15 per cent and 18 per cent are suffering from acute (wasting) and chronic (stunting) malnutrition respectively. Conflict-affected districts of Sri Lanka, such as Trincomalee, display figures higher than the national average with 28.1 per cent acute and 30.5 per cent chronic malnutrition recorded among children under age five in February 2008 as per World Health Organization (WHO) standards. Severe acute malnutrition amounts to 10.2 per cent in Trincomalee and 6.7 per cent in Batticaloa District, while the country prevalence is 3 per cent, representing approximately 57,000 children.

While the national average for access to potable water is 82 per cent, it is far lower in conflict-affected areas, such as the districts of Kilinochchi (13 per cent) and Mullaitivu (19 per cent). Similarly, the national average for access to safe sanitation facilities is 86 per cent, while the coverage in the conflict-affected areas is estimated to be extremely low. The conflict has disrupted education for an estimated 250,000 children; teachers have been displaced, schools occupied by IDPs, and existing services stretched due to heightened insecurity. Multiple displacements during 2008 have prevented thousands of children from performing at the required school standard and are at risk of dropping out.

Despite a strengthened mechanism in place to monitor and report on grave child rights’ violations through the implementation of Security Council Resolution 1612, the recruitment of children by armed groups continues. As of September 2008, the UNICEF database registered 6,287 children recruited by LTTE and 539 children by the Tamil Makkal Viduthalai (TMVP) since 2002. Of these, 1,424 and 130 cases respectively remain outstanding. However, the numbers referred to in the database are only those reported to UNICEF by families, which is believed to be only a fraction of all cases. The protracted conflict has further increased the risk of other child rights’ violations, such as gender-based violence, neglect, and child abuse. Displacements and pervasive indiscriminate violence, including claymore attacks, landmines/unexploded ordnance and aerial bombings, have created a climate of fear and significant disparity in vulnerable areas. This has also resulted in an increased number of children living without family care.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In close collaboration with the Government and other partners UNICEF has continued to respond to the humanitarian needs of the conflict-affected Sri Lankan population, focusing on the priority areas of health and nutrition, water, sanitation and hygiene (WASH), education and child protection.

UNICEF is leading the cluster coordination in the nutrition sector both at national and district levels and is significantly contributing to district-level coordination in the health sector. Through continued support of the Nutrition Rehabilitation Programme (NRP) in Batticaloa, Jaffna, Kilinochchi, Mullaitivu and Trincomalee districts, with a coverage of 95 per cent, over 1,700 children suffering from severe acute malnutrition have been rehabilitated and micronutrient deficiencies, such as anaemia, have been prevented and treated among 10,750 pregnant women, thus covering up to 95 per cent of the conflict-affected population.

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needs. Despite implementation challenges, including limited human resources and difficulties in bringing in therapeutic and supplementary food to the Vanni, the NRP has been successful in identifying and reducing acute malnutrition. In Jaffna District, global acute child malnutrition has dropped from 30 per cent in March 2007 to 11 per cent in February 2008, and severe acute malnutrition has dropped from 6.7 per cent to 2.8 per cent during the same period. UNICEF has further supported approximately 800 pregnant/lactating women and 17,000 children through mobile health clinics, thus covering an estimated 70 per cent of children under age five in IDP camps in the conflict-affected areas, and supported the restoration of health facilities to provide basic health services to approximately 50,000 persons.

The UNICEF-led WASH cluster at national and zonal/district levels resulted in improved coordination and more efficient response. Some 65,000 IDPs and 50,000 resettled persons in northern and eastern districts were provided access to safe water and adequate sanitation services as per Sphere standards through the construction of emergency and semi-permanent toilets, drilling of tube wells, installation of handpumps, digging of hand dug wells, distribution of hygiene kits and provision of hygiene promotion activities.

The education cluster, jointly led by UNICEF and Save the Children in Sri Lanka, in cooperation with a network of national and international NGOs, UN agencies and government structures, particularly the Ministry of Education, was able to rapidly construct 33 temporary learning spaces, thus covering over 80 per cent of the needs, distribute appropriate education supplies for over 72,000 children and achieve wide coverage in training on emergency preparedness and response as well as improve networks for the training of teachers in psychosocial techniques. Another achievement was the initiation of a programme aiming to support children unable to attend school on a daily basis due to security constraints by developing curriculum-based home/school modules in order for them to maintain the required standard for their grade. The psychosocial impact of the emergency was mitigated through the establishment of child-friendly spaces in northern and eastern Sri Lanka both in IDP camps and communities that provided regular, structured activities for more than 15,000 conflict-affected children.

