



# UNICEF HUMANITARIAN ACTION REPORT 2009

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For full report, see [www.unicef.org/har09](http://www.unicef.org/har09)

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## FOREWORD

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The year 2008 has seen significant global humanitarian challenges ranging from devastating natural disasters, escalating food and oil prices to worsening conflict situations.

In recent decades, the number and severity of natural disasters has increased significantly. In 2008 alone, there was a devastating hurricane season affecting the Caribbean, catastrophic earthquakes in China and Pakistan, a worst-ever cyclone disaster in Myanmar's history, floods and landslides in South Asia, and drought and floods in the Horn of Africa. Humanitarian situations have also deteriorated in several ongoing and protracted emergencies, including renewed fighting in eastern Democratic Republic of the Congo and worsening food insecurity in Zimbabwe.

Increasingly complex humanitarian crisis situations require emergency preparedness, rapid response, capacity-building of all actors involved and sound partnerships with governments, UN agencies, NGOs and communities. UNICEF is committed to further improving its capacity to protect children and women around the world and alleviate their suffering.

The *Humanitarian Action Report (HAR)* is UNICEF's annual appeal for children and women affected by emergencies around the world. The 2009 report comprises 36 countries in the six UNICEF regions.

Children and women suffer most from conflict, war, natural disasters and dire health and nutrition situations. We rely on your support to be able to respond effectively and efficiently to the needs of children and women affected by emergencies and to ensure their protection and well-being.



A handwritten signature in black ink, which appears to read 'Ann Veneman'. The signature is fluid and extends to the right with a long horizontal stroke.

**Ann M. Veneman**  
*Executive Director*

# UNICEF HUMANITARIAN ACTION FUNDING REQUIREMENTS FOR 2009

Region/Country	Funding requirements for 2009 (US\$)
<b>ASIA-PACIFIC</b>	<b>1,290,000</b>
Afghanistan	15,500,000
Democratic People's Republic of Korea	13,000,000
Myanmar	20,000,000
Nepal	8,017,000
Sri Lanka	15,000,000
Timor Leste	3,950,000
<b>CENTRAL AND EASTERN EUROPE, COMMONWEALTH OF INDEPENDENT STATES</b>	<b>750,000</b>
Tajikistan	2,000,000
<b>EASTERN AND SOUTHERN AFRICA</b>	<b>10,538,906</b>
Angola	4,500,000
Burundi	8,934,800
Eritrea	12,400,000
Ethiopia	71,100,000
Kenya	19,180,000
Madagascar	6,600,000
Malawi	5,025,000
Mozambique	7,600,000
Somalia	79,459,883
Uganda	81,045,380
Zambia	4,896,438
Zimbabwe	88,200,000
<b>MIDDLE EAST AND NORTH AFRICA</b>	<b>600,000</b>
Djibouti	5,977,682
Iraq	61,677,262
Occupied Palestinian Territory	42,228,022
Sudan	147,622,862
Yemen	2,050,000
<b>THE AMERICAS AND CARIBBEAN</b>	<b>2,800,000</b>
Colombia	5,450,000
Haiti	11,500,000



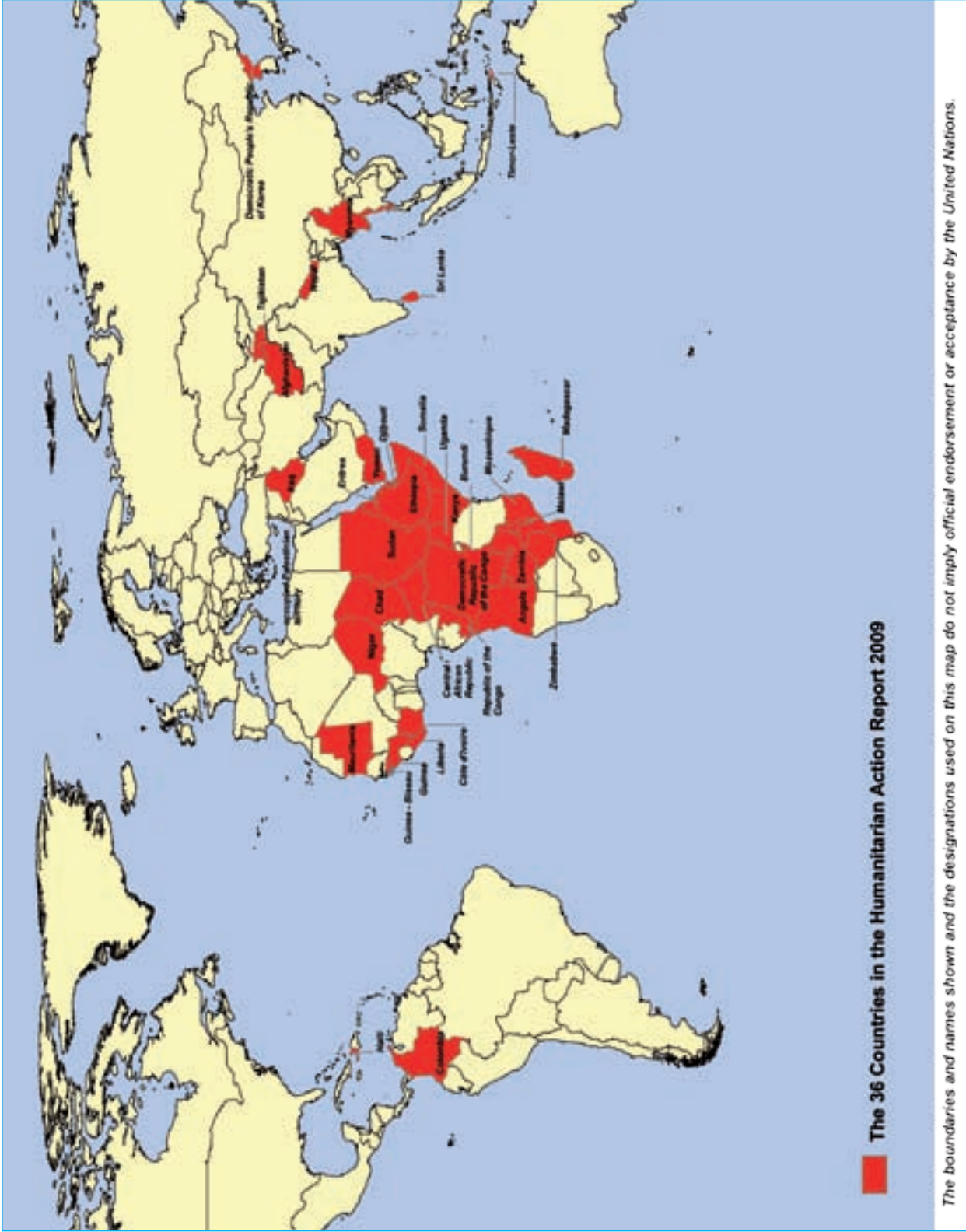
<b>WEST AND CENTRAL AFRICA</b>	<b>30,158,874</b>
Central African Republic	12,481,330
Chad	34,623,980
Congo, Republic of the	2,634,120
Côte d'Ivoire	7,752,637
Democratic Republic of the Congo	115,500,000
Guinea	6,003,881
Guinea-Bissau	2,082,000
Liberia	13,095,000
Mauritania	3,200,000
Niger	14,069,148
<b>TOTAL CAP</b>	<b>689,771,356</b>
<b>TOTAL OTHER APPEALS</b>	<b>38,517,000</b>
<b>TOTAL NON CAP</b>	<b>272,205,849</b>
<b>TOTAL</b>	<b>1,000,494,205</b>

Funding requirements of Regional Office

Appeal outside the Consolidated Appeals Process (NON CAP)

Appeal within the Consolidated Appeals Process (CAP)

Other Appeals

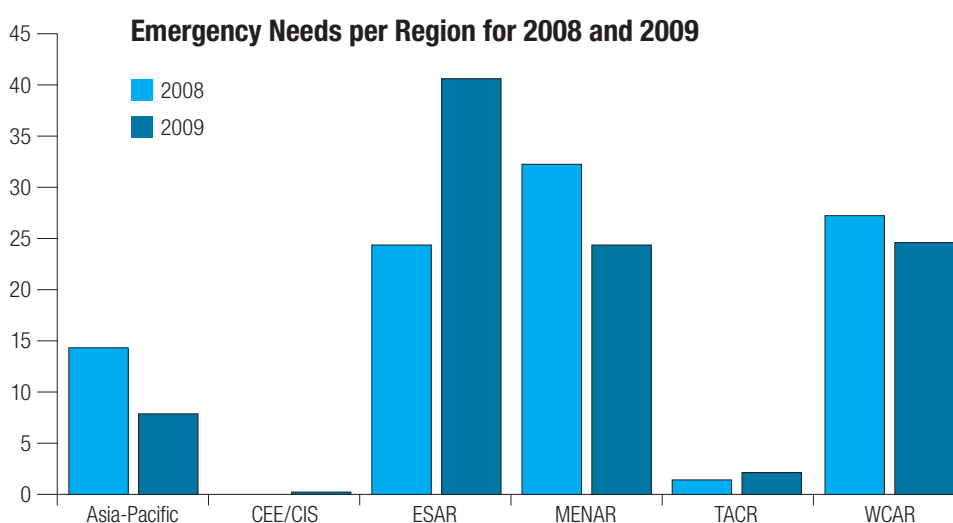


# UNICEF HUMANITARIAN ACTION AND THE CHALLENGES AHEAD

## 1. THE HUMANITARIAN ACTION REPORT

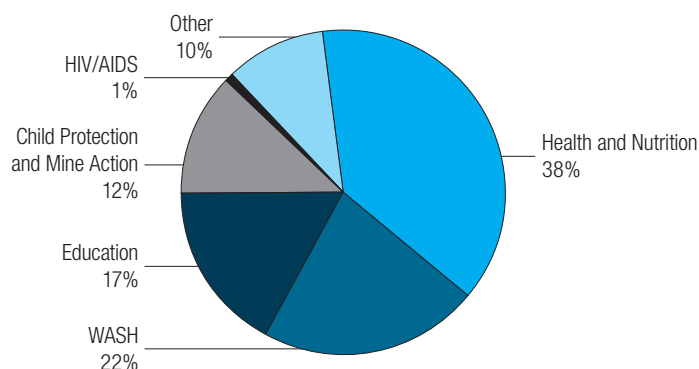
The *Humanitarian Action Report (HAR)* is UNICEF's annual humanitarian funding appeal for children and women affected by protracted emergencies. In 2009, requirements to support UNICEF-assisted emergency response total US\$ 1,000,494,205 – a 17 per cent increase compared to 2008. The HAR 2009<sup>1</sup> includes 36 countries, compared to 39 countries in 2008,<sup>2</sup> with the addition of Myanmar, Tajikistan and Yemen.

Compared to 2008, the Eastern and Southern Africa region has almost doubled its financial needs for protracted emergencies. Ethiopia, Somalia and Zimbabwe were most decisive in this development, with Zimbabwe requiring nearly five times more funding. Over half of the funds raised will ensure the continuation of UNICEF's support to the five largest humanitarian operations worldwide: Democratic Republic of the Congo, Somalia, Sudan, Uganda and Zimbabwe.



By sector, health and nutrition needs amount to 38 per cent of the total emergency funding, followed by water, sanitation and hygiene (WASH) with 22 per cent. UNICEF is global cluster lead for nutrition, WASH and child protection and co-leads the education cluster with Save the Children.

### Emergency Needs per Sector for 2009



<sup>1</sup> The HAR is complementary to the Consolidated Appeals Process (CAP). Its funding requirements are equal to or higher than UNICEF's requirements outlined in the CAP and the number of countries is also higher.

<sup>2</sup> Jordan, Lebanon, Lesotho, Pakistan, Swaziland and the Syrian Arab Republic were separate country chapters in 2008.

## 2. THE HUMANITARIAN ACTION REPORT – JUST A SMALL FRACTION OF UNICEF'S EMERGENCY RESPONSE<sup>3</sup>

Emergencies included in this *Humanitarian Action Report* represent only a small fraction of UNICEF-assisted emergency response. UNICEF is present in the field in more than 150 countries, which gives it a comparative advantage in addressing new emergencies. Between 2005 and 2007,<sup>4</sup> UNICEF responded annually to some 276 emergencies in 92 countries. On average, only 25 per cent were ongoing or protracted emergencies, while 75 per cent were new emergencies.

Emergencies may take the form of disasters, socio-political conflict, epidemics, systematic human rights violations, or any other situation which puts at risk the rights and well-being of women and children to such an extent that extraordinary measures are required. Between 2005 and 2007, over 50 per cent of emergencies were caused by disasters, whereas conflict-related interventions accounted for 30 per cent and health-related emergencies for 19 per cent of UNICEF's emergency response.

## 3. THE IMPORTANCE OF PARTNERSHIPS AND CAPACITY-BUILDING

UNICEF is committed to enhanced and sustained partnerships in emergencies, which contribute to the realization of children's and women's rights. UNICEF has a significant and diverse range of partnerships in humanitarian action and beyond, mainly with other UN agencies, NGOs, the Red Cross movement and other international and regional organizations. This is true at the level of practical delivery and coordination on the ground, in standard-setting, in humanitarian advocacy and in achieving policy change.

UNICEF has endorsed the Global Humanitarian Platform (GHP) principles,<sup>5</sup> which are being institutionalized across UNICEF and addressed in a variety of processes, including cluster leadership functions, the NGO-UNICEF Project Cooperation Agreement (PCA) framework, emergency and preparedness response training and the revision of UNICEF's *Core Commitments for Children in Emergencies*, among others. Consultation mechanisms will be sustained to engage key humanitarian NGOs more systematically as strategic partners for UNICEF in emergencies. NGO capacity-building in emergencies will be jointly initiated to strengthen emergency preparedness, response and early warning systems. Communication in emergencies will be enhanced and an NGO liaison function established at the global level.

In addition to building and sustaining partnerships, UNICEF is committed to further enhancing its own capacity to prepare for and respond to emergencies. UNICEF's Global Humanitarian Capacity-Building Programme aims to bring about an improved humanitarian action. Achievements to date include: strengthening cluster coordinators; developing simplified financial and administrative guidelines for emergencies; implementing the monitoring and reporting mechanism on grave child rights' violations; improving the capacity for addressing gender programming within humanitarian action; deploying efficient surge staff and improving rosters; continue expanding standby partners; and increasing logistics capacity.

Country-level risk reduction efforts will be strengthened in programme initiatives and pilot projects to enhance knowledge, skills and resources of partners in all points of the risk management cycle – before, during and after emergencies. It is expected that UNICEF will work closely with a variety of partners – governments, NGOs, Red Cross/Red Crescent organizations and other civil society actors – while maintaining its own high level of internal emergency preparedness and response capacity.

3 Information based on the global study undertaken by the Office of Emergency Programmes (EMOPS) – Early Warning and Preparedness Unit, *UNICEF's Emergency Response in 2007*, Summary Data, July 2008.

4 Data for the year 2008 were not available at the time of writing.

5 UNICEF endorsed the following GHP principles of partnership: equality, transparency, result-oriented approach, responsibility and complementarity.

## 4. CHALLENGES AHEAD: HIGH FOOD PRICES AND CLIMATE CHANGE

### *The Impact of High Food Prices on UNICEF's Humanitarian Action*

A majority of the countries included in the HAR have been negatively affected by the high food prices to consumers, which have aggravated the nutritional situation of children and women in vulnerable settings. Whereas in 2007 it was estimated that 850 million<sup>6</sup> people persisted in a hunger status of concern, the high prices have likely increased that number to 950 million.<sup>7</sup> Even prior to 2008, many families were struggling to survive, although prices fell by 75 per cent between 1974 and 2005. Between May 2007 and May 2008, the food price index rose by 50 per cent,<sup>8</sup> making it impossible for some families to afford basic foods for their children.

Furthermore, existing vulnerabilities in countries affected by protracted conflicts and political crises, disasters as well as endemic HIV and AIDS are exacerbated and deepened by high food prices, which force families to take extreme measures. Child protection issues gain additional importance in such an environment as child labour is likely to increase, child marriage becomes more common and school attendance is negatively impacted. UNICEF is conducting a wide range of child protection activities in order to militate against these adverse consequences.

Under the Comprehensive Framework for Action (CFA)<sup>9</sup> some 27 countries,<sup>10</sup> of which 17 are included in this HAR, have been identified for intensified implementation of coordinated responses to high food prices. The global partnership REACH, convened by UNICEF and the World Food Programme (WFP), is another key initiative to eliminate child hunger and undernutrition.

UNICEF's response in cooperation with its partners is to help governments ensure nutritional security, especially for children and pregnant and lactating women. Nutritional security implies not only access to adequate food, but also access to appropriate micronutrients, safe water, sanitation and hygiene, quality health-care services, and improved household and community practices in childcare, food hygiene and preparation.

As reflected in the HAR, UNICEF has undertaken various initiatives to tackle the negative impact high food prices can have on the health and nutritional status of children. However, UNICEF will require more resources to be able to respond to the needs of children and women worldwide in 2009.<sup>11</sup>

### *The Impact of Climate Change on UNICEF's Humanitarian Action*

Recent climate change studies suggest a series of alarming predictions:

- a five degree increase in temperature by 2080;
- risk of hunger for some 50 million people by 2010;
- risk of flooding for millions of people in Asia;
- an increased toll on countries already with high degrees of poverty;
- an increase in the number and intensity of hurricanes;
- more extensive droughts in sub-Saharan Africa;
- more variable and extreme climatic events in general.

6 World Food Programme, World Hunger Map, WFP, 2007.

7 World Food Programme, WFP says high food prices a silent tsunami, affecting every continent, WFP, April 2008.

8 International Food Policy Research Institute, Issue Brief 54, IFPRI, October 2008.

9 The CFA was issued by the High-Level Task Force, which was formed by UN Secretary-General in April 2008, of which UNICEF is a member.

10 **Afghanistan**, Bangladesh, Benin, Bhutan, Burkina Faso, **Burundi**, **Central African Republic**, **Djibouti**, **Eritrea**, **Ethiopia**, **Guinea**, **Guinea-Bissau**, **Haiti**, Honduras, **Liberia**, **Madagascar**, **Malawi**, Mali, **Mauritania**, **Mozambique**, **Nepal**, **Niger**, Pakistan, Sierra Leone, **Tajikistan**, Togo, **Yemen** (countries in bold are included in the HAR 2009).

11 UNICEF, High Food Prices / Nutrition Security, Action for Children, 19 November 2008.

UNICEF recognizes that children must be central to global, national and subnational policy frameworks on climate change and human security, on account of their unique vulnerabilities. There is convincing evidence that many of children's main killers (malaria, diarrhoea and undernutrition) are highly sensitive to climatic conditions. Moreover, children and women typically represent 65 per cent of all those who will be affected by climate-related disasters every year in the next decade, of which 175 million will be children.<sup>12</sup> While the loss of lives and livelihoods typifies sudden-onset disaster impacts, the nature of climate-related disasters, such as long-term sea level rise or sustained periods of drought and flood, could see a dramatic rise in the number of people forcibly displaced.

While UNICEF is currently formulating its own strategy to meet the challenges of climate change, it fully recognizes the important contribution of disaster risk reduction measures to climate change adaptation. UNICEF is therefore prioritizing measures that both strengthen the resilience of individuals and communities to likely hazards, while also strengthening early warning, preparedness and response systems to meet the expected increase in disaster events. UNICEF will also develop explicit measures to build the capacity of its local and subnational partners to mitigate, prepare for and respond to disasters.

In 2008 a number of explicit disaster risk reduction initiatives were developed. For example, in Central Asia a regional disaster risk reduction initiative was established in four countries, aimed at strengthening government disaster management capacity, while also promoting community resilience and safe schools. Meanwhile in Haiti, in the aftermath of a particularly deadly hurricane season, steps were taken by UNICEF not only to include disaster risk reduction measures in the recovery programme, but to ensure that similar measures are mainstreamed into its longer term Country Programme Action Plan. UNICEF believes that these and other similar projects to be implemented in 2009 – in Honduras, India, Madagascar and elsewhere – have a crucial role to play in reducing the risk posed to children and women by climate-change related hazards.

Disaster risk reduction and emergency preparedness are key concerns for UNICEF, in order to enhance efficient and timely humanitarian action and to foster capacity-building of partners, including governments, NGOs, UN agencies and communities. UNICEF will increasingly engage in climate change adaptation, risk mitigation, early warning, preparedness and emergency response in order to reduce the impact disasters can have on vulnerable populations, especially children and women.

## 5. CONCLUSION

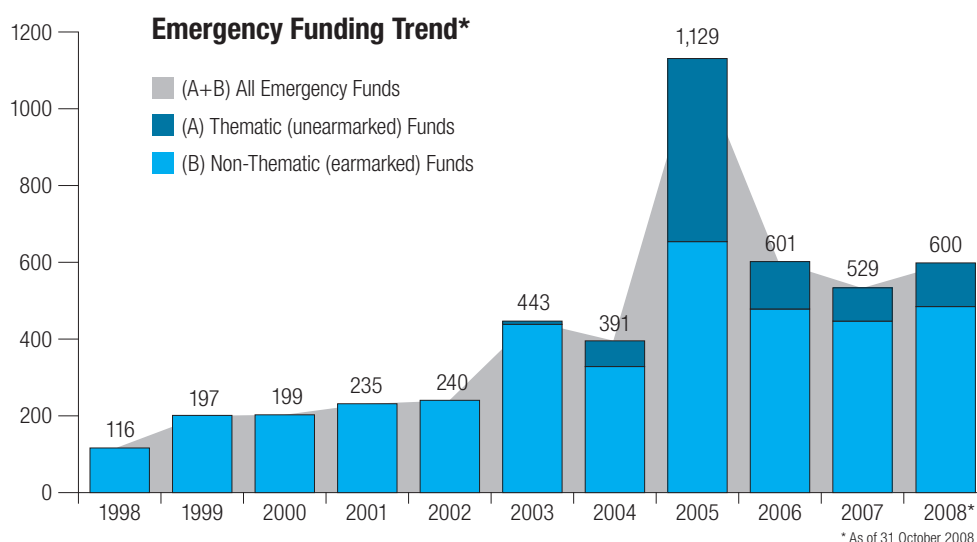
High food prices have put increased hardship on the populations of many countries around the world in 2008 and will likely continue to be of concern in 2009. Climate change and the rising frequency and intensity of disasters will be further challenges. Other global trends, including population growth, steadily increasing urbanization and the spiralling costs of fuel and energy, will also impact on the rights and well-being of children and women. UNICEF is committed to ensuring appropriate adaptation of its support and practices in order to minimize loss of lives and livelihoods. Enhanced and sustained partnerships will be vital to meet the challenges ahead. UNICEF looks forward to working together with donors and other partners to advocate for and to fulfil the rights of the most vulnerable children and women.

<sup>12</sup> Save the Children Fund, Legacy of Disaster, SCF, 2007.

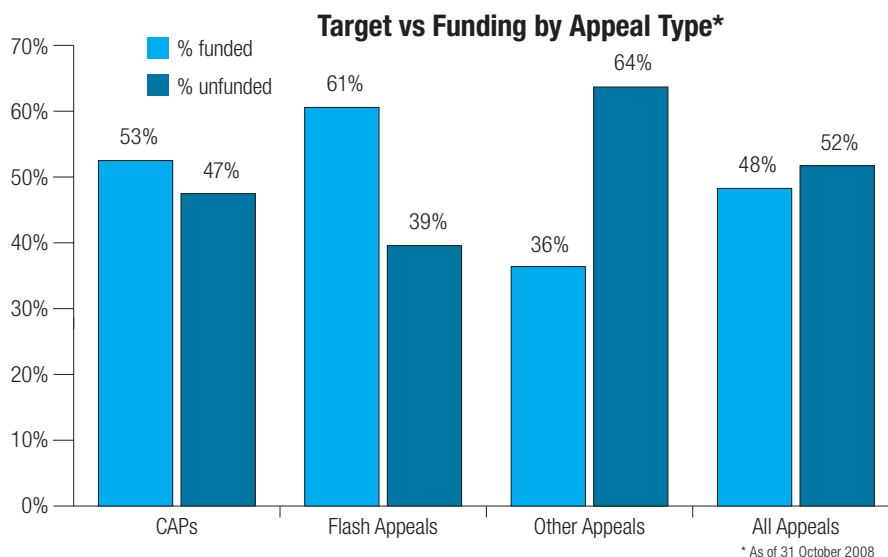
# UNICEF HUMANITARIAN FUNDING IN 2008

UNICEF responded to 13 Consolidated Appeal Processes (CAPs), 11 Flash Appeals, and 44 Other Appeals in 2008. Overall, UNICEF required a total of US\$ 1.14 billion in 2008 (as of 31 October 2008) for its assisted humanitarian interventions to ensure the protection of vulnerable children and women.

Donors have responded generously to these increased humanitarian funding needs. Donor funding to UNICEF-assisted humanitarian programmes has reached US\$ 600 million as of 31 October 2008, reflecting a considerable increase of 39 per cent from the 2007 level of US\$ 431 million (as of 31 October 2007).



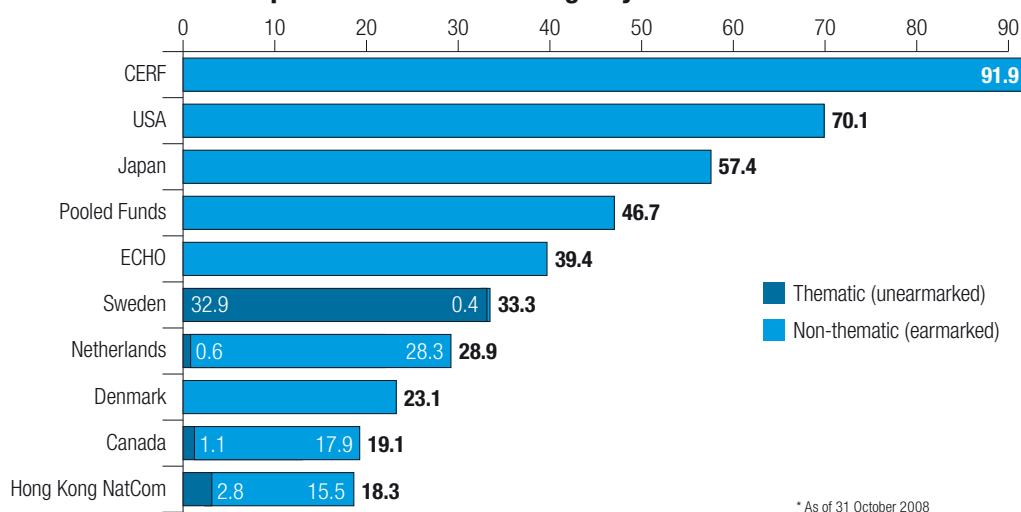
The 2008 CAPs were comparably funded to 2007 CAPs, receiving 53 per cent of their funding requirements as of end October respectively. Flash Appeals were relatively better funded than CAPs at 61 per cent in 2008. Other Appeals attracted the least amount of donor attention receiving only 36 per cent of their financial needs as of 31 October 2008.



Apart from traditional bilateral channels of funding, UNICEF received substantial emergency contributions in 2008 through various multi-donor pooled funding mechanisms, including OCHA's Central Emergency Response Fund (CERF). As was the case in 2007, CERF was the largest source of humanitarian funding for UNICEF in 2008. Other multi-donor pooled funds for DRC, Sudan, Ethiopia, Somalia, the World Bank MDTF and the UN Trust Fund for Human Security, among others also provided substantial contributions to UNICEF. Donors who contributed towards these pooled funding mechanisms also contributed emergency funding directly to UNICEF. As illustrated in the chart below, the top ten sources of emergency funding as of 31 October 2008 are as follows: CERF, United States, Japan, Pooled Funds (excluding CERF), European Commission Humanitarian Aid Department (ECHO), Sweden, Netherlands, Denmark, Canada, and the Hong Kong Committee for UNICEF.



### 2008 Top Ten Sources – All Emergency Funds\*



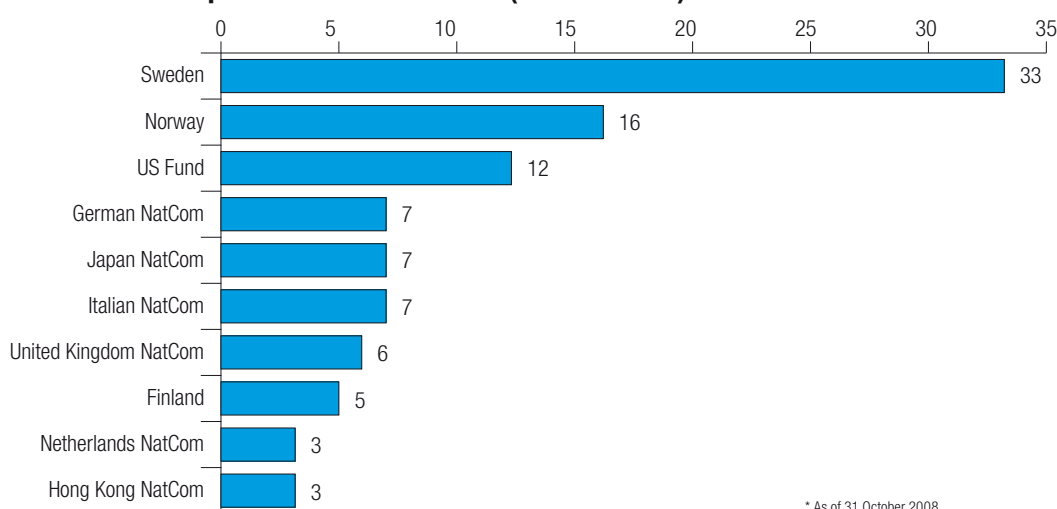
\* As of 31 October 2008

UNICEF continues to welcome thematic (unearmarked) humanitarian funds as it underscores donors' commitment to the Good Humanitarian Donorship (GHD) principles and allows UNICEF to programme more responsively, based on country and global priorities.

Out of the total emergency contributions of US\$ 600 million received as of 31 October 2008, US\$ 115 million (19 per cent) were given to UNICEF thematically. This is slightly higher than the percentage of thematic contributions received in 2007, when thematic humanitarian contributions accounted for 16 per cent of the total humanitarian funds received. In absolute numbers however, compared to the total thematic funding of US\$ 84 million received in 2007, the thematic funding level in 2008 has increased significantly.

The top thematic humanitarian donor in 2008 was Sweden with a total emergency contribution to UNICEF of US\$ 33 million. The chart below shows the top ten donors who generously provided flexible thematic humanitarian funds. Since its inception in 2003, thematic humanitarian funds have increased exponentially from about only US\$ 4 million in 2003 to a cumulative total of US\$ 890 million as of 31 October 2008.

### 2008 Top Ten Donors – Thematic (Unearmarked) Humanitarian Funds\* Millions



\* As of 31 October 2008

UNICEF is grateful for donors' support and for the increase in unearmarked thematic humanitarian funding. Given the current global financial crisis, there are concerns about diminishing humanitarian funding in the coming years. While it is uncertain how the financial crisis will unfold, it is clear that all humanitarian actors must continue to work together to avert its possible negative impact on women and children. In the spirit of Good Humanitarian Donorship, UNICEF urges its donors to uphold their humanitarian commitments in the coming years. Maintaining high donor support to humanitarian efforts will be crucial to meeting the lifesaving needs and human rights of children and women.

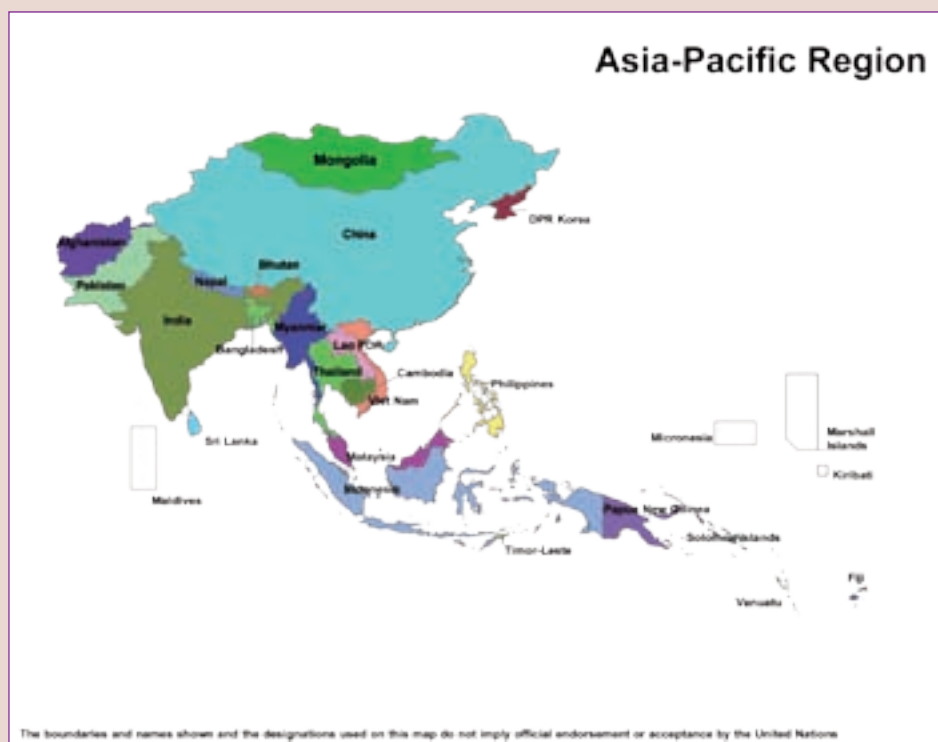


# ASIA-PACIFIC REGION



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## UNICEF HUMANITARIAN ACTION ASIA-PACIFIC IN 2009



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.

<b>Asia-Pacific Emergency Needs for 2009*</b>	
<b>Sector</b>	<b>US\$</b>
Technical Support for Emergency Preparedness and Response (emergency preparedness and response trainings, simulations, roll-out of the new revised <i>Core Commitments for Children in Emergencies</i> etc.)	260,000
Strengthening of Regional Programming Support Capacities in Cluster Areas	530,000
Strengthening of Emergency Rapid Response Capacity of Country Offices for Sudden and New Emergencies	500,000
<b>Total**</b>	<b>1,290,000</b>

\* 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, Pacific, 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 through 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.



# UNICEF HUMANITARIAN ACTION AFGHANISTAN IN 2009



Core Country Data	
Population under five (thousands)	5,002
U5 mortality rate	257
Infant mortality rate	165
Maternal mortality ratio (2000–2007, reported)	1600
% U1 fully immunized (DPT3)	83
Primary school enrolment ratio (2000–2007, net, male/female)*	64/35
% population using improved drinking-water sources (total)	22
% U5 suffering from moderate and severe wasting/stunting	7/54

Sources: *The State of the World's Children 2009*, \* Best estimates of social indicators for children in Afghanistan 1990–2005, and Ministry of Education school survey report 2007.

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*	
Sector	US\$
Health and Nutrition	4,000,000
Water, Sanitation and Hygiene	5,000,000
Education	3,000,000
Child Protection	1,000,000
Emergency Relief and Coordination	2,500,000
<b>Total**</b>	<b>15,500,000</b>

\* 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

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.

# UNICEF HUMANITARIAN ACTION

## DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

### IN 2009



Core Country Data	
Population under 18 (thousands)	6,656
U5 mortality rate	55
Infant mortality rate	42
Maternal mortality ratio (2000–2007, reported)	110
Primary school enrolment ratio*	108
Primary school enrolment ratio for girls*	101
% U1 fully immunized (DPT3)	92
% population using improved drinking-water sources**	100
% U5 suffering moderate and severe underweight/stunting	23/37

Sources: *The State of the World's Children 2009*, \*Ministry of Education data. Net figures not available. \*\*Field observation indicates much lower coverage.

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.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	7,500,000
Water, Sanitation and Hygiene	4,500,000
Education	1,000,000
<b>Total**</b>	<b>13,000,000</b>

\* 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

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 benefiting more than 250,000 children in over 600 primary schools. In-service teachers' training centres are being equipped with libraries and learning materials benefiting 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.

# UNICEF HUMANITARIAN ACTION MYANMAR IN 2009



Core Country Data	
Population under 18 (thousands)	15,617
U5 mortality rate	103
Infant mortality rate	74
Maternal mortality ratio (2000–2007, reported)	320
Primary school enrolment ratio (2000–2007, net male/female)	99/100
% U1 fully immunized (DPT3)	86
% population using improved drinking-water sources	80
Estimated adult HIV prevalence rate (aged 15–49), 2007	0,7
% U% suffering moderate and severe wasting/stunting	9/32

Sources: *The State of the World's Children 2009*

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*	
Sector	US\$
Health and Nutrition	7,000,000
Water, Sanitation and Hygiene	4,000,000
Education	4,000,000
Child Protection	3,000,000
Non-Food Items	1,700,000
Telecommunications	300,000
<b>Total**</b>	<b>20,000,000***</b>

\* 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.

\*\*\* 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'.

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### **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.

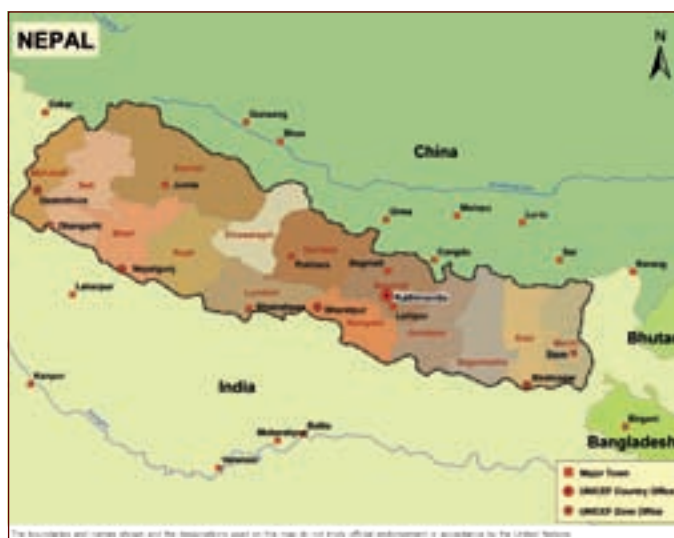
### **Non-Food Items (US\$ 1,700,000)**

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.

## UNICEF HUMANITARIAN ACTION NEPAL IN 2009



Core Country Data	
Population under 18 (thousands)	12,606
U5 mortality rate	55
Infant mortality rate	43
Maternal mortality ratio (2000–2007, reported)	280
Primary school enrolment ratio (2000–2007, net, male/female)	91/87
% U1 fully immunized (DPT3)	82
% population using improved drinking-water sources (rural/urban)	88/94
Estimated no. of people (all ages) living with HIV, 2007 (thousands)	70
% U5 suffering acute malnutrition (wasting) and chronic malnutrition (stunting)	12/43

Source: *The State of the World's Children 2009*

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*	
Sector	US\$
Health and Nutrition	2,817,000
HIV and AIDS	100,000
Water, Sanitation and Hygiene	1,000,000
Education	500,000
Child Protection	3,600,000
<b>Total**</b>	<b>8,017,000</b>

\* 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

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.

# UNICEF HUMANITARIAN ACTION SRI LANKA IN 2009



Core Country Data	
Child population (thousands)*	6,901
U5 mortality rate**	21
Infant mortality rate**	15
Maternal mortality ratio***	44
Primary school enrolment ratio (2000–2007, net, male/female)	98/97
% U1 fully immunized (DPT3)	98
% population using improved drinking-water sources	82
Estimated number of people (all ages) living with HIV, 2007 (thousands)	3,8
% U5 suffering moderate and severe malnutrition (underweight)**	22

Sources: *The State of the World's Children 2009*, \*Economic and Social Statistics of Sri Lanka, Central Bank, 2008, \*\*Preliminary results from 2006 Sri Lanka Demographic and Health Survey (DHS), \*\*\*Family Health Bureau, Ministry of Health

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 430,000<sup>1</sup> 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,<sup>2</sup> 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*	
Sector	US\$
Health	1,100,000
Nutrition	2,200,000
Water, Sanitation and Hygiene	4,300,000
Education	4,200,000
Child Protection	3,200,000
<b>Total**</b>	<b>15,000,000</b>

\* 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 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.<sup>3</sup> 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)<sup>4</sup> since 2002. Of these, 1,424<sup>5</sup> and 130<sup>6</sup> 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.<sup>7</sup>

## 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 Trincomale 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

3 Extrapolated from Demographic and Health Survey 2006.

4 TMVP, also known as the Karuna Group, is a political party and paramilitary group in Sri Lanka.

5 This figure includes 117 children who were under age 18 as of September 2008. In 2008, reports received and verified by UNICEF indicate that LTTE had recruited and re-recruited 36 children and released 5 children.

6 This figure includes 62 children who were under age 18 as of September 2008. In 2008, reports received and verified by UNICEF indicate that TMVP had recruited and re-recruited 45 children and released 66 children.

7 There are currently 8,000 children living in institutions in northern and eastern Sri Lanka. These children are particularly vulnerable to exploitation and abuse in a context of conflict and displacement.

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.

# UNICEF HUMANITARIAN ACTION TIMOR-LESTE IN 2009



Core Country Data	
Child population (Census 2004 projection)	573,690
U5 mortality rate (Census 2004)	130
Infant mortality rate (Census 2004)	90
Maternal mortality ratio, 1980–1999 (Ministry of Health 2000)	660
Primary school enrolment ratio, 2000–2007, net, male/female (Health Management Information System (HMIS) 2007)	75/73
% U1 fully immunized (DPT3) (HMIS 2007)	70
% population using improved drinking-water sources (Timor-Leste Survey of Living Standards 2007)	63
% U5 suffering moderate and severe underweight (Timor-Leste Survey of Living Standards 2007)	49

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.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	1,100,000
Water, Sanitation and Hygiene	1,500,000
Education	300,000
Child Protection	300,000
Adolescents and Youth Participation	300,000
Advocacy and Communication	200,000
Emergency Coordination, Monitoring and Evaluation	250,000
<b>Total**</b>	<b>3,950,000</b>

\* 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, Oecusse 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.





# CENTRAL AND EASTERN EUROPE, COMMONWEALTH OF INDEPENDENT STATES REGION

**UNICEF HUMANITARIAN ACTION**  
**CENTRAL AND EASTERN EUROPE,**  
**COMMONWEALTH OF INDEPENDENT STATES**  
**IN 2009**



The Central and Eastern Europe, Commonwealth of Independent States region (CEE/CIS) is highly prone to both natural and man-made disasters, which pose a constant threat to the survival and well-being of children and women. Funds requested through this appeal will allow the UNICEF CEE/CIS Regional Office, which has an advisory and technical support function, to support the preparedness, mitigation and response actions of its Country Offices in the region, thereby enabling them to save lives, reduce suffering and support recovery after an emergency.

<b>Central and Eastern Europe, Commonwealth of Independent States Emergency Needs for 2009*</b>	
<b>Sector</b>	<b>US\$</b>
Regional Surge Capacity	350,000
Emergency Preparedness and Response Planning	100,000
Disaster Risk Reduction	300,000
<b>Total**</b>	<b>750,000</b>

\* 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 Central and Eastern Europe, Commonwealth of Independent States (CEE/CIS) region is highly prone to natural hazards, which often lead to disastrous consequences due to the high vulnerabilities and weak coping capacities among the population. Among the natural disasters that are common in the region are earthquakes, floods, avalanches, mudslides, and drought as well as forest fires. Central Asia, South Caucasus and Turkey are highly vulnerable to major earthquakes. The situation is of particular concern in countries like Kyrgyzstan, Tajikistan and Uzbekistan, where there are large dumps of uranium deposits, which could be triggered and displaced by a major earthquake or landslides, thereby posing a serious health risk to the people living in those areas. In 2008, Kyrgyzstan, the Russian Federation and Tajikistan suffered from moderate earthquakes, which resulted in many deaths and destroyed schools, hospitals, roads and other critical infrastructure. Flooding, landslides and mudflows regularly occur in mountainous areas across the region. However, lately with the acceleration of global warming, floods have increasingly been observed in South-Eastern European countries, such as Bulgaria and Romania. At the same time, countries like Moldova, Tajikistan and Uzbekistan have experienced drought conditions in some parts of their territories. In December 2007/January 2008, Tajikistan experienced its worst winter in three decades with temperatures reaching below 20°C in the capital, Dushanbe. This, coupled with the energy shortages, resulted in a humanitarian disaster, affecting almost 2 million people countrywide.

The region is also susceptible to political tensions, which at times led to violence and conflict. In August 2008, conflict broke out in Georgia, which caused massive damage and destruction, loss of human life and displacement of over 150,000 people both within Georgia and into the Russian Federation. The situation remains volatile in the Balkans, Caucasus and Turkey, with the presence of a number of unresolved political disputes.

High food and fuel prices have also increased poverty levels in the CEE/CIS region. Recent food security and nutrition surveys conducted in Central Asia have indicated that a large proportion of the population is requiring food assistance. For example, in Tajikistan, half a million people are severely food insecure and depend on government and international food assistance. Many poor families are resorting to changing the diet balance in order to cope with high prices. The impact has gone beyond the food sector. For example, some families have pulled out their children from schools as they can no longer afford to pay for school fees and supplies.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In 2008, the UNICEF CEE/CIS Regional Office supported a number of activities to strengthen humanitarian preparedness and response capacities of Country Offices in the region. The financial support available from the UK Department for International Development (DfID), the European Commission Humanitarian Aid Office (ECHO) and, more recently, the Swedish International Development Cooperation Agency (SIDA) has enabled the Regional Office to undertake a number of initiatives in emergency preparedness and response. The Regional Office organized two major emergency training events in the course of the year. One was an emergency preparedness training for UNICEF Country Offices in South-Eastern Europe, which updated staff on UNICEF's *Core Commitments for Children in Emergencies*, cluster accountabilities, risk reduction opportunities etc. Second was a global training of trainers on emergency preparedness and response in October 2008. The workshop was co-facilitated with UNICEF's Regional Office for the Americas and Caribbean and the Organizational Learning and Development Section/ Division of Human Resources (OLDS/DHR), and included participants from all UNICEF regions, except South Asia. During the two emergencies in Georgia and Tajikistan, the Regional Office played a proactive role in initiating and facilitating response on the ground through supporting rapid mobilization of essential human resources, reviewing and finalizing advocacy and fundraising documents, as well as serving as interlocutor between Country Offices and Headquarters. In the run-up to the unilateral declaration of independence by Kosovo, the Regional Office intensified its contingency planning efforts. It actively participated in the inter-agency meetings at the regional level and closely worked with the relevant Country Offices in maintaining response plans updated and current.

As outlined in the plans for 2008, the CEE/CIS Regional Office supported a number of disaster risk reduction initiatives during the course of the year. A key achievement was the commissioning of a risk and capacity mapping study in collaboration with the Regional Bureau of the UN International Strategy for Disaster Reduction (UN/ISDR). The study has identified capacity gaps and opportunities for UNICEF's action in the area of risk reduction in the region.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

The CEE/CIS Regional Office is an active member of the *ad hoc* regional emergency network, which is comprised of major emergency response agencies – Office for the Coordination of Humanitarian Affairs (OCHA), UN Development Programme/Bureau for Crisis Prevention and Recovery (UNDP/BCPR), UN Refugee Agency (UNHCR), World Food Programme (WFP), World Health Organization (WHO) and UNICEF – as well as other regional players, such as UN/ISDR, World Meteorological Organization (WMO) and UN Environment Programme (UNEP). The Regional Office hosted the Annual Work Plan meeting in January 2008, which provided the members an opportunity to share their work plans and discuss possibilities of joint activities.

During 2009, the CEE/CIS Regional Office will aim to further strengthen response capacities of UNICEF's Country Offices in the region, especially focusing on the *Core Commitments for Children in Emergencies* and business continuity planning. Capacity-building activities will be implemented in the areas of nutrition, water, sanitation and hygiene (WASH), and education, where UNICEF is lead agency for nutrition and WASH clusters and co-lead for education together with Save the Children Alliance. Country Offices will be provided assistance in supporting national-level risk reduction and mitigation initiatives, especially related to education. They will also be supported in monitoring, analysing and developing appropriate responses to the impact of high consumer commodity prices, under UNICEF's global guidance. Partnerships with other humanitarian actors will be strengthened through policy dialogue, work planning discussions and other mechanisms.

#### Regional Surge Capacity (US\$ 350,000)

Lessons learnt from the two big emergencies in 2008 in the CEE/CIS region (i.e., Georgia and Tajikistan) have underscored the need to strengthen surge capacity at the regional level, which will enable timely support to the countries responding to emergencies. This requires the Regional Office to maintain a small emergency fund to support rapid mobilization of critical human resources, equipment and supplies within the region, prior to the activation of the global system.

#### Emergency Preparedness and Response Planning (US\$ 100,000)

The CEE/CIS Regional Office will continue to provide technical guidance to Country Offices as well as other humanitarian partners (such as UN Country Teams (UNCTs), other Inter-Agency Standing Committee (IASC) partners and governments) on child rights, UNICEF's *Core Commitments for Children in Emergencies* and cluster approach modalities. As the global cluster lead for nutrition and WASH and co-lead for education with Save the Children Alliance, the Regional Office will cooperate with other regional cluster leaders in increasing awareness of humanitarian partners, especially the UNCTs, on the humanitarian reform and the associated roles and accountabilities.

The CEE/CIS Emergency Team will advocate and closely monitor the implementation of the relevant recommendation outlined in the global 'Audit Report on the Management of Emergency Preparedness in UNICEF Country Offices' in the region. Capacity-building activities, especially training workshops and simulation exercises, will be organized for Country Offices on emerging humanitarian issues, corporate policies and inter-agency modalities. To the extent possible, these activities will involve partners, including national governments, NGOs and UN agencies.

#### Disaster Risk Reduction (US\$ 300,000)

In the area of disaster risk reduction, the primary focus of the CEE/CIS Regional Office will be to implement the project activities funded under ECHO's Disaster Preparedness Programme in Central Asia. Depending on the availability of additional funds that could cover countries outside of the Central Asia subregion, the Regional Office will support risk reduction activities in some of the most disaster-prone countries in the region, especially Turkey. Building on the work carried out in 2008, the Regional Office will continue to engage with UN/ISDR and UNDP/BCPR in providing guidance on the integration of risk reduction issues into the regular Country Programme, including through the organization of training events for UNCTs. Within UNICEF, links will be established with the new risk reduction focal point in the Office of Emergency Programmes (EMOPS) in developing and/or providing policy guidance as well as establishing links with key players in disaster risk reduction.

# UNICEF HUMANITARIAN ACTION TAJIKISTAN IN 2009



Core Country Data	
Population under 18 (thousands)	3,081
U5 mortality rate	67
Infant mortality rate	57
Maternal mortality ratio (2000–2007, reported)	97
Primary school enrolment ratio (2000–2007, net, male/female)	99/95
% U1 fully immunized (DPT3)	86
% population using improved drinking-water sources	67
HIV/AIDS prevalence among IDUs*	27.3
% U5 suffering moderate and severe underweight/stunting	17/27

Sources: *The State of the World's Children 2009*, \*Tajikistan, UNGASS Report, 2007, p. 6, Sentinel HIV surveillance data, Ministry of Health, Republic of Tajikistan, 2007.

Among the Central Asian countries, it is in Tajikistan where the changing nature and growing complexity of humanitarian crises has been more evident today than ever before. The interlocking and concurrent shocks combined with longer-term drivers have exposed populations in situations of acute vulnerability. The UNICEF-assisted programme, which covers responses in health and nutrition, and water, sanitation and hygiene, seeks to reach out to about 1 million children under age five, particularly vulnerable groups of children and their families from rural areas. The Country Programme will also cover about 80,000 pregnant women in remote and hard-to-reach areas of Khatlon oblast.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	800,000
Water, Sanitation and Hygiene	500,000
Education	500,000
Child Protection	200,000
<b>Total**</b>	<b>2,000,000</b>

\* 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

A landlocked country, Tajikistan is the poorest of the former Soviet republics and one of the poorest countries in the world. Mostly mountainous, only about 10 per cent of its land is suitable for cultivation making access to basic services difficult. Aside from the ravages of the civil war, the country has experienced a number of major disasters over the last 10 years, including earthquakes, floods, landslides, droughts and, more recently, a severe winter emergency. The average annual frequency of disasters routinely reaches over 100 and sometimes 200 per year in the country.<sup>1</sup> Seventy per cent of the population live in rural areas, many of which are very remote. This has a significant impact on the delivery of basic services.

In late 2007/early 2008, Tajikistan was hard hit by severe cold winter with heavy snowfall when night temperature dropped as low as -25°C. The situation worsened due to the acute shortage of power seriously disrupting the functioning of the essential public services. For instance, many water supply systems were broken, school attendance rates were very low and some schools were unofficially closed, and hospitals were left without essential supply of water, heating and lighting.

Losses of crops and seeds as well as livestock have negatively impacted the livelihood of marginal populations, especially those heavily reliant on agriculture and farm products. Unusual dry spells during the rainy season (March–May) and locust invasion in April have also adversely affected the traditional agriculture on which most people rely. Results from the Emergency Food Security Assessment conducted in April–May 2008 indicated that some 1.68 million people are food insecure who would require food assistance.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

By promptly using the in-country stock of emergency supplies, UNICEF was among the first agencies to respond immediately to the humanitarian needs of the affected population. It mainly focused on the priority areas of health, nutrition, water, sanitation and hygiene (WASH), education and child protection.

With support from the Central Emergency Revolving Fund (CERF), the Swiss Agency for Development and Cooperation and the Government of Italy, UNICEF helped in preventing newborn and child deaths by timely provision of baby warmers, incubators, hygiene materials and over 1,100 primary health-care kits to the affected areas. UNICEF used the CERF to accelerate the prevention of acute respiratory infections and diarrhoeal diseases (ARI/DD) and supported the Ministry of Health integrated management of childhood illness (IMCI) centre and primary health-care workers. The IMCI centre was supported in establishing mobile teams and in conducting orientation workshops at regional and district levels. Basic manuals on management of ARI/DD with the new protocols of the World Health Organization (WHO) were also provided to primary health-care workers. The Government of Estonia's contribution helped in building capacities of parents and communities in priority districts to provide early intervention and psychosocial stimulation to infants and young children during emergencies.

In the area of child protection and with assistance from the Governments of Netherlands and Italy, close to 10,000 children based in residential care institutions were provided immediate lifesaving emergency items. The aid included the delivery of high protein biscuits, kerosene stoves, jerrycans, biscuits, bars of soap, and generators. In education, schools and child institutions were supported in procuring heating materials, including generators and coal.

In the WASH sector, the UNICEF-assisted campaign to warn 1 million urban residents about the risks of poor water quality prevented a potential disease outbreak. While the UN Development Programme (UNDP) was responsible for increasing the supply of water through a combination of system repairs and water trucking, UNICEF distributed water purification tablets, water containers and other water-related supplies. With support from the European Commission Humanitarian Aid Office (ECHO), the Government of Norway and the Swedish International Development Cooperation Agency (SIDA), UNICEF also facilitated small- and medium-scale rehabilitation of rural water supply systems for 70,000 people (approximately 45,000 women and children) from seven communities in the affected areas.

<sup>1</sup> United Nations, UN Development Assistance Framework, Moving Mountains, UNDAF, 2004–2009.



### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### **Coordination and Partnership**

The humanitarian community in Tajikistan is organized under the Rapid Emergency Assessment and Coordination Team (REACT), which includes UN agencies, NGOs and Government. REACT is divided into five sectoral groups as follows: food security; non-food items and shelter; health; water and sanitation; and education.

#### **Linkages of HAR with the Regular Programme**

The Programme of Cooperation focuses on lifesaving interventions and improving the quality and access to basic services. Through upstream policy work, the cooperation works jointly with other donors and government partners in addressing systemic issues that will likely affect children and women in emergencies.

The planned humanitarian action for 2009 seeks to reach about 100,000 children under age five, particularly vulnerable groups of children and their families from rural areas in Khatlon and Rayon Republican Subordination regions as well as 80,000 pregnant women in remote and hard-to-reach areas of Khatlon oblast. It intends to implement lifesaving interventions to be carried out immediately and essential activities that may be added once an initial response is established.

#### **Health and Nutrition (US\$ 800,000)**

For 2009, the goal is to minimize the impact of combined extreme weather conditions, energy shortage and the current national food insecurity on the health and nutritional status of women and children, especially children under age five. UNICEF will undertake the following key activities:

- Supply 600 health kits to primary health-care centres in the affected areas, especially targeting those centres that are unable to cope with the increased number of emergency patients due to available drugs and medical supplies, benefiting about 1.8 million residents in Khatlon and Rayon Republican Subordination regions;
- Promote exclusive breastfeeding practices and complementary feeding, including counselling of mothers on early childcare and stimulation, benefiting 90,000 pregnant/lactating women;
- Distribute lifesaving and critical relief supplies, such as baby warmers, baby blankets and primary health kits, to about 85,000 newborn babies;
- Distribute the new formula of oral rehydration salts (ORS) to almost 1 million children under age five;
- Ensure that women and girls have access to health services.

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

For 2009, the overall goal is to ensure that children and women have access to safe water and sanitation facilities through the implementation of the following key activities:

- Lead the WASH sector group for a coordinated emergency response;
- Maintain the steady and quality supply of water and storage for 10,000 households in urban and rural areas, with special attention to hospitals, schools and mass care facilities;
- Distribute water containers, water purification tablets, chlorine lime and soap to 10,000 households;
- Where possible, rehabilitate existing water supply and sanitation facilities;
- Organize a communication campaign for hygiene promotion and reach out to about 500,000 people;
- Provide hygiene materials, including soap, buckets and educational materials containing hygiene messages in local languages.

#### **Education (US\$ 500,000)**

As potential extreme weather condition emergency may affect the ability of children to attend school, UNICEF plans to implement the following key interventions:

- Lead the education sector coordination together with Save the Children Alliance;
- Support insulation of doors and windows and provide heating stoves to about 50 affected schools;



- 
- Advocate for the temporary suspension of classes during severe winter days and support catch-up programmes;
  - With the health and nutrition team and partners, support activities related to early childhood development (ECD) in emergencies.

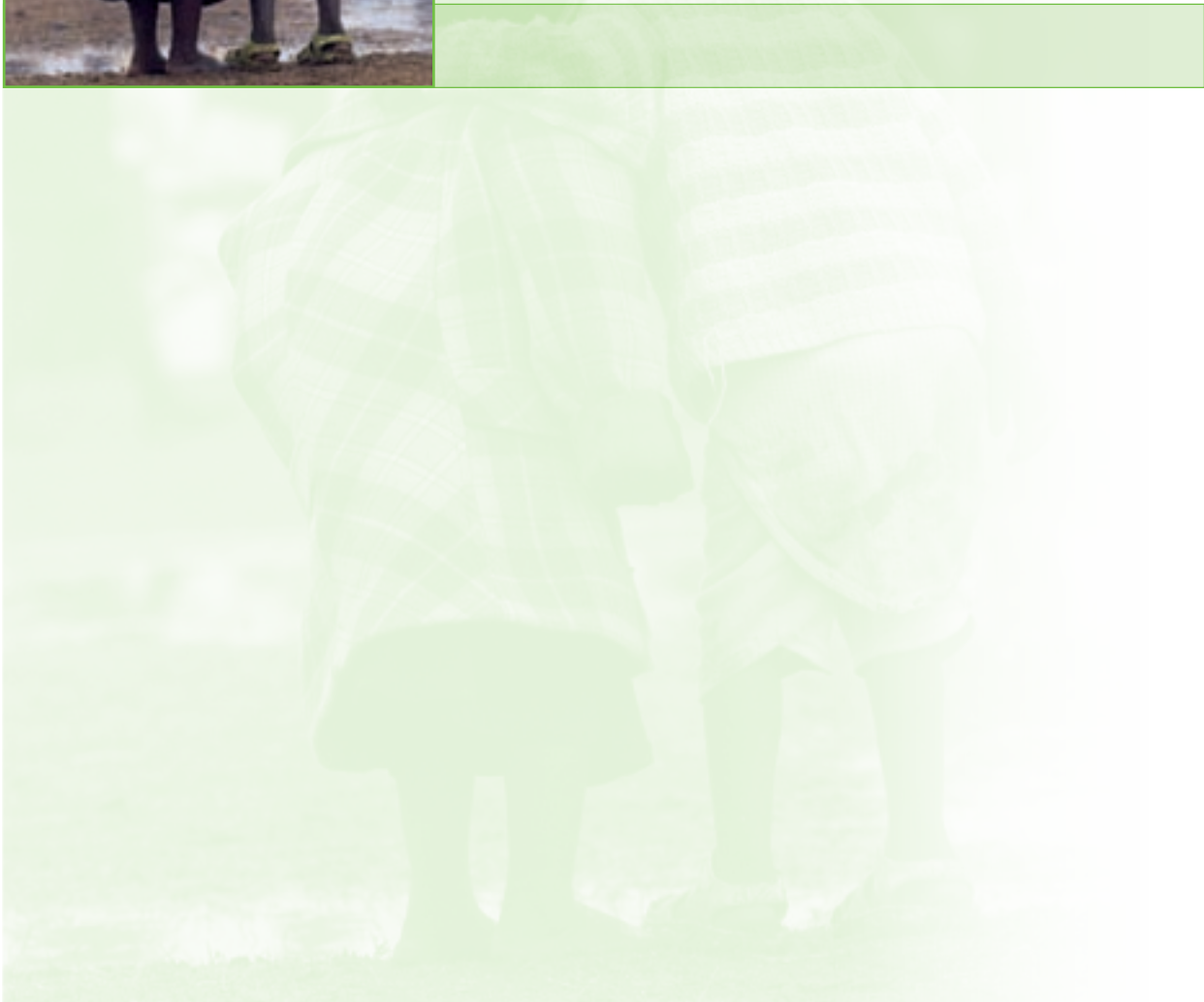
### **Child Protection (US\$ 200,000)**

For 2009, the overall goal is to address the increased vulnerability of children, especially those with special protection needs, in the event of an emergency, through the following key activities:

- Identify and provide assistance to children and women in need of special protection (monitoring shall be carried out by UNICEF and the National Commission on Child Rights on the appropriate distribution and use of supplies);
- Provide psychosocial support to about 500 children in closed type institutions;
- Support 9,341 children without family or institutional care in receiving basic survival/developmental assistance, with attention to the most vulnerable.



# EASTERN AND SOUTHERN AFRICA REGION



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## UNICEF HUMANITARIAN ACTION EASTERN AND SOUTHERN AFRICA IN 2009



In 2008, 14 of the 20 UNICEF Country Offices in the Eastern and Southern Africa region have undertaken emergency response;<sup>1</sup> the remaining offices continue to deal with the effects of protracted civil wars or ongoing HIV/AIDS emergencies. The Regional Office continues to support Country Offices in their preparedness planning and immediate response capacity, placing continued emphasis on making the process more operational.

### Eastern and Southern Africa Emergency Needs for 2009\*

Sector	US\$
Emergency Preparedness and Response	750,000
Health and Nutrition	750,000
Water, Sanitation and Hygiene	550,000
Education	350,000
Child Protection	250,000
Comoros	1,338,906
Lesotho	2,600,000
South Africa	1,300,000
Swaziland	2,650,000
<b>Total**</b>	<b>10,538,906</b>

\* 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 Angola, Burundi, Comoros, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Somalia, South Africa, Zambia, Zimbabwe. Others: Botswana, Eritrea, Lesotho, Swaziland, Uganda and United Republic of Tanzania.

## 1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

Eastern and Southern Africa has had more emergencies in the past decade than any other region. Wars and civil conflict, droughts, cyclones, floods, and various epidemics have been significant hurdles towards realizing women's and children's rights. The flooding and cyclones' crises in Southern Africa affected more than 1 million people in Angola, Malawi, Mozambique, Namibia, Zambia and Zimbabwe. Large areas of the Horn of Africa are now in a humanitarian emergency with more than 17 million people in urgent need of humanitarian assistance. The crisis arises as a consequence of multiple factors, especially drought, high food prices, epidemics (cholera/acute watery diarrhoea) and the effects of conflict. The unresolved political and socio-economic situation in Zimbabwe remains a major concern for the Southern Africa subregion. More than 50 per cent of the population are reliant on humanitarian aid and 2–3 million living as economic migrants in neighbouring countries, especially in South Africa, where xenophobic attacks have recently taken place. The Great Lakes subregion remains tense. Despite the January 2008 multiparty peace accord, the continuing predatory activities of various militia groups, in particular the Hutu FDLR (Forces démocratiques de libération du Rwanda) and the Ugandan Lord's Resistance Army (LRA), are further destabilizing the eastern Democratic Republic of the Congo. High consumer food prices have become a major exacerbating cause and, in some cases, a direct cause of emergencies in Eastern and Southern Africa. Particularly vulnerable countries include Burundi, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Rwanda, Somalia, Swaziland and Zimbabwe. UNICEF Country Offices are now responding to the current acute humanitarian needs that both exacerbate chronic vulnerabilities and complicate efforts towards achieving the Millennium Development Goals (MDGs).

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In terms of improvements in the area of emergency preparedness and response (EPR) in 2008, the UNICEF Eastern and Southern Africa Regional Office (ESARO) continued to support Country Offices in their preparedness planning and immediate response capacity. In 2008, 18 EPR support and surge missions were undertaken by ESARO's technical staff to Country Offices. In addition, ESARO participated in four inter-agency contingency planning missions to countries surrounding Zimbabwe in June 2008. Emergency funds received against the *Humanitarian Action Report* in 2008 have been utilized to support the nutritional information systems in the Horn of Africa. Five countries (Eritrea, Ethiopia, Kenya, Somalia and Uganda) received support to update the *Nutrition Survey Guidelines*, which were used in all field surveys. To sustain these gains, nutrition information was collated, validated, analysed and reported on a quarterly basis in each country, and at regional level through regular bulletins that now include the new key elements initiated by the Nutrition Information Project for the Horn of Africa (NIPHRON).

Also, in response to the humanitarian crisis prevailing in Anjouan Island (Comoros), support was provided to the vulnerable populations affected by the breakdown of basic social services through the restoration of essential health and nutrition services. Key achievements include the strengthening of immunization services – delivery of 24,300 doses of measles vaccine; 55,500 doses of tetanus toxoid (TT); 22,000 doses of tuberculosis (BCG) vaccine; 65,000 doses of oral polio vaccine (OPV). By September 2008, a total of 11,014 children have been vaccinated with all antigens (66 per cent coverage) through routine immunization services.

## 3. PLANNED HUMANITARIAN ACTION FOR 2009

### Coordination and Partnership

As part of the Regional Humanitarian Partnership Team (RHPT) Secretariat in Nairobi and the Regional Inter-Agency Coordination Support Office (RIACSO) in Johannesburg, UNICEF ESARO participated in a number of regional planning and advocacy events led by the Office for the Coordination of Humanitarian Affairs (OCHA). In Eastern Africa, RHPT members have established a Reform Task Force in the subregion to support use of reform tools and support UN Country Teams implementing the cluster approach.<sup>2</sup> In Southern Africa, RIACSO partners have undertaken a regional inter-agency mission to support planning for Zimbabwean population movements into neighbouring countries on 20–31 July 2008, as well as participated in a Regional Preparedness and Response Workshop with the Southern African Development Community (SADC) on 12–15 October 2008.

<sup>2</sup> Seven countries have official Inter-Agency Standing Committee (IASC) clusters in Eastern and Southern Africa, including Ethiopia, Kenya, Madagascar, Mozambique, Somalia, Uganda and Zimbabwe.

ESARO will continue to support Country Offices in their preparedness planning and immediate response capacity, placing continued emphasis on making the process more operational and more inclusive in terms of UNICEF key partners.

### **Emergency Preparedness and Response (US\$ 750,000)**

In 2009, the Regional Emergency Support Unit (RESU) will continue to provide technical support to Country Offices facing ongoing and/or potential new emergencies with focus on the following areas:

- Support gap analysis and contingency planning by organizing emergency simulations and lessons learned exercises to test Country Offices' level of preparedness;
- Support vulnerability analyses, real-time evaluations and other essential reviews, and develop field guidance (e.g., cash transfers in emergencies, disaster risk management/reduction etc.);
- Reinforce initial response capacities by technical surge support (human resources deployment through the Regional Response Mechanism (RRM)) and assist Country Offices to establish a minimum level of readiness;
- Engage in capacity-building to establish a core foundation of emergency knowledge in the region and strengthen emergency preparedness and response through training on EPR, assessments, monitoring and evaluations in emergencies, development of sector action plans, supply and human resources needs assessments, development of resource mobilizations plans etc.;
- Coordinate efforts at the regional level working closely with all partners, especially RHPT in Nairobi and RIACSO in Johannesburg.

### **Health and Nutrition (US\$ 750,000)**

For 2009, ESARO's overall goal is to support Country Offices to ensure adequate preparedness, response and early recovery plans for the nutrition and health response, in particular in countries with official clusters. Main activities will include:

- Provide direct technical support to Country Offices and cluster leads in case of emergency;
- Continue supporting Country Offices to develop capacity in the use of nutrition information for early warning, response planning and programme monitoring;
- In accordance with UNICEF's *Core Commitments for Children in Emergencies*, support Country Offices to develop their capacity to respond with programmes for the management of acute malnutrition in an emergency;
- Establish an emergency health officer post to strengthen ESARO's capacity to support Country Offices in various and increasing health emergencies;
- In collaboration with the World Health Organization (WHO) and other partners, assess current guidelines and monitoring tools on health in emergencies and update them if necessary to increase their efficiency in response to emergencies.

### **Water, Sanitation and Hygiene (US\$ 550,000)**

For 2009, ESARO's overall goal is to support Country Offices develop water, sanitation and hygiene (WASH) preparedness and response plans and provide direct technical guidance to WASH cluster leads. Key activities will include:

- Conduct capacity-building workshops at regional, country and WASH cluster leads/partners' level on contingency planning, capacity mapping, coordination etc.;
- Develop technical training modules and organize workshops on WASH interventions, with special emphasis on cholera/acute watery diarrhoea preparedness and response with cluster partners (agreement drafted with Oxfam Regional Office).

### **Education (US\$ 350,000)**

For 2009, ESARO's overall goal is to strengthen the capacity of national education stakeholders to prepare for and respond to emergencies, thus minimizing disruption to schooling for learners and teachers. Key activities will include:

- Undertake capacity-building on emergency preparedness and response at subregional, country and district levels for Ministry of Education officers and education cluster/sector partners;
- Support Country Offices establish long-term agreements with local suppliers of emergency education materials ('school-in-a-box' kits, recreational kits, early childhood development (ECD) kits) for procurement in the event of an emergency;
- Develop child-friendly resources and manuals for learners and teachers on emergency EPR.

### **Child Protection (US\$ 250,000)**

For 2009, ESARO's overall goal is to support Country Offices to develop their capacity in child protection in emergencies, and ensure their ability to lead child protection coordination mechanisms, including subclusters where established. Key activities will include:

- Provide guidance on child protection rapid assessment tools, including monitoring implementation/use of the tool in at least four emergencies in 2009;
- Provide guidance on the use/application of a database on separated children to support prevention, identification, documentation, tracing, care and reunification of separated children in displacement, including subregional training on the database and monitoring of its implementation/use in three emergencies in 2009;
- Ensure the implementation of UN Secretary-General's Bulletin: *Special Measures for Protection from Sexual Exploitation and Sexual Abuse* in all emergencies across the region;
- Provide technical support to ensure the appropriate application of the Inter-Agency Standing Committee (IASC) *Guidelines on Mental Health and Psychosocial Support in Emergency Settings*;
- Support capacity-building around gender-based violence (GBV) to ensure UNICEF fulfils its role as co-lead for the GBV subcluster.

### **UNICEF Comoros (US\$ 1,338,906)**

For 2009, ESARO will continue supporting the restoration of essential social services in Anjouan Island and ensure preparedness and adequate resources to respond to any volcanic eruption in Grande Comore and to any cholera epidemic in the three islands. Priority areas to be supported include the following key activities:

- Vaccinate 8,000 children under age five, 10,300 pregnant women and 32,900 women of childbearing age;
- Provide hygiene information and distribute hygiene supplies in order to reinforce good practices;
- Provide new latrines to 14 schools, with jerrycans, water purification tablets etc.;
- Distribute education materials to 48,424 primary and 5,279 secondary school students; provide didactic materials for 1,378 primary and 685 secondary schoolteachers and furniture for 100 primary schools;
- Train 50 teachers and 125 health staff to respond to violence/abuse.

### **UNICEF Lesotho (US\$ 2,600,000)**

For 2009, UNICEF will continue responding to the humanitarian crisis exacerbated by high food prices, low agricultural production and the continued impact of HIV. About 350,000 people will need humanitarian assistance in 2008–2009, and this figure is likely to increase. UNICEF will provide emergency support through the following key activities:

- Undertake health and nutrition interventions targeting over 100,000 moderately and severely malnourished children and 50,000 pregnant and 50,000 lactating mothers. The interventions are expected to achieve 80 per cent coverage of the targeted beneficiaries;
- Provide water and sanitation supplies and services benefiting 200,000 people in 100 schools and local communities. Also, rehabilitate boreholes and promote hygiene education in 300 schools reaching over 20,000 children;
- Supply 'school-in-a-box' kits and recreational kits for 50,000 children out of 70,000 children who could benefit from having such kits;
- Train 500 primary schoolteachers, 100 non-formal education providers, 500 students/peer leaders in gender, HIV and AIDS and life skills education.