In 2008, 539 children, formerly recruited by armed groups and released, were provided with reintegration support, including their participation in vocational training. Up to 50 village protection committees were established in vulnerable areas involving communities in the protection of children who returned home, and preventing recruitment and re-recruitment. In addition, 21,000 community members acquired increased knowledge on mine-safe behaviour and on the danger of landmines and unexploded ordnance through mine-risk education (MRE). Main challenges of the emergency response relate to the lack of humanitarian access and the deteriorating security situation due to escalation of fighting in the Vanni.

3. PLANNED HUMANITARIAN ACTION FOR 2009

**Coordination and Partnership**

As cluster lead, UNICEF supports the coordination of the nutrition, water, sanitation and hygiene (WASH) and education sectors, 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, coordinated by UNICEF at field level; and with the World Food Programme (WFP) for the food security and logistics sector.

**Linkages of HAR with the Regular Programme**

The Humanitarian Action Report (HAR) emergency appeal and the Country Programme (2008–2012) are complementary. National capacity development, policy analysis and reforms, and related technical assistance to fulfil the Government’s human rights obligations are supported mainly under the Country Programme, while UNICEF’s humanitarian response, which is focused in northern and eastern Sri Lanka, further promotes standards and international norms in reaching UNICEF’s Core Commitments for Children in Emergencies.

The priority of UNICEF’s humanitarian response in 2009 in line with UNICEF’s Core Commitments for Children in Emergencies will be the provision of emergency relief to reduce vulnerabilities among 330,000 IDPs and over 100,000 host community and resettled families in eight districts in northern and eastern Sri Lanka. UNICEF will also support activities that will build confidence and support stabilization of communities. As an immediate measure, UNICEF is prepositioning supply items in Vavuniya in order to be able to rapidly respond to critical needs of IDPs in the Vanni.
Health (US$ 1,100,000)

For 2009, the overall goal in the health sector is to ensure that critical curative and preventive health services are delivered to 430,000 IDPs and host communities, including 40,000 children and 3,200 pregnant/lactating women. Key activities will include:

- Procure and distribute essential supplies to 50 health centres to provide basic maternal and child health clinic services, covering up to 95 per cent of the needs;
- Facilitate outreach mobile clinic services for displaced populations;
- Facilitate refresher courses for 50 health staff and training for 100 rural health assistants in maternal and child health clinic activities, with emphasis on the strengthening of immunization services and cold-chain management;
- Rehabilitate/reconstruct 50 health facilities to provide high quality maternal, neonatal and child health services in the districts where the resettlement process is ongoing;
- Support the Government in ensuring maintenance of immunization and emergency obstetric care services in conflict-affected areas;
- Contribute to the prevention of outbreaks of communicable diseases (typhoid and viral hepatitis) through the provision of vaccines.

Nutrition (US$ 2,200,000)

For 2009, the overall goal is to minimize the impact of the ongoing crisis on the health and nutritional status of children under age five and pregnant/lactating women in affected areas. UNICEF and partners will assist the Ministry of Healthcare and Nutrition in the areas of nutritional surveillance, provision of therapeutic food and capacity development of health workers, through the following key activities:

- Continue supporting the establishment of the Nutrition Rehabilitation Programme (NRP) to cover 10 new sites in all affected districts with high levels of severe acute malnutrition; continue supporting previously established programme in two districts to treat 5,000 severely malnourished children covering 95 per cent of needs; in close collaboration with WFP, further pursue activities to manage moderate acute malnutrition through supplementary feeding programmes targeting 15,000 children;
- Support the implementation of two rounds of the nutritional surveillance programme in all affected districts to monitor the NRP programme;
- Procure and distribute vitamin A and deworming tablets to 40,000 children under age five in affected districts;
- Procure and distribute iron/folic acid, deworming tablets, calcium and vitamin C to 3,200 pregnant/lactating women in affected districts;
- Train 50 health personnel in affected districts in treating children with severe acute malnutrition.