### **UNICEF South Africa (US\$ 1,300,000)**

For 2009, the overall goal is to minimize the impact of the ongoing crisis triggered by xenophobic attacks on children and women through the following key activities:

- Provide technical support to the Government of South Africa in the management of the complex humanitarian crisis (especially in the WASH and protection areas);

- For the benefit of 15,000 displaced persons, host communities and impoverished persons conduct health, nutrition and hygiene promotion activities;
- Provide a total of 5,000 displaced children (60 per cent of all displaced children) with access to learning opportunities;
- Target a total of 2,000 unaccompanied migrant children and other vulnerable children with protection interventions.

### **UNICEF Swaziland (US\$ 2,650,000)**

For 2009, the overall goal is to minimize the impact of the socio-economic failure and the humanitarian crisis caused by food insecurity and the HIV/AIDS pandemic through the following key activities:

- Establish eight outpatient therapeutic feeding sites; undertake nutrition and health surveillance; and distribute essential drugs (cotrimoxazole) and zinc for the treatment of at least 60,000 children;
- Conduct sanitation and hygiene promotion in 70 rural communities and provide WASH services to 200 neighbourhood care points (NCPs) and 80 schools, potentially reaching 32,000 children;
- Support the Government in strengthening disaster risk reduction and mainstreaming emergency preparedness into regular programming through capacity-building of disaster committees at national, regional and community levels.



# UNICEF HUMANITARIAN ACTION

## ANGOLA

### IN 2009



Core Country Data	
Population under 18	9,022
Population under 5 (thousands)	3,162
U5 mortality rate (2007)	158
Infant mortality rate (2007)	116
Maternal mortality ratio (2005, adjusted)	1400
Primary school attendance ratio (2000–2007, net, male/female)	58/59
% U1 fully immunized (DPT3)	83
% population using improved drinking-water sources (rural/urban)	62/39
Estimated no. of people (all ages) living with HIV, 2007 (thousands)	190
% U5 suffering moderate and severe underweight/stunting	26/45

Source: *The State of the World's Children 2009*

The ongoing cholera outbreak has resulted in 9,397 cases with 222 deaths from 1 January to 5 October 2008, largely in peri-urban areas. In 2009, it is estimated that there may be up to 15,000 cases of cholera, with prevention needed in all communities nationwide. Regional flooding is probable, and may affect some 100,000 people with almost 50 per cent displaced. Food insecurity could provoke up to 100,000 severely malnourished children, given the high cost of food, localized rain failures and flooding. Funding through the *Humanitarian Action Report* will reach 4.9 million children in Angola.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	1,950,000
Water, Sanitation and Hygiene	2,000,000
Education	200,000
Child Protection	350,000
<b>Total**</b>	<b>4,500,000</b>

\* 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

Angola is at a crossroads, having moved rapidly from protracted civil war to a development phase, and benefiting from strong economic growth of 24 per cent (highly dependent on the oil and diamond sectors). Angola has assets which may be put to good use to reach the Millennium Development Goals (MDGs). Nevertheless, enormous destruction due to the conflict has resulted in extremely poor social infrastructure, such as water and sanitation systems, health centres and schools, and human resource capacity. This severely aggravates natural disaster and epidemic preparedness and response capacity, exacerbating the vulnerability of children and women.

Enormous challenges persist in all of Angola's sectors, with several indicators ranking amongst the worst in the world, such as under-five child mortality. Health services, infrastructure, water, education, and social policy will require massive investment and sound policy in the coming years to provide broad-based service coverage. Of positive note is the fact that the Government is working on a new five-year development plan (2009–2013) and has proved its interest and commitment to invest in the social sectors – such as through the Water for All programme, which aims to provide clean water to 80 per cent of the population by 2012. Meanwhile, local capacities to plan and implement disaster risk reduction policies and programmes need to be developed to strengthen institutional and community resilience.

The under-five mortality rate is 158 per 1,000 live births and maternal mortality is very high at 1,400 per 100,000 live births. Malnutrition is alarmingly high, with almost one third of children underweight and almost one in two children under age five stunted. In water and sanitation, 8.7 million people are estimated to have no access to potable water and 8.5 million no access to sanitation. Fertility rates remain amongst the highest in the world at around six children per woman, with the population expected to double in 22 years. Some 53 per cent of Angola's population is under age 18.

The first half of 2008 saw a considerable rise in vulnerable populations affected by flooding, with some of the worst floods in recent history in the southern provinces of Cunene, Kuando Kubango, Moxico, and Benguela. A total of 106,400 people were affected, with 22 deaths and 56,200 internally displaced persons (IDPs). Cunene and Kuando Kubango were worst hit, with more than 55,000 IDPs, many of whom were children. Affected communities in Ondjiva, the provincial capital of Cunene, remain in centres for displaced persons, while local authorities build new houses in a location safe from future flooding. Despite needs, no such centres were established in Kuando Kubango Province, and many communities sheltered with friends and family in overcrowded housing leading to unsanitary conditions.

As of 5 October 2008, 9,397 cases of cholera had been reported, with 222 cholera-related deaths, across 15 of Angola's 18 provinces. This compares to 50,315 cases (2,065 deaths) over the same period in 2006, and 16,270 cases (404 deaths) over the same period in 2007. While the 2008 caseload remains significant, there has been a marked reduction in annual cases/deaths. The rise in cholera cases at the beginning of 2008 was closely linked to the provinces affected by flooding/heavy rainfall. Cholera cases have diminished significantly over the dry season, with no cases between 14 September and 5 October. However, as rains started again in northern provinces, cases were confirmed as of 12 October. A rise in cases is expected from end 2008 with a peak between February and April 2009. As the continued cholera threat is largely due to poor water and sanitation infrastructure, the government's massive infrastructure renewal programme, including the Water for All programme, will be key to overcome structural issues.

The flooding in 2008 followed the failure of the first rains from October to December 2007 across much of Angola, which stunted agricultural output in Huíla Province. Furthermore, flooding in Kuando Kubango Province caused massive crop destruction. These factors, coupled with high food prices on Angola's markets, have resulted in heightened food insecurity, especially for the poorest communities.

Angola's HIV/AIDS seroprevalence is estimated at 2.1 per cent (National Institute to Fight Against AIDS/Centers for Disease Control and Prevention (INLS/CDC), 2007), which is comparatively lower than neighbouring countries, such as 24.1 per cent in Botswana, 5.3 per cent in Congo, 19.6 per cent in Namibia, 3.2 per cent in the Democratic Republic of the Congo (DRC), 17 per cent in Zambia and 21 per cent in Zimbabwe. However, the opening of borders and increased population movements are leading to a rapid spread of the epidemic, especially in border provinces.

Angola is one of few countries showing a rapidly increasing number of annual polio cases, with 25 cases confirmed as of 9 October 2008. Angola has exported polio cases to DRC and Namibia. Furthermore, Angola was affected by a severe epidemic of Marburg haemorrhagic fever in 2005, with 371 cases and 324 deaths, and by a further threat of Ebola import from DRC in 2007 during the outbreak in the Kasai Occidental Province, close to the border with Angola in Lunda Norte.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In 2008 UNICEF supported the strengthening of Angola's health, nutrition, and water, sanitation and hygiene services to reduce the impact of future disasters. The Ministry of Energy and Water (MINEA) launched the national Water for All programme, aimed to bring improved water supply facilities to 80 per cent of the population by 2012. The Ministry of Urban Development and the Environment (MINUA) assumed the national lead for the implementation of improved sanitation. UNICEF and the World Health Organization (WHO) supported the Ministry of Health (MINSa) to coordinate national cholera control interventions, and the four 2008 national Polio Immunization Days, reaching 6.1 million children under age five nationwide (100 per cent of target group).

The overall goal of UNICEF Angola's emergency programme was to reduce the impact of cholera on affected children and families nationwide, with a particular focus on areas hit by flooding. UNICEF and WHO supported MINSa to coordinate the interministerial National Cholera Task Force as of the start of the outbreak in February 2006. UNICEF provided Ringer's lactate, oral rehydration salts (ORS) and antibiotics for cholera treatment centres nationwide. UNICEF also supported MINSa and MINEA to provide safe water and engage in community awareness-raising around effective cholera prevention and early treatment. These interventions reached 900,000 people in 2008 (around 10 per cent of the population in need), with a major part of the remaining gap being covered by partners, such as MINSa, MINEA, WHO and the Angola Red Cross. All interventions were made against MINSa's 2008 national cholera contingency plan, developed with UNICEF and WHO support.

To respond to the floods, UNICEF worked with the National and Provincial Civil Protection Commissions, the UN Disaster Management Team (UNDMT) and a UN/NGO coordination forum to provide humanitarian relief to the 104,000 people affected. UNICEF's support focused on access to services and behavioural messaging to prevent disease and promote community recovery, including the provision of basic supplies, such as water treatment products, impregnated mosquito nets, and therapeutic food for malnourished children. UNICEF worked with the Cunene Civil Protection Commission, Oxfam and the Angola Red Cross to ensure access to safe water and latrines for all 15,000 IDPs in Cunene camps.

## 3. PLANNED HUMANITARIAN ACTION FOR 2009

### Coordination and Partnership

The National Civil Protection Commission (NCPS) is the Government body responsible for coordinating emergency preparedness and response in Angola. UNICEF, in partnership with the UN Disaster Management Team (UNDMT), supports NCPS to develop emergency plans and provide initial and ongoing response to communities affected by emergencies. UNICEF also supports the joint humanitarian coordination through UNDMT and the NGO humanitarian coordination forum. UNICEF is the UN humanitarian sector lead for nutrition and programme communication, and the joint sector lead for water, sanitation and hygiene (WASH), and for health with WHO.

### Linkages of HAR with the Regular Programme

The funds raised through the *Humanitarian Action Report (HAR)* will allow UNICEF to strengthen the delivery of programmes in the 2009–2013 Country Programme, by ensuring that emergency programming complements routine programmes for the Angolan accelerated child survival and development (ACSD). Interventions in this appeal are: (a) saving lives through prevention and treatment of critical emergencies; and (b) facilitating the fast recovery for communities to return to their normal lives.

The focus of UNICEF Angola's emergency programme is to support the Government of Angola to prevent and respond to potential disasters, with the most probable emergencies being cholera and flooding. Angola is suffering from an ongoing cholera outbreak, and UNICEF's interventions aim at reducing the number of cases below 10,000 in 2009, with a mortality rate of 1 per cent or less. In response to seasonal flooding, UNICEF will assist 85,000 flood-affected women and children, including 42,000 IDPs, in support of the NCPS. In the event of an outbreak of haemorrhagic fever, UNICEF will support up to 85,000 children and women by improving haemorrhagic fever treatment and preventing further transmission, while some 2,000 children orphaned by the outbreak will receive special protection. UNICEF will provide polio immunization for up to 500,000 in areas where a local outbreak occurs and procure therapeutic feeding for up to 100,000 severely malnourished children in areas with acute food insecurity. Programme communication will disseminate essential behaviour

change messages to 4.9 million children and 1.2 million women nationally to prevent cholera, improve vaccination coverage and prevent further spread of haemorrhagic fever.

### **Health and Nutrition (US\$ 1,950,000)**

For 2009, the overall goal of the emergency health and nutrition programme is to minimize the impact of the ongoing cholera and polio epidemics and of food insecurity, and to ensure that emergencies do not lead to an increase in the already very high infant and maternal mortality rates. Some 10,000 cholera patients, 42,000 flood-affected children and women, 200,000 children under age five in provinces at high risk of polio transmission, 100,000 severely malnourished children and 10,000 pregnant women/babies will benefit from the following key activities:

- Procure and distribute essential emergency drugs and equipment for health centres nationwide to treat all estimated 10,000 cases of cholera in 2009 – supplies will include Ringer's lactate and ORS;
- In the event of an outbreak of haemorrhagic fever, distribute bioprotective materials to 250 health workers to ensure they are fully protected to offer services to patients in health facilities;
- Distribute essential health supplies, such as syringes and drugs, to ensure safe treatment for up to 85,000 children and women in health centres in areas affected by haemorrhagic fever, to improve treatment and prevent further transmission;
- Support the distribution of 15,000 long-lasting insecticidal nets (LLINs) in areas affected by flooding, to cover up to 30,000 children and pregnant women. This will be supported by the community mobilization for the integrated management of childhood illness in emergencies, also supporting clean delivery and treatment of severe malnutrition;
- Provide ready-to-use therapeutic food to 100,000 children with severe acute malnutrition (67 per cent of total need) through community-based feeding centres;
- Organize provincial 'Polio Immunization Days' for up to 500,000 children in provinces with identified cases of polio, to avoid spread to further provinces;
- Provide emergency midwifery kits to ensure clean delivery of 10,000 babies in areas affected by emergencies.

### **Water, Sanitation and Hygiene (US\$ 2,000,000)**

For 2009, the overall goal of the emergency water, sanitation and hygiene programme is to minimize new cholera cases and to ensure that flood-affected communities have access to safe water and effective sanitation. In the event of an outbreak of haemorrhagic fever, UNICEF will ensure rapid provision of basic services. Interventions will ensure that 7.4 million people at risk of cholera are aware of how to prevent its transmission, and 380,000 of the most vulnerable children and women are provided with home-level water and hygiene kits to ensure they consume potable water and practise safe sanitary behaviour. Some 57,000 flood-affected children and women will benefit from safe water, including sanitation, for some 42,000 IDPs. Safe water will be provided to health facilities in a region affected by haemorrhagic fever. Key activities will include:

- Provide safe water to the most vulnerable communities to prevent cholera transmission; provide household water storage and treatment kits for 450,000 people, with each kit composed of a jerrycan, child-friendly water dispenser and soap for home hygiene;
- Install water tanks in areas hardest hit by cholera to provide water for 22,500 people and support local government to ensure tanks are regularly filled, and water is treated to be potable;
- Through mass media and community mobilization, raise awareness of 7.4 million people (41 per cent of national population) on use of safe water in the home, routine handwashing, safe sanitation practices, and the importance of the rapid effective treatment of cholera and/or haemorrhagic fever;
- In the event of flooding, provide safe water to 57,000 children and women, including support to 42,000 internally displaced children and women, with both safe water supply and access to secure latrines/washing facilities;
- In the event of an outbreak of haemorrhagic fever, ensure that health facilities in the affected area have access to clean potable water and to safe treatment facilities for 20,000 people.

### **Education (US\$ 200,000)**

For 2009, the overall goal is to ensure child-friendly spaces and basic education materials in areas potentially affected by flooding for 5,000 children and 500 teachers by providing a stable environment for learning as well as psychosocial support. Pilot disaster risk reduction on 1,000 students to strengthen community preparedness for disasters. Key activities will include:

- Support 20 temporary child-friendly spaces to accommodate 5,000 children displaced by flooding (15 per cent of children displaced), including the provision of basic educational materials (notebooks, pencils and erasers) and recreational kits, such as sports equipment. These spaces will provide a normal environment where 5,000 children, who cannot return to their local schools, have access to psychosocial support and educational opportunities until they are able to go back to their regular schools;
- Pilot disaster risk reduction activities in the primary school curriculum capacitating 1,000 fourth- to sixth-grade pupils and 20 teachers on how to prevent and effectively respond to disasters, such as flooding, fire and landslides in their communities, thus providing pupils with the knowledge and the tools to capacitate their friends and families on how to implement these strategies. This model is being piloted in 2009 for national scale-up in 2010.

### **Child Protection (US\$ 350,000)**

For 2009, the overall goal is to ensure that all 42,000 children and women displaced by floods are temporarily housed in an environment that will protect them from the threat to their basic rights, including gender-based violence, and that displaced children have access to free birth registration to replace documents lost in the floods. Child Protection Networks will support 2,000 children affected by a possible outbreak of haemorrhagic fever. Key activities will include:

- Conduct an assessment of the rights of the 42,000 children and women displaced by floods who are temporarily housed in camps, including on gender-based violence; implement measures to protect their rights, including provision of: (a) birth registration documentation to 34,000 children; (b) secure latrines and bathing facilities, and (c) local Child Protection Networks;
- In the event of an outbreak of haemorrhagic fever, support Child Protection Networks to reach 2,000 children, whose families have been affected, with items to replace those contaminated and destroyed in their houses, including non-food items (bed sheets, cooking materials) and back-to-school materials. A total of 1,400 adolescents, who head families following the death of their parents, will receive vocational training or support to return to school.

# UNICEF HUMANITARIAN ACTION BURUNDI IN 2009



Core Country Data	
Population under 18 (thousands)	4,383
U5 mortality rate	180
Infant mortality rate	108
Maternal mortality ratio (1980–1999)*	615
Primary school enrolment ratio**	72.4
Primary school enrolment ratio for girls**	71.1
% U1 fully immunized (DPT3)	74
% population using improved drinking-water sources	71
Estimated adult HIV prevalence rate (aged 15–49), 2007	2.0
% U5 suffering moderate and severe underweight/stunting	39/53

Sources: *The State of the World's Children 2009*. \* Burundi Multiple Indicator Survey (MICS) 2003, \*\* National Statistics of the Ministry of Education and Scientific Research 2005/06

Burundi is facing several challenges related to the reintegration of returnees in 2009. An important component of the consolidation of peace in the country is the re-entry of an estimated 387,000 repatriated and vulnerable school-aged children, the psychosocial support to be provided to 3,000 expelled persons, repatriated and unaccompanied vulnerable children and children separated from armed groups. The reinforcement of nutritional services for all children under age five (estimated at 1.54 million) will also provide tangible results in the fight against acute malnutrition.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	800,000
Water, Sanitation and Hygiene	3,644,800
Education	2,990,000
Child Protection	715,000
HIV/AIDS	450,000
Emergency Preparedness and Response	335,000
<b>Total**</b>	<b>8,934,800</b>

\* 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

Burundi is engaged in a peace process between the last armed group the Palipehutu-Forces nationales de libération (FNL) and the Government that is expected to provide a solution to persisting insecurity in some areas and general uncertainty about the future. Related factors such as the high prevalence of criminality, banditry, targeted murders and increase in sexual and gender-based violence in several provinces are not indicative of an early return to normality and security and pose serious challenges to social reconstruction. Conflicts over access to and ownership of land are an additional risk factor for the population. Finally, the regional and international high consumer food prices threaten the fragile socio-economical equilibrium, increase the vulnerability of the population and decrease their capacity to cope with natural disasters like droughts and floods.

Consequently, the lack of access of children and women to basic services will be further compounded. Since the beginning of the civil war in 1993, food insecurity has persisted and in 2007 the food deficit was estimated at 38 per cent, limiting the coverage of energy needs to only 75 per cent. The most vulnerable are the children aged 12–59 months who are at high risk of malnutrition (about 27 per cent of Burundian households have at least two children under age five). Young people and pregnant/lactating women are also vulnerable. Chronic malnutrition rose from 48.1 per cent in 1987 to 56.8 per cent in 2000 to decrease to 46 per cent in 2007. On the other hand, the average acute malnutrition rate dropped from 7.5 per cent in 2000 to 5.6 per cent in 2007, with some provinces peaking at 11.5 per cent (National Nutrition Survey, August 2007). Even if the average rate remains below the threshold rate (10 per cent) for acute malnutrition, levels in certain provinces do exceed that alert rate and Burundi does remain amongst the high-risk countries threatened by food insecurity and malnutrition. In addition, Burundi periodically faces waterborne epidemics, such as cholera and dysentery, affecting mainly children and women. Malaria is endemic in Burundi and constitutes the main cause of mortality and morbidity to both groups. It is at the origin of 50 per cent of consultations, 40 per cent of which to children under age five. Malaria is also responsible of nearly 50 per cent of deaths in children aged 1–59 months.

The total number of displaced, refugee and exiled Burundians is estimated at 1–1.2 million, about 16 per cent of the population during the war. The abandonment of the land greatly affected agricultural production and the repeated displacements have dismantled social networks. Burundi is now facing a massive repatriation of all refugees from the United Republic of Tanzania (those who fled to Tanzania in 1972 and those who fled in 1993). Between 2002 and September 2008, more than 450,000 persons had already been repatriated with the highest number (77,970) in 2008 alone. The reintegration of the 1972 refugees (210,000 in the United Republic of Tanzania of whom 45,000 expressed their willingness to return to Burundi) represents another challenge considering the disruption of family ties, the landless status of about 30 per cent of these refugees and the new languages children born in the United Republic of Tanzania would have to learn. These returns are also putting pressure on social services and infrastructures, such as education, water and land, and need to be addressed urgently to avoid social tensions and ensure early reintegration. As of 1 October 2008, 51,501 refugees from 1993 and 26,172 refugees from 1972 remained to be repatriated.

While 71 per cent of the entire population has access to improved drinking-water sources, only 41 per cent has access to adequate sanitation facilities. HIV/AIDS and tuberculosis now run rampant throughout the country. The seroprevalence is around 2 per cent, while access to testing centres in unsecured areas is limited.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

UNICEF has continued to support the Government of Burundi in responding to the humanitarian needs of the affected population, especially by leading the coordination of assistance to Burundians expelled from the United Republic of Tanzania. UNICEF also intervenes in key sectors, such as health and nutrition, water, sanitation and hygiene (WASH), education and child protection, in close collaboration with PARESI, the government agency for the reintegration of returnees, as well as local, national and international NGOs, such as the Norwegian Refugee Council (NRC), Healthnet TPO and the Burundi Society for Women against AIDS in Africa (SWAA).

In the specific case of the expelled Burundians, UNICEF provided assistance to 6,013 persons. In the area of health and nutrition, successful immunization campaigns have improved the vaccination coverage to 90 per cent. Deworming tablets were administered to 63.3 per cent of children aged 5–14 years and to 99.5 per cent of primary schoolchildren. A total of 51 prevention of mother-to-child transmission of HIV (PMTCT) centres were established in health centres (one per health centre) in 2008, adding up to a total of 104 out of 150 that had been planned to be operational by the end of 2008 as well

as 123 doctors trained in paediatric HIV care. UNICEF supported the Government's response to a cholera epidemic and also provided essential drugs for at least 45,000 consultations (for expelled Burundians and Congolese refugees). New community-based therapeutic care (CTC) centres have been opened, increasing the number of provinces benefiting from this programme from 5 to 11 (treating monthly 1,150 cases of severe acute malnutrition).

In the area of child protection, from January to August 2008, 580 survivors of sexual and gender-based violence (SGBV) received medical and psychosocial care in the five provinces where UNICEF is supporting SGBV rehabilitation centres. Some 56.2 per cent of the victims were minors. During the same period, UNICEF provided psychosocial assistance to 5,605 expelled children in four transit centres and in temporary settlements. In April 2008, 220 children associated with the dissident group of the Palipehutu-FNL were released and transferred to a transit centre in preparation for reintegration and family reunification through the services of the Executive Secretariat of the National Commission on Demobilization, Reinsertion and Reintegration, with UNICEF's technical and financial support. UNICEF also helped the Secretariat provide accommodation, feeding, and psychosocial and material assistance to these children during their two-month stay at Gitega Centre.

Under the HIV/AIDS programme, some 1,000 refugees and returnees benefited from voluntary counselling and testing (VCT) services in Gasorwe and Musasa camps (approximately 10 per cent of camps' population). In partnership with African Humanitarian Action (AHA), UNICEF provided the necessary equipment and rapid HIV tests for a new VCT site. UNICEF mobilized the adolescents and young people in the refugee and returnee camps of Musasa and Makamba providing life skills and HIV/AIDS education. Various information, education and communication (IEC) activities were carried out, such as the training of 60 young peer educators and the distribution of posters and leaflets.

Out of 48,000 expected to return in 2008, UNICEF provided basic school materials for 11,000 children repatriated from the United Republic of Tanzania, 2,089 expelled children and 40,117 displaced children in two conflict-torn provinces, and 350,000 children in three provinces severely affected by high food prices and the influx of returnees, in order to facilitate their reintegration into school and/or to ensure the continuity of learning. Out of 13,000 expected returnee children from the 1972 'Old Settlements', 1,000 benefited from the UNICEF-supported pilot course for accelerated French, Kirundi and life skills training. UNICEF is building seven child-friendly schools with early childhood development structures, aiming to provide educational, recreational and psychosocial services to more than 3,000 primary and 200 pre-primary schoolchildren.

During 2008, some 11,738 people gained access to safe water through the rehabilitation/construction of water sources and to improved sanitation through increased hygiene awareness and the distribution of hygiene kits. UNICEF also supported the Burundi Red Cross by contributing to the distribution of non-food item kits to 5,189 most vulnerable internally displaced households and to all 2,100 flood victims.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

UNICEF works within the integrated UN system coordinated by the UN Integrated Office in Burundi (BINUB), in collaboration with the Government, donors, the Burundi Red Cross, international and national NGOs and civil society. A cluster approach was established in September 2008. UNICEF is leading the water, sanitation and hygiene (WASH) and education cluster groups and co-leading the nutrition cluster. UNICEF is also coordinating the assistance to expelled Burundians, working closely with UNHCR and the World Food Programme (WFP) on the rehabilitation of refugees and expelled people, and with the Office for the Coordination of Humanitarian Affairs (OCHA) on the response to natural disasters. Regular meetings are held with members of the Tanzania Country Office to handle education and protection issues including joint cross-border missions to assess the situation of refugees on the Tanzanian side.

#### Linkages of HAR with the Regular Programme

Emergency preparedness and response is integrated into all programmes of the 2008 Country Programme Action Plan (CPAP). (2009 will be a bringing year for a new 2010–2014 Country Programme.) The CPAP is the outcome of joint collaboration between UNICEF counterparts, government ministries, UN agencies and other partners.

During 2009, UNICEF will endeavour to reinforce and develop national and local capacity for disaster preparedness and response management. The Country Programme will provide humanitarian support in the areas of health, nutrition, WASH, education, child protection and HIV to at least 1 million children and 94,000 pregnant women and to the host communities most affected by the return process.

### **Health and Nutrition (US\$ 800,000)**

For 2009, the overall goal is to minimize the impact of high food prices on the health and nutritional status of children under age five and to ensure that pregnant women in affected areas are identified and provided with micronutrient supplementation. Some 200,000 returnees and host communities' most vulnerable and impoverished persons will benefit from the following key activities:

- Administer two doses of vitamin A twice a year to children aged 6–59 months and one dose of iron/folic acid to pregnant women in the pre-birth consultation; check 80 per cent of the batches of salt arriving in Bujumbura port for iodization levels;
- Train 600 nurses and 1,200 community health workers on vaccination; sustain cold-chain maintenance; and support health services to carry out vaccination activities;
- Establish 96 new prevention of mother-to-child transmission of HIV (PMTCT) services to increase the number to 200 (94,000 pregnant women and 7,520 children of HIV-positive mothers) as per the sectoral plan;
- Provide medical care to returnees, expelled persons and Congolese refugees;
- Support epidemics prevention (cholera, dysentery and meningitis) and provide medical care to 20,000 victims of epidemics and natural disasters;
- Coordinate interventions with other partners through the cluster approach (Ministry of Health, UNICEF, WHO, NGOs etc.);
- Set up the community-based therapeutic care (CTC) approach in the six remaining provinces to ensure a recovery rate of more than 75 per cent for acute malnutrition cases;
- Support the distribution of insecticide-treated mosquito nets (ITNs) to 402,000 pregnant women and 330,000 children under age one; ensure follow-up and evaluation of ITN utilization at household level;
- Provide technical support to the national nutritional surveillance system and nutrition surveys.

### **Water, Sanitation and Hygiene (US\$ 3,644,800)**

For 2009, the overall goal is to provide adequate water and sanitation facilities and to ensure that children are educated in good hygiene practices in order to minimize the risk of waterborne/sanitation diseases in 10 provinces. Some 202,000 affected populations in the areas of return, focusing particularly on children and women, will be reached through the following key activities:

- Construct/rehabilitate water infrastructures and adequate sanitary facilities in 50 schools for 60,000 schoolchildren (28,000 girls and 32,000 boys);
- Construct/rehabilitate 200 water supply systems (springs or gravity-fed systems) in permanent settlements and areas of return;
- Organize and train water users' committees for the maintenance of water infrastructures;
- Construct 6,500 family latrines and ensure that at least 80 per cent of the targeted households have access to family latrines, with a maximum of five households per latrine;
- Promote hygiene so that all 202,000 persons in the areas of return practise good hygiene behaviours (latrine use/handwashing/drinking water/epidemics);
- Train health ministry staff, communal water authority (RCE) members and communities for their better involvement in the fight against epidemics (cholera, bloody diarrhoea etc.);
- Coordinate WASH humanitarian partners (national and international NGOs, local authorities and others) through the establishment of appropriate WASH coordination mechanisms.

### **Education (US\$ 2,990,000)**

For 2009, the overall goal is to increase equitable access to basic education of the most vulnerable as well as returnee children. A total of 387,000 vulnerable children and 2,000 teachers in four target provinces most affected by the influx of returnees will benefit from the following key activities:

- Supply basic scholastic materials, including notebooks, pencils and erasers, for at least 20,000 repatriated and expelled school-aged children in transit centres and temporary settlements out of 48,000 children expected to return in 2008, and to 375,000 primary schoolchildren in four target provinces;
- Procure and distribute educational play materials and provide recreational spaces for 2,000 preschool children of vulnerable families;
- Train early childhood development (ECD) cadres and provide parental education in four target provinces;
- Train 2,000 primary schoolteachers and administrators, with particular emphasis on psychosocial support and child-centred teaching methods in four target provinces;
- Support the construction of 30 temporary classroom structures and 10 permanent schools, each with six classrooms and teachers' homes to accommodate 4,500 primary schoolchildren.

### **Child Protection (US\$ 715,000)**

For 2009, the overall goal is to assist and reunite with their families separated and unaccompanied children; strengthen the provision of materials and psychosocial support to expelled, repatriated and unaccompanied vulnerable children as well as to reintegrated children previously associated with armed groups; and assist survivors of gender-based violence through the following key activities:

- Support the identification, documentation, tracing, care (including psychosocial assistance) and reunification of an estimated 300 unaccompanied and separated children;
- Provide material and psychosocial assistance and respond to the basic needs of around 500 accompanied most vulnerable children affected by emergency situations and about 2,200 unaccompanied and separated children in difficult circumstances;
- Provide technical and material assistance for the running of child-friendly spaces in three transit camps for expellees and the implementation of recreational, educational and sensitization activities promoting children's rights and preventing gender-based violence;
- Provide psychosocial assistance to 320 separated children (including 100 children still associated with armed groups in October 2008) and to 2,200 repatriated and expelled children, reintegrated in 2008 in their communities through community-based interventions;
- Sensitize and reinforce the capacities of some 50 psychosocial assistants and implementing partners' key personnel in psychosocial response to vulnerable children in emergency situations;
- Provide integrated and global medical, psychosocial and legal assistance to approximately 100 survivors of gender-based violence in emergency situations;
- Provide continued support for the implementation of decentralized monitoring and reporting system on grave child rights' violations as per Security Council Resolution 1612.

### **HIV/AIDS (US\$ 450,000)**

For 2009, the overall goal is to reach an estimated 10,000 children/adolescents through the following key activities:

- Provide quality voluntary HIV counselling and testing in Garsowe (Muyinga), Musasa (Ngozi) and Gihinga (Mwaro) refugee camps;
- Broadcast a radio serial in Kirundi, French and Swahili addressing subjects such as sexually transmitted diseases (STDs), HIV/AIDS prevention, stigma and discrimination, voluntary counselling and testing (VCT) as well as HIV-related topics, in all refugee camps;
- Undertake peer education and social mobilization activities, such as training peer educators, successive sensitization of peers by youth educators, testimonies from people living with HIV/AIDS, theatre, sports and other cultural activities in Garsowe (Muyinga), Musasa (Ngozi) and Gihinga (Mwaro) refugee camps;

- Produce and distribute equipment and material for HIV/AIDS sensitization (cartoon strips, leaflets and billboards) to be distributed and installed in all refugee camps.

### ***Emergency Preparedness and Response (US\$ 335,000)***

For 2009, in collaboration with partners, the overall goal is to reinforce national and local capacity for disaster preparedness and response management. The Government of Burundi, the Burundi Red Cross, Civil Protection and the civil society will be supported through the following key activities:

- Provide technical support for the yearly update of the national and provincial contingency plans taking into account children's interests;
- Coordinate humanitarian assistance to people expelled from the United Republic of Tanzania;
- Monitor the implementation of preparedness activities through the consolidation of an emergency task force at provincial level;
- Establish a contingency stock at provincial level with standard management procedures and accountability;
- Develop the national disaster prevention and risk reduction strategy and support its implementation;
- Maintain a non-food item contingency stock for 20,000 people, including IDPs and/or victims of natural disasters, as and when they occur.

# UNICEF HUMANITARIAN ACTION ERITREA IN 2009



Core Country Data	
Population under 18 (thousands)	2,402
U5 mortality rate (2007)	70
Infant mortality rate (2007)	46
Maternal mortality ratio (2000–2007, adjusted)	450
Primary school enrolment ratio*	53
Primary school enrolment ratio for girls*	50
% U1 fully immunized (DPT3)**	97
% population using improved drinking-water sources (total)***	60
Estimated adult HIV prevalence rate (aged 15–49, 2007)	1,3
% U5 suffering moderate and severe underweight/stunting	40/38

Sources: *The State of the World's Children 2009*. \*Essential Education Indicators 2005/06, \*\*MoH EPI Unit Report 2007, \*\*\*Rapid Assessment of Rural Water Supply & Sanitation 2006, Water Resources Department (Ministry of Land, Water and Environment) and UNICEF: p. 49, Table: 5111

The poor and erratic rainfall during the main rainy season between June and September 2008 is likely indicating the onset of a drought in Eritrea, which is still recovering from the impact of the previous drought in 2006. The lack of clean water would make children vulnerable to diarrhoea, diseases and malnutrition, while high prices of food and commodities could further affect household coping mechanisms. UNICEF seeks US\$ 12.4 million to protect and promote the rights of up to 500,000 children affected by drought, the impact of high food prices, as well as children of internally displaced families who have returned to their communities or resettled in new areas.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	4,000,000
Water, Sanitation and Hygiene	6,000,000
Education	1,200,000
Child Protection	800,000
Mine Action	400,000
<b>Total**</b>	<b>12,400,000</b>

\* 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 border stalemate between Eritrea and Ethiopia is ongoing, with the 'no peace, no war' situation still holding as of end 2008. While the political situation continues to hamper the economic performance and development in the country, the failure of rains and the high food prices pose an additional burden to the humanitarian situation in Eritrea, which is already being made vulnerable by poverty, chronic food insecurity and malnutrition.

The poor performance of the short rains and the delayed onset of the main rainy season are raising concerns for a looming drought: Eritrea, which lies in the Horn of Africa, is located in a drought-prone area, and is still suffering from the impact of the previous drought in 2006. With 80 per cent of the population engaged in agriculture and pastoralism for their livelihoods, a significant proportion of the population is vulnerable to the negative effects of drought. Lack of clean water and adequate sanitation would increase the risks of diarrhoea, disease outbreaks and malnutrition. In addition, the impact of high consumer food prices is a further threat to the livelihood of the population, which is already suffering from food insecurity and increase in commodity prices in recent years.

According to the results of rapid screening using mid-upper arm circumference (MUAC), global acute malnutrition (GAM) among children aged 12–59 months was 6.4 per cent in November 2007 and 7.7 per cent in May 2008. The results show that, while GAM increased from 6.7 per cent to 9.7 per cent in Anseba and from 5.4 per cent to 10.1 per cent in Northern Red Sea (NRS) during this period, it decreased from 11.1 per cent to 7.5 per cent in Southern Red Sea (SRS). In Maekel, the central region where the capital is located, GAM was 8 per cent in May 2008 (this region was not included in the November 2007 screening).

Those particularly at risk are the estimated 85,500 malnourished children, 300,000 pregnant and lactating women, an estimated 800,000 urban poor and the population living in drought-affected areas, requiring close situation monitoring and assistance. High food prices and poverty levels are likely to weaken household coping mechanisms, increasing the risk of children being subjected to child labour and other forms of exploitation. An estimated 105,000 orphaned and vulnerable children as well as 5,000 children living on the street, especially in urban areas, are at particular risk. Increased levels of household poverty could also affect community-based interventions, such as the operation of water systems as well as school enrolment.

Between 2007 and 2008, an estimated 22,300 internally displaced persons (IDPs), the last remaining IDPs in camps, were resettled or returned to their communities of origin. This resulted in an additional burden on the already stretched basic social services in the receiving communities. In addition, tens of thousands of people who were relocated in 2008 from the overcrowded highlands to the lowlands added additional needs in the provision of basic social services.

The suspension of the UN Mine Action Coordination Centre (UNMACC)'s demining and explosive ordnance disposal activities in April 2008, and lack of donor and technical support to the Eritrean Demining Authority, is increasing the risk of mine and unexploded ordnance (UXO) accidents. Between January and September 2008, 42 people were victimized by mines and UXO, 27 of whom were children. This is significantly higher than in 2007, when 35 people were victimized between January and December.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In partnership and close coordination with line ministries, local government authorities and UN agencies, UNICEF continued in 2008 to respond to the humanitarian needs of the vulnerable population in Eritrea. Community-based therapeutic feeding (CBTF) has been expanded from 39 sites in 2007 to 61 sites at mid-year in 2008. Between January and September 2008, out of estimated 9,000 severely malnourished children, 1,500 were enrolled in CBTF, with a cure rate of 63 per cent, a death rate of 0.3 per cent, and a defaulter rate of 18 per cent. In the 53 facility-based therapeutic feeding (FBTF) centres 3,000 severely malnourished children with medical complications were admitted between January and October 2008. Some 900 community volunteers were given refresher training on CBTF, as an effort to improve the quality of services following the expansion. Approximately 6,500 children under age five and 4,300 pregnant and lactating women were estimated to be still in need of supplementary feeding in Dehub and Gash Barka IDP resettlement areas. Between January and October, 10,850 people (9,600 children, 535 pregnant women and 715 lactating women) have benefited from UNICEF-supported supplementary feeding.

The first round of the nationwide vitamin A supplementation campaign was conducted in May 2008, covering more than 400,000 children or 87 per cent of children aged 6–59 months. As part of the campaign, a rapid screening of the nutritional status of children aged 12–59 months measuring MUAC was also conducted.

Eight solar panels were procured and installed in health facilities in remote, hard-to-reach areas with no access to electricity. Close to 29,000 long-lasting insecticidal nets (LLINs) were distributed to malaria-endemic areas, and around 37,500 people have benefited from the distribution of essential drugs to health facilities, which were used for inpatient and outreach services.

A total of 300 recreational kits, 150 'school-in-a-box' kits, school furniture and stationery were distributed, benefiting 6,400 students and 540 teachers in Debub and Gash Barka. The construction of schools in the IDP resettlement areas is ongoing but delayed due to import restrictions on construction materials. When completed, a total of 12 makeshift classrooms will provide learning spaces to 600 children in Debub. Training on psychosocial support was also provided to 150 teachers and community workers in the same area in October 2008.

UNICEF provided seven water bladders to cover the urgent needs of 3,500 people resettled into new communities in Gash Barka until a more permanent structure is being established. Boreholes have been drilled in communities in SRS and NRS to provide water supply to 8,000 people. Water supply systems in Gash Barka damaged by 2007 floods have been rehabilitated to provide safe water to 24,000 people. In addition, new water supply systems have been constructed covering over 3,000 people in Gash Baka and Debub. Community trainings on hygiene promotion to control diarrhoeal diseases were conducted in the IDP resettlement villages in Gash Barka. Hygiene supplies, including jerrycans and soap, were distributed to 33,000 people in SRS and NRS, which suffered an outbreak of acute watery diarrhoea in 2007.

Some 106,500 people, including 75,500 children in 225 villages, received mine-risk education (MRE) information disseminated by the 10 MRE teams of the Eritrea Demining Authority and through community-based MRE outreach to all IDP resettlement villages. A survey on MRE was conducted to improve the effectiveness of the messages. Non-food items, such as blankets, soap and recreational kits, were provided to meet the needs of 4,500 resettled IDPs, including child and female-headed households, in Gash Barka and Debub regions.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

UNICEF is maintaining its capacity to provide immediate and initial response to all envisaged emergencies in partnership and close coordination with UN agencies, government line ministries, local administrations and NGOs. UN joint programmes are currently in place for child health and nutrition; water, sanitation and hygiene; and IDP resettlement. UNICEF is the cluster lead in nutrition, water, sanitation and hygiene (WASH) and education, while it takes part in the health and protection clusters, which are led by the World Health Organization (WHO) and the UN Refugee Agency (UNHCR), respectively.

#### Linkages of HAR with the Regular Programme

Emergency preparedness and response is integrated into all areas of Eritrea's Country Programme. This is to ensure coordinated support for the transition of emergency relief to recovery and development, as well as to maintain a standing level of preparedness to respond to emergency situations. Much of the emergency interventions related to IDPs covered in the *Humanitarian Action Report (HAR)* are also part of the UN joint programme on IDPs.

The overall focus of UNICEF Eritrea in 2009 is to continue responding to the health, education and protection needs of some 500,000 children made vulnerable by drought, the impact of high food prices as well as recently returned/resettled internally displaced children. UNICEF's emergency programme will also target 300,000 women, focusing on pregnant and lactating women.

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

For 2009, the overall goal is to minimize, among others, the impact of drought and the global high consumer food prices on the health and nutritional status of children under age five and to ensure that pregnant women in affected areas are identified and provided with micronutrient supplementation. Over 1 million displaced and relocated persons, host communities and other vulnerable population will benefit from the following key activities:

- Procure and distribute essential emergency drugs and equipment to 15 health stations, 6 health centres and 4 hospitals;
- Train 50 district health workers and 100 village-level staff in the delivery of immunization services and the operation and maintenance of the cold chain;
- Provide essential drugs and basic medical supplies, including oral rehydration salts (ORS), vaccines and antibiotics for 25 health facilities serving 750,000 drought-affected people;
- Continue supporting the 54 therapeutic feeding centres covering at least 6,000 severely malnourished children; in addition, continue supporting community-based therapeutic feeding to reach at least 56,000 severely and moderately malnourished children under age five;
- Train 50 health staff in the treatment and management of severe malnutrition;
- Support the implementation of a nutrition survey and pre/post-intervention assessments of the nutrition programme;
- Ensure an adequate response to HIV-related interventions in emergency, including support to 3,332 children, or all children known to be living with HIV/AIDS;
- Provide solar lightening system to 10 health facilities in hard-to-reach areas;
- Conduct a national measles immunization campaign covering 450,000 children under age five and two rounds of vitamin A supplementation covering 400,000 children aged 6–59 months (95 per cent coverage);
- At national level, provide supplementary food to 85,000 severely and moderately malnourished children as well as 300,000 pregnant/lactating women, and maintain preparedness level to cover up to 210,000 children under age five if the nutritional status deteriorates in the country;
- Support malaria control through the provision of 30,000 insecticide-treated mosquito nets, antimalarial drugs, covering at least 15,000 households in malaria-endemic areas.

### **Water, Sanitation and Hygiene (US\$ 6,000,000)**

For 2009, the overall goal is to provide access to safe water and sanitation to vulnerable people in drought-affected areas as well as areas of IDP return and resettlement. Some 80,000 people, focusing particularly on women and children, will be reached through the following key activities:

- Provide emergency supplies, such as water bladders, jerrycans, water purification tablets and limited water trucking for 10 IDP resettlement communities and 10 drought-affected villages;
- Rehabilitate 30 unprotected water dug wells and drill 40 boreholes, and install handpumps in drought-affected villages;
- Construct run-off cisterns in five drought-affected communities;
- Construct and/or rehabilitate water supply systems in five drought-affected areas as well as in five IDP resettlement villages;
- Support 20 communities for the operation and maintenance of water facilities through the provision of necessary tools and subsidizing the costs for running the facilities;
- Train 60 village technicians in operation and maintenance of water supply facilities coupled with the provision of necessary tools and spare parts;
- Carry out water, sanitation and hygiene promotion in 10 communities for 'open defecation-free' villages;
- Install water facility and/or water connection along with adequate sanitary facilities in 10 schools, covering 3,000 children and staff.

### **Education (US\$ 1,200,000)**

For 2009, the overall goal is to support the enrolment of 4,100 school-aged children in IDP resettlement areas in Dehub and Gash Barka and to ensure their resumption of or start to schooling in a safe, protected and child-friendly environment. UNICEF will also advocate for support to children in vulnerable families, including the poor and those affected by drought, to ensure their continuation of education and to sustain school attendance, through the following key activities:

- Supply basic scholastic materials, including notebooks, pencils and erasers, and recreational kits for 4,100 primary schoolchildren in Dehub and Gash Barka;
- Train 84 primary schoolteachers on life skills, including on HIV/AIDS and peace education;
- Support the construction of four temporary schools and rehabilitate two school classroom structures to accommodate 1,800 primary schoolchildren; and also provide sanitation and water storage facilities in schools and learning spaces;
- Undertake social mobilization and enrolment campaigns to scale up net enrolment, especially for girls and hard-to-reach children, including children of nomads who cannot afford the cost of education.

### **Child Protection (US\$ 800,000)**

For 2009, the overall goal is to protect vulnerable children from violence, exploitation and abuse, including from the impact of high food prices and natural disasters. A total of 500 vulnerable, child- and female-headed households, 100 teachers, 50 health staff, and at least 1,500 children will be targeted through the following key activities:

- Establish two drop-in centres in urban areas for children living on the street and other vulnerable children in need of protection;
- Train 100 teachers and 50 health staff in basic psychosocial care and response to violence and abuse;
- Provide recreational kits and establish two child-friendly spaces for separated and unaccompanied children;
- Support prevention, identification, documentation, tracing, care and reunification of an estimated 500 unaccompanied and separated children;
- Provide alternative economic assistance to 500 child- and female-headed households.

### **Mine Action (US\$ 400,000)**

For 2009, the overall goal is to protect population from the risks of mine and unexploded ordnance (UXO), particularly those living in high-risk areas, through the provision of mine-risk education (MRE). Some 150,000 people, including at least 70,000 children living in 481 impacted areas (total affected population is 650,000), are targeted for MRE service delivery through the following key activities:

- Support the delivery of community-based MRE programmes in high-risk areas, particularly in communities around the Eritrea-Ethiopia border area where IDPs have recently resettled/reintegrated. The communities will be reached through 10 mobile MRE field teams of the Eritrean Demining Authority and 100 MRE community volunteers;
- Support school-based MRE activities by providing MRE training of trainers to 200 school health focal point teachers who are subregional focal points for MRE as well (an estimated 180,000 students will benefit from school-based MRE activities);
- Provide child-friendly MRE sessions coupled with MRE video programme show and presentations to at least 75,000 children, including the dissemination of MRE materials, such as T-shirts, leaflets and posters;
- Provide psychosocial support and vocational training to over 200 mine/UXO survivors, including children with disabilities;
- Support radio programmes on MRE awareness to benefit in particular the population living in remote inaccessible areas of the country.

# UNICEF HUMANITARIAN ACTION ETHIOPIA IN 2009



Core Country Data	
Population under 18	42,124
Population under 5 (thousands)	13,651
U5 mortality rate (2007)	119
Infant mortality rate (2007)	75
Maternal mortality ratio (2000–2007, reported)	670
Primary school enrolment ratio (2000–2007, net, male/female)	74/69
% U1 fully immunized (DPT3)	73
% population using improved drinking-water sources	42
Estimated adult HIV prevalence rate (aged 15–49), 2007	2,1
% U5 suffering moderate and severe underweight/stunting	11/47

Source: *The State of the World's Children 2009*

A severe drought crisis coupled with high food prices, low international availability of relief food and compounded by floods, conflict, outbreaks of acute watery diarrhoea and population displacement have severely affected the food, livelihood, health and protection security of 2.4 million children in Ethiopia. Forecasts into 2009 predict the continuation of a severe humanitarian situation requiring a large-scale emergency nutrition response supported by complementary response activities in health, water, sanitation and hygiene (WASH), education and child protection to fulfil the right to survival and protection of over 6 million children who will be assisted by UNICEF through the funds raised by the *Humanitarian Action Report*.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health	5,000,000
Nutrition	55,000,000
Water, Sanitation and Hygiene	4,500,000
Education	3,800,000
Child protection	2,800,000
<b>Total**</b>	<b>71,100,000</b>

\* 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 extended dry season in the pastoral areas of Afar, Somali and part of Oromia regions and below normal rainfall in Amhara, Tigray, part of Oromia and Southern Nations, Nationalities, and Peoples (SNNP) regions have led to the most severe humanitarian crisis since 2003. A significant number of people continue to face humanitarian challenges, including malnutrition, acute watery diarrhoea, floods, poor access to health-care services and critical water and sanitation shortage, thereby compromising the well-being of children. In October 2008, the Government estimated at 6.4 million the number of food relief beneficiaries, plus 5.7 million drought-affected people supported by the Productive Safety Net Programme (PSNP) out of a total of 7.2 million PSNP beneficiaries. This followed two requirements' revisions respectively in April 2008 at 2.2 million and in June at 4.6 million. All food security and livelihood analyses forecast a continued severe humanitarian situation into 2009.

Currently more than 200 *woredas* in Somali, SNNP, Oromiya, Amhara, Afar and Tigray regions are identified as being 'hotspots' because of a combination of high food insecurity, moderate to high malnutrition rates and rapid onset emergencies like epidemic outbreaks, floods or conflicts. The current nutrition situation is graded as serious and critical with global acute malnutrition (GAM) and severe acute malnutrition (SAM) prevalence ranging from 7.7 to 23.4 and 2.0 to 4.5 percent respectively, based on recent standard nutrition surveys conducted in vulnerable *woredas* in SNNP, Oromia and Afar regions. It is estimated that more than 84,200 children under age five will be in need of treatment for severe acute malnutrition each month. New admissions to therapeutic feeding programmes have increased significantly from the onset of the emergency to October 2008 with a total of 164,400 new admissions registered from January to October 2008. The number of therapeutic feeding sites has increased in 2008 from less than 200 to more than 1,200 with 500 at health post level. However, the programme coverage in the six regions is still low trailing at 56 per cent. Children in the remaining 44 per cent vulnerable areas have currently no access to lifesaving treatment for severe acute malnutrition.

The food security situation in the eastern half of the country is expected to remain problematic in the coming months. In some areas, staple food prices have more than doubled while livestock prices are on the decline, depriving pastoralists from income to manage their basic food needs. Access to water and pasture remains a problem in Afar and Tigray regions. Poor pasture availability and drought-related endemic diseases are also resulting in increased emaciated and death of livestock in most areas in the Somali region.

A direct consequence of the low food security is a worsening impact on people's lives and a further rise in malnutrition cases. There is therefore an urgent need to mobilize a timely and adequate response to address the immediate needs of women and children and alleviate further deterioration of the situation.

Acute watery diarrhoea (AWD) remained a challenge from April to September 2008. The disease is mainly attributed to poor access to safe water and to sanitation, together with extremely poor hygiene and limited capacity to contain the disease by adequate regulations and practices. As of 19 October 2008, the World Health Organization (WHO) reported a total of 3,710 AWD cases and 20 deaths in 49 districts of 6 regions and Addis Abeba. The number of cases in the country is feared to be higher as presently notification is limited because of inadequate surveillance systems and political implications in reporting AWD. However, the trend shows that, while nationally cases are decreasing, geographical coverage is expanding with new districts being affected.

Severe water shortage in various parts of the country is forcing an estimated 600,000 people to rely on water tankering. The start of the rainy season in the pastoral areas of Somali, Afar, SNNP and Oromia regions did little to relieve the situation as it was limited in amount. On the other hand, heavy rainfalls affected over 100,000 people and led to the displacement of an estimated 50,000 people, including 35,000 in Gambella region alone.

During 2008, drought, floods, AWD and conflict in the Ogaden, Oromia, Amhara and Gambella regions forced more than 150,600 children to drop out of school. This if not addressed will impact negatively on the achievement of Millennium Development Goal 2 (MDG2) by Ethiopia. At national level, 128 formal schools and 529 alternative basic education centres were reported to have closed with some of them serving as shelter for internally displaced persons (IDPs). Moreover, the severe impact of high food prices on child protection in urban and peri-urban areas in particular is of great concern.



## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In 2008, UNICEF undertook one of the largest responses to severe malnutrition ever undertaken globally. Since the beginning of the emergency (April 2008), some 137,500 children have been treated in therapeutic feeding programmes. UNICEF procured a total of 4,542 tons of ready-to-use therapeutic food (Plumpy'nut and BP100, locally and internationally) to support the treatment of 100,000 severely malnourished children every month in the drought-affected regions (Oromia, SNNP, Somali, Afar, Amhara and Tigray). The number of therapeutic feeding sites increased in 2008 from less than 200 to more than 1,200, with 500 at health post level. However, the programme coverage in the six regions is still low at 56 per cent. The remaining 44 per cent of children, particularly those living in vulnerable areas, currently have no access to lifesaving treatment for severe acute malnutrition. This situation is aggravated by high consumer food prices and the lack of supplementary/relief food in the country. The resources and availability of ready-to-use therapeutic food into 2009 at a level of 600 to 1,000 tons a month will remain a major issue.

In support to the Government and in collaboration with local, national and international partners within the framework of the cluster approach, UNICEF actively contributed to prevent and reduce child mortality and morbidity due to malnutrition and communicable diseases and to the impact of conflict and displacement. For the fourth consecutive year, UNICEF continued to support the Enhanced Outreach Strategy (EOS) for child survival. Accordingly, under this strategy implemented in the first semester of 2008, 11 million children were supplemented with vitamin A (93.8 per cent), an increase from 1.3 million children reached in 2004. In addition, 7.9 million children received deworming tablets (99 per cent), again an increase from 855,000 reached in 2004. Furthermore, 78,000 children diagnosed with severe acute malnutrition (2.4 per cent) were referred to inpatient and outpatient therapeutic feeding programmes. Another 464,000 children and women with moderate malnutrition were referred to targeted supplementary food programmes supported by the World Food Programme (WFP) – 9.6 per cent and 24.8 per cent respectively.

The development since 2004 of the Health Extension Programme resulted in the deployment of 24,000 health extension workers across the country (another 6,000 to be deployed in December 2008), two in each *kebele*. These health extension workers are providing health services to the population and support the emergency health and nutrition response activities. In June 2008, the Federal Ministry of Health decided to decentralize the treatment of children suffering from severe acute malnutrition without complications at the health post level. To this end and together with other partners UNICEF supported the development of training guidelines and of a manual on the management of severe acute malnutrition in local languages. In addition, UNICEF hired consultants to support the training of 447 health post supervisors and 3,762 health extension workers deployed in the 100 worst-affected districts in Oromia and SNNP regions. This decentralization made it possible to increase the national treatment capacity of the Ministry of Health from 25,000 cases a month to 65,000 a month at the end of 2008.

In the area of health, UNICEF supported the Regional Health Bureaux procuring drugs, medical supplies and technical assistance. In particular, UNICEF with the Regional Health Bureau of the Somali region was able to deploy 15 mobile health and nutrition teams in the conflict-affected areas. Since January 2008, the teams have provided more than 170,000 consultations (40 per cent to children). In response to an outbreak of AWD in 2008, UNICEF sent Ringer's lactate and oral rehydration salts (ORS) to the affected regions as well as 33 case treatment centre kits, which allow for the treatment of 330 inpatients at any point in time and more than 500 outpatients per day. The technical assistance provided by UNICEF staff and consultants proved essential to ensure the correct establishment and management of case treatment centres. The affected regions also received water purifying chemicals and various sanitation supplies valued at US\$ 1.3 million, which benefited 145,000 people and enhanced the prevention of waterborne diseases through household water treatment and safe storage. Furthermore, to contain the spread of the disease and, as part of preparedness activities, UNICEF, WHO and Population Services International (PSI) together with the Regional Health Bureaux conducted trainings on AWD prevention and case management for 160 health personnel in Gambella, Amhara, Somali and SNNP regions. Added to these interventions, case management, prevention and communication activities were facilitated through UNICEF/WHO and the Regional Health Bureaux' joint efforts to control the disease. However, while the number of cases is decreasing, the overall disease trend is showing a geographic spreading, particularly as the progression of the rains heads south.

UNICEF continued to support the drought-affected population providing clean water through water tankering for approximately 215,000 people. Some 30,000 people affected by floods and displacement benefited from the provision of shelter, water storage and cooking materials in Somali and Gambella regions through UNICEF's decentralized prepositioning strategy. Response was coordinated within 10 days of flood occurrence.

In response to the education emergency, UNICEF distributed 497 school furniture, 362 'school-in-a-box' kits and 80 Aluronda tents to set up temporary learning centres, and provided psychological trainings to 240 parent-teacher associations in Somali, Gambella, Oromia, Amhara, SNNP and Tigray regions. As a result, 43,630 emergency-affected school-aged children (29 per cent of the total affected children) across the country were able to resume schooling. In addition, an education cluster, consisting of UN agencies and NGOs, was established recently at national level to respond in an organized manner to education in emergencies.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

Much of the Country Office's coordination work is taking place within the framework of the new cluster leadership approach in Ethiopia. UNICEF is the cluster lead for nutrition and WASH, and cluster lead for education in partnership with Save the Children Fund UK (SCF-UK). UNICEF works also very closely with WHO in support of the health cluster leadership and with the UN Refugee Agency (UNHCR) within humanitarian assistance, recovery and food security. The Enhanced Outreach Strategy-Targeted Supplementary Feeding (EOS-TSF), one of the largest child survival programmes globally, supported by UNICEF and WFP, reaches over 7 million Ethiopian children under age five twice a year.

#### Linkages of HAR with the Regular Programme

UNICEF Ethiopia's new Country Programme Action Plan 2007–2011 focuses on mainstreaming a transitional approach to emergency prevention and recovery, linked to capacity-building for ensuring longer-term solutions to protecting lives and livelihoods. Within the framework of the new Country Programme, UNICEF has deployed seven regional-based teams, which provide support to the Government and enhance local partnerships with communities, including in the area of disaster prevention, mitigation, preparedness and recovery. UNICEF ensures the integration of critical emergency preparedness into the annual work plans.

UNICEF Ethiopia will remain at the forefront of humanitarian assistance activities in 2009, seeking to support the Ethiopian State to develop more sustainable institutional disaster management capacities as well as reinforcing partnerships and coordination mechanisms within the framework of the humanitarian reform and the evolving cluster approach. UNICEF will in particular look into strategies that maintain and strengthen the capacities to treat severe acute malnutrition at the national level, whilst exploring further preventative options in partnership with WFP and other partners.

#### Health (US\$ 5,000,000)

For 2009, the overall goal is to minimize the impact of the ongoing crisis on the health status of children under age five. Emergency-affected people and host communities will benefit from the following key activities:

- Procure and distribute essential emergency drugs and equipment to ensure that 38 comprehensive emergency health, nutrition and WASH mobile teams provide preventative, curative and referral services to more than 1.4 million people (77 per cent of the affected population) in the emergency-affected areas of the Somali and Afar regions. These mobile teams will also provide maternal and neonatal services. UNICEF will support the operations of these teams with funds, technical assistance, including logistics and monitoring and evaluation;
- Replenish health supplies in more than 30 fixed health facilities, benefiting 1.4 million people severely affected by the conflict and drought situation in Somali and provide essential medical products, including medicines, to pastoral areas of Afar;
- Procure ORS, Ringer's lactate and case treatment centre kits, and train health officers to provide lifesaving treatment, isolation and containment of AWD epidemics for at least 100,000 people;
- Support emergency measles campaigns in drought- and conflict-affected areas targeting at least 450,000 children.

### **Nutrition (US\$ 55,000,000)**

For 2009, the overall goal is to reduce mortality associated with malnutrition in drought-affected *woredas*, whilst ensuring that the management and resourcing of severe acute malnutrition treatment for most cases is integrated within the regular framework of the Health Extension Programme. Key activities include:

- Support the overall coordination of the emergency nutrition response through the Emergency Nutrition Coordination Unit (ENCU) (cluster lead);
- Closely coordinate with the Disaster Prevention and Preparedness Agency (DPPA), WFP and NGOs to ensure that adequate food and supplementary feeding response (blanket and/or targeted) is provided;
- Maintain the number of therapeutic feeding programmes through health centres, hospitals and health posts for the treatment of around 100,000 severely malnourished children every month (70–80 per cent coverage);
- Provide technical assistance in the field to ensure quality services and operation;
- Support/monitor the logistics of the operation;
- Act as the provider of last resort (nutrition cluster lead);
- In 2009, reach twice 12 million children under age five and 1.5 million pregnant/lactating women with key child survival interventions through EOS (85 per cent coverage expected).

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

For 2009, the overall goal is to improve water supply and sanitation of drought- and conflict-affected populations through the construction/rehabilitation of water points, water tankering and the promotion of hygiene education. The overall estimated number of beneficiaries, about 1.2 million people, focusing particularly on children and women, will be reached through the following key activities:

- Construct/rehabilitate wells/water supply schemes and adequate sanitary facilities in 130 health centres;
- Rehabilitate/construct 200 wells, boreholes and water supply schemes and install pumps to provide safe drinking water to some 450,000 individuals in permanent and areas of return, and as last resort support water trucking where water needs cannot be supported with any other option;
- Promote hygiene education and hygiene awareness programmes in schools and communities in the seven regions the programme is operational in order to complement existing water and sanitation services reaching some 700,000 people;
- Train water, sanitation and hygiene committees (WASHCO) and health extension workers in basic maintenance and testing activities;
- Procure and distribute water treatment chemicals and WASH-related items to 150,000 people.

### **Education (US\$ 3,800,000)**

For 2009, the overall goal is to support all 120,000 schoolchildren displaced and affected by the emergency situation and to reach 18,000 teachers through the following key activities:

- Conduct on-the-spot rapid education in emergency assessment;
- Supply basic scholastic materials including 975 'school-in-a-box' kits for 78,000 primary schoolchildren;
- Procure/distribute 32,000 school uniforms, 230 recreational kits and school supplies for 32,000 children;
- Train 18,000 primary schoolteachers and 2,400 parent-teacher associations on psychosocial needs with particular emphasis on the integration of children to school after emergency crises and on HIV/AIDS and safe education practices;
- Support the construction of 180 temporary learning centres and rehabilitate 200 classroom structures to accommodate 16,900 primary schoolchildren;
- Construct 34 separate latrines for boys and girls.

### **Child Protection (US\$ 2,800,000)**

For 2009, the overall goal is to reach some 572,000 children in need of protection in the Somali, Gambella, Tigray and Afar regions with the following key interventions:

- Deliver basic social services and psychosocial support for 2,000 survivors of abuse, exploitation or trafficking;
- Demobilize and reintegrate child soldiers in the Somali region; roll out communication campaign through churches, local leaders and elderly to prevent further enrolment;
- Work with all partners to develop an effective surveillance system that includes data collection on mine-risk education (MRE) activities, victims of unexploded ordnance (UXO) and suspect mined areas in the Somali region;
- Reach 300,000 children through MRE activities;
- Ensure standing readiness capacity to provide shelter to 200,000 people.

# UNICEF HUMANITARIAN ACTION

## KENYA

### IN 2009



Core Country Data	
Population under 18 (thousands)	18,593
U5 mortality rate	121
Infant mortality rate	80
Maternal mortality ratio (2000–2007, reported)	410
Primary school enrolment ratio (2000–2007, gross, male/female)	107/104
Primary school enrolment ratio (2000–2007, net, male/female)	75/76
% U1 fully immunized (DPT3)	81
% population using improved drinking-water sources	57
HIV/AIDS prevalence	n/a
% U5 suffering moderate and severe underweight	20

Source: *The State of the World's Children 2009*

In 2009, UNICEF will continue to respond to the needs of more than 1 million women and children at risk due to multiple emergencies: the ongoing drought conditions in the arid and semi-arid lands (ASALs); continued influx of refugees from Somalia; internal displacement as a result of the post-election violence in 2008 as well as previous displacements due to political and resource-based conflicts; and very high prices of food, fuel and other basic commodities. An estimated 1.34 million people are receiving food assistance – 840,000 in ASALs and the rest displaced by recent conflicts or natural disasters.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health	1,600,000
Nutrition	4,000,000
Water, Sanitation and Hygiene	4,220,000
Education	3,660,000
Child Protection	4,500,000
Cross-Sectoral Preparedness and Coordination	1,200,000
<b>Total**</b>	<b>19,180,000</b>

\* 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

More than a million children and women in Kenya are at risk due to multiple crises, including the ongoing drought conditions in the arid and semi-arid lands (ASALs); continued influx of refugees from Somalia; internal population displacement as a result of the post-election violence in 2008 as well as previous displacement due to political and resource-based conflicts; and very high prices of food, fuel and other basic commodities.

At present, an estimated 1.34 million people are receiving food assistance – 840,000 in ASALs and the rest displaced by recent conflicts or natural disasters. Over 95,000 children under age five (22 per cent) suffer from moderate acute malnutrition, while 10,000 children (2.3 per cent) are severely malnourished. The numbers of severely malnourished children admitted at health facilities in semi-arid and other marginal areas are increasing every day. In addition, the most seriously impacted by high food and commodity prices are those who depend on the market for their food, including almost 5 million urban poor considered highly to extremely food insecure.

Last year's post-election violence exposed inter-ethnic stress, revealed deep-seated economic and social inequalities, stoked political turbulence and economic uncertainty and revealed the dangerous exclusion of youth from development participation and benefits. Consequences included mass destruction of property and loss of livelihoods, widespread gender-based violence (GBV), separation of children and displacement. Between April and September 2008, 1,794 children were placed in charitable children's institutions, while 3,689 were living in child-headed households. During the same period, less than 200 of these children were reunited with their families or caregivers. Close to 300,000 schoolchildren were directly affected as a result of the violence.

The Government plan 'Rudi Nyumbani' (Return Home) introduced in early May 2008 to resettle displaced families has resulted in a multiplication of smaller poorly serviced 'transit' camps, most of which lack access to health, water, sanitation and hygiene (WASH), education and protection services. As of 1 September 2008, approximately 25,000 people remained in 48 camps for internally displaced persons (IDPs), with at least 99,000 in 160 transit camps.<sup>1</sup> In addition, prior to the 2007 election there were an estimated 350,000 IDPs in Kenya due to earlier election-related clashes, unresolved land grievances and socio-economic insecurity.

Kenya also continues to host 270,000 refugees, mainly from Somalia and the Sudan. The Dadaab refugee camps near the Somali border host some 200,000 refugees, of which 35,000 are estimated to be children under age five. In the first nine months of 2008, there have been 33,170 new arrivals despite the official closure of the border. With this new influx of refugees, basic services in the camps have become severely overstretched.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In 2008, UNICEF played a critical role in strengthening the humanitarian coordination system by leading the nutrition and WASH clusters; co-leading the education and emergency telecommunications clusters; and acting as the lead for the child protection subcluster. UNICEF has worked to transition many of these cluster mechanisms linking them with existing sectoral coordination structures and systems and to ensure Government's sustainable capacity for effective humanitarian coordination and policy development.

UNICEF worked in collaboration with local, national and international partners, including the Kenya Red Cross Society (KRCS), World Vision, Oxfam UK, and Action Against Hunger amongst others. UNICEF provided health and nutrition support for almost 2 million out of 6.5 million children under age five and for nearly 500,000 out of 2 million pregnant/lactating women, including those living in IDP camps located in Nairobi, Rift Valley, Nyanza and Western Provinces. UNICEF helped increase staff in health facilities, provided emergency nutrition and medical supplies, backed emergency immunization programmes and assisted in the effective coordination of emergency health and nutrition partners. Successful emergency measles immunization campaigns resulted in the drastic decline of measles cases from over 300,000 in 2006 to 15 reported in 2008.

Thanks to UNICEF's direct support to 337 health facilities and the training of health-care workers in the delivery of critical nutrition services, approximately 150,000 children under age five were treated for acute malnutrition (10,000 for severe malnutrition and 140,000 for moderate malnutrition). The coverage for the treatment of moderate malnutrition was 38 per cent and 65 per cent for severe malnutrition. As a result of the distribution of educational materials and tents as well as

<sup>1</sup> Kenya Red Cross Society (KRCS), World Food Programme (WFP), Inter-Agency Assessment, September 2008.



the training of teachers, close to 100,000 schoolchildren affected by the post-election violence were able to continue their education.

UNICEF together with its local partners provided 200,000 camp residents (out of an estimated total of 250,000 to 300,000 IDPs) with access to safe water through chlorination, hygiene promotion and handwashing materials; distributed over 19,000 family kits, including tarpaulins, blankets, cooking utensils, jerrycans and hygiene supplies; and worked with the Department of Children's Services on the *Collaborative Programme Response to the Situation of Separated Children* that piloted a systematized process of identification, documentation, tracing, reunification and mediation (IDTR&M) for children placed in charitable children's institutions and for children living in child-headed households. As part of the gender-based violence subcluster, UNICEF participated in the development of Standard Operating Procedures for survivors and service providers. Through its own programmes UNICEF supported partners in post-rape care and in the distribution of post-exposure prophylaxis (PEP) kits, and contributed to the strengthening of prevention and response to GBV through the dissemination of information, education and communication (IEC) materials and trainings that brought together actors engaged in GBV, including counsellors, police and legal organizations.

UNICEF supported the Government in the drafting and adoption of *National Guidelines on Emergency Post-Disaster Psychosocial Principles and Response* and was able to operationalize the child-friendly space concept in areas that continue to be adversely affected by post-election violence through a number of collaborative training initiatives and programme interventions. UNICEF supported a Child Protection in Emergency (CPIE) specific emergency preparedness and response planning (EPRP) workshop for child protection partners, as a first step towards establishing a national coordination mechanism that will address coordination and capacity-building for partners engaged in both natural disasters and conflict crises in Kenya.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

In 2009, UNICEF will continue to play a key role as an active member of the Inter-Agency Standing Committee/ UN Country Team (IASC/UNCT) and support sector/cluster coordination in nutrition and food, as co-lead with the World Food Programme (WFP); education, as co-lead with Save the Children; WASH as cluster lead; as an active participant in health and protection clusters and as lead of the child protection subcluster. UNICEF will also continue to work closely with the UN Refugee Agency (UNHCR) to provide assistance and protection to refugee populations in Kenya.

#### Linkages of HAR with the Regular Programme

Emergency preparedness and response activities are integrated within the 2009–2013 Country Programme. Each programme sector is 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 and other partners. This is to ensure that sectoral programmes accelerate key lifesaving interventions during times of emergency in line with UNICEF's *Core Commitments for Children in Emergencies*.

In 2009, UNICEF will work with Government and partners to identify and address the needs of children affected by emergencies and to promote the full realization of their rights.

#### Health (US\$ 1,600,000)

For 2009, the overall goal is to minimize the impact of emergencies on the health status of children under age five. A total of 250,000 children under age five will benefit from the following key activities:

- Procure and distribute essential drugs and equipment to health centres in areas affected by post-election violence and those experiencing drought, targeting 1.2 million people;
- Strengthen human resources for the delivery of essential health services;

- Support integrated outreach services in areas with highest needs, such as the distribution of long-lasting insecticidal nets (LLINs) to pregnant women and children under age one and focused antenatal care, including the prevention of mother-to-child transmission of HIV (PMTCT Plus);
- Support supplementary measles and polio immunization campaigns, targeting 250,000 children under age five, increasing full coverage from 60 per cent to over 80 per cent;
- Support Government in implementing development activities in northern Kenya affected by continuous and chronic emergencies and poor health infrastructure.

### **Nutrition (US\$ 4,000,000)**

For 2009, the overall goal is to prevent and address acute malnutrition, micronutrient deficiency and associated mortality and morbidity among children under age five and pregnant/lactating mothers. This will be ensured through continued close collaboration with the Ministry of Health and established NGO partners and through support to the development of Ministry of Health's capacities and systems. Some 120,000 children under age five and 200,000 pregnant/lactating mothers will benefit from the following key activities:

- Accelerate and scale up development of a functional nutrition information system in Kenya (including routine and periodic data collection and analysis);
- Provide technical support and material and specialized supplies to detect and manage malnutrition at facilities and in communities;
- Implement training of nursing and medical staff on key nutrition issues, including the management of malnutrition;
- Provide technical input and supplies in order to take home fortification to scale in all vulnerable populations;
- Support outreach activities to increase/follow up management of moderate and severe acute malnutrition to above 50 per cent and 70 per cent, respectively;
- Support the implementation of essential nutrition activities in arid and semi-arid lands and among urban populations;
- Continue supporting coordination mechanisms within the nutrition sector at national and subnational levels to ensure a strategic, coherent and effective nutrition response. NGO partners will give additional support to coordination mechanisms at subnational level.

### **Water, Sanitation and Hygiene (US\$ 4,220,000)**

For 2009, the overall goal is to ensure that all populations affected by emergencies, especially children, have access to adequate quantities of safe water and to sanitation facilities, are reached with hygiene promotion messages, and that the disruption of existing services is kept to a minimum. This goal will be pursued through the following key activities:

- Promote hygiene activities for affected populations with a focus on schoolchildren (targeting 67,500 children);
- Support the construction of 30 school latrines and water supply infrastructure used by 19,500 children in areas with high levels of displacement due to post-election violence;
- Support the training on management of water supply and sanitation facilities for vulnerable groups;
- Repair and rehabilitate damaged water supply and sanitation facilities, according to assessed needs;
- Equip the personnel of the Ministry of Water and Irrigation and the Ministry of Health in at least eight cholera-prone districts with portable water quality testing kits and train on their use, including the planning and implementation of a water quality surveillance strategy;
- Support the Government of Kenya personnel to plan and implement cholera response activities through the distribution of emergency water and sanitation materials and through hygiene promotion and awareness-raising campaigns;
- Construct latrines and rainwater harvesting systems in 40 schools in drought-affected areas, benefiting 26,000 children;
- Train local artisans in the construction of concrete latrine slabs;
- Construct and equip four new boreholes with pumps, generator sets and overhead steel tanks in Dadaab refugee camp and promote better hygiene and sanitation using the camp's 17 primary schools as an entry point;
- Support the establishment of a permanent national Water and Sanitation Coordination Committee (WESCOORD) Secretariat; and train district WESCOORDs to strengthen emergency coordination structures.