Water, Sanitation and Hygiene (US$ 4,300,000)

For 2009, the overall goal is to ensure that outbreaks of waterborne diseases are prevented. Up to 266,500 IDPs and resettled persons as well as host communities, particularly children and women, will have access to safe water supplies, adequate sanitation facilities and hygiene, according to Sphere standards. Some 5,000 children in resettled areas will have access to child-friendly water and sanitation facilities in 100 schools. The targeted beneficiaries will be reached through the following key activities:

- Construct 500 emergency/semi-permanent toilets for IDPs in conflict-affected areas, 500 permanent toilets with septic tank and soakage pits for resettled IDPs and 50 disability-friendly bathing areas, ensuring privacy for men and women in areas of temporary settlement;
- Rehabilitate/construct 500 water supply systems, including dug wells, tube wells, rainwater harvesting tanks and boreholes to provide safe drinking water to some 100,000 persons in IDP camps as well as in areas of return;
- Construct water drainage channels in IDP concentration points;
- Distribute 20,000 hygiene kits and 2,000 toilet cleaning kits, 3,000 water storage tanks, 20,000 small water tanks/plastic buckets for household water supply storage and 5,000 refuse bins, to assist a total of 150,000 displaced and resettled persons;
As cluster lead, facilitate sector data collection and information management and sharing, standardization of designs as well as coordination meetings at national and district levels with government counterparts and other actors;

Provide training to 30 local water authority management teams and 4 central teams in water and sanitation assessments, strategic options, rehabilitation planning, leak detection, water testing, repair and maintenance of mini water supply systems to ensure sustainable safe water for IDPs, resettled persons and host communities;

Train 300 Public Health Inspectors on provision of hygiene education and hygiene awareness programmes in schools and amongst local communities;

Promote hygiene education and hygiene awareness programmes in 100 schools and 50 local communities in order to complement existing water and sanitation services, reaching approximately 30,000 children and 20,000 community members;

Construct/rehabilitate wells and provide adequate sanitary facilities to 100 schools.

**Education (US$ 4,200,000)**

For 2009, the overall goal is to provide access to quality education with minimal disruption for conflict-affected children. A total of 100,000 displaced and war-affected children and 2,500 teachers will benefit directly, with some 200,000 families as indirect beneficiaries, through the following key activities:

- Construct 100 temporary learning spaces to accommodate 30,000 displaced schoolchildren;
- Provide 100,000 children with: (a) an individual stationery kit, including notebooks, pencils, geometry sets etc., adapted for primary and secondary needs; (b) kits of library books; and (c) a school recreational kit, providing sport and play equipment for cricket, football, badminton etc.;
- Train 2,500 teachers in psychosocial techniques and integration of displaced children, conflict resolution and accelerated learning to enable them to respond more effectively to children’s needs; each teacher will receive a kit containing paints, paper, scissors and other basic material;
- Rehabilitate 100 damaged schools requiring repairs, to accommodate 30,000 schoolchildren;
- Implement a community-supported home/school programme for an estimated 20,000 children unable to attend school every day for security reasons, by training teachers and community members, printing modules and providing supplementary material;
- Organize catch-up education activities for all children who missed out on school due to displacement and conflict (an estimated 25,000 children) to enable them reach the required standard for their grade.

**Child Protection (US$ 3,200,000)**

For 2009, the overall goal is to prevent and respond to grave violations of child rights, including child recruitment, and to provide children directly affected by the conflict with community-based protection and psychosocial support. The affected children will be reached through the following key activities:

- Strengthen the response to violations of children’s rights through an enhanced monitoring mechanism in line with UN Security Council Resolution 1612; strengthen advocacy strategies at both national and local levels and support advocacy at the international level;
- Provide care and reintegration activities to an estimated 1,500 children associated with armed groups;
- Provide psychosocial support for 50,000 children through child-friendly spaces and Children’s Clubs in camps and communities, and through the training of teachers in areas affected by displacement;
- Strengthen community-based protection networks for the prevention of child rights’ violations, as well as referrals to appropriate services and authorities;
- Provide emergency care and protection for children deprived of family care;
- Facilitate mine-risk education benefiting 250,000 community members in conflict-affected communities to minimize the risks of mine accidents;
- Provide emergency response for all separated or unaccompanied children due to the conflict, with 500 children as a planning figure based on previous experience.
The children of Timor-Leste are still suffering the consequences of the violence generated by the political and civil unrest in 2006. Although the number of camps hosting internally displaced persons is decreasing, the overall situation remains fragile. Civil unrest and natural disasters are among the recurrent challenges. Child malnutrition is among the highest in the region with signs of deterioration. The 2007 Timor-Leste Survey of Living Standards reveals that 49 per cent of all children under age five are underweight, 54 per cent are stunted and 25 per cent are wasted. Children are at particular risk of violence, abuse and exploitation in the prevailing environment marked by poverty, conflict and displacement. Socio-economic factors constrain the protective capacities of parents and communities.