### **Education (US\$ 3,660,000)**

For 2009, the overall goal is to ensure that children are able to access quality education during emergencies. A total of 200,000 drought- and conflict-affected children and 2,000 teachers will benefit from the following key activities:

- Assess drought impact on selected areas and provide gender-disaggregated data for more targeted interventions;
- Provide essential learning materials (school kits, recreational kits, desks and other educational materials);
- Conduct capacity development and training workshops on prevention, preparation and response to emergencies as well as peace education for education managers, including teachers and School Management Committees;
- Engage in advocacy and communication on child-friendly spaces and peace education, developing materials/documentation and disseminating them through various channels, mainly print and radio programmes; provide technical support to partners for the planning, preparation and development of the project and regular follow-up on implementation;
- Provide ongoing support to sectoral coordination with Ministry of Education and partners.

### **Child Protection (US\$ 4,500,000)**

For 2009, the overall goal is to ensure that child protection prevention and response mechanisms are established in areas affected by conflict and natural disasters, including IDP/refugee populations, focusing on capacity-building and the development of the Child Protection in Emergency (CPiE) system. Key activities will include:

- Train and disseminate standard operating procedures for the *Collaborative Programme of Response to the Situation of Separated Children*, with additional training and the provision of technical support to partners engaged in prevention, and the elements of response (identification, documentation, tracing, reunification and mediation);
- Train community workers and other child protection partners to act as mentors to the most vulnerable children living in child-headed households and support them in responding to their protection concerns;
- Continue supporting GBV survivors and service providers in prevention and response to GBV through integrated training initiatives and through the dissemination of IEC materials, including the production of booklets and posters for survivors on how to seek help, and for service providers on how to provide assistance and referral;
- Continue training psychosocial service providers – including teachers – on how to operationalize community-based psychosocial support interventions and the concept of child-friendly spaces, with a view towards building national emergency capacity;
- Develop and implement a multimedia, multilanguage (English, Swahili and Somali) communication campaign based on a platform of ‘Keeping Children Safe during Emergencies’;
- Support the Child Protection in Emergency (CPiE) national level coordination mechanism financially and administratively, and through the provision of training opportunities for child protection partners.

### **Cross-Sectoral Preparedness and Coordination (US\$ 1,200,000)**

For 2009, the overall goal is to ensure that the Government, UNICEF and partners enhance their emergency preparedness systems and their ability to identify and respond to the needs of children in emergencies. Key activities will include:

- Undertake contingency planning with Inter-Agency Standing Committee (IASC) partners and Government;
- Conduct capacity mapping and preparedness planning with Government and partners in high-risk districts;
- Preposition in strategic locations non-food items, including family kits for 100,000 people;
- Integrate cross-cutting issues, such as HIV/AIDS, gender, human rights and the environment, into humanitarian preparedness and response;
- Enhance programme monitoring and evaluation in emergencies so that programmes can be improved and better targeted;
- Continue strengthening the humanitarian coordination system by supporting sector/cluster coordination activities.

## UNICEF HUMANITARIAN ACTION MADAGASCAR IN 2009



Core Country Data	
Population under 18 (thousands)	9,829
U5 mortality rate (2007)	112
Infant mortality rate (2007)	70
Maternal mortality ratio (2000–2007, reported)	470
Primary school enrolment ratio (2000–2007, net, male/female)	96/96
% U1 fully immunized (DPT3)	82
% population using improved drinking-water sources (rural/urban)	36/76
Estimated no. of people (all ages) living with HIV, 2007 (thousands)	14
% U5 suffering moderate and severe underweight/stunting	42/48

Source: *The State of the World's Children 2009*

Madagascar is affected by three or four cyclones in an average year which systematically involve flooding. The island is also affected by endemic droughts. With 68 per cent of Madagascar's population of 19.7 million people living on less than US\$ 1 a day, coping mechanisms for emergencies are limited; the challenge for the humanitarian actors is to ensure that, in spite of access constraints, the most vulnerable children and women are reached with a timely response. Funds raised through the *Humanitarian Action Report* will directly support an estimated 300,000 people, over 75 per cent of which are expected to be children.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health	2,100,000
Nutrition	500,000
Water, Sanitation and Hygiene	2,000,000
Education	1,400,000
Child Protection	300,000
Shelter and Non-Food Items	300,000
<b>Total**</b>	<b>6,600,000</b>

\* 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

Madagascar is prone to natural disasters, such as recurrent cyclones, flooding and endemic droughts. Together they cause damage to local communities as well as health and educational infrastructure, setback economic growth and render parts of the country vulnerable to food insecurity. Seasonal food insecurity is not uncommon. In 2005, it was estimated that 25 per cent of the population suffered from chronic food insecurity, with large variability within regions as the lean season coincides with the cyclone season. In 2007 and 2008, more than 780,000 people were directly affected by cyclones. Moreover, a recent March 2008 report on climate change in Madagascar showed that tropical cyclones in the country stand to increase in intensity in the future.

Damage from cyclones can be large in scale, in particular for livelihood and social infrastructure (such as schools and health centres) in a country with already limited infrastructure. Roughly one third of the rural population and two thirds of the urban population have access to improved drinking-water sources, whereas access to sanitation facilities is much more dire (18 per cent urban, 10 per cent rural), which has implications for child health during emergencies both at home and in schools, where girls often suffer disproportionately from a lack of adequate and private sanitation. Additionally, access to health facilities, particularly in rural areas is limited, with 40 per cent of the population living further than 5 kilometres from a health facility.

The humanitarian implications of the various natural disasters are particularly significant, since Madagascar is one of the poorest countries in the world, ranking 143 out of 177 countries in the 2007–2008 Human Development Index. Large structural problems, such as the remoteness of some towns and villages (problems reaching disaster victims), and poverty (vulnerability in contingency situations due to the impossibility to accumulate resources) weaken the resilience of the population. Nevertheless, national systems have been strengthened, including at subnational levels, and with attention to child-focused responses on nutrition, water, sanitation and hygiene, warehouse management and teacher/student support.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

The 2007–2008 cyclone season was particularly intense; Madagascar was hit by three cyclones among which Cyclone Ivan is being cited as the worst regional cyclone since the 1980s. Resulting floods affected heavily populated areas, such as the capital city of Antananarivo, as well as important farming areas. Approximately 342,000 people were affected. Following the Government's request for international assistance, a cyclone Flash Appeal for a total of US\$ 36,476,586 was issued in the beginning of March 2008. Within the framework of the Flash Appeal, the humanitarian community identified key priority needs. The UNICEF requirements amounted to US\$ 14,735,039 and were 40 per cent funded.

In collaboration with local, national and international partners, UNICEF responded to the humanitarian needs of the affected Malagasy population, focusing on the priority areas of health, nutrition, water, sanitation and hygiene (WASH), education, child protection and shelter. In the area of health, 12,202 infants (more than 80 per cent of children under age one) were vaccinated with DPT3HepB3. Populations affected by malaria, acute respiratory disease and diarrhoea benefited from 10,200 free medical consultations, including 4,244 to children under age five; 32,907 pregnant women and children under age five were protected against malaria through the distribution of impregnated mosquito nets in order to increase the coverage of long-lasting insecticidal nets from 40 per cent to 100 per cent in affected communities.

Routine nutritional surveillance and surveys uncovered a nutritional emergency and led to the screening of 44,059 children aged 6–59 months in 22 municipalities for malnutrition, and equipping and training staff in 46 health centres to manage cases of acute malnutrition diagnosed during this screening. In total, 375 severely malnourished children were treated. An additional nutrition survey was conducted among children aged 6–59 months living in the most vulnerable areas of the capital Antananarivo in response to food price increases; at the beginning of September 2008, global acute malnutrition (GAM) was at 6.5 per cent; however, more than half of the children (50.7 per cent) in these areas were stunted. Three sites have been set up in the city to monitor and ensure that nutritional interventions are put in place for children and pregnant/lactating women if needed.

Access to safe drinking water and hygiene was provided to 312,022 people (95 per cent coverage) through the distribution of WASH kits and the cleaning and disinfection of 3,373 flooded/contaminated wells; 110,000 students (roughly 76 per cent of students in affected districts) in 440 out of 740 schools benefited from WASH kits alongside an intensive hygiene-awareness campaign. Latrines and handwashing facilities were also set up in displacement camps. Schools and health centres were provided with safe water and appropriate sanitation through the construction of 58 water points and 45 latrines. Innovative household water treatment initiatives were conducted, using ceramic filters, watermakers, and solar disinfection systems.

UNICEF supported the most severely affected pupils out of 295,200 who suffered disruption of their education. Through direct support, 16,455 pupils restarted education in temporary classrooms; 19,040 benefited from adequate learning conditions after receiving school kits; approximately 2,000 pupils who had temporarily stopped going to school resumed their education; 18,000 pupils benefited from leisure activities through the distribution of recreational kits; and 70,281 students and 1,372 teachers throughout the region of Analanjirofo received 100 grams of biscuits per day to reduce the risk of school drop-out.

Some 2,300 young children benefited from child-friendly spaces serving as protective, educative, rehabilitative and recreational zones in displacement camps; 832 school-aged children not previously attending school were identified through these spaces and reinserted into education; and 633 children without identification documents will now be provided with a birth certificate.

A total of 600 households (roughly 3,000 persons) comprising the bulk of displaced persons arriving at key sites were equipped with materials to ensure adequate shelter and appropriate living conditions, such as kitchen equipment, beds and electricity. Communities were also trained to rehabilitate/construct houses themselves.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

UNICEF is leading the UN thematic group on emergency prevention and management and is providing cluster coordination leadership in nutrition, WASH and education. It also participates in the health cluster led by the World Health Organization (WHO). UNICEF is currently developing an emergency response coordination mechanism on child protection. The National Office for Risk and Disaster Management (BNGRC) is the overall coordinator of all partners for all emergency-related activities.

#### Linkages of HAR with the Regular Programme

Emergency preparedness and response is integrated into all programmes of the Country Programme: mother and child survival and development, education, child protection and HIV/AIDS prevention. Programme communication promotes and informs on appropriate emergency preparedness and response. Supply planning includes emergency stocks and prepositioning.

The overall focus of UNICEF Madagascar's emergency programming is to ensure capacity to quickly respond to natural disaster-related emergencies for 300,000 people, the majority of which are children, both in rural and urban settings. With prepositioning for 100,000 people, UNICEF intends to work with Government and cluster partners in preparedness and response in order to effectively reach vulnerable populations affected by the coming 2008–2009 cyclone season or drought situations. UNICEF will continue to develop the logistical, planning and communication capacity of government partners to prevent and respond to these natural disasters and, hence, ensure transfer of knowledge and capacity.

#### Health (US\$ 2,100,000)

For 2009, the overall goal is to protect 70,000 people affected by natural disasters from an increase in mortality and morbidity through the following key activities:

- Ensure that the expanded programme on immunization (EPI) continues to reach over 80 per cent of children under age five in the cyclone-affected regions; support measles immunization with vitamin A supplementation; ensure vaccine availability and functioning of cold chain;
- Provide health facilities in the affected districts with essential drugs, oral rehydration salts (ORS) and malaria prevention supplies (drugs, artemisinin-based combination therapy (ACT), rapid diagnostic tests (RDTs) and LLINs);
- Support outreach services particularly for the worst affected and hard-to-reach areas, specifically for EPI and other mother and child health (MCH) services;
- Through collaboration with local health authorities, distribute LLINs to each household (those with pregnant/lactating women and children under age five) at displaced sites, reaching roughly 28,000 households;



- In collaboration with Communication for Development (C4D), ensure mobilization of faith-/community-based organizations, youths, community leaders and volunteers to engage in community mobilization, health education and distribution of prepositioned information, education and communication (IEC) supplies to promote knowledge and actions for prevention, care and health seeking;
- In addition, as a cross-cutting practice area for all sectors, engage in community mobilization and health education, distributing prepositioned IEC supplies and mobilizing local radios for the dissemination of these materials.

### **Nutrition (US\$ 500,000)**

For 2009, the overall goal is to set up surveillance system and prepare contingency measures to screen 150,000 children affected by emergencies for malnutrition and follow up the treatment of severely malnourished children with rehabilitation services, through the following key activities:

- Provide anthropometric equipment (scales, measuring boards and mid-upper arm circumference (MUAC) tapes) to health facilities in the affected districts; train health staff and community workers in the identification of acute malnutrition, including measurement techniques, data compilation, analysis and reporting;
- Implement nutritional surveillance at health centre and community levels through the outreach strategy;
- Implement standardized nutrition surveys in the affected districts identified as being at risk of nutrition crises and/or highly food insecure;
- Treat children diagnosed as being severely acutely malnourished with ready-to-use therapeutic food and systematic drugs. If necessary, the child will find the appropriate treatment at the hospital level.

### **Water, Sanitation and Hygiene (US\$ 2,000,000)**

For 2009, the overall goal is to prevent the outbreak of communicable diseases associated with inadequate and unsafe water supplies, lack of sanitation facilities and poor hygiene practices for up to 250,000 affected people, through the following key activities:

- Conduct a field assessment with partners including the Ministry of Water;
- Distribute water- and hygiene-related non-food items (household water purification products, water containers and soap); disinfect, rehabilitate (with the support of the Ministry of Water) and equip community and family wells with handpumps; construct adequate emergency latrines;
- Provide water storage and water treatment equipment to affected communities in cities and camps;
- Conduct hygiene education activities focusing on handwashing; train and sensitize mayors, school directors, health centre chiefs, and Fokontany heads (village chiefs) on WASH principles and practices.

### **Education (US\$ 1,400,000)**

For 2009, the overall goal is to reach 75,000 primary school students through the following key activities:

- Distribute tents, 'school-in-a-box' and recreational kits and additional supplies (notebooks, pencils etc.);
- Support the construction of temporary school/classroom structures to accommodate primary schoolchildren; support the rehabilitation of schools and build latrines in affected localities;
- Support schools to ensure that children complete the school year and get access to remedial education to make up for time lost to emergencies;
- Support training in emergency preparation and response to education officials;
- Train primary schoolteachers, with particular attention to a child-friendly school environment, life skills and gender sensitivity.

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

For 2009, the overall goal is to reach 20,000 children through the following key activities:

- Protect children and women from violence and abuse; and enhance the psychosocial environment for children and their caregivers;

- 
- Provide technical assistance to camp management staff and community members and authorities in affected areas on the prevention of violence and abuse against children, women and other vulnerable groups, including separated children; gender-based violence; HIV/AIDS; and site/camp management;
  - Establish 15 child-friendly spaces in the accommodation centres in Antananarivo and in five rural areas; provide technical assistance to accommodation centre staff on enhancing the psychosocial environment to complement assistance provided by teachers, reaching 4,000 vulnerable children.

### ***Shelter and Non-Food Items (US\$ 300,000)***

For 2009, the overall goal is to reach up to 40,000 people through the following key activities:

- Provide emergency shelter and other basic household items (tents, plastic sheeting, cooking sets etc.);
- Deliver relief goods in the most isolated municipalities through airlift operations (using helicopters).

# UNICEF HUMANITARIAN ACTION MALAWI IN 2009



Core Country Data	
Population under 18 (millions)	6.8
U5 mortality rate	122
Infant mortality rate	72
Maternal mortality ratio	79
Primary school enrolment ratio	80
Primary school enrolment ratio for girls	80
% U1 fully immunized (DPT)	95
% population using improved drinking-water sources	75
HIV/AIDS prevalence (15 – 49)	14
% U5 suffering moderate and severe underweight/stunting	20.5/46

Source: Multiple Indicator Cluster Survey, 2006

Malawi's humanitarian situation is characterized by rising rates of malnutrition among children and incidences of HIV/AIDS, with some areas in the southern region recording as high as 30 per cent HIV prevalence. Floods and cholera in the southern region of the country are further compounded by high food prices posing a serious problem to household food security, especially for children and pregnant women. The Malawi Vulnerability Assessment Committee estimates that 1,490,146 people will be at risk during the 2008–2009 lean season, nearly triple the number of people that were at risk same time the previous year. The funds raised by the *Humanitarian Action Report* would benefit about 100,000 people affected by floods, 40,000 severely and 40,000 moderately malnourished children, as well as 24,000 pregnant and lactating women.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	3,000,000
Water, Sanitation and Hygiene	1,300,000
Education	225,000
Child Protection	500,000
<b>Total**</b>	<b>5,025,000</b>

\* 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 Malawi Vulnerability Assessment Committee (MVAC) estimates that 1,490,146 people or 14 per cent of the total population will be at risk of food insecurity during the November 2008 to February 2009 lean season. This is three times as much people at risk as compared to the same period the previous year. Isolated incidences of dry spells and floods contribute to this increase, as the majority of the vulnerable population is located in the southern region. Compounding this situation are the high food prices and the high HIV prevalence rates. High food prices, with some areas having observed a rise as high as 79 per cent, are posing serious problems to household food security, particularly among children and women. The national HIV and AIDS prevalence rate stands at 12.4 per cent, whereas in some southern districts rates are as high as 30 per cent. The nutrition situation in the southern region (Chikwawa and Nsanje) is worse than in other livelihood zones, and rising rates of moderate and severe acute malnutrition (5.4 per cent in June 2008 compared to 2.7 per cent in June 2007) suggest the need to target these areas as the situation is likely to worsen as the season progresses. Overall 1,039 cholera cases were registered in 2007–2008 in various districts, especially in the southern region, where Chikwawa and Nsanje registered 65 per cent of the total number of cholera cases notified. The case fatality rate was 1.9 per cent – higher than the standard World Health Organization (WHO) case fatality rate of 1 per cent.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In close collaboration with local and national government and development partners, UNICEF responded to Malawi's humanitarian needs by focusing on the areas of health and nutrition, water, sanitation and hygiene (WASH), basic education, and child protection. Limited access of the flood-affected population to therapeutic and supplementary feeding centres and increased transport costs resulted in high default rates in some areas. Through existing partnerships, efforts to build the preparedness capacity of districts and to preposition emergency supplies allowed to rapidly provide lifesaving treatments and safe water and sanitation, to create a protective environment for children and to ensure the continuity of learning.

**Health and nutrition.** UNICEF supported 95 nutrition rehabilitation units (NRUs), 346 community-based therapeutic care (CTCs) centres and 199 supplementary feeding centres, treating approximately 36,000 children with severe acute malnutrition and 24,000 children and pregnant/lactating women with moderate acute malnutrition. With the support of UNICEF, over 2 million children aged 6–59 months (92 per cent) received vitamin A capsules; about 1.7 million children (96 per cent) aged 12–59 months received deworming tablets; 93,451 postpartum women (69 per cent) within eight weeks of delivery received vitamin A supplementation; and approximately 1.5 million caretakers benefited from messages promoting optimal infant and young child feeding practices. A follow-up 'Child Health Day' and measles campaign was conducted on 27 October 2008 reaching the same number of women and children with the same treatments. In order to address the link between malnutrition and malaria, about 10,000 (out of 15,000) long-lasting insecticidal nets were distributed to NRUs. Programme communication strategies were effectively used to reinforce messages on infant and young child feeding practices, using the 'Breastfeeding Week' in August 2008 as a platform. UNICEF supported a micronutrient survey that will provide latest information on vitamin and mineral deficiencies in the Malawian population and help direct future control programmes. A pilot programme on sugar fortification with vitamin A is underway and will be scaled up in 2009, reaching about 45 per cent of the population who uses sugar at household level.

Reaching 14,200 schoolchildren, UNICEF held large-scale hygiene promotion campaigns in schools and prepositioned supplies in cholera- and flood-prone districts in order to improve response time. With the aim to enhance the capacity of district and health officials to effectively respond to cholera outbreaks, UNICEF supported the dissemination of information and engaged in social mobilization to prevent and treat cholera. Through UNICEF's concerted efforts, the number of cholera cases continued to decline from January to April 2008 when the last case was notified. There has been no recurrence of cases since then.

**Water, sanitation and hygiene.** In 2008, 15,750 vulnerable people (100 per cent coverage) gained access to safe water sources in flood-affected areas, schools and camps for internally displaced persons (IDPs). About 7,200 pupils in 12 primary schools now have access to improved sanitary and handwashing facilities. Thirty water point committees were trained in the operation and maintenance of water points and on three key hygiene practices to reduce preventable diseases (proper latrine use; safe handling of drinking water; and handwashing with soap after toilet use, before eating or feeding babies, after changing nappies and before handling food). Schools, IDP camps and villages affected by floods (in Nsanje and Chikwawa Districts) now have increased awareness of these three key hygiene practices. District capacity was enhanced in order to conduct rapid assessments during an emergency through the development and use of appropriate water and sanitation

assessment tools. Centralized treatment of all drinking water in IDP camps resulted in zero deaths reported during a cholera outbreak in Nsanje and Chikwawa Districts in 2008.

**Education.** Out of 7,500 pupils, UNICEF was able to ensure the continuity of learning for a total of 5,000 schoolchildren in flood-affected schools through the construction of schools, the distribution of prepositioned materials, and by alerting district personnel to implement the response plan.

**Child protection.** As part of efforts to protect children against exploitation and abuse, 30 relevant officials (law enforcement officials and humanitarian workers) received training. Various awareness-raising strategies implemented in the emergency districts, such as the airing of radio programmes and the distribution of programme communication materials, were instrumental in decreasing the number of reported cases and, with UNICEF support, led to the management of 59 cases of child abuse, to the repatriation of 89 child labourers and to the identification and registration of 635 children living on the street. In Malawi, 8,000 children are living and/or working on the street.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

UNICEF cooperates with the Government, UN agencies, NGOs and donors. It participates in national humanitarian coordination fora (Early Recovery Coordination Group), the UN Country Team (UNCT), UN Disaster Management Groups, and various technical working groups. UNICEF participates in all clusters and leads the nutrition, water, sanitation and hygiene (WASH), education and child protection subclusters. Targeted Nutrition Programme (TNP) meetings are held on a monthly basis to coordinate the nutrition response of the Malawi Government, UN agencies and NGOs.

#### Linkages of HAR with the Regular Programme

To support the humanitarian action, the Country Programme provides ongoing support in building capacity of existing structures to enable a rapid response. The existing activities or programmes build on partnerships in the Government, UN agencies and NGOs to monitor any changes in the child protection situation, relying on technical expertise in nutrition, water, sanitation and hygiene, and education.

UNICEF aims to provide assistance to affected families in all flood-prone areas of Malawi, with particular focus on the provision of safe water and emergency sanitation, the continuation of basic education, the procurement and distribution of nutritional treatment and child health supplies, and the protection of children from abuse and exploitation.

#### Health and Nutrition (US\$ 3,000,000)

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 and to ensure that pregnant women in affected areas are identified and provided with micronutrient supplementation; to reach some 40,000 severely malnourished children under age five and 12,000 pregnant/lactating women in nutritional rehabilitation units (NRUs) and community-based therapeutic care (CTC) centres; and to strengthen district capacity for cholera preparedness and response in order to prevent and treat future outbreaks. Key activities will include:

- Support the 'Child Health and Sanitation Week' reaching about 2 million children aged 6–59 months as well as 94,000 postpartum women within eight weeks of delivery;
- Procure and manage supplies for nutritional care and support 157 public antiretroviral treatment sites to benefit some 15,000 adolescents and adults severely and moderately malnourished;
- Procure hemocues to assess anaemia in prevention of mother-to-child transmission (PMTCT) services;
- Strengthen the link between treatment of severe and moderate malnutrition in NRUs and CTC centres with the use of cotrimoxazole prophylaxis as part of paediatric HIV/AIDS treatment;
- Support nutrition and HIV monitoring and evaluation (M&E) and operational research;
- Provide access to treatment to 40,000 severely malnourished and to 40,000 moderately malnourished children under age five and to 24,000 pregnant/lactating women in NRUs and CTC centres in flood-affected districts as well as nationwide. This will include scaling up from 346 to 400 the number of CTC centres providing ready-to-use therapeutic food;

- Promote, protect and support exclusive breastfeeding and timely introduction of complementary foods with continued breastfeeding in most affected areas;
- Disseminate the accelerated child survival development (ACSD) strategic plan involving all districts at the zonal level;
- Provide cholera information, education and communication (IEC) materials promoting cholera prevention and control;
- Orient district preparedness committees and enhance their capacity to respond rapidly and effectively to cholera outbreaks;
- Procure cholera supplies for proper management and treatment;
- Engage district-level partners and civil society organizations in communication activities at grass-roots level, including the promotion of social dialogue on issues related to nutrition in emergency;
- Monitor and conduct rapid assessment on impact of communication in emergency-prone areas to promote evidence-based programme implementation for cholera;
- Conduct nutrition assessments as part of the Malawi Vulnerability Assessment Committee (MVAC) in affected areas;
- Strengthen food and nutritional surveillance through training and supervision.

### **Water, Sanitation and Hygiene (US\$ 1,300,000)**

For 2009, the overall goal is to meet the needs of emergency-affected people by building capacity and infrastructure to reduce the impact of future floods and to support Government in relocation efforts. Up to 25,000 displaced people, focusing particularly on children and women, will be reached through the following key activities:

- Construct/rehabilitate wells and adequate sanitary facilities in 50 schools, benefiting 3,000 children in most emergency-prone districts;
- Rehabilitate 50 boreholes and construct 50 new boreholes and install handpumps to provide safe drinking water to some 25,000 individuals in permanent and return areas;
- Train 100 local water authority management teams and 15 district- and central-level teams in county/city water and sanitation assessments, strategic options, rehabilitation planning, leak detection, water testing, and repair and maintenance of mini water supply systems;
- Promote hygiene education and hygiene awareness programmes in 50 schools (benefiting 30,000) and 30 local communities in order to complement existing water and sanitation services in cholera-prone districts;
- Promote household water treatment in 5,000 households in flood-prone districts.

### **Education (US\$ 225,000)**

For 2009, the overall goal is to reach 18,000 flood-affected and food insecure children through the following key activities:

- Procure and distribute basic teaching and learning materials for 10,000 primary schoolchildren to ensure quality learning in emergencies;
- Procure and distribute recreational kits for 6,000 children studying in displaced schools;
- Procure and distribute 15 tents to be used as temporary learning shelters to accommodate about 2,500 displaced pupils;
- Train 150 teachers on psychosocial support;
- Construct five permanent classroom blocks to accommodate 600 primary schoolchildren as a recovery response;
- Enhance the capacity of 30 schools with 18,000 schoolchildren to improve emergency preparedness.

### **Child Protection (US\$ 500,000)**

For 2009, the overall goal is to protect vulnerable children and women from abuse and sexual exploitation during times of crisis. Key planned interventions will focus on the following key activities, benefiting 5,737 internally displaced persons in all flood-prone areas:

- Establish monitoring mechanisms in flood-prone areas to assess the situation of vulnerable children;
- Provide low literate information materials (e.g., 'Stop Child Abuse' campaigns, radio programmes, including the radio version of 'A Trolley Full of Rights') to increase awareness about abuse and exploitation in flood-prone areas;
- Train 50 NGOs, 100 health surveillance assistants and 34 Malawi Police officers to provide a protective environment and prevent the abuse and exploitation of children.



# UNICEF HUMANITARIAN ACTION MOZAMBIQUE IN 2009



Core Country Data	
Population under 18 (thousands)	10,909
U5 mortality rate (2007)	168
Infant mortality rate (2007)	115
Maternal mortality ratio (2000–2007, reported)	410
Primary school enrolment ratio, 2000–2007, net (male/female)	79/73
% U1 fully immunized (DPT3)	72
% population using improved drinking-water sources (rural/urban)	26/71
Estimated no. of people (all ages) living with HIV, 2007 (thousands)	1500
% U5 suffering moderate and severe underweight/stunting	24/41

Source: *The State of the World's Children 2009*

Due to its geographical location, Mozambique is prone to a wide range of natural disasters, regularly causing significant damage and exacerbating poverty and vulnerability in the country. In line with the *Core Commitments for Children in Emergencies*, emergency preparedness and response is mainstreamed in all programmes of the Country Office, including support to national capacities to respond to sudden onset emergencies and to the longer-term vulnerabilities caused by food insecurity, HIV/AIDS and weakened coping mechanisms.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	1,800,000
Water, Sanitation and Hygiene	1,500,000
Education	2,770,000
Child Protection	600,000
Programme Communication	150,000
Emergency Coordination and Operations	780,000
<b>Total**</b>	<b>7,600,000</b>

\* 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

In recent years, Mozambique has made encouraging strides in reducing its crippling poverty levels and is making gradual progress towards achieving the Millennium Development Goals (MDGs). However, poverty is still widespread and the economy remains highly dependent on foreign aid. Among the greatest challenges facing the country are food insecurity, the HIV/AIDS crisis and high infant and child mortality rates.

Production estimates from the Ministry of Agriculture indicate that the 2007–2008 production of cereals, pulses and cassava were all higher than the previous year and above the five-year average. Yet, the most recent report of the Vulnerability Assessment Committee (VAC) indicates that in the eight provinces hit by natural disasters in 2008 affected households have inadequate access to food and some are already employing extreme coping mechanisms. According to the VAC's report, 302,664 people are acutely food insecure, with another 242,615 at risk.

In Mozambique, out of an estimated 855,000 infants born every year, about 98,325 will die before reaching age one and an additional 45,315 will die before reaching age five. Malnutrition is the main underlying cause contributing to the high level of child mortality in Mozambique. Malaria and acute respiratory infections are the two leading causes of child deaths, whilst diarrhoea resulting from waterborne diseases is still a major child killer, with a prevalence of 14 per cent among children under age five. Poor access to clean water affects women and girls directly as they are responsible for collecting most of the domestic water at the household level – leaving less time for school attendance and childcare. Vulnerable populations face the constant threat of cholera outbreaks due to poor availability of clean water and sanitation facilities. Education activities are often threatened by natural disasters, most notably seasonal floods and drought. National and subnational education authorities are missing the resources and the capacity to quickly resume educational activities after an emergency in order to return some normality to the lives of children affected.

In 2005, the number of children orphaned by HIV/AIDS was estimated at 510,000. Orphaned children are becoming more and more vulnerable as extended families are unable to meet their basic needs, particularly in areas where the worst humanitarian conditions prevail.

Localized flooding is common in Mozambique during the southern Africa rainy season from November to March. For the second year in a row, Mozambique was hit by major flooding in the centre of the country and by an extensive cyclone on the northern coastal areas. As in 2007, the 2008 floods were the result of persistent heavy rains in neighbouring countries – Malawi, Zambia and Zimbabwe – combined with high levels of rainfall in Mozambique early in the rainy season. In 2008, the impact has been greatest in the Zambezi River basin, but flooding also struck the Búzi, Púngue, Save and Licungo basins due to intense rains in Mozambique's central region and in Zimbabwe, affecting an estimated 102,486 people. Over 201,695 people suffered the effects of Cyclone Jokwe, which damaged 800 classrooms and partially or completely destroyed 33 health centres. Electricity and water supplies were disrupted in areas where those services are provided, but all were restored within a week.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

UNICEF Mozambique deployed three multisectoral teams to the flood-affected areas to carry out preliminary rapid assessments of needs with local officials and cluster partners. Following the multisectoral assessment conducted by the Government, UN agencies and NGO partners in the flood-impacted areas, immediate priorities were identified, including food, health, water and sanitation, hygiene promotion, education, basic health education and agricultural seeds and tools.

UNICEF assumed the leadership of the nutrition and water, sanitation and hygiene (WASH) clusters; co-led the education and child protection clusters with Save the Children Alliance; and actively participated in the health, logistics, telecommunications and shelter clusters during the emergency response. Technical coordination and logistical support were provided to the National Emergency Operations Centre (CENOE) of the National Institute for the Management of Disasters (INGC), to line ministry counterparts in Maputo and to the Caia operational hub, as well as to the operational bases established by UNICEF in the districts of Mopeia (Zambezia Province) and Mutarara (Tete Province).

UNICEF supported the efforts of the Government to respond to the flood and cyclone emergencies through the humanitarian clusters. Key results of the emergency response are set out hereafter: Access to education was restored for over 90,000 flood-affected children (96 per cent) through the installation of 66 school tents and the provision of basic learning materials, including 84,234 learners' kits and 168 school kits. In addition, 220 teachers were trained and 732 teachers' kits distributed. In response to Cyclone Jokwe, 70 tents were supplied to be used as temporary classrooms as well as 68,205 learners' kits and 888 teachers' kits, reaching all 114,627 affected schoolchildren.

Nutritional surveillance and treatment of malnourished children were carried out in all centres. A total of 25,109 children were screened (over 60 per cent of all estimated children under age five). The screening identified 2,008 moderately acutely malnourished children who received supplementary feeding and 130 severely acutely malnourished children who were referred to the nearest health facility. Of the children screened, 13,136 were dewormed and 14,998 received vitamin A supplementation (100 per cent of target group). Forty-four hospital tents were procured and distributed to accommodate close to 880 people per day. UNICEF procured 44,814 long-lasting insecticidal nets (LLINs) out of the 89,814 distributed (100 per cent coverage). UNICEF provided technical and financial support for the control and management of the cholera outbreak that occurred in three districts of Zambezi Valley. The appropriate response resulted in a relatively low case fatality rate of 1.6. There were no cases of cholera during the 2007 emergency.

Out of 110,486 people staying at transit and resettlement centres, 65,700 flood-affected people (59 per cent) were provided with safe drinking water and 63,355 with communal (temporary) and household latrines. Some 57,000 people received hygiene kits (soap, jerrycans, buckets and household water purification products) and participated in hygiene promotion sessions. Training on hygiene promotion was provided to 291 community activists.

UNICEF reached approximately 37,500 people, including 22,500 children, through the distribution of 7,500 basic emergency kits to vulnerable families (75 per cent coverage), whilst the remaining 2,534 families received kits from other actors. Training on the Code of Conduct on Protection from Sexual Exploitation and Abuse in Humanitarian Crises was provided to police (107 police officers), military, INGC staff and humanitarian workers in flood-affected areas (150 in total), in collaboration with the Joint UN Programme on HIV/AIDS (UNAIDS) and the UN Population Fund (UNFPA).

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

UNICEF supports the efforts of the Government of Mozambique to respond to emergencies as a member of the Mozambique Inter-Agency Standing Committee (IASC) Humanitarian Country Team and through the implementation of the cluster approach framework. UNICEF leads the nutrition and WASH clusters and is co-convenor with Save the Children Alliance in the areas of education and protection.

#### Linkages of HAR with the Regular Programme

The Country Programme addresses chronic vulnerability and humanitarian conditions as an integral part of the programme strategy. The responsibility for emergency planning, implementation, monitoring and review is mainstreamed across the respective programme sectors with a focus on early warning, preparedness and early action as an integral part of the Country Programme. *The Humanitarian Action Report (HAR)* emergency appeal will enable the sections to fulfil their emergency response responsibilities.

Based on the experiences and lessons learnt from the emergency response to the flood and cyclone emergencies in 2008, and building on the preparedness efforts carried out through the Country Programme, UNICEF Mozambique will continue to address in-country capacity-building of the Government and civil society for disaster risk reduction and emergency preparedness in 2009. These efforts will be undertaken through the regular initiatives of the 2008 Country Programme, with the objective of mitigating the chronic vulnerability and humanitarian conditions resulting from natural disasters in Mozambique – including the slower onset drought conditions that plague the southern part of the country.

#### Health and Nutrition (US\$ 1,800,000)

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 to ensure that pregnant women in affected areas are identified and provided with micronutrient supplementation. Around 110,000 people affected by floods or cyclones will benefit from the following activities:

- Train 100 provincial staff and 500 village-level personnel in immunization services and cold-chain maintenance;
- Continue supporting the 10 selective feeding centres previously established and run by partners for all 2,000 acutely malnourished in the flood- and drought-affected regions;
- Train 50 health staff in treating severe acute malnutrition;

- Support the implementation of three nutritional surveys, rapid assessments and evaluations;
- Support nutritional screening for around 22,000 children under age five in flood- and drought-affected regions;
- Procure and administer vitamin A and deworming tablets to all children under age five screened for malnutrition;
- Provide operational support to Government and NGO partners for cholera control activities, including prevention and correct case management;
- Procure and distribute 44,000 long-lasting insecticidal nets (LLINs) for 22,000 households (some 110,000 people).

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

For 2009, the overall goal is to minimize the impact of poor sanitation, unsafe drinking water and inadequate hygiene practices on the health status of affected populations, especially children under age five, schoolchildren and women. Some 110,000 affected persons will benefit from the following key activities, which will be undertaken in close collaboration with other programmes, mainly programme communication, health and nutrition, and basic education:

- Construct/rehabilitate wells and adequate sanitary facilities in 10 schools, benefiting about 3,500 schoolchildren;
- Construct/rehabilitate 90 wells/boreholes and install handpumps to provide safe drinking water to around 45,000 people (approximately 30 per cent of the people in need);
- Strengthen community capacities to maintain their water points through additional training of community water management committees, including the involvement of school management committees;
- Support the self-construction of household latrines for about 13,200 families;
- Promote hygiene education and hygiene awareness programmes in targeted schools and communities in order to maximize the impact of water and sanitation interventions;
- Strengthen government capacities at subnational levels, for effective planning, management and supervision of WASH interventions.

### **Education (US\$ 2,770,000)**

For 2009, the overall goal is to minimize the disruption of schooling in the natural disaster-prone area and to strengthen the capacity of all stakeholders to respond to emergencies. A total of 150,000 children and 2,000 teachers will benefit from the following key activities:

- Procure and distribute basic scholastic materials, including notebooks, pencils and erasers, for 150,000 primary schoolchildren (100 per cent coverage) in flood- and drought-affected regions;
- Procure and distribute didactic materials for 2,000 teachers;
- Procure and distribute recreational kits and school supplies for 200 schools;
- Procure, mount and maintain 100 school tents;
- Engage in capacity-building of education functionaries and teachers on emergency preparedness and response;
- Train 1,000 primary schoolteachers, with particular emphasis on life skills relating to emergency situations;
- Support the rehabilitation/reconstruction of 400 classrooms damaged by natural disasters to accommodate some 20,000 primary schoolchildren (including technical assistance and assessment).

### **Child Protection (US\$ 600,000)**

For 2009, the overall goal is to ensure that 110,000 disaster-affected people are protected against violence or other forms of abuse, which are often seen to increase during disasters, through the following key activities:

- Provide 5,000 emergency household kits to vulnerable families in identified accommodation centres, reaching approximately 25,000 people, including children;
- Develop guidelines for police deployment in emergency; train at least 100 police officers to prevent sexual exploitation and abuse, and deploy them to identified accommodation centres in a timely manner;
- Develop guidelines for child-friendly spaces; in case of emergency, establish at least 30 child-friendly spaces reaching over 6,500 children; and train staff members working at child-friendly spaces to provide psychosocial care;

- 
- Train at least 100 government and humanitarian workers (from the police, the National Institute for Disaster Management (INGC), UN agencies and NGOs working in flood-affected areas) on the Code of Conduct of the Inter-Agency Standing Committee (IASC) Task Force on Protection from Sexual Exploitation and Abuse in Humanitarian Crises.

### **Programme Communication (US\$ 150,000)**

For 2009, the overall goal is to actively involve communities in communication interventions aiming to promote good hygiene practices and raise awareness about the prevention of malaria, HIV and cholera. This will be achieved through the following key activities:

- Support community-based social mobilization and outreach activities (e.g., mobile units, community radio, community theatre) in at least 70 per cent of emergency-affected districts;
- Distribute 150,000 information, education and communication (IEC) materials for the prevention of cholera, malaria, and HIV/AIDS in emergency contexts, reaching over 150,000 people;
- Train 150 social mobilization activists on health issues related to the promotion of good hygiene practices and to the prevention of malaria, cholera/diarrhoea and HIV.

### **Emergency Coordination and Operations (US\$ 780,000)**

- Support the National Institute for Disaster Management (INGC) with technical assistance to prepare for, monitor and evaluate disaster response initiatives;
- Provide operational support for emergency assessments, and the transportation and distribution of humanitarian supplies during natural disasters.

Coordination is an integral part of emergency preparedness and response factored into all the sector-specific initiatives and priorities highlighted above.

# UNICEF HUMANITARIAN ACTION SOMALIA IN 2009



Core Country Data	
Population under 18* (thousands)	4,389
U5 mortality rate**	135
Infant mortality rate**	86
Maternal mortality ratio**	1044
Primary school enrolment ratio***	27.9
Primary school enrolment ratio for girls***	22.1
% U1 fully immunized (DPT3)*	39
% population using improved drinking-water sources**	29
Estimated number of people (all ages) living with HIV, 2007 (thousands)*	24
% U5 suffering moderate and severe malnutrition**	36/38

Sources: \*The State of the World's Children 2009, \*\*Somalia Multiple Indicator Cluster Survey (MICS) 2006, \*\*\*Somalia Primary School Survey, UNICEF 2005/06

In 2009, UNICEF will focus on accelerating young child survival targeting 1.5 million children and 1 million women with high-impact interventions, and ensure access to basic primary health for some 3 million vulnerable people. Emergency nutrition interventions will continue to target about 90,000 acutely malnourished children and blanket distribution of ready-to-use foods will reach 138,000 children under age five in areas with the highest malnutrition rates. More than 1.2 million people will be provided with water, sanitation and hygiene services; 214,000 children in emergencies will have access to basic education; and an estimated 300,000 girls and women most at risk will benefit from protection services.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	38,950,183
Water, Sanitation and Hygiene	17,153,000
Education	13,388,500
Child Protection, HIV and AIDS, Empowerment and Participation	8,935,200
Shelter and Non-Food Items	1,033,000
<b>Total**</b>	<b>79,459,883</b>

\* 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

Following the worst violence in 17 years, the failure of another season of the 'Gu' rains, the economic crisis and decreased humanitarian access, more than 3.25 million people in Somalia are in need of humanitarian assistance, including an estimated 650,000 children under age five. This represents a major deterioration during 2008 – with a 77 per cent increase in the number of people in need of emergency response since January 2008 and a 300 per cent increase since early 2007. The combination of violence, mass displacement, drought and extreme poverty, coupled with very low basic social service coverage, has greatly increased children's vulnerability to protection abuses, disease and malnutrition. Civilians are bearing the brunt of the continuing waves of violence between Ethiopian/Transitional Federal Government troops and insurgents in the Central and Southern Zone. Fighting resulted in over 850 civilian casualties between June and September 2008 alone and 1.3 million people are internally displaced, including nearly 300,000 protracted internally displaced persons (IDPs). Since September 2008, new displacements include over 35,000 people in and around Mogadishu along a 15-kilometre stretch of road between Mogadishu and Afgoye, which has become the world's most densely populated IDP settlement. Most IDPs in the Central and Southern Zone are living in overpopulated camps with limited access to water, food and adequate sanitation services. The influx of IDPs from the South to the relatively more stable northern zones has also begun to strain already limited social services, coupled with a deteriorating livelihood situation in the northern zones.

Somalia's humanitarian indicators prior to the escalating conflict, current economic crisis and high food prices were already among the worst in the world. Only 29 per cent of the population had access to safe drinking water in 2006 and 37 per cent to improved sanitation facilities. Immunization rates for children under age one were only at 5 per cent and immunization against measles at 39 per cent. School enrolment remains low at 27.9 per cent nationwide and at a mere 22 per cent in the Central and Southern Zone. Today, almost all Somalis are affected by the fragile security environment, large-scale displacements, food insecurity, hyperinflation and lack of basic social and health services – with coping mechanisms stretched to the limit as families struggle to absorb these multiple shocks. The impact of violence and economic decline on children in particular is manifold, including a sharp increase in malnutrition throughout the country. Global acute malnutrition rates have increased to 18.6 per cent<sup>1</sup> – significantly above the emergency threshold level – and a total of 180,000 children are acutely malnourished, of which an estimated 26,000 are considered severely malnourished. Somalia is one of two countries in the region most affected by high food prices, which limit food access for market-dependent households including the urban and rural poor, pastoralist and IDP populations throughout the country. Given the lack of safe drinking water, poor hygiene and sanitation conditions, limited dietary intake, malnutrition and recurrent outbreaks of acute watery diarrhoea (AWD) children are at high risk, especially in drought-prone areas.

Protection abuses are widespread including the recruitment of child soldiers, detainment of youths, and sexual and gender-based violence (SGBV). The Security Council 1612 Report on Children in Armed Conflict of May 2008 highlighted an increase in violence against children in Somalia. Over 150 children were killed or maimed between January to July 2008 due to indiscriminate and targeted attacks (e.g., crossfire, roadside bombs). In addition, women and children in IDP settlements are at heightened risk of sexual and gender-based violence. By September 2008, schools and health centres had become targets, depriving children of safe and protective space in an environment where accessing education is already all too difficult.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In close collaboration with local, national and international partners UNICEF has continued to respond to the humanitarian needs of the Somali population affected by conflict, natural disasters and disease outbreaks. Despite the dire security situation and access constraints, UNICEF and partners managed to scale up interventions in health, nutrition and water, sanitation and hygiene (WASH), and continue to focus on similar priority areas, such as education and child protection.

By mid-2008, UNICEF had increased the number of supported feeding programmes to over 200 (up from 135 in 2007), reaching 5,200 severely acutely and 30,000 moderately acutely malnourished children every month. A total of 280 feeding programmes should be operational by December 2008. In addition, 55,000 children under age five in Afgoye IDP camps and over 7,000 in Bossaso IDP camps received blanket supplementary feeding (over 90 per cent of coverage) in the camps. UNICEF and partners are on track to reach the target of treating 60 per cent of severely malnourished children by the end of 2008 across Somalia<sup>2</sup> as well as launching a new initiative to reach over 138,000 children aged 6–36 months out of 180,000 children in areas showing the highest malnutrition rates with blanket feeding of preventive ready-to-use foods through distributions to start in November 2008.

1 Food Security Analysis Unit (FSAU) Somalia, August 2008.

2 Target of 60 per cent is based on detailed assessment of access and implementing partner capacity.

In partnership with local health authorities and communities, UNICEF and WHO successfully immunized over 90 per cent of children under age five (1.65 million out of 1.8 million) against polio; 1.6 million children under age five received vitamin A and 1 million were dewormed throughout Somalia during National Immunization Days (NIDs). Somalia has maintained its polio-free status since March 2007. UNICEF and partners also vaccinated 142,600 children under age 15 against measles (90 per cent of target) in Afgoye and Mogadishu IDP camps. As the lead provider of essential drugs, vaccines and cold-chain equipment in Somalia, UNICEF supplied more than 250 maternal and child health facilities and 500 health posts with essential medicines and vaccines ensuring access to basic primary health care for an estimated 3 million people. Major preparatory work was completed for the upcoming introduction of 'Child Health Days', which will target 90 per cent of children under age five nationwide and 60 per cent of women with a package of high-impact child survival interventions. By the end of 2008, 387,000 long-lasting insecticidal nets (LLINs) were distributed for free to vulnerable households in malaria-endemic areas, primarily funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), but closely coordinated with UNICEF's emergency response.

UNICEF ensured access to basic education for 25 per cent of school-aged children (out of 75,000) in the Afgoye corridor through support to 43 temporary learning centres and over 1,000 IDP schoolchildren in Puntland. As the designated agency to provide all textbooks and education supplies for primary schools in Somalia, UNICEF distributed school kits and textbooks to some 34,254 schoolchildren in drought-prone and conflict-affected areas. Due to funding limitations, UNICEF was unable to provide additional supplies. UNICEF and partners have maintained teacher motivation levels and reduced escalating attrition rates through training and incentives to over 1,000 teachers in Central and Southern Zone, benefiting 40,000 children. Over 200 community education committee (CEC) members in 30 IDP schools, benefiting 6,000 learners in the Afgoye area, were trained in psychosocial care to ensure a holistic approach to the needs of learners.

Through community-based child protection systems, UNICEF and implementing partners have reached 18,560 children (including 7,420 girls) with psychosocial support services and provided them with access to child-friendly spaces. Child protection advocates continue to mobilize 140 communities (about 420,000 people), including 100 IDP communities, focusing on mine-risk education, violence and abuse, and basic child rights. Child protection advocacy work with the African Union Mission to Somalia (AMISOM) and partners continues and aims at strengthening the protection of civilian capacity by monitoring and reporting rights' violations, especially of women and children, in conflict-prone areas. UNICEF and local partners continue to support 52 communities (about 156,000 people), including 15 IDP settlements, with community emergency preparedness and response planning, focusing on hygiene and sanitation. Through woman-to-woman networks in eight regions in Central and Southern Zone, UNICEF continues to provide HIV and AIDS education and awareness to over 1,750 women and girls.

UNICEF reached about 508,000 people in the Central and Southern Zone (1.09 million in all Somalia) with access to safe drinking water, sanitation facilities and hygiene promotion, of which an estimated 250,000 are IDPs along the Mogadishu-Afgoye corridor. In the Central and Southern Zone alone, about 140,000 people benefited from water chlorination and social mobilization activities to control and prevent acute watery diarrhea (AWD) outbreaks. Shelter and non-food items were distributed through partners to more than 130,000 vulnerable people in targeted IDP areas.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

UNICEF works closely with UN agencies, numerous international and local partners, donors, Somali administrations and local communities. Coordination with these partners is based on active participation in the UN Country Team (UNCT), the Somalia Support Secretariat and the Inter-Agency Standing Committee (IASC) cluster system, in which UNICEF leads for nutrition, water, sanitation and hygiene (WASH), and education.

#### Linkages of HAR with the Regular Programme

UNICEF's regular Country Programme is part of the joint 2008–2009 UN Transition Plan (UNTP) for Somalia, including early recovery and development programming. As Somalia is characterized by chronic vulnerability to natural and man-made emergencies, there are close linkages between humanitarian response and long-term initiatives.

UNICEF's multisectoral response in 2009 is expected to reach over 1.5 million children and 1 million women with high-impact child survival interventions, in addition to ensuring access to basic primary health for some 3 million vulnerable people. More than 1.2 million people will be reached with WASH services. All budgets below include programme support costs to accommodate the rising costs for security and logistics capacity, which are a prerequisite for UNICEF's humanitarian response.

### **Health and Nutrition (US\$ 38,950,183)**

During 2009, UNICEF and partners will aim to reach 1.5 million children under age five (90 per cent of age group) with a lifesaving package of services, alongside prevention and management of acute malnutrition, targeting some 90,000 children through the following key activities:

- Provide 1.5 million children under age five (90 per cent of age group) and more than 1 million women of childbearing age (over 60 per cent of women) nationwide with high-impact child survival interventions during 'Child Health Days': immunization against measles and polio, vitamin A supplementation, deworming, provision of oral rehydration salts, hygiene education, nutritional screening, and tetanus toxoid vaccination for women;
- Increase access to appropriate health care for 3 million people through continuous supply of medicines, vaccines, nutritional food products and cold-chain services to 250 mother and child health centres and 540 health posts throughout Somalia;
- Provide selective feeding for up to 90,000 acutely malnourished children – 60 per cent of children under age five with severe acute malnutrition (SAM) and 40 per cent of children under age five with moderate acute malnutrition (MAM) – through technical support and training of NGO partners and distribution of feeding supplies to a network of 280 feeding programmes (based on continuous nutritional surveillance); target an additional 138,000 children aged 6–36 months with blanket distribution of ready-to-use food every two months in areas showing the highest malnutrition rates, with a particular focus on the Central and Southern Zone and IDP camps in the north;
- Coordinate nutrition cluster response and ensure closer integration with Food Aid, health and WASH sectors, including the development of behaviour change communication materials and tools.

### **Water, Sanitation and Hygiene (US\$ 17,153,000)**

In 2009, approximately 1,245,000 Somali people affected by conflict and disaster (drought, flooding, socio-economic crisis), focusing particularly on children and women, will be reached through the following key activities:

- Provide 800,000 people with access to safe drinking water through the rehabilitation, construction and protection of water sources and water trucking where necessary, including AWD/cholera prevention;
- Promote improved hygiene and sanitation practice for 500,000 people to reduce waterborne diseases; construct/rehabilitate sanitation facilities for 300,000 people at household and school levels, focusing on IDP communities;
- Support cluster partners and strengthen the capacity of local authorities for more effectively coordinated, delivered and monitored response, integrated with health, nutrition and education interventions;
- Train local authorities and community members to operate and maintain water and sanitation facilities, with a special focus on enhancing youth participation in monitoring efforts.

### **Education (US\$ 13,388,500)**

In 2009, at least 214,000 children (85,500 girls), 10,000 out-of-school youths, 3,000 teachers (600 female), and 500 community education committees (CECs) (250 female) in emergency-affected locations will benefit from the following key activities:

- Install up to 200 child-friendly and tented/traditional learning spaces with WASH facilities; rehabilitate up to 20 damaged schools; and provide essential teaching/learning materials;
- Reach 10,000 vulnerable out-of-school youths with life skills-based education;
- Provide training and incentives to 3,000 teachers and train 500 CECs to improve the quality of education, school management and retention;
- Mobilize and sensitize communities to ensure access to education for emergency-affected and vulnerable children;

- Strengthen cluster coordination at regional levels and build the capacity of education authorities and cluster members through applying the Minimum Standards for Education in Emergencies (MSEE).

### ***Child Protection, HIV and AIDS, Empowerment and Participation (US\$ 8,935,200)***

For 2009, the overall goal is to strengthen the protective environment for children and families at risk of violence, exploitation and abuse through the following key activities:

- Protect 1,000 survivors of sexual and gender-based violence (SGBV) through access to medical, legal and psychosocial services and protect 30,000 girls and women through HIV awareness (including on SGBV);
- Protect 1,000 child victims of rights' violations through monitoring by trained personnel and access to confidential investigation of violations; ensure access to child-friendly community mechanisms for identification, monitoring and response to psychosocial needs for 8,000 children;
- Mobilize 600 vulnerable communities (1.8 million people) to identify key child protection concerns (including family tracing and reunification of unaccompanied minors and separated children) and establish appropriate protective mechanisms; mobilize 900 community, religious, and political leaders to advocate for improved child protection and HIV prevention, treatment, care and support;
- Support about 800,000 people (60 per cent women and children) in the Central and Southern Zone to develop practical emergency preparedness and response plans, including the protection needs of women and children.

### ***Shelter and Non-Food Items (US\$ 1,033,000)***

For 2009, the overall goal is to ensure that 90,000 displaced people (some 15,000 households) have improved access to adequate shelter and survival items through contingency planning and stockpiling of non-food items (NFIs) and increased coordination and collaboration with agencies and clusters.

# UNICEF HUMANITARIAN ACTION UGANDA IN 2009



Core Country Data		
	Uganda	Northern Uganda
Child population (thousands)	16,333	1,647
U5 mortality rate	137	177
Infant mortality rate	76	106
Maternal mortality ratio (1996–2006)	435	n/a
Primary school net intake rate*	57.4	47.10
Gender parity index*	1	53/47
% U1 fully immunized (DPT3)	63	67
% population using improved drinking-water sources	66	n/a
HIV/AIDS prevalence	6.4	8.3
% U5 suffering moderate and severe malnutrition	6.1 2.0	6.5 1.9

Sources: Uganda Demographic and Health Survey (UDHS) 2006, disaggregated for northern Uganda, which includes Karamoja, \* Education Management Information System (EMIS) 2006

Northern Uganda is finally emerging from two decades of conflict and instability; yet, urgent humanitarian needs remain. These are related to: (1) the needs of over 80,000 persons residing in camps or temporary transit sites; (2) the rise of an acute child survival crisis in Karamoja; and (3) the extreme vulnerability of Ugandan communities to natural disasters and disease outbreaks. These three categories are reflected in the Consolidated Appeal Process (CAP). However, there is also a need for capacity development of local governments and communities to prevent a slide back to crisis as humanitarian funding diminishes. This fourth category of needs is linked to the Government's Peace, Recovery and Development Plan.

Summary of UNICEF Emergency Needs for 2009*		
Sector	Humanitarian Actions US\$	Recovery Actions US\$
Health and Nutrition	7,056,650	25,000,000
Children and AIDS	0	4,124,000
Water, Sanitation and Hygiene	4,515,430	15,000,000
Education	2,167,430	12,500,000
Child Protection	2,803,400	6,500,000
Emergency Preparedness and Response and Non-Food Items	1,378,470	0
<b>Total**</b>	<b>17,921,380</b>	<b>63,124,000</b>
<b>GRAND TOTAL</b>	<b>81,045,380</b>	

\* 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

In Uganda's Acholi and Teso subregions, approximately 800,000 persons (less than half of the originally displaced population) continue to reside in camps and temporary transit sites. The most frequently cited reason for remaining in camps is a fear of the resumption of hostilities, absent a formally signed peace accord. The most practical reason for remaining in camps continues to be the stark lack of infrastructure and social services in rural areas of return. As a result, many households choose to leave their younger children and/or elderly relatives behind as they move to rural areas, thus further concentrating vulnerability in the camps and exacerbating protection concerns. Maintaining services during this transition period, therefore, is essential.

Meanwhile, in the marginalized semi-arid subregion of Karamoja, several years of successive droughts, animal diseases, high food prices and insecurity have culminated into an acute child survival crisis. Early child mortality rates are higher in this subregion than any other part of Uganda. Global acute malnutrition rates, while over 15 per cent in most districts during the mid-year hunger gap, have fallen to 9.5 per cent, with an associated 1.5 per cent severe acute malnutrition rate. Sustained emergency nutrition and basic child health interventions are critical to mitigating the impact of this crisis.

Furthermore, all conflict- and post-conflict-affected communities remain exceedingly vulnerable to a number of natural hazards, including severe drought, flooding and water-logging, pests, locusts and other animal diseases, which degrade food security and most concerning epidemic outbreaks of disease (such as Ebola, hepatitis E and cholera). As community coping mechanisms and Government capacities are currently stretched to the fullest, UNICEF must maintain a robust capacity to respond to emergencies in all subregions.

Finally, the fourth category of assistance addresses the challenge that local governments and communities face as they transition from aid dependence towards sustainable social service delivery. In order to prevent the emergence of gaps in services for health and well-being, UNICEF will focus on transferring the knowledge, tools and capacities built during the humanitarian phase to local actors and sector working groups.

As a result of the prolonged conflict, insecurity and marginalization in northern Uganda, human development indicators are well below national averages. Coverage of safe water sources is adequate in camps, but there are only 7.5 to 17 litres per person per day in transit sites and even less in return areas. In Karamoja, only 30 per cent of Karamojong can access safe water, in comparison to the national average of 66 per cent. Furthermore, while 62 per cent of persons (on average) can access a latrine in Uganda, only 30 per cent of persons have access to sanitation facilities in return areas of northern Uganda and only 2 per cent have access in Karamoja.

HIV seroprevalence in the northern districts stands at 8.3 per cent, far above the national average of 6.4. Some 22 per cent of all new HIV infections in Uganda are due to mother-to-child-transmission. However, prevention of mother-to-child transmission (PMTCT) services are currently available in 66.3 per cent and 40 per cent of health facilities providing antenatal care (ANC) services in Acholi and Karamoja subregions respectively. This lack of basic social services affects the likelihood of child survival. While the national averages for under-five and infant mortality rates are 137 and 76 deaths per 1,000 live births respectively, northern Uganda (including Karamoja) has a rate of 177 and 106 respectively, indicating a serious disparity.

In the Acholi subregion, approximately 41 per cent of all primary schools were displaced in November 2007. In 2008, however, only 2 per cent of schools were still located in camps, meaning that over 200 primary schools successfully relocated to their traditional homesteads. However, due to the damage and neglect experienced during the conflict, serious gaps in the infrastructure, staffing and functionality of return schools remain. In Karamoja, illiteracy remains high (at 89 per cent for women) and school attendance is extremely low (at 43 per cent). Scaling up access, quality and relevancy of education for pastoralists in this area is challenging.

Over 3,000 children and women continue to be associated with the Lord's Resistance Army (LRA), but over 90 per cent of the 750,000 children under age 18 in the Acholi subregion are considered conflict-affected, having experienced displacement, abduction and/or violence during the conflict. Coverage of child protection systems stands at 60 per cent of subcounties in Acholi and 48 per cent in Lango. However, most systems have inadequate capacity to identify, support, refer, follow up and report on cases. A context-sensitive, community-driven child protection system in Karamoja is yet to be realized.



## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In collaboration with local, national and international partners and counterparts, UNICEF responded to the humanitarian needs in health, nutrition, water, sanitation and hygiene (WASH), education and child protection.

**Health, nutrition and HIV.** Over 300,000 children had their basic medical needs met through UNICEF's support to community health services to treat illnesses such as malaria, pneumonia and diarrhoea in the form of supplies (including sufficient oral rehydration salts (ORS) to treat 210,000 episodes of diarrhoea) and training. Nearly 10,000 children under age five were treated for severe acute malnutrition. Some 500,000 insecticide-treated mosquito nets were procured and distributed in the Lango and Karamoja subregions, reaching more than 300,000 households. In Karamoja alone these nets have increased the net coverage from 3.4 per cent to over 95 per cent of households having two nets. UNICEF's support also contributed to an uptake of PMTCT services from 21 per cent to 29 per cent.

**Water, sanitation and hygiene.** Over 48,000 primary schoolchildren accessed improved sanitation facilities through the construction of 193 five-stance latrine blocks and over 25,000 primary schoolchildren accessed water supply through drilling of 50 boreholes equipped with handpumps. Some 50,000 people affected by flooding in eastern Uganda benefited from the rehabilitation of 167 water sources, the construction of 1,345 community latrines, and hygiene promotion activities. Over 20,000 households affected by hepatitis E were supported with WASH inputs (water containers, water treatment chemicals, soap and latrine construction tools) and intensive hygiene promotion.

**Primary education.** The health and safety of the post-conflict learning environment was enhanced through the construction of 150 classrooms in Lango subregion and 151 teachers' houses. Over 5,000 handbooks *Alternatives to Corporal Punishment* and 5,000 hygiene education kits were also distributed, along with teacher training. In addition, over 39,510 children in primary schools received recreational kits and/or musical instruments; and 21,390 children were provided with Primary Leaving Examination kits in Acholi and Lango subregions, thus significantly reducing the risk of non-completion. The distribution of 6,434 replenishment kits of basic scholastic materials also reduced costs of schooling for 51,470 children. A total of 1,891 children (81 per cent girls) aged 10–16 years, including girl mothers, accessed education through the provision of accelerated learning programmes in Kitgum and Pader Districts. An additional 884 children who completed the programme have been mainstreamed into government primary schools.

**Child protection.** Coverage and capacity of child protection systems at subcounty level significantly increased. In Acholi, coverage of child protection systems rose by 25 per cent to reach 60 per cent of subcounties. In Lango, coverage rose by 48 per cent to reach 55 per cent of subcounties. In Acholi alone, over 26,000 children were identified and supported by child protection systems. In Acholi and Lango subregions, over 80,000 children (over 50 per cent girls) were involved in vulnerability reduction activities, including livelihoods and life skills training.

## 3. PLANNED HUMANITARIAN AND RECOVERY ACTIONS FOR 2009

### Coordination and Partnership

UNICEF remains the cluster coordinator for the water, sanitation and hygiene (WASH) and primary education clusters and is the subcluster coordinator for child protection, in addition to being an active member of the health, nutrition and HIV/AIDS cluster. However, the Inter-Agency Standing Committee (IASC) emergency clusters will be transferring their knowledge, tools and general capacities to the Sector Working Groups by September 2009.

### Linkages of HAR with the Regular Programme

Since Uganda's rural communities are particularly vulnerable to a wide variety of shocks, the *Humanitarian Action Report (HAR)* emergency appeal is an essential component of the Country Programme of Cooperation.

For 2009, the overall goal is to meet the needs of approximately 800,000 persons residing in camps and/or temporary transit sites.

### **Health and Nutrition**

**(Humanitarian Actions US\$ 7,056,650; Recovery Actions US\$ 25,000,000)**

- Assist some 257,030 children under age five during health emergencies by strengthening national/district capacity to detect and respond to epidemics; procure drugs, vaccines, immunization and laboratory equipment; support operational management of emergencies, including the development of epidemic guidelines, the strengthening of information management and social mobilization;
- Provide improved access to health services to over 548,590 children under age five and 139,425 pregnant women by supporting 'Child Days Plus', accelerated routine immunization, integrated management of childhood illness, and antenatal and newborn care at facilities and in communities;
- Improve the nutritional status of over 257,030 children under age five by enhancing community-based active case finding, referral and treatment and establishing a nutritional surveillance system; ensure the transition to sustainable service delivery by equipping 60 per cent of households with the knowledge and skills to safeguard the nutritional well-being of children.

### **Children and AIDS (Recovery Actions US\$ 4,124,000)**

- For 2009, the overall goal is to ensure that children increasingly realize their right to survival through scaling up the availability of comprehensive PMTCT services to 80 per cent of antenatal care clinics by reinforcing PMTCT service delivery; building district capacity at Health Centres III; strengthening programme communication and ensuring availability of test kits, antiretrovirals and consumables.

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

**(Humanitarian Actions US\$ 4,515,430; Recovery Actions US\$ 15,000,000)**

- Protect children and their families from incidences of waterborne disease by strengthening local-level capacity for WASH emergency preparedness and response through training, prepositioning of essential supplies and establishment of WASH committees; provide safe water and sanitation as per Sphere standards through the rehabilitation and construction of facilities in schools and health centres affected by natural disasters and epidemics, and ensure adequate hygiene promotion for IDPs and disaster-affected communities, targeting 600,000 people including around 250,000 children;
- Attain national standards for safe and sustainable water and sanitation coverage by improving community capacity in the utilization and maintenance of schemes and facilities; promote sanitation and hygiene in schools; and strengthen district capacity for implementation, monitoring and maintenance.

### **Education (Humanitarian Actions US\$ 2,167,430; Recovery Actions US\$ 12,500,000)**

- Ensure that 80,000 children affected by emergencies realize their right to education through UNICEF's support to rapid assessments of learning spaces; and procure school supplies and other appropriate support;
- Provide access to education to 3,000 children (including those released by the LRA and girl mothers) through accelerated learning programmes, in preparation for transition to primary schools or livelihoods;
- Ensure transfer of coordination, knowledge, tools and capacities from IASC clusters to sector working groups and the return of displaced schools to rural areas by strengthening local governments' capacity to manage, supervise and monitor the delivery of education services.

### **Child Protection**

**(Humanitarian Actions US\$ 2,803,400; Recovery Actions US\$ 6,500,000)**

- Ensure that children benefit from an increasingly protective environment through the expansion and enhancement of child protection systems at subcounty level aiming to prevent, identify and address protection concerns; enhance functionality of systems through capacity development for community-based structures; support NGOs to service as lead agencies and support existing post-rape care services;

- 
- Ensure that children formerly associated with the LRA are safely returned and reintegrated in their communities with the assistance of child protection agencies that carry out cross-border family tracing and reunification; provide interim care/transit facilities and alternative care; provide technical and logistical support to government agencies to ensure child-friendly procedures within the disarmament, demobilization and reintegration (DDR) process and the monitoring and reporting of gross child rights' violations as per Security Council Resolution 1612;
  - By September 2009, develop a government-led, inter-agency and partner recovery strategy to guide the transfer of knowledge, tools and capacities from the IASC cluster to the formal sector.

***Emergency Preparedness and Response and Non-Food Items  
(Humanitarian Actions US\$ 1,378,470)***

- Support 99,000 persons (19,800 extremely vulnerable households) affected by rapid population displacement due to conflict and/or natural disaster procuring and prepositioning over 35,000 family kits for emergencies throughout the country and approximately 100 recreational kits and 100 'school-in-a-box' kits for the Karamoja subregion.

# UNICEF HUMANITARIAN ACTION ZAMBIA IN 2009



Core Country Data	
Population under 18 (thousands)	6,270
U5 mortality rate*	119
Infant mortality rate*	70
Maternal mortality ratio*	449
Primary school enrolment ratio (net 2007)**	102.42
Primary school enrolment ratio for girls (net)**	102.33
% U1 fully immunized (DPT3)*	79.7
% population using improved drinking-water sources***	58
HIV/AIDS prevalence*	14.3
% U5 suffering moderate and severe malnutrition*	14.6

Sources: *The State of the World's Children 2009*, \*Zambia Demographic and Health Survey 2008, \*\*Education Statistical Bulletin 2007, \*\*\*WHO/UNICEF Joint Monitoring Programme for Water and Sanitation Estimates for Zambia, 2006

In Zambia, UNICEF endeavours to support children and their families in a situation of acute and chronic vulnerability. Poverty levels are high and exacerbated by escalating costs. Deep impacts from the HIV and AIDS emergency leave families with little or no capacity to deal with additional external shocks. Already hard pressed to meet basic survival, education and development needs, when faced with further crises often due to natural disasters such as drought or flooding, families do not have the capacity to cope. UNICEF in Zambia proposes ongoing emergency preparedness and response actions aimed at reaching up to 100,000 potentially affected children, in support of its wider Country Programme to reduce vulnerabilities of all Zambian children over the long term (2,030,000 children under age five, i.e., 17 per cent of total population).

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	729,638
Water, Sanitation and Hygiene	2,400,000
Education	516,800
Child Protection	1,100,000
Mine Action	150,000
<b>Total**</b>	<b>4,896,438</b>

\* 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

In spite of decades of positive development, the situation of children and women in Zambia remains largely one of vulnerability. While child and maternal mortality rates have dropped in recent years, they remain alarmingly high with under-five mortality at 119 per 1,000 live births, infant mortality at 70 per 1,000 live births, and maternal mortality ratio at 449 per 100,000 live births (Zambia Demographic and Health Survey 2008). More than 300,000 school-aged children are out of school and two thirds of girls do not complete their primary schooling. Water and sanitation coverage is also extremely low, with an estimated 4.8 million people without access to clean water and 6.6 million people without access to adequate sanitation. On top of this, HIV prevalence remains alarmingly high, at 14.3 per cent prevalence among the general population.

This ongoing vulnerability is exacerbated by the regular occurrence of natural disasters, which impact the lives and development of children and their families. While drought has been a frequent and powerful reality through the past decade, in 2007 and 2008 flooding has impacted large areas of the country, leaving families displaced from their homes, crops destroyed, and children out of school (40,460 severely and 64,736 moderately malnourished) and vulnerable to waterborne diseases. There is an urgent need for UNICEF and partners to prepare for the recurrence of this scenario, and ensure that future flooding – or drought – does not negatively impact the lives of children and women.

It is vitally important to urgently address the root causes of this vulnerability, including the dire poverty in which 64 per cent of the population lives (Zambia Living Conditions Monitoring Survey 2006). Rural communities are generally even more vulnerable to shocks with a rural poverty figure of 80 per cent. This is even more important in the context of high global food and fuel prices, which put the basic necessities of survival further out of the reach of many families. In a landlocked country largely dependent on road transport for diverse imports and for the export of minerals and the primary commodities that support the economy, high consumer prices are particularly significant as the changes threaten the competitiveness of Zambian production and sustainability of national markets. The cost of fertilizers and other commodities is also rising, causing uncertainty around prospects for the 2009 agricultural season (planting in early November). Besides the profitability of different livelihood ventures in different parts of the country, it is likely that rising costs of transport will affect the prices of food and other essentials, the cost of transport to markets, hospitals and schools, and the delivery of public and private sector services to community level, particularly remote communities. Whilst some households may be forced to reduce consumption in response to these changes (very likely resulting in increased malnutrition amongst children and women), others will adopt adverse coping strategies, which often depend on child labour and undermine children's rights and prospects for development.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In close collaboration with local, national and international partners, UNICEF has continued to respond to the needs of Zambian children and their families in priority areas of health, nutrition, water, sanitation and hygiene (WASH), education and child protection. Serious flooding in 2008 added a new and complex dimension to this work as efforts turned to crisis intervention; however, with support of the UK Department for International Development (DfID) and the Governments of Canada, Denmark, Japan, New Zealand, Norway and Sweden, emergency response interventions were effectively carried out, with UNICEF taking a sector coordination role in health and nutrition, WASH, education and child protection.

Specific results in the first half of 2008 included: essential drugs, therapeutic milk and other medical and nutrition supplies were distributed to 70,000 affected people. Ministry of Health staff was trained in integrated disease surveillance, reporting and emergency preparedness and 27 health workers trained to prevent diarrhoea, using zinc and oral rehydration salts. Fifteen Ministry of Health staff were trained in integrated management of acute malnutrition (IMAM) and community-based therapeutic care (CTC) for the management of severe acute malnutrition in five affected districts, targeting 19,373 malnourished children under age five. Emergency water and sanitation supplies were delivered to 37 emergency-affected districts benefiting more than 70,000 people. Emergency water supply systems and sanitation facilities were constructed for approximately 1,000 people in camps for the displaced in Southern Province. Construction and rehabilitation of 190 latrines in 91 affected schools were combined with hygiene education campaigns (impacting up to 25,000 children and their families). A total of 58 'school-in-a-box' kits, 40 recreational kits, 58 movable chalkboards and 36 tents were distributed to 20 flood-affected schools, benefiting some 10,000 children. Child-friendly spaces were established in more than 15 flood-affected camps and communities, covering a population of over 10,800 people amongst whom 5,800 are children. Household basic needs kits were distributed to 5,000 families, providing direct support to the care of children as part of wider multi-agency operations targeting the most affected, mainly 130,086 people (about 20,000 families) in Southern Province. More than 5,000 people in affected communities were provided with information on the prevention

of gender-based violence. Thanks to awareness-raising activities very few cases of child abuse (eight in a population of over 100,000) were reported, none resulting directly from the current situation. UNICEF supported the development of national capacity in rapid response planning with the Disaster Management and Mitigation Unit (DMMU) and other national partners.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

Based on mutual agreement among UN agencies and other partners, UNICEF provides sector coordination leadership in health and nutrition, water, sanitation and hygiene (WASH) and child protection, and is the co-lead for education (with Save the Children). UNICEF also provided technical, logistical and financial support to DMMU for rapid and in-depth assessments of flood impact, and for joint monitoring trips to affected districts. As part of response preparedness, UNICEF has developed a plan for district-level capacity development in assessment and planning, which is being rolled out in collaboration with DMMU.