<table>
<thead>
<tr>
<th>Core Country Data</th>
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<tbody>
<tr>
<td>Child population (Census 2004 projection)</td>
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<tr>
<td>U5 mortality rate (Census 2004)</td>
</tr>
<tr>
<td>Infant mortality rate (Census 2004)</td>
</tr>
<tr>
<td>Primary school enrolment ratio, 2000–2007, net, male/female (Health Management Information System (HMIS) 2007)</td>
</tr>
<tr>
<td>% U1 fully immunized (DPT3) (HMIS 2007)</td>
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<tr>
<td>% population using improved drinking-water sources (Timor-Leste Survey of Living Standards 2007)</td>
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<tr>
<td>% U5 suffering moderate and severe underweight (Timor-Leste Survey of Living Standards 2007)</td>
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</tbody>
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<table>
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<tr>
<th>Summary of UNICEF Emergency Needs for 2009*</th>
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<tbody>
<tr>
<td><strong>Sector</strong></td>
</tr>
<tr>
<td>Health and Nutrition</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>Education</td>
</tr>
<tr>
<td>Child Protection</td>
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<tr>
<td>Adolescents and Youth Participation</td>
</tr>
<tr>
<td>Advocacy and Communication</td>
</tr>
<tr>
<td>Emergency Coordination, Monitoring and Evaluation</td>
</tr>
<tr>
<td>Total**</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 underfunded 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.
1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

With half of its population under age 18 Timor-Leste still faces multiple challenges. Humanitarian needs have been of concern since the crisis of April/May 2006 that led to the destruction and damage of 6,000 homes, followed by the displacement of over 100,000 persons. Additional unrest caused violence and displacement following the formation of the new Government in August 2007. In 2008, the number of internally displaced persons (IDPs) living in camps is decreasing as 50 per cent of the estimated 100,000 IDPs have received return and reintegration packages from the Government. Despite this recent positive development, the overall situation remains fragile. Civil unrest and natural disasters, such as floods, drought, severe storms and landslides, are among the major recurrent challenges. Hazards increasingly impact the districts by gradually eroding the coping mechanisms of the population. There is heavy subsistence pressure on natural resources, and the annual deforestation rate (1.2 per cent) is among the highest in the region and over twice the average for low-income countries as a whole.

Timor-Leste has high rates of under-five mortality (130 per 1,000 live births), infant mortality (90 deaths per 1,000 live births), neonatal mortality (55 per 1,000 live births) and maternal mortality (660 per 100,000 live births). Poor dietary practices, limited availability and gender-based differences in the distribution of food contribute to high incidence of anaemia among females in Timor-Leste. Antenatal and postnatal care for women giving birth is not widespread and most babies are delivered at home. Access to health professionals and facilities is difficult due to distances; and the quality of available essential services and referral systems for emergencies remains poor.

The nutritional situation of children is alarming. High rates of child and maternal malnutrition indicate less than optimal physical and intellectual growth among children. Child malnutrition in Timor-Leste is amongst the highest in the region with signs of deterioration. Data show that the situation has worsened: the prevalence of underweight has increased from 46 per cent in 2003 to 49 per cent in 2007; stunting has grown from 49 per cent to 54 per cent; and wasting among children from 12 per cent to 25 per cent. Only 31 per cent of children are exclusively breastfed. Low levels of nutritional knowledge and many misconceptions and food taboos inhibit the effective utilization of foods. As Timor-Leste is a net food importer, the global high consumer food prices and their impact on the country are of concern. This trend is feared to exacerbate the already precarious nutritional status of many women and children. Food prices increased by 13 per cent in 2007 and the trend continued in 2008. In the absence of formal social safety nets and in order to hold down consumer prices, the Government has been importing rice for resale to local retailers.