#### Linkages of HAR with the Regular Programme

UNICEF is playing a leading role within the UN Country Team in support of the national multisectoral response to Zambia's vulnerable children. The current 2007–2010 Country Programme has four components – health, nutrition and HIV and AIDS; basic education I; water, sanitation and hygiene education (WASHE); and child protection – with a pre-eminent focus on HIV and AIDS. Of particular interest are the inclusion of the social safety nets and the protection of orphaned and vulnerable children. Likewise, priority attention is given to food shortages due to regular environmental impacts on crops and high food and fuel prices negatively affecting the nutritional status of children, particularly the increased prevalence of chronic and acute malnutrition, which is chronically worsened by the ongoing impact of HIV and AIDS on children infected and affected by the pandemic.

In 2009, UNICEF will increasingly focus on the root causes of vulnerability and poverty, mainly among rural children and their families, together with ongoing emergency preparedness actions to ensure rapid national response to short-term recurrent shocks, such as flooding and/or drought, which regularly impact parts of the country (targeting approximately 100,000 beneficiaries). UNICEF-supported programmes are expected to reach at least 6 million children and 4 million women in 2009.

#### Health and Nutrition (US\$ 729,638)

For 2009, the overall goal is to minimize the impact of the global food and fuel prices and of epidemics/floods on the health and nutritional status of children under age five, and to ensure that pregnant women in affected areas are identified and provided with micronutrient supplementation. Some estimated 100,000 displaced and impoverished persons will benefit from the following key activities:

- Procure and distribute essential emergency drugs and equipment to 300 health centres and essential drug supplies to 30 districts for 100,000 people;
- Procure and distribute measles vaccine, vitamin A and deworming tablets to 20,000 children under age five; administer deworming tablets to 5,400 pregnant women. This will be done through the 'Child Health Week' and through the regular programme;
- Continue supporting and, where appropriate, establish more community therapeutic feeding centres for 500 severely malnourished children (56 per cent of a total of 884 severely/moderately malnourished);
- Train 300 health staff in the management of severe malnutrition as a foundation for further, future training/expansion;
- Support the implementation of nutrition surveys, assessments and evaluations;
- Procure information, education and communication (IEC) materials (nutrition, HIV, cholera, malaria, measles, focused antenatal and newborn care etc.).



### **Water, Sanitation and Hygiene (US\$ 2,400,000)**

For 2009, the overall goal is to reduce mortality and morbidity cases due to waterborne diseases triggered by the envisaged emergency in Zambia through the provision of safe water and sanitation services to up to 616,000 people (14,000 displaced persons and 602,000 affected villagers) and to 56,000 schoolchildren, focusing on children and women, through the following key activities:

- Supply emergency water for two weeks (using dowsers and bladders or emergency tanks) for 14,000 displaced people;
- Provide 1,300 emergency sanitation facilities (gender-/disability-sensitive latrines, bathing and handwashing facilities) being used at temporary shelters, i.e., schools/churches or temporary camps;
- Construct/rehabilitate wells and adequate sanitary facilities for 56,000 children in 100 schools;
- Rehabilitate and construct 1,886 wells and boreholes and install handpumps to provide safe drinking water to some 471,000 individuals in permanent and areas of return;
- Train 32 local water authority management teams and 1 central team in county/city water and sanitation assessments, strategic options, rehabilitation planning, leak detection, water testing, repair and maintenance of mini water supply systems;
- Promote hygiene education and hygiene awareness programmes in 100 schools and 2,200 local communities in order to complement existing water and sanitation services;
- Procure biological and chemical water testing at 1,886 water sources and distribute and apply chemicals for water disinfection;
- Procure and distribute Clorin (chlorine) for drinking-water treatment for 85 health centres, 100 schools as well as 88,000 households.

### **Education (US\$ 516,800)**

For 2009, the overall goal is to minimize the disruption of learning due to a potential natural disaster emergency for at least 56,000 children in 100 schools. The following interventions can be expected to be implemented in collaboration with the Ministry of Education, education sector members and UN development partners:

- Supply basic scholastic materials, including notebooks, pencils and erasers, for 56,000 primary schoolchildren;
- Procure and distribute recreational kits and school supplies for 56,000 schoolchildren;
- Provide equipment for temporary schools/classroom structures as necessary in case of emergency;
- Facilitate capacity development and training workshops for educational officials from 37 flood-prone districts in preparedness and response;
- Train 200 teachers, with particular attention to HIV and AIDS, life skills and child protection issues.

### **Child Protection (US\$ 1,100,000)**

For 2009, the overall goal is to raise community awareness and to build their capacity to prevent, address and monitor the negative impact of violence, sexual exploitation and abuse against children and women as well as to extend the coverage of interventions to provide adequate family- and community-based care for orphaned and other vulnerable children (OVC). A total of 20,000 vulnerable households caring for children in affected districts are targeted through the following key activities:

- Strengthen the capacity of civil society and communities affected by natural disasters to monitor and address gender-based violence, exploitation and abuse, and psychosocial care in emergencies;
- Support prevention, identification, reporting, documentation, tracing and care for child exploitation and abuse;
- Support Community Welfare Assistance Committees (CWACs) in 20 districts to strengthen coping mechanisms for elderly-headed households caring for OVC and facilitate their access to basic social services; and provide psychosocial support;
- Strengthen coordination and increase inter-agency awareness on child protection priorities in emergency and humanitarian response;
- Introduce key resource and training materials as well as guidelines relating to critical child protection issues.

### **Mine Action (US\$ 150,000)**

For 2009, the overall goal is to improve mine-risk education (MRE) in 100 basic schools in suspected mine-contaminated areas. Some 50,000 children will be reached through the following key activities:

- Develop children's (pupils') MRE book to go hand in hand with the MRE Teacher's Handbook to be distributed in affected basic schools in seven of the nine provinces, reaching about 300,000 pupils;
- Support the Zambia Curriculum Development Centre to integrate MRE into school curriculum and monitor the MRE basic school course in 100 basic schools (targeting 50,000 children);
- Facilitate MRE presentations for some 50,000 children and the design and dissemination of new MRE materials (T-shirts, leaflets, posters etc.); and train 200 teachers from 100 basic schools;
- Support the Zambia Mine Action Centre (ZMAC) and the Ministry of Community Development and Social Services to provide psychosocial support and vocational training to about 200 mine/unexploded ordnance (UXO) survivors and other children with disabilities in two most affected provinces.

# UNICEF HUMANITARIAN ACTION ZIMBABWE IN 2009



Core Country Data	
Population under 18 (thousands)	6,175
U5 mortality rate	90
Infant mortality rate	59
Maternal mortality ratio (2000–2007, reported)	560
Primary school enrolment ratio (2000–2007, net, male/female)	87/88
% U1 fully immunized (DPT3)	62
% population using improved drinking-water sources	81
Estimated number of people (all ages) living with HIV, 2007 (thousands)	1300
% U5 suffering moderate and severe underweight/stunting	17/29

Source: *The State of the World's Children 2009*

Zimbabwe is facing continuous multifaceted complex humanitarian crises due to hyperinflation, food insecurity, deteriorating water and sanitation facilities, large cholera outbreaks, HIV/AIDS and political instability, which further deepen the country's vulnerability. With its rapidly shrinking economy, Zimbabwe is unable to provide basic social services to its population whilst still recovering from the 2008 election violence and the NGO suspension of field activities. UNICEF plans to provide assistance to 5 million vulnerable people with interventions in health and nutrition, water, sanitation and hygiene (WASH), education, HIV/AIDS and child protection.<sup>1</sup>

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	40,000,000
Water, Sanitation and Hygiene	20,000,000
Education	25,000,000
Child Protection	1,700,000
HIV/AIDS	1,500,000
<b>Total**</b>	<b>88,200,000</b>

\* 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.

<sup>1</sup> Due to the collapse of Zimbabwe's health and education systems, a large-scale cholera outbreak and the overall rapidly deteriorating humanitarian environment, UNICEF declared Full Emergency Mode on 16 November 2008 with immediate effect. A subsequent 120-day emergency plan has been established, seeking to urgently address these critical issues. Its effects on the proposed HAR activities will be minimal as interventions harmonize to a large extent and current plan is that the Emergency Mode will impede in Mid-February 2009.

## 1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

The humanitarian situation in Zimbabwe continues to be impacted by a set of complex, overlapping and often worsening economic, political and social factors. Spiralling inflation, deteriorating physical infrastructure, protracted election period, continued political uncertainty, public sector's inability to deliver basic social services, and the severe impact of the HIV/AIDS pandemic have led to a decline in the overall health and well-being of the population. The erosion of livelihoods, food insecurity and unprecedented cholera outbreaks are putting the already vulnerable population under further distress.

A large proportion of the population has reduced access to basic health services, which have been compromised due to deteriorating infrastructure; limited availability of essential and vital drugs, supplies and equipment; inadequate human resources; unclear application of fee for service policies; poor transport and communication means; and low level of supportive supervision. Malaria, tuberculosis, acute respiratory infections, diarrhoeal diseases and malnutrition remain the leading causes of morbidity and mortality amongst Zimbabwean children and women and are responsible for the significant number of preventable deaths.

Acute malnutrition remains low. Just over 4 per cent of children aged 6–59 months suffer from acute malnutrition. However, the Food and Agriculture Organization (FAO) and the World Food Programme (WFP) estimate that at the height of the hungry season between January and March 2009 over 5 million people will be food insecure and in need of assistance. The nutrition situation of children is expected to be severely aggravated during this period.

Although officially 81 per cent of the population has access to potable water, access to safe water supply and basic sanitation in Zimbabwe continues to be eroded due to the humanitarian complex crisis. Sewage systems in most urban areas have broken down due to age, excessive load, pump breakdowns and poor operation and maintenance. As a result, Zimbabwe is now experiencing an unprecedented cholera epidemic, associated with shortage of safe drinking-water supply in affected areas, poor hygiene and sanitation. As of end November 2008, over 10,000 cases of cholera have been reported with nearly 400 people unnecessarily dying over the last three months.

An estimated 15.6 per cent of adults aged 15–49 years are currently living with HIV or AIDS (Ministry of Health and Child Welfare (MOHCW), National HIV estimates, 2007). Although this is a decline from 24.6 per cent in 2003, it remains one of the highest HIV prevalence rates in the world resulting in 1.3 million children being orphaned. An estimated 2,200 adults and 240 children died of AIDS per week in Zimbabwe in 2007 and 12 per cent of households are caring for a chronically ill family member (MOHCW, 2007). An estimated 476,000 Zimbabweans living with AIDS require antiretroviral therapy (ART) of which 24,000 are children. Only 121,212 adults (25 per cent) and 10,669 children (45 per cent) are currently accessing the lifesaving drugs.

UNICEF is currently reaching 250,000 orphaned and vulnerable children (OVC) within the framework of the National Action Plan for OVC. Sexual and gender-based violence (SGBV) is one of the key challenges in the current humanitarian situation. Families and youths affected by recent political violence were exposed to sexual exploitation, torture and abuse on an unprecedented scale. This is to the addition of the existing vulnerability of internally displaced persons that is already compounded by factors such as inadequate social protection and mechanisms as well as acute decline in opportunities for livelihoods.

Deteriorating economy and political violence that affected teachers and schools has further eroded once an exemplary education system in Zimbabwe. It is estimated that only 40 per cent of the teachers are still educating in the classroom, and student drop-out is increasing dramatically with only 33 per cent attending school on a regular basis. The textbook/pupil ratio is now 1:8 for 2 million primary school-aged children and 1:16 for 1.5 million secondary schoolchildren aged 13–18 years. As a result, performance rates have been declining – with only 42 per cent of pupils passing their seventh-grade exams, and in 2008 even fewer pupils had the opportunity to graduate as education offices are ill-equipped to run national exams.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In close collaboration with Government and local, national and international partners, UNICEF has continued its response to the humanitarian needs of the Zimbabwean population. It has mainly focused on the priority areas of health and nutrition, water, sanitation and hygiene (WASH), education, HIV/AIDS and child protection. However, these interventions were hindered due to the prolonged election period and the suspension of NGO field activities, which restricted humanitarian access to almost the entire population for nearly five months.

UNICEF and MOHCW successfully conducted the first round of 'Child Health Days' in 2008. A total of 1,339,280 children aged 6–59 months (84.2 per cent) were reached with vitamin A supplementation, while 26,500 children were immunized with BCG; 43,430 with measles; 125,825 with oral polio vaccine; 78,310 with pentavalent; 29,240 with diphtheria/

tetanus (DT); and 21,710 pregnant women with tetanus toxoid (TT) vaccine. Trainers from all provinces were trained in the management of diarrhoea in children using low osmolarity oral rehydration salts (ORS) and zinc (stocks for one year were procured). A total of 240,000 long-lasting insecticidal nets (LLINs) are being distributed to eight districts. Prevention of mother-to-child transmission (PMTCT) social mobilization in 12 districts resulted in an increase of 25 per cent uptake of HIV testing by pregnant women. PMTCT champions are reaching 75,000 people in three districts. In nutrition, UNICEF supported two rounds of sentinel site surveillance as well as community management of severe malnutrition in 10 districts. UNICEF also scaled up its support to hospital-based treatment in 60 districts treating approximately 9,000 malnourished children.

In the WASH sector, UNICEF provided over 800,000 people with access to safe water through the rehabilitation or construction of water sources, water trucking and household water treatment as well as through hygiene promotion activities and awareness campaigns. In response to waterborne disease outbreaks such as cholera in urban and rural areas, UNICEF distributed more than 26 million water treatment tablets, 124,000 related sets of information, education and communication (IEC) materials, 825 kilos of chlorinated lime for disinfection, and trucked water at a rate of 300,000 litres per day over a period of 10 months to affected communities in Harare City and its surroundings, benefiting more than 100,000 people.

UNICEF in collaboration with the National Aids Council conducted a national community home-based care mapping exercise to identify who is doing what and where in order to identify vulnerable areas. Over 40,000 home-based care (HBC) clients and their families benefited from medical supplies that provided needed relief, and an additional 3,000 HBC clients were provided with non-food items (NFIs) during the political violence.

Over 50,000 children in 125 schools situated in poor and flood-affected districts received teaching/learning materials and recreational kits. Fifty of these schools were provided with WASH facilities. UNICEF in collaboration with FAO continued addressing food insecurity through school-based training workshops and supported 20,000 children and their families in drought-affected districts.

As the outcome of the presidential elections held in March 2008 failed to announce a clear winner, the election period was effectively extended up to the end of June, resulting in widespread violence and intimidation throughout the country. An estimated 30,000 people fled their homes. As this was also the time when NGOs were banned to conduct field activities, UNICEF provided NFI materials to nearly 10,000 people. Additionally, 524 people (50 per cent children) received UNICEF's direct support to re-establish family contact with families scattered in several rehabilitation centres and safe houses in and around Harare.

As schools were frequently being used for political meetings and militia camps, UNICEF documented and advocated against violence in and around schools. Based on the provided evidence, the Ministry of Education took action prohibiting political activities to be conducted on school grounds.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

UNICEF works with other humanitarian partners within the UN humanitarian coordination mechanisms and the Inter-Agency Standing Committee (IASC). UNICEF leads the nutrition and water, sanitation and hygiene (WASH) clusters as well as the Education Working Group. UNICEF also actively participates in the health cluster chaired by the World Health Organization (WHO) and the Food Aid Group chaired by WFP. UNICEF continues to co-lead the Protection Working Group, together with the UN Refugee Agency (UNHCR), the International Organization for Migration (IOM) and Save the Children Alliance, which is following up on an inter-agency assessment on child rights' violations that took place during the election period in 2008.

#### Linkages of HAR with the Regular Programme

The overall goal of the 2007–2011 Country Programme is to promote the right of every Zimbabwean child to equitable access to good quality services, including health, water, sanitation and hygiene as well as basic education and protection. The programme places at its centre orphaned and other children made vulnerable by HIV and AIDS.

As Zimbabwe will continue to experience a highly challenging humanitarian situation in 2009, UNICEF will respond with emergency interventions targeting 5 million vulnerable women and children in a holistic manner by focusing on the provision and distribution of essential medicines, educational and HBC supplies and antiretroviral therapy for people affected by HIV/AIDS, and by conducting major WASH interventions as per below breakdown.

### **Health and Nutrition (US\$ 40,000,000)**

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. Over 3 million children will benefit from the following key activities:

- Procure and distribute essential emergency drugs, including vaccines, for 1,780 health facilities in 62 districts;
- Procure and distribute cold-chain equipment to 320 health facilities, including 360 tons of LP gas;
- Train 1,600 health workers in immunization services, including cold-chain maintenance;
- Implement two rounds of 'Child Health Days' and outreach activities benefiting over 1.8 million children;
- Conduct measles supplementary immunization activity in June 2009;
- Procure and administer vitamin A supplementation to 2 million children aged 6–59 months;
- Support community- and hospital-based treatment of an estimated 9,000 severely malnourished children;
- Support the implementation of two rounds of nutritional surveillance;
- Roll out community-based maternal and neonatal health, including prevention of mother-to-child transmission of HIV (PMTCT) services;
- Train 620 health workers from 62 districts on the management of diarrhoea in children and procure medical supplies for cholera treatment centres;
- Procure and distribute 250,000 long-lasting insecticidal nets (LLINs) to children under age five and to pregnant women in 11 districts;
- Promote appropriate infant feeding practices in emergencies;
- Protect nutrition security of vulnerable populations;
- Coordinate nutrition cluster humanitarian preparedness, planning and response.

### **Water, Sanitation and Hygiene (US\$ 20,000,000)**

For 2009, the overall goal is to prevent, respond to and control WASH-related disease epidemics. Over 3 million people will be reached with the following key activities:

- Construct/rehabilitate water points and adequate sanitary facilities in 230 schools (benefiting 115,000 children), of which 100 are focus schools;
- Rehabilitate 450 boreholes and drill and equip 100 new boreholes in areas with more than 30 per cent non-functional water facilities in order to provide safe drinking water to over 137,000 individuals (siting of boreholes to be done in accordance with national regulations and environmental considerations);
- Respond to WASH-related disease outbreaks and other natural and man-made disasters within 72 hours;
- Coordinate WASH cluster planning, preparedness, information management and response;
- Conduct national WASH assessment of health facilities and rehabilitate or provide water systems/sources in most needy facilities;
- Support the procurement of water treatment chemicals and household water treatment for urban areas where Government lacks resources;
- Procure and preposition additional WASH-related items for effective emergency response;
- Support capacity development and strengthen local government, rural districts and NGOs;
- Support hygiene promotion programmes for epidemic prevention, including messages on HIV/AIDS, and link hygiene promotion to the diarrhoea initiative under Health and Nutrition.

### **Education (US\$ 25,000,000)**

For 2009, the overall goal is to improve school enrolment by providing relevant teaching and learning materials in order to bring back and maintain in school at least 1.5 million vulnerable children. Key activities will include:

- Identify and support most vulnerable primary schools;
- Supply core textbooks, stationery, recreational kits as well as other teaching/learning materials to identified primary schools, benefiting 1.5 million vulnerable children;



- 
- Provide syllabuses to identified schools and retrain teachers in the utilization of these materials;
  - Coordinate the emergency education response through the Education Working Group.

### **Child Protection (US\$ 1,700,000)**

For 2009, the overall goal is to support activities for vulnerable children and women affected by violence and the humanitarian situation through material and psychosocial support, including peace-building and reconciliation efforts at the community level. An estimated 23,000 children, adolescents, and their families and other community members will benefit through the following key activities:

- Train 200 church workers and partners in psychosocial support for conflicted-affected children and adolescents, as well as child survivors of sexual and gender-based violence (SGBV);
- Train 200 adolescents in basic counselling, peace-building skills and conflict management;
- Support children, adolescents and women affected by violence, including SGBV, through psychosocial support and other relevant services, including access to medical services;
- Support community-level peace-building and reconciliation efforts by faith-based organizations and others, with special emphasis on children's and adolescents' participation; provide psychosocial and reintegration support at community level for adolescents who took part in the violence;
- Support the prevention, identification, care, reunification and follow-up of separated children;
- Support the training of stakeholders on child protection in emergencies and on the Code of Conduct of the IASC Task Force on Protection from Sexual Exploitation and Abuse in Humanitarian Crises.

### **HIV/AIDS (US\$ 1,500,000)**

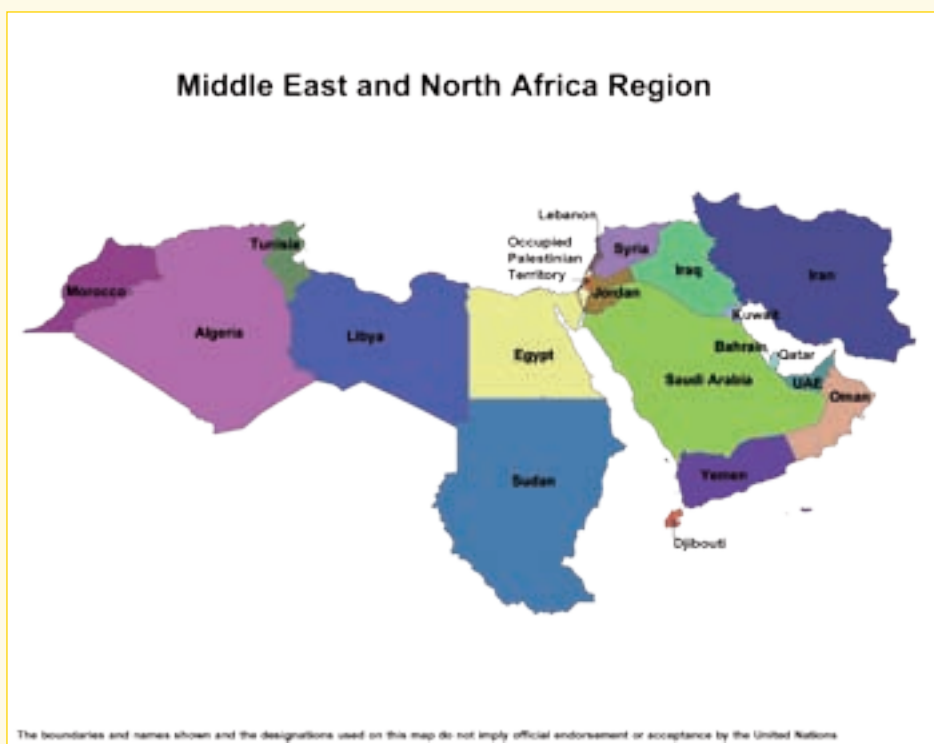
For 2009, the overall goal is to prevent the transmission of HIV among 100,000 most vulnerable children and youths and to increase access to quality community home-based care to an estimated 75,000 people living with AIDS, through the following key activities:

- Support the training and provision of palliative care and counselling, including antiretroviral therapy adherence and distribution of HBC supplies, to approximately 36,000 HBC clients and their families;
- Support approximately 4,000 young people in providing community support services targeted towards children affected by HIV;
- Assist community-based volunteers to support OVC through psychosocial support, child protection, life skills, nutrition, hygiene, education, and income generation;
- Support community youth sports clubs and procure and distribute 500 sport and recreational kits for vulnerable young people;
- Print and distribute 100,000 information, education and communication (IEC) and training materials on HIV/AIDS and SGBV for use by implementing partners to influence behaviour change amongst young people, community volunteers and OVC.

# MIDDLE EAST AND NORTH AFRICA REGION



# UNICEF HUMANITARIAN ACTION MIDDLE EAST AND NORTH AFRICA IN 2009



The Middle East and North Africa region, with its heterogeneity of oil-rich, middle-income and least developed countries is also one of the most politically volatile regions in the world. The combination of economic divisions and rising hardships for poor populations, plus high levels of risk for violent conflict, creates a high-risk situation for humanitarian concerns in much of the region.

<b>Middle East and North Africa Emergency Needs for 2009*</b>	
<b>Sector</b>	<b>US\$</b>
Emergency Preparedness and Capacity-Building	200,000
Emergency Response	300,000
Coordination and Partnership	100,000
<b>Total**</b>	<b>600,000</b>

\* 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 Middle East and North Africa region remains a complex political and social mix, comprising the stable and the unstable, the wealthy and the impoverished. The combination of economic divisions and rising hardships for poor populations, plus high levels of risk for violent conflict, creates a high-risk situation for humanitarian concerns in much of the region. Overall, Middle East and North Africa is advancing to meet the Millennium Development Goals (MDGs), albeit progress has been uneven over the year, and despite significant recent achievements, enormous challenges remain in responding to the needs of a large and growing child population,<sup>1</sup> especially in the high-mortality and emergency countries. Conflicts in the region will likely continue to frame UNICEF's work in the coming years, as the brunt of the suffering continues to fall on civilians and most vulnerable groups, children and women primary amongst them.

2008 saw a limited easing of the impact of the Iraq's context on access to public services for children. The level of sectarian violence fell below previous peaks, but remained high, and the decrease in incidents prompted only little visible improvements in the lives of people on the ground. This subsequently impacted on displacements both inside and outside the country, with few of the 2.2 million internally displaced persons (IDPs) or the asylum seekers outside of the country (mainly in Jordan and Syrian Arab Republic) able to return to their places of origin. Inside the country, while insecurity continues to close schools intermittently, erode access to quality health care and safe water, and leave too many children without both of their primary caregivers, communities hosting displaced families continue to be overwhelmed by the presence of displaced families. Similar patterns were witnessed in host countries for would-be refugees, Jordan and Syrian Arab Republic, which continually struggle to reconcile their previous open doors policy with the subsequent hard strain on their capacity to provide equal access to quality public services to all host communities as well as asylum seekers.

Within Iraq, some of the specific groups identified as most at risk included Palestinian refugees who face particular difficulties in gaining access to the main refugees' host countries. Ensuring basic rights to the Palestinian refugees in the region, several hundred thousand of which remained marooned in impoverished camps in Jordan, Lebanon, and Syrian Arab Republic, constitutes a high priority for UNICEF.

Despite efforts to achieve a resolution of the long-running Israeli-Palestinian conflict following talks at Annapolis in November 2007, the impact of continued fighting, the expansion of illegal settlements in the West Bank, military incursions and consequent demolitions of homes, the continuing Israeli blockade of the Gaza Strip and the increasing restrictions of movement throughout was heaviest on the most vulnerable Palestinians living in the Occupied Palestinian Territory (OPT), including children, the elderly and the sick. Such constraints have severe impacts on children, with surveys in Gaza schools showing that 66 to 90 per cent of children failed mathematics in grades four to nine, and 61 per cent in grade eight failed Arabic.<sup>2</sup> About two-thirds of households are not connected to a sewerage network and per capita GDP is now 40 per cent lower to that of 1999.<sup>3</sup>

In 2008, Sudan continued to cope with the effects of conflict, displacement, and natural disasters. In the western region of Darfur, fighting among armed opposition factions, Sudanese Armed Forces (SAF), militias and ethnic groups is ongoing, displacing more people within Darfur and to eastern Chad every month. Since 2003, the Darfur complex emergency has affected 4.2 million people, including 2.7 million IDPs. Throughout the year, insecurity and attacks targeting relief workers continued to hamper the delivery of humanitarian assistance and caused several NGOs to suspend programmes. The UN also had to increase security precautions, further limiting its capacity to provide crucial aid to vulnerable groups. In Southern Sudan, eastern Sudan, and anywhere else required, humanitarian organizations continue to provide assistance to returnees, IDPs, and host communities while times of calm alternate to new crisis as seen over the 2008 Abyei dispute. In addition, Sudan continued to witness major natural disasters such as floods and epidemic outbreaks all over the country.

Lebanon is another country in the region where risks of future instability – and subsequent humanitarian suffering – remain worrisome, as seen in early May 2008, when a confrontation between Hizbullah-led groups and pro-governmental forces caused deaths and fears of a countrywide renewed conflict.

South of Middle East and North Africa region, women and children in Yemen are challenged by recurrent poverty and lack of sufficient services above and beyond the further constrained government capacity to provide quality public services to its population when simultaneously facing up to significant armed rebellion in North-Western Saada Province – with rebel-government forces fighting already the source of more than 110,000 IDPs – and large-scale natural disasters, such as the tropical storm impact on the Hadramot region of the country.

1 Most Middle East and North Africa countries have a population under age 18 that represents between 35 and 45 per cent of their overall population.

2 UN Relief and Works Agency (UNRWA) survey conducted in Gaza, 2007.

3 World Bank statement to Paris Conference, December 2007.

*In all of the above contexts*, UNICEF-supported interventions have been focusing primarily on preventing a worsening of all basic indicators, mitigating the impact of violence and strengthening preparedness and response capacity of national stakeholders where possible, government partners' primary amongst them. *Above and beyond such interventions*, expanded sanctions against the Islamic Republic of Iran have also strained the general economic and political outlook of both the country and the region, and increased the diplomatic impasse over the nuclear programme of the Islamic Republic of Iran. Low intensity earthquakes in the Islamic Republic of Iran reminded us of the natural disaster risk this region faces too. Finally, the negative effect of high food prices, drought and water insecurity and its consequences have affected Yemen, the Syrian Arab Republic and particularly Djibouti, where the government recently launched a joint plan for the drought and nutrition crises.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In 2008, the UNICEF Middle East and North Africa Regional Office (MENARO) worked to increase capacity in emergency preparedness and response in the region, particularly in countries facing ongoing and/or potential new emergencies such as Iraq, Lebanon, OPT, Sudan and Yemen. With the aim of enhancing the capacity to identify possible threats to women and children in the region, the Regional Office initiated a partnership with Oxford Analytica to monitor regional developments and trends and to enable a timely and efficient response by UNICEF in five priority countries: Algeria, the Islamic Republic of Iran, Lebanon, OPT, and Yemen. During 2008, more than 150 staff members have acquired knowledge on humanitarian response policy and UNICEF tools through emergency preparedness and response training (EPRT) and simulations facilitated by the Regional Office in Morocco, north of Sudan and Syrian Arab Republic. In collaboration with UNICEF's Division of Human Resources, West and Central Africa (WCARO) and Eastern and Southern Africa (ESARO) Regional Offices, MENARO organized an 'All Africa' EPRT of trainers in Morocco in March 2008. As a result, 35 staff members have acquired knowledge on the new EPRT package developed by UNICEF and increased capacity of the three regions to respond to Country Offices' training demands. Furthermore, in collaboration with regional Inter-Agency Standing Committee (IASC) networks in West and Central Africa and Middle East and North Africa, MENARO developed an inter-agency emergency simulation exercise package to enable UN Country Teams (UNCTs) to improve their emergency preparedness and response knowledge and skills within the framework of the humanitarian reform. An Inter-agency emergency simulation test conducted in the Islamic Republic of Iran in June 2008 contributed to the improvement of modules and to enhanced UNCT awareness on humanitarian issues.

A number of initiatives were taken to promote and disseminate humanitarian reform principles, including cluster approach, mainly through trainings, guidance and briefings. MENARO has supported cluster awareness trainings and briefings for the water, sanitation and hygiene (WASH) sector in Djibouti, Iraq and Yemen and financed cluster coordination training for senior UNICEF WASH and Information Technology Division (ITD) staff based in the region. MENARO has also worked to build the pool of cluster coordinators through a tri-cluster training organized for 30 health, nutrition and WASH professionals. The IASC regional network has been active in monitoring and supporting countries' preparedness status through reviews of UNCT contingency plans in Lebanon, Morocco and Syrian Arab Republic.

As per past years' practice, the MENARO Humanitarian Response Team continued to serve as first port of call for Country Offices facing humanitarian crisis, and took an active role in the coordination of the subregional response to the Iraq crisis, the strengthening of the collaboration between UNICEF and the UN Relief and Works Agency (UNRWA) in favour of Palestinian children throughout the region, and the timeliness and quality of UNICEF's emergency response to vulnerable communities throughout the crises of the region, with a particular emphasis on Djibouti, Iraq, Lebanon and OPT. Finally, MENARO has initiated the development of key regional guidance notes covering the issues of working with youth and adolescents before and during crises, learning when and how to negotiate with non-state entities and, similarly, when and how to work with the military in complex emergency contexts.

## 3. PLANNED HUMANITARIAN ACTION FOR 2009

### Coordination and Partnership

MENARO collaborates with other UN agencies and NGOs on emergency and preparedness through the regional IASC network, of which UNICEF is both a co-founder and active stakeholder. MENARO provides cluster technical and financial support for water, sanitation and hygiene (WASH) coordinated by a dedicated WASH emergency specialist. The emergency telecoms cluster has implemented staff training and prepositioned supplies. Technical specialists are in place in MENARO, providing support to nutrition, education and child protection clusters.

MENARO will continue its efforts to enhance UNICEF's capacity to respond to the needs of women and children living in unstable environments in an effective and timely manner. During 2009, MENARO will continue to work on increasing EPR capacity in the region, but with emphasis on response planning, thereby prioritizing countries facing ongoing and/or potential new emergencies, especially Djibouti, Iraq, Lebanon, OPT, Sudan and Yemen and their subregional implications.

### **Emergency Preparedness and Capacity-Building (US\$ 200,000)**

For 2009, the overall goal is to have at least 60 per cent of the region's Country Offices tested, updated and operationalized a standard set of preparedness tools, such as EPRs and inter-agency contingency planning (IACP). Key activities will include:

- Support countries considered most volatile/at risk to (a) update scenarios, (b) operationalize and (c) practise advanced response planning, including at subregional and subnational levels and, where possible, within an inter-agency context – it is hoped that inter-agency simulation modules will be run in at least four countries of the region in 2009. This will be particularly key in areas where UNICEF has global cluster leadership, which induces crucial accountabilities in the area of preparedness as well as response;
- Strengthen UNICEF's capacity to identify possible threats to women and children in the region and accurately define trends, opportunities and early warning indicators, which will enable a timely and efficient response by UNICEF's Country Offices;
- Support review of the capacity of national partners and establish/reinforce existing technical partners' coordination networks as well as expand partners' skills through continued efforts on partners' training on emergency preparedness and response.

### **Emergency Response (US\$ 300,000)**

For 2009, the overall goal is to be able to support at least two simultaneous sudden emergency crises requiring significant support from MENARO, particularly in areas where UNICEF is sector/cluster or 'area of responsibility' lead. Key activities will include:

- Should funding be available, ensure that at-risk countries can respond rapidly to assist at least 50,000 affected people at the onset of any crisis; preposition limited supplies in high-risk countries or, when more appropriate, in a regionally central location;
- Strengthen the 'surge capacity' mechanism for the Regional Office to allow fast deployment of experienced staff, particularly in sectors where UNICEF has sector/cluster leadership;
- Roll out performance monitoring and assist all Country Offices in crises to maintain/develop evidence-based indicators that will allow them clear tools for advocacy in speaking out for children;
- A dedicated WASH emergency officer will continue to work closely with Country Offices on reviewing WASH capacity in high-risk countries, mapping of partners in other priority countries and addressing capacity gaps within the WASH sectors through the promotion of global WASH cluster tools/services and other required interventions to strengthen WASH actors and sector.

### **Coordination and Partnership (US\$ 100,000)**

For 2009, the overall goal is to strengthen partnership with regional entities and enhance efforts towards national capacity-building. Key activities will include:

- Continue coordination efforts with regards to the subregional implications of the Iraq and OPT crises specifically, promoting intercountry coordination, and sharing good practices;
- Forge partnerships with national/regional bodies and partners with a view to undertake joint training of respective partners' staff on emergency response;
- Continue to strongly support the set-up and regular coordination efforts undertaken through the consolidated regional inter-agency network on emergency preparedness and response.



## UNICEF HUMANITARIAN ACTION DJIBOUTI IN 2009



Core Country Data	
Child population (millions)	0.4
U5 mortality rate	94
Infant mortality rate	67
Maternal mortality ratio (1980–1999)	n/a
Primary school enrolment ratio for boys	66.7
Primary school enrolment ratio for girls	65.7
% U1 fully immunized (DPT3)	71
% rural population using improved drinking-water sources	52.5
HIV/AIDS prevalence (% adults)	3.1
% U5 suffering global acute malnutrition/ severe acute malnutrition*	16.8/2.4

Sources: Multiple Indicator Cluster Survey 3, Djibouti, 2006. \*Nutrition survey conducted in October/November 2007.