Population’s access to safe water sources (63 per cent) and improved sanitation (49 per cent) is low, with high urban-rural disparities. The National Directorate of Water and Sanitation Services (DNSAS) and the Ministry of Health have limited resources to respond to the needs of vulnerable populations and communities affected by natural disasters. Natural disasters limit children’s access to education in disaster-prone rural areas. A data system on affected schools, which is currently being developed, will collect and disseminate information and strengthen preparedness and response mechanisms.

Children are greatly at risk of violence, exploitation and abuse. Protective response mechanisms are very weak. The number of social workers is extremely low (two nationwide) and few professionals are equipped with the knowledge and skills to address child abuse cases. Domestic violence, including gender-based violence, is the second most reported crime. Physical punishment of children is a common cultural practice for disciplining children at home and in schools. Children work to support the household subsistence economy by performing domestic chores or working outside the home.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In close collaboration with the Ministries of Health (MoH), Education (MoE), Social Solidarity (MSS), Justice (MoJ) and the National Directorate of Water and Sanitation Services (DNSAS) as well as international partners, including the Office for the Coordination of Humanitarian Affairs (OCHA), the UN Development Programme (UNDP), the UN Integrated Mission in Timor-Leste (UNMIT), the World Food Programme (WFP), the World Health Organization (WHO), CARE, Catholic Relief Services (CRS), Concern, Christian Children’s Fund (CCF), Oxfam, Plan International, and the International Organization for Migration (IOM), UNICEF continued to respond to the humanitarian needs of women and children through its regular programme and through its emergency response to localized disasters. UNICEF, Concern and MoH piloted a community-based management of acute malnutrition (CMAM) programme in one district and are now planning to roll out in five districts.

UNICEF and partners monitored national trends of global and severe acute malnutrition (GAM and SAM) through monthly growth monitoring. UNICEF procured contingency stocks of ready-to-use therapeutic food (F75 and F100) for the treatment of severely malnourished children, while promoting breastfeeding in communities/IDP camps through mother support group activities.
The provision of water, sanitation and hygiene (WASH) helped avert disease outbreaks in camps. While UNICEF was committed to addressing the residual humanitarian needs, returnee children and families continued to be targeted through the regular programme. UNICEF is enhancing the capacity of WASH staff of both the Government and international partners in emergency preparedness and response. To this end, the Country Office supported the participation of two partners, including one government official, in a training of trainers on WASH in emergencies. UNICEF conducted a WASH capacity mapping exercise and a contingency planning exercise with partners in October and November 2008. In support of the return and reintegration of IDPs and prior to camp closures, UNICEF in collaboration with WASH partners disseminated information on procedures for new water system connections, and best practices on the use of water supply and sanitation facilities at family and community levels.

UNICEF continued to support the Ministry of Education (MoE) by enhancing its capacity to provide emergency education through the development of emergency preparedness and response plans at all levels. Key MoE staff participated in a regional capacity-building workshop in April 2008. UNICEF provided a technical expert to help develop MoE logistical capacity for material distribution, warehousing and supply management at national, regional and district levels. School backpacks were supplied to new first-grade students in priority districts. UNICEF in collaboration with MoE organized a workshop on Minimum Standards for Education in Emergencies that was held in Dili, in October 2008. National-, regional- and district-level MoE staff participated in the workshop in addition to key NGO partners. The aim was to familiarize MoE staff and NGO partners with the Minimum Standards and to introduce the education cluster approach.

UNICEF continued to work with the National Police (PNTL) to establish child-friendly police stations across the country, including in areas of return, relocation and displacement. As of October 2008, six child-friendly stations, reaching about 100 child abuse cases per month, were established in Timor-Leste. This initiative spearheaded by UNICEF and the national Vulnerable Persons Unit (VPU) equips police stations in all districts with police officers trained on Rules of Procedure for Child Abuse and Children at Risk. UNICEF and the Ministry of Social Solidarity (MSS) worked together to train newly appointed MSS child protection officers, community leaders, social animators, and Child Protection Networks’ institutional focal points (education, health etc.) on child protection; case management; reporting of violence, exploitation and abuse; as well as how to conduct community outreach on child protection. UNICEF also worked with the emergency Child Protection Working Group and MSS to expand social welfare services to crisis-affected and other vulnerable children. The Ministry of Justice with the support of UNICEF developed a new draft juvenile justice legislation to ensure a protective legislative framework for children in contact with the law.

A total of 5,450 youths in and out of school in all 13 districts received training in life skills-based education and 40 adolescents benefited from basic literacy classes in two IDP camps. Thirty-five HIV/AIDS peer educators from seven national NGOs received peer educator training and provided peer-to-peer education sessions for 4,800 youths in and out of school in all 13 districts. Radio and television programmes were produced with the participation of youth, including displaced children, in partnership with children’s editorial teams. Key preparedness messages developed prior to the start of the rainy season were disseminated countrywide. District-based communication and information centres for adolescents were established in two districts.

3. PLANNED HUMANITARIAN ACTION FOR 2009

Coordination and Partnership
The Humanitarian Coordination Committee, a local adaptation of the Inter-Agency Standing Committee (IASC), chaired by the Humanitarian Coordinator/Regional Coordinator/Deputy Special Representative of Secretary-General (HC/RC/DSRSG), is the current international humanitarian coordination mechanism. Sectoral working groups chaired by the Government and supported by international partners coordinate the residual humanitarian assistance, while the international community continues to support the government’s National Recovery Strategy and the National Priorities. Discussions are currently underway to roll out a ‘standby’ cluster system in the country.

Linkages of HAR with the Regular Programme
In 2009, UNICEF Timor-Leste will begin its new Country Programme. Emergency preparedness and response continue to be an integral part of the Country Programme, which contributes to nation-building through the progressive realization of children’s rights, and the achievement of the MDGs. The programme will encompass emergency preparedness and response, including disaster risk reduction strategies and preparation for cluster leadership, as key cross-cutting priorities for all programmes.
UNICEF will continue to meet residual humanitarian needs of the remaining IDPs which, as of November 2008, represent half of the estimated 100,000 displaced people; assist vulnerable women and children affected by natural disasters in the country, and provide ongoing support to the Government in addressing its national priorities. Key planned actions will incorporate transitional activities, while dealing with critical elements of a minimum level of emergency preparedness across all sectoral areas.

**Health and Nutrition (US$ 1,100,000)**

For 2009, the overall goal is to continue supporting MoH with supplies and technical/logistical capacity to reach a total of 77,043 women of childbearing age and 60,823 children under age five in five target districts (Manatuto, Ermera, Aileu, Oecussi and Viqueque) to achieve full immunization and emergency obstetric care. MoH staff will be equipped to deliver inpatient therapeutic feeding countrywide. Community-based therapeutic feeding now piloted in one district will be rolled out in five. Community-based networks will be strengthened through the Family Health Promoter Programme to expand service coverage. Key activities will include:

- Procure sufficient vaccines, cold-chain and related equipment for 25 community health centres;
- Procure communications and logistics equipment for immunization outreach;
- Provide support for outreach activities and promotion of immunization;
- Procure communications and logistics equipment for emergency obstetric care;
- Train and provide supplies to 50 district health staff in immunization and therapeutic feeding;
- Support the training of midwives and health staff in emergency obstetric care;
- Continue supporting the implementation of the Family Health Promoters Programme to strengthen monitoring systems and community support structures;
- Implement the infant and young child feeding communication strategy throughout the country;
- Recruit national and international technical assistance to manage and implement the programme.

**Water, Sanitation and Hygiene (US$ 1,500,000)**

For 2009, the overall goal is to integrate water supply, improved sanitation and hygiene into a comprehensive package addressing the needs of affected communities. Activities will be implemented by community-based organizations with the support of local NGOs and/or contractors. Interventions will include:

- Provide safe, clean and reliable water supply systems and support sanitation and hygiene promotion in at least 30 schools/communities in six districts, reaching 21,000 people (about 4,200 children);
- Facilitate the construction/rehabilitation of 3,000 household latrines (about 14,000 people) in districts;
- Help develop human resources and build capacity in the government water and sanitation sector and partner NGOs for emergency preparedness and response, through orientation/training;
- Develop promotional materials for improved sanitation and hygiene for schools and communities;
- Provide WASH support to approximately 20,000 disaster-affected people in three to five districts;
- Build up and maintain a minimum emergency stock of water storage tanks, water purification tablets, construction materials, water and hygiene kits and other emergency supplies for 15,000 people;
- Recruit national and international technical assistance to manage and implement the programme.