Djibouti is experiencing a silent forgotten emergency due to a nutritional crisis with rates of global acute malnutrition at 16.8 per cent and rates of severe acute malnutrition at 2.4 per cent among children under age five, according to the results of the nutritional survey conducted in October/November 2007. In 2009, UNICEF will support the country to treat at least 80 per cent of severely malnourished children in order to achieve and maintain case fatality rates below 5 per cent. Considering the erratic and insufficient rainfall trends throughout the country, UNICEF's water and sanitation emergency assistance will continue to focus on affected people countrywide in urgent need of water trucking, on the rehabilitation of existing schemes and the drilling as well as the development of water sources. Hygiene promotion and sanitation interventions to prevent the occurrence and spread of diseases and infections due to the unavailability of these basic services will be given due attention.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Nutrition	1,024,334
Health	500,000
Water, Sanitation and Hygiene	4,253,348
Child Protection	200,000
<b>Total**</b>	<b>5,977,682</b>

\* 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

A joint nationwide nutrition survey conducted by the Ministry of Health, UNICEF and the World Food Programme (WFP) in October/November 2007 showed an alarming level of global acute malnutrition (GAM) of 16.8 per cent as well as a rate of severe acute malnutrition (SAM) of 2.4 per cent in children under age five. In the North-West region of Djibouti, GAM prevalence is higher than the national average, standing at 25 per cent. This critical status of children under age five is likely to be compounded by the prevailing drought as well as high prices of staple food. According to recent FEWSNET (Famine Early Warning Systems Network) reports, which recognized pre-famine indicators, over 25,000 children under age five urgently require selective feeding (of which 20,000 need supplementary feeding and 5,000 therapeutic feeding).

The situation was further deteriorating when, during the first semester of 2008, a joint UN Country Team (UNCT)/Government mission conducted rapid assessments using mid-upper arm circumference (MUAC) that showed an average prevalence of global acute malnutrition of 23 per cent (with severe acute malnutrition at 9 per cent and moderate acute malnutrition at 14 per cent).

Malnutrition case management started in 2006 in the context of drought emergency, focusing on supplementary feeding in community health centres for moderate acute malnutrition cases in collaboration with WFP, and on therapeutic feeding in hospitals for severe acute malnutrition. The coverage, however, remains insufficient. Less than 40 per cent of children under age five suffering from acute malnutrition were treated during the first semester of 2008. Hence the need to support community-based interventions aiming to increase the number of children reached. The persistent critical nutritional situation in Djibouti justifies the continuation of the humanitarian action, while long-term development activities to tackle the underlying and structural causes of malnutrition are being set out. In such emergency situation, especially due to high food prices, some 60,000 children under age five and 50,000 pregnant/lactating mothers are in need of special lifesaving interventions, such as an intensive and additional high-impact package of basic health services.

As per the Multiple Indicator Cluster Survey (MICS/EDIM-2006) up to 47.5 per cent of people in rural areas do not have access to improved drinking-water sources, out of which at least 30 per cent resort to unprotected sources that do not conform to minimum sanitary requirements<sup>1</sup> and a mere 18.1 per cent have latrines. The most deprived populations have to travel up to 30 kilometres (return trip) daily to collect safe drinking water. Many children, particularly girls, drop out of school and are denied their right to education because they are busy fetching water or are deterred by the lack of separated and decent facilities in schools. Women often suffer from lack of privacy and need to walk large distances to find a suitable place for defecation in the absence of appropriate neighbourhood toilets.

The renewed lack of rainfall over the period 2006 to early 2008 greatly impacted Djibouti's pastoralists, not only in terms of the lengthening of already significant distances covered to access safe water, but also the consequences of lack of water on their herds, which negatively affects the survival of nomadic pastoralist populations dependent for the most part on their livestock for all domestic needs. Furthermore, FEWSNET reports that high food prices and decreased family remittances from urban to pastoral areas are exacerbating the impact of the failed rainy season and deepening the food insecurity of pastoral households.

The main findings from the 2008 drought are: (i) the water table level of the aquifer is likely to decrease complicating the already limited abstraction capacity; (ii) the nomadic pattern of life forces pastoralists to move with their animals where water and grazing are available with short stay at each place because of limited water supply; (iii) the costs of ongoing water trucking operations are equal to or higher than the costs of developing permanent sources; and (iv) in many locations, the physical-chemical quality of water is irrevocably not up to the World Health Organization (WHO) recommended standards. Most pastoral households are currently relying on deep wells equipped with pumps powered by diesel generators, whereas UNICEF has intensified water trucking.

Djibouti's deteriorating situation places an increasing strain upon orphaned and other vulnerable children (OVC), especially those affected by HIV/AIDS. Some 3,000 children need attention.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

UNICEF continued implementing the national malnutrition case management protocol developed in 2007. Refresher courses and training were provided to 175 health and community workers on screening and malnutrition case management and 15 health facilities equipped, reaching about 2,500 children. Nutrition supplies were distributed to 31 supplementary and 19 therapeutic feeding centres for the treatment of some 10,000 children. WFP provided supplementary food and UNICEF procured therapeutic milk, ready-to-use therapeutic foods, essential drugs, anthropometric equipment and management tools. The case fatality rate among severely malnourished children dropped from 11 per cent in 2006 to 5.3 per cent by end June 2008. UNICEF continued to support the Ministry of Health by strengthening the logistics for mobile teams and the implementation of the national nutrition programme.

<sup>1</sup> Source : *Document Stratégique de Réduction de la Pauvreté (DSRP)* (Strategic Document for Poverty Alleviation), 2004.

In the health sector, 100,000 impregnated mosquito nets were distributed to households with children under age five and pregnant women. National vitamin A supplementation, deworming and polio and measles supplementary immunization targeted more than 80 per cent (96,000) of the 120,000 children under age five.

About 20,000 additional people in rural and peri-urban areas gained access to safe water through the following activities: 50 traditional wells equipped with handpumps, rehabilitation of 10 water schemes in peri-urban areas (including required equipment, such as motor pumps, generators), construction of one new well equipped with a thermo pump; installation of five underground cisterns and five latrines in public services; delivery of two field monitoring vehicles to strengthen the capacity of the Ministry of Agriculture, Livestock and Sea, who is in charge of water; monitoring of 50 water points and provision of water purification products; promotion of handwashing through the mobilization of 20 school sanitation clubs; regular provision of safe water to 30 locations through water-trucking assistance (mainly fuel) for the benefit of more than 25,000 people; and training of 15 technicians on water quality monitoring as per Sphere standards.

In the area of child protection, orphaned and vulnerable children were reached through a pilot programme that aimed to ensure their access to education, provided school kits and engaged in advocacy for the exemption of school fees, as well as the availability of other social services.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

The coordination of the nutrition programme is under the leadership of the Ministry of Health through the head of the National Nutrition Programme. The water component is coordinated by the Ministry of Agriculture, Livestock and Sea. UNICEF is cluster leader for water, sanitation and hygiene and works closely with WFP, WHO and the UN Refugee Agency (UNHCR).

#### Linkages of HAR with the Regular Programme

Nutrition and water, sanitation and hygiene are part of the new Country Programme 2008–2012, under the child survival and development programme aiming at the reduction of under-five mortality.

The overall goal of UNICEF's 2009 humanitarian action is to contribute to the reduction of under-five mortality and morbidity through the provision of high-quality social services in the areas of health, nutrition, and water, sanitation and hygiene. It will focus on lifesaving interventions for about 108,000 children under age five and 90,000 mothers.

#### Nutrition (US\$ 1,024,334)

In 2009, the overall goal will be to keep the case fatality rate among severely malnourished children below 5 per cent and to increase interventions to reach at least 80 per cent of severely malnourished children, through the following key activities:

- Scale up the case management of moderate and severe acute malnutrition from about 10,000 to 20,000 children within 60 health facilities and at community level through women's associations;
- Procure supplies for the treatment of 15,000 moderately and 3,000 severely malnourished children (therapeutic milk, Plumpy'nut, essential drugs, anthropometric equipment, management tools etc.);
- Provide training and refresher courses for 175 health workers and 200 community workers;
- Reinforce nutrition education at community level for the promotion of best practices for family nutrition, reaching about 200,000 people;
- Promote infant and young child feeding through community mobilization by community workers;
- Strengthen nutritional surveillance through health facilities and community-based approach;
- Twice a year, administer vitamin A to some 96,000 children aged 6–59 months during 'Child Health Days', in combination with immunization, deworming and distribution of mosquito nets etc;
- Supervise and report on nutrition activities in 60 nutrition centres.

#### Health (US\$ 500,000)

For 2009, the overall goal is to ensure that more than 90 per cent of children under age five benefit from a package of high-impact health interventions, through the following key activities:

- Strengthen routine expanded programme on immunization (EPI) through supplementary immunization activities (providing vaccination supplies, reinforcing district-level capacity, undertaking social mobilization through community-based approach);
- Provide Mebendazole tablets for deworming and two doses of vitamin A to children under age five;
- Promote the use of impregnated mosquito nets (providing long-lasting insecticidal nets and developing a communication plan on their use);
- Develop and implement a community-based strategy for the management of acute respiratory infections (ARI) and diarrhoeal disease;
- Distribute oral rehydration salts (ORS) and promote their use;
- Provide prenatal and postnatal services to pregnant women/newborns and emergency obstetrical care.

### **Water, Sanitation and Hygiene (US\$ 4,253,348)**

For 2009, the overall goal is to provide 55,000 people with safe water, adequate sanitation and hygiene education through the following key activities:

#### *Safe water provision*

- Continue to provide 30 locations with safe water through water-trucking assistance (mainly fuel), covering upwards of 25,000 people. While this highlights and further stresses the lack of adequate water table, it is also very likely not cost-efficient and thus not economically sustainable in the long run. Priority will be given to alternative and more sustainable access to water, wherever possible;
- Construct 25 new wells equipped either with handpumps or solar energy;
- Construct 20 underground cisterns for domestic use and watering stock;
- Construct 15 new boreholes equipped with solar energy;
- Procure one cistern vehicle with 7,500-litre water tank.

#### *Protection of water points, treatment of water and supplies for household water storage*

- Deepen, protect and equip with handpump 100 existing traditional wells;
- Undertake monitoring of water quality countrywide and provide water treatment materials;
- Supply plastic barrels for storage and clean use of safe water to 1,000 households.

#### *Sanitation and hygiene promotion*

- Develop information, education and communication (IEC) materials;
- Mobilize communities on hygiene promotion and raise awareness on water conservation in 20 localities for 2,000 people;
- Identify strategies on hygiene and behaviour change through knowledge, attitudes and practices (KAP) study/focus groups;
- Provide support to 20 households for the construction of latrines.

#### *Training*

- Support the costs related to three-month mission of two experts (drilling and electro mechanic) to train technician in operating the drilling machine;
- Support the costs related to two-month mission of geophysics expert to train technician on utilization of geophysics' equipment;
- Support the costs related to the training of 10 technicians in operation and maintenance of water points and community mobilization.

#### *Monitoring and evaluation*

- Undertake field monitoring visits and assist the Ministry of Agriculture by providing field monitoring;
- Procure vehicle;
- Provide technical assistance.

### **Child Protection (US\$ 200,000)**

- Undertake advocacy on the impact of high food prices on vulnerable children;
- Ensure access of OVC to education, provide school kits and support exemption of fees;
- Strengthen targeted cash transfers to OVC through the pilot system in place.

## UNICEF HUMANITARIAN ACTION

# IRAQ

## VULNERABLE IRAQIS IN JORDAN, SYRIAN ARAB REPUBLIC, LEBANON AND EGYPT IN 2009



Core Country Data	
Child population (thousands)	14782
U5 mortality rate	41
Infant mortality rate	34
Maternal mortality ratio (1980–1999)	193
Primary school enrolment ratio	83
Primary school enrolment ratio for girls	79
% U1 fully immunized (DPT)	55
% population using improved drinking-water sources	79
HIV/AIDS prevalence (thousands)	0.2
% U5 suffering moderate and severe malnutrition	8

Source: Iraq Multiple Indicator Cluster Survey 2006.

Following decades of hardship and repression and five years of violent conflict, the futures of millions of Iraqi children continue to be at risk. Vulnerabilities, deprivation and serious human rights abuses are widespread. Violence remains a leading cause of death. It is estimated that at least 60 per cent of Iraqi children do not have access to one or more essential social services. Despite improvements in security in 2008, protracted effects of conflict continue to have a devastating impact inside and outside Iraq. In 2009, UNICEF will assure that up to 1,120,000, of Iraq's most vulnerable children and women have access to essential social and protective services. UNICEF will also strive to assist Iraqis who have left the country and are now living in the neighbouring Jordan, Syrian Arab Republic, Lebanon and Egypt.

Summary of UNICEF Emergency Needs for 2009*					
Country	Iraq	Jordan	Syrian Arab Republic	Lebanon	Egypt
Sector	US\$				
Health and Nutrition	8,138,000	–	3,750,000	438,700	250,000
Water, Sanitation and Hygiene	10,680,000	–		–	–
Education	5,008,000	9,278,562	8,000,000	650,000	200,000
Child Protection	5,634,000	4,000,000	5,650,000	–	–
<b>Total**</b>	<b>29,460,000</b>	<b>13,278,562</b>	<b>17,400,000</b>	<b>1,088,700</b>	<b>450,000</b>

\* 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

Over five years of conflict have placed Iraq's children at enormous risk. The life of every Iraqi child has been defined by hardship and violence, with the current war compounding deterioration of existing infrastructure and services. While improvements in security in 2008 have been welcome, this alone does not lead to better living conditions for children. In fact, the greater access now possible for humanitarian actors has revealed pockets of acute vulnerability that were previously hidden. Large numbers of internally displaced persons (IDPs) and refugees remain unwilling or unable to return home in addition to the many millions more who had no option but remain in communities where access to life's essentials – food, water, health, shelter and protection – became increasingly precarious.

Based on the most reliable data available, the situation for children in Iraq looks dire. It is estimated that up to 8 per cent of children have lost a parent over the past five years of conflict. One out of 10 was forced to leave his/her home due to threat of violence and persecution and is unable to return. Immunization coverage has reduced to less than 60 per cent nationally, with some neglected pockets having less than 20 per cent coverage. Although figures are currently being confirmed, it is likely that over 1 million primary school-aged children are not attending school. At home, over 60 per cent of children do not have regular access to safe drinking water and some 80 per cent of households do not have functioning sewage. And a serious and growing concern is the increasing number of reports of gender-based violence from across the country, as well as the ongoing recruitment of children by extremist groups.

The situation is not easier for Iraqis who have fled the country. Refugees in Jordan, Syrian Arab Republic, Lebanon and Egypt continue to be exposed to limited access to services, lack legal protection and are particularly affected by the deterioration of the economic situation. While the Syrian Arab Republic hosts the largest population of Iraqis outside the country and the number of the officially registered with the UN Refugee Agency (UNHCR) is low, the total number of Iraqis currently residing in neighbouring countries remains unconfirmed and varies from 161,000 to 500,000 in Jordan, from 800,000 to 1.5 million in the Syrian Arab Republic, from 20,000 to 50,000 in Lebanon and from 100,000 to 150,000 in Egypt, living mostly in the urban areas.

Iraqis in Jordan and the Syrian Arab Republic are showing signs of distress and struggle to access basic services. The national health and education sectors are not able to cope with the increased number of Iraqi children and families in need of support. Iraqi children and their families are in dire need of protective social networks.

Iraqi refugees living in Lebanon and Egypt are also exposed to economic difficulties and access to basic services. Some of the Iraqis in Lebanon and Egypt came with resources and have succeeded in opening businesses and obtaining residency but many have fallen into an illegal status and fear having to return to Iraq.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008 (IRAQ, JORDAN AND SYRIAN ARAB REPUBLIC)

Despite enormous challenges on the ground in Iraq, UNICEF maintains a strong capacity to respond to emergencies affecting children and women nationwide. UNICEF's emergency action in 2008 enjoyed a massive increase in humanitarian resources and capacity compared to the previous year, engaging a range of key international NGO partners made possible through successful fundraising efforts against the 2008 Consolidated Appeal Process (CAP) (the first Iraqi CAP since 2003), including Mercy Corps, International Medical Corps (IMC), INTERSOS and Relief International. This action was complemented by the ongoing delivery of a substantial national programme boosting Iraq's capacity to deliver health, education and water, sanitation and hygiene services. UNICEF Iraq partners with the Government of Iraq and its various line ministries, and has well-established formal agreements for humanitarian action with NGO partners totalling over US\$ 24 million, targeting up to 720,000 people over a 12-month period. These external partnerships are supported by a network of over 100 national staff and facilitators based in every governorate of the country. Through these efforts, UNICEF continued to deliver humanitarian assistance in 2008, reaching over 600,000 people in Iraq affected by mass casualty attacks, disease outbreaks, military action, natural disaster, or simply severe deprivation due to the effects of years of hardship and conflict.

Since 2007, UNICEF has been working to ensure that the most pressing needs and vulnerabilities of Iraqi women and children in Jordan and the Syrian Arab Republic are being addressed. In this regard UNICEF has been particularly active in the field of education, and in the areas of protection and health where the agency has a comparative advantage. UNICEF in Jordan has formed key partnerships with a number of leading international NGOs to support the integration of vulnerable children into appropriate forms of education. Some 10,000 vulnerable children and youth of all nationalities have been helped to date. In



particular a strategic partnership with Save Children Federation is contributing to ensure that not only are children helped to get into school but that whilst in school they receive a quality education and remain there.

In the Syrian Arab Republic, UNICEF has been focusing on reinforcing the capacity of social services infrastructures and systems (health, education and child protection) with specific emphasis on children, adolescents and women in order to accommodate the increasing pressure and ensure further sustainability. This has been undertaken in partnership and in coordination with the Ministries of Education, Health and Culture as well as with national and international NGOs and sister UN agencies.

In Egypt, UNICEF in coordination with other UN agencies and national NGOs has been focusing on meeting the health and psychosocial needs of Iraqi refugees. Seventy-five per cent of the total 10,000 Iraqi refugees received subsidized health care provided by UNICEF Iraq's implementing partners. In education, 100 per cent of the total 2,600 targeted Iraqi refugee school-aged children enrolled in the Egyptian formal education system.

### **3. PLANNED HUMANITARIAN ACTION FOR 2009 (IRAQ, JORDAN, SYRIAN ARAB REPUBLIC, LEBANON AND EGYPT)**

#### **Coordination and Partnership**

UNICEF Iraq has reinforced its humanitarian programming through an integrated operational framework designed to reach a greater number of affected Iraqi families with a needs-based and holistic assistance package. This mechanism links into existing coordination structures, namely the Sector Outcome Teams (SOTs) and the Humanitarian Working Group (HWG). UNICEF has been actively encouraging the creation of field-based coordination structures to further strengthen joint programming efforts. UNICEF is the SOT leader for education and water, sanitation and hygiene (WASH), and deputy SOT leader for health and protection. UNICEF is working in close collaboration with partners to implement emergency activities in Jordan and the Syrian Arab Republic. UNICEF coordinates education and has an important role in child protection, with particular focus on psychosocial support in Jordan and the Syrian Arab Republic.

#### **Linkages of HAR with the Regular Programme**

UNICEF Iraq is completing the second year of its current Country Programme of Cooperation 2007–2010. The programme addresses the rights of the child through activities in early childhood development, primary education, maternal and child health, nutrition, water, sanitation and hygiene, and legal and social protection of the child throughout the country. UNICEF's emergency activities in Iraq, Jordan and Syrian Arab Republic are integrated into the programme structure with oversight by Emergency Coordinators in the three countries.

In 2009, UNICEF will ensure that the most pressing needs and vulnerabilities of Iraqi women and children in Iraq, Jordan, Syrian Arab Republic, Lebanon and Egypt are being addressed. In this regard, UNICEF has been particularly active in the field of health, nutrition, water, sanitation and hygiene (WASH), education and child protection. UNICEF-supported programmes are expected to reach at least 1,120,000 people in Iraq, around 400,000 in the Syrian Arab Republic, 12,000 in Jordan, 4,000 in Lebanon and 12,000 in Egypt in 2009.

## **IRAQ**

### **Health and Nutrition (US\$ 8,138,000)**

For 2009, the overall goal is to address the primary health and nutrition needs of 180,000 children and their families in the most vulnerable communities in every governorate through the following key activities:

- Support the vaccination of 180,000 children against measles (including vitamin A supplementation);
- Support the vaccination of 75,000 women against maternal and neonatal tetanus (MNT);
- Provide emergency medical supplies to deal with mass casualty attacks and disease outbreaks;
- Provide therapeutic and supplementary feeding and facilitate nutritional surveillance activities;

- Support capacity-building of Ministry of Health/Directorate of Health and NGO staff to increase outreach services;
- Support health education campaigns reaching 360,000 people in affected areas.

### **Water, Sanitation and Hygiene (US\$ 10,680,000)**

For 2009, the overall goal is to increase access to safe and reliable water and sanitation services for 760,000 children and their families in the most vulnerable communities through the following key activities:

- Provide safe drinking water to 360,000 people through water tankering, distribution of water purification materials at household and community levels, and/or repair/extend existing water supply networks;
- Provide hygiene supplies (soap, sanitary napkins, hygiene kits) and increase water storage;
- Undertake awareness campaign on key hygiene messages focusing on waterborne diseases;
- Repair/clean existing sewage lines/networks;
- Facilitate garbage collection and disposal at community level;
- Engage in capacity-building with local authorities and NGO partners to increase sustainability of emergency preparedness and response;
- Curtail spread of cholera among 400,000 most vulnerable rural population in Babil Governorate;
- Provide WASH SOT leadership.

### **Education (US\$ 5,008,000)**

For 2009, the overall goal is to increase access to quality learning for 150,000 children in the most vulnerable communities in every governorate, focusing on the following key activities:

- Provide emergency learning spaces/light rehabilitation of existing facilities benefiting 150,000 children;
- Support 200 schools through supply of basic materials and furniture;
- Support the reintegration of students and teachers, with a focus on reinforcing psychosocial assistance;
- Improve water and sanitation facilities in 200 schools and undertake hygiene awareness campaigns, benefiting 150,000 children;
- Support 1,000 out-of-school children through the accelerated learning programme (ALP);
- Increase early childhood development (ECD) activities in acutely vulnerable communities;
- Increase support for supplementary learning at home;
- Increase capacity-building activities for emergency education for counterparts and partners;
- Provide education SOT leadership.

### **Child Protection and Mine-Risk Education (US\$ 5,634,000)**

For 2009, the overall goal is to improve prevention and response strategies and services for 29,800 children and young people affected by violence through the following key activities:

- Conduct rapid assessment and analysis of the effects of violence on children and young people;
- Provide life skills education to 24,000 children and young people to avoid risky situations and train family members, teachers and social workers in protection from violence, including gender-based violence (GBV);
- Produce a directory of services that can be used for the referral of victims of violence, including GBV;
- Initiate community-based psychosocial care activities in youth- and child-friendly centres;
- Develop community protection teams for monitoring, reporting and responding to violence against children and young people in the homes and in the community;
- Provide immediate medical care, legal aid, psychosocial support and protection services to victims of violence, including survivors of GBV (100 per cent of identified cases);
- Create and train specific teams at national and governorate levels for monitoring, reporting and responding to grave child rights' violations;
- Establish a database for systematic documentation of reports on child rights' violations.

## JORDAN

### **Education (US\$ 9,278,562)**

For 2009, the overall goal is to address the basic education needs of 12,000 vulnerable children through formal, informal and remedial activities, such as:

- Support the double shifting of 20 schools and support the costs of renting buildings, giving 12,000 children access to school;
- Engage in continued advocacy to increase the number of Iraqi children in school;
- Provide individual support to 12,000 children (school uniforms, stationery and books);
- Create opportunities for alternative forms of education;
- Support informal education activities, such as life skills, international computer driving licenses, and recreational activities;
- Provide education SOT leadership.

### **Child Protection (US\$ 4,000,000)**

In 2009, the overall goal is to build upon the base of the 2008 psychosocial work and expand upon it, targeting a total of 3,000 children by training Jordanian professionals (social workers) in the Ministry of Social Development.

## SYRIAN ARAB REPUBLIC

### **Health, Nutrition and Water, Sanitation and Hygiene (US\$ 3,750,000)**

For 2009, the overall goal is to improve access to and quality of primary health services for 400,000 Iraqis and improve the provision/access to safe drinking water for 470,000 people in areas of high refugees' concentration, through the following activities:

- Increase immunization coverage among Iraqi refugee children under age five and women;
- Monitor the nutritional status of Iraqi refugee children in Syrian Arab Republic;
- Promote hygiene practices among 75,000 targeted Iraqi refugee children in schools;
- Raise awareness on health and nutrition issues to promote proper home care and increase the utilization of primary health-care services;
- Improve the availability and quality of adolescent primary health-care services in high-risk areas, with emphasis on girls;
- Drill, equip and connect to the network 10 new boreholes, benefiting 75,000 people.

### **Education (US\$ 8,000,000)**

For 2009, the overall goal is to help the education system cope with the large number of Iraqi children and adolescents in Syrian schools and increase the school enrolment of Iraqi children from 49,000 to 75,000, through the following key activities:

- Rehabilitate/supply education infrastructures (30 kindergartens and 145 new schools);
- Enhance the quality of education in schools (145 new schools and continuation in 323 schools);
- Provide remedial classes to 6,800 Iraqi and Syrian children and adolescents;
- Provide non-formal education, including registered, out-of-school children and children/adolescents with special needs;
- Provide education SOT leadership.

### **Child Protection (US\$ 5,650,000)**

For 2009, the overall goal is to increase protection and psychosocial support activities from 14,000 to 26,000 children, from 600 to 3,250 mothers, from 400 to 6,000 adolescents, as well as mental treatment activities from 2,000 to 4,500 beneficiaries, through the following key activities:

- Maintain existing child protection and psychosocial services structures: five child-friendly spaces, two adolescent-friendly spaces and three psychosocial support (PSS) and child protection multidisciplinary units;

- Develop new child protection and psychosocial service structures: ten child-friendly spaces, two adolescent-friendly spaces and two multidisciplinary units;
- Improve equal access to and provision of quality social services for 1,250 Iraqi children and adolescents;
- Expand collection, analysis and dissemination of UNICEF partners/inter-agency data and assessments on vulnerable Iraqi children, mothers and adolescents.

## LEBANON

### *Health (US\$ 438,700)*

For 2009, the overall goal is to provide community outreach health services for 4,000 Iraqi children and mothers through the following key activities:

- Vaccinate vulnerable children under age five (80 per cent of Iraqi children under age five);
- Undertake awareness campaigns for 500 women of childbearing age on the importance of mother and child health, including immunization, childhood diseases, infant feeding and nutrition in general, water, sanitation and hygiene, smoking etc.;
- Train community health workers;
- Provide maternal, neonatal and child health services as per the Safe Motherhood Initiative;
- Develop information, education and communication (IEC) materials on health life skills, infant and young child feeding (IYCF) practices and maternal, newborn and child health (MNCH);
- Enhance capacity of health-care workers and NGOs on health life skills, IYCF practices and sexually transmitted infections/HIV counselling and management.

### *Education and Child Protection (US\$ 650,000)*

For 2009, and in collaboration with the International Labour Organization (ILO), the overall goal is to develop integrated programmes focusing on the worst forms of child labour, pulling together experiences in the areas of vocational training, education and empowerment for 2,000 Iraqis and vulnerable Lebanese hosting communities.

## EGYPT

### *Health and Nutrition (US\$ 250,000)*

For 2009, the overall goal is to ensure that 12,000 Iraqi refugees and asylum seekers access decentralized subsidized comprehensive health care, through the following key activities:

- Support a network of health-care providers in the targeted locations;
- Provide psychosocial support (PSS) to affected Iraqi refugee children and mothers;
- Create social awareness about the importance of immunization, family care and breastfeeding;
- Support 'well-baby clinics' to provide expanded services, including antenatal and postnatal care, as well as rehabilitation of malnourished children;
- Provide primary health-care outreach programme for home-based support to 200 households with children under age five.

### *Education (US\$ 200,000)*

For 2009, the overall goal is to support the enrolment/retention in school of 4,000 children through the following activities:

- Train school managers and teachers in counselling and dealing with children in emergency situations, to enhance their capacity to meet children's educational and psychosocial needs;
- Provide institutional capacity-building to implementing NGOs aiming at establishing evening/make-up classes for children in their schools, in addition to providing learning materials.

# UNICEF HUMANITARIAN ACTION OCCUPIED PALESTINIAN TERRITORY IN 2009



Core Country Data	
Population under 18 (thousands)	2,095
U5 mortality rate*	28.2
Infant mortality rate*	25.3
Primary school enrolment ratio, (2005–2006, net)**	87.5
Primary school enrolment ratio, (2005–2006, gross)**	91.2
% U1 fully immunized (DPT3)*	98.7
% population using improved drinking-water sources*	87.8
% U5 suffering moderate and severe underweight*	3

Sources: *The State of the World's Children 2009*. \*Palestinian Family Health Survey, 2006, Final Report. \*\*Palestinian Central Bureau of Statistics, 2006

Since 27 December 2008, Israel's military offensive on Gaza has exposed the already vulnerable population to even more physical and psychological damage. As of 18 January 2009, 1,300 people were reported dead, more than 410 being children. Over 5,300 people had been wounded and some 38,000 people were seeking shelter from the violence in 41 United Nations Relief and Works Agency (UNRWA) centres. Basic services had almost completely collapsed. Children account for some 56 per cent of the population of Gaza and they carry the brunt of the suffering. Health, education, water and sanitation, and psychosocial needs are at critical levels, with a risk of further deterioration. In addition, the West Bank continues to suffer from the worst drought in 10 years impeding development and adding to the suffering of children there. UNICEF's humanitarian assistance programme will target 1.8 million children and 0.9 million women.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	9,508,650
Water, Sanitation and Hygiene	7,883,222
Education	8,313,600
Child Protection	11,494,850
Adolescents	5,027,700
<b>Total**</b>	<b>42,228,022***</b>

\* 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.

\*\*\* This amount includes the revised requirements of the CAP 2009 and the UNICEF Humanitarian Action Update (14 January 2009) in response to the Gaza crisis. The UNICEF requirements are likely to further increase as the humanitarians will most likely be granted access to conduct needs assessments in Gaza strip conflict areas.

## 1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

According to the Ministry of Health, as of 18 January 2009 a total of 1,300 people were killed and 5,300 injured since the beginning of the Israeli military operation in Gaza. During the same period, 410 children and 104 women were killed and 1,855 children and 795 women injured. The reason for the high increase in the death count is the identification of many anonymous bodies or bodies found under the rubble in areas previously not accessible. Such alarming numbers of children falling victims to the military operations are considered likely to grow. More than half (56 per cent) of Gaza's 1.4 million residents are children, and the military operations have unfortunately highlighted that there are no safe spaces in Gaza in which to take refuge. No recognized safe heaven can fully protect the children of Gaza, as they become the captive victims in an area where only a very few of the critically ill or injured are able to flee.

Even prior to the commencement of the most recent conflict indicators on children's well-being revealed corrosive trends. Child survival rates had stagnated since 2000.<sup>1</sup> Presently one in ten children is stunted, up from 7.2 per cent a decade ago.<sup>2</sup> The prevalence of anaemia among children aged 9–12 months is 61.6 per cent, and 29 per cent among pregnant women.<sup>3</sup> More than one in five children under age five suffers from vitamin A deficiency.<sup>4</sup> Basic education enrolment rates have dropped from 96.8 per cent in 2000–2001 to 91.2 per cent in 2006–2007 and learning achievement is plummeting. In 2008, only 19.7 per cent of 16,000 sixth-graders in Gaza passed standardized tests in Arabic, mathematics, science and English. At least 30 per cent of adolescents do not enrol in secondary school. Violence is prevalent and rising, even in homes and schools, and especially for children at risk or in conflict with the law. At end-August 2008, some 293 children, including 5 girls, remained in Israeli prisons and detention facilities and, among them, 13 children, including 2 girls, were being held in administrative detention (without charges or trial).

Gaza has remained virtually sealed off to the outside world, with only a trickle of people and goods entering and exiting the Strip, despite a truce declared with Israel on 19 June 2008. At least 51 people, including 11 children, died after denials or delays in accessing medical care outside of Gaza between October 2007 and July 2008,<sup>5</sup> and dozens of students with places in universities abroad have been refused exit permits. While the delivery of basic services has been a challenge the current emergency has exacerbated this. Shortage of drinking water and sewage overflows in residential areas are becoming an imminent public health danger. Much of the population is now dependent on their own stored water supplies and limited sales by private distributors. Incidental reports appear to indicate that some areas are cut off from any access to water for days on end, forcing some residents to brave the conflict to find limited quantities of drinking water for themselves and their families. Sewage overflows are most serious in northern Gaza and partners say they are increasingly concerned that a sewage lake will overflow into nearby communities. Movements of people or goods are reportedly increasingly dangerous, with growing fears of possibly high numbers of unexploded ordnance littering the areas where missiles and bombs have fallen. These lethal remnants of war pose a direct threat to children and their families.

Across the West Bank, the number of children injured by Israeli security forces during anti-barrier protests has risen sharply and attacks on Palestinians by Israeli settlers have intensified. Access and movement restrictions are literally strangling socio-economic life, with around 630 physical obstacles to movement at end-August 2008, compared with 376 when the Access and Movement Agreement was signed in November 2005. New procedures applied to the movement of UN agencies including searches of UN property, refusal to accept UN identification, and requiring UN Palestinian staff to walk through crossings pose significant challenges and costs to operations. Ongoing construction of the 723-kilometre barrier wreaks untold suffering and humiliation on children and their families. Access to basic services is especially challenging for residents in Area C, which is under full Israeli military and administrative control, communities in the 'Seam Zone' between the barrier and Green Line, and areas near Israeli settlements and military zones.

The intra-Palestinian divide has also proven lethal for children. Hamas has retained *de facto* control of Gaza since it wrested power in June 2007. Between July and September 2008, factional fighting in Gaza killed 5 children and injured at least 24. In August, the school year opened to a strike by education workers to protest transfers/removals of 'Fatah-affiliated' staff by the Hamas authorities in Gaza. Health workers followed suit, further straining an already overstretched system. Striking workers were immediately replaced by new staff, many of whom have not received proper training. Over 180 community-based organizations were shut down in July and August, including 10 UNICEF-supported adolescent-friendly learning centres. Two remain closed and confiscated equipment has not been returned.

The most severe drought in a decade is affecting poor rural communities from southern Hebron to as far north as Jenin. Average per capita consumption in hard-hit areas is as low as 15 litres per person per day, a tenth of the World Health

1 Palestinian Family Health Survey, 2006.

2 Palestinian Central Bureau of Statistics, 2007.

3 Nutrition Department/Ministry of Health/Palestinian National Authority, *Nutrition Surveillance System Report*, 2007.

4 Ministry of Health/Palestinian Authority and MARAM Project, 2004.

5 World Health Organization (WHO), *Access of Patients to Specialized Medical Services, Summary Situation*, July 2007–July 2008.



Organization (WHO) minimum requirement. The majority of villages in the north-east rely totally or partially on trucked water, with some families spending as much as 30 per cent of household income on water.<sup>6</sup> The shortage of safe water and the dumping of solid waste around West Bank settlements constitute public health concerns.<sup>7</sup>

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In close collaboration with local and international partners, UNICEF's humanitarian response focuses on health and nutrition, water, sanitation and hygiene (WASH), education, protection, and adolescent development, targeting eight districts where the needs are greatest. Key challenges to implementation include the closure of Gaza together with the January military action, access and movement restrictions across the West Bank, the institutional and administrative divide within Palestinian authorities, and violence related both to the conflict with Israel and internal Palestinian fighting.

By September 2008, around 87,400 children (75 per cent of the target group) had been immunized with vaccines procured by UNICEF for the Ministry of Health and the United Nations Relief and Works Agency (UNRWA) since the beginning of the year. UNICEF provided tankered water to 120 schools serving around 220,000 children and teachers, and constructed two wells serving around 40,000 residents previously unconnected to water networks. In Gaza, UNICEF supported a rapid nutrition survey covering over 700 children in three districts; procured micronutrient supplements, including vitamins A and D and iron/folic acid for 225,000 children and 100,000 pregnant/lactating mothers; printed 240,650 mother and child health handbooks; trained over 1,000 health professionals in nutrition and growth monitoring; and developed a national strategy on infant and child feeding practices.

UNICEF prepositioned 100,000 remedial worksheets, mainly in Gaza, to ensure that children can keep learning despite the blockade. With the Ministry of Education, UNICEF identified the 100 schools with lowest achievement scores for a broad package of support including supplies and training. Mathematics and science kits have been provided to 1,500 schools in marginalized areas, and a summer remedial learning programme reached 3,300 low-performing students in Gaza and the West Bank. In-service training, including on remedial education for children with learning difficulties, was provided to 500 teachers. UNICEF also piloted early childhood activities in 32 centres in Gaza to help prepare children for primary school.

By August 2008, 