**Education (US$ 300,000)**

Just like the previous year, in 2009 the emergency preparedness and response component of the education programme is fully funded under the Dutch Emergency Education grant. Education will continue to focus on building capacity and structures for emergency preparedness and response at national, regional and district levels of the MoE. This will include the development of a manual and a training programme tailored to the needs of Timor-Leste at national, regional and district levels as well as the preparation of response plans at all levels. In addition, UNICEF will support the development of emergency school kits, based on locally available resources or regionally easily accessible resources. The school kit will include teaching/learning materials as well as teacher’s manuals to address specific needs in times of emergency, such as...
stress management and conflict resolution. UNICEF will also continue to support school rehabilitation projects to strengthen the participation of parents and community in improved school quality.

**Child Protection (US$ 300,000)**

For 2009, the overall goal is to reach at least 30,000 crisis-affected and other vulnerable children and their families through community- and district-based child and family welfare, as well as child-friendly police and justice interventions, so as to better ensure access to legal, psychosocial, health and social welfare support for all child victims of abuse, violence and exploitation. Key activities will include:

- Provide technical support and leadership to the Child Protection Working Group to coordinate child protection advocacy, policy and programme activities across the country;
- Support psychosocial activities (play, recreation and other activities) for at least 500 vulnerable children in priority districts to create child-friendly communities for children. Activities will be implemented in partnership with local and international NGOs and the local administration, with particular reference to the Directorate of Social Reinsertion. Already procured recreation kits will be distributed to all partners, including those in the Child Protection Working Group;
- Provide ongoing support to community-based Child Protection Networks at the district and suco (village) levels, to monitor and report child protection concerns and develop village advocacy campaigns to protect children from violence, exploitation and abuse;
- Work with the police to create child-friendly police stations in every district offering child-friendly law enforcement services for children in contact with the law (victims, offenders and witnesses) reaching at least 1,000 children every year;
- Provide technical assistance and human resources to Government, particularly the Ministry of Social Solidarity and the Ministry of Justice to implement new policies and procedures related to children's protection in emergencies (e.g., Guidelines on Separated and Unaccompanied Children).

**Adolescents and Youth Participation (US$ 300,000)**

For 2009, the overall goal is to continue providing life skills-based education to 5,000 youths in and out of school in all 13 districts and HIV/AIDS awareness through peer education for 20,000 youth. Activities will include:

- Support HIV/AIDS prevention activities targeting 20,000 youths in and out of school;
- Provide training on life skills-based education for 5,000 youths in and out of school;
- Set up 65 literacy equivalency classes (25 students per class) and 260 basic literacy classes;
- Support sporting activities and youth-initiated community peace promotion and reconciliation initiatives reaching some 10,000 young people;
- Stockpile canopies for 30 learning spaces for emergency response.

**Advocacy and Communication (US$ 200,000)**

Providing information and stimulating debate on youth issues is most effective if young people themselves can express their views and opinions (through national radio/TV and 17 community radio stations in all 13 districts). Key activities will include:

- Conduct focus group discussions with children and youth on the type of information they would want to access and media activities they would like to participate in;
- Develop, produce and disseminate key radio announcements and information materials on children and women's protection, health, education, early childhood care and development;
- Support local media to improve quality and balance of reporting, especially on the situation of internally displaced children and women;
- Work with district-based communication and information centres for adolescents to provide information;
- Conduct training for community radios for them to develop, produce and air programmes on health, education and protection;
- Provide civic education for children and young people in collaboration with faith-based organizations, including youth groups;
• Prepare press releases/human interest stories for the UNICEF website and local/international media;
• Maintain minimum stock of UNICEF advocacy supplies for emergency;
• Provide technical and human resources to community radios, national radio and television and other communication partners for them to effectively advocate child rights and to effectively monitor activities.

**Emergency Coordination, Monitoring and Education (US$ 250,000)**

• Discussions are underway to initiate the roll-out of standby clusters in Timor-Leste in 2009. This will entail increased work in UNICEF-led sectors to improve emergency preparedness among partners in the sectors and to better prepare humanitarian responses. An Emergency Specialist has been coordinating UNICEF’s wide range of areas in emergency preparedness and response. In accordance with the implementation of the humanitarian reform, this function should carry on in 2009 to further enhance sectoral coordination under Government and inter-agency coordination structure. Additional funds will be required to carry on the position.

• Continue monitoring emergency responses in close collaboration with relevant ministries to track progress. A DevInfo emergency database will be created in 2009 to monitor the results of emergency responses.

• Evaluate UNICEF-supported emergency responses to gather lessons learnt and continue improving ongoing support to affected populations and enhancing emergency preparedness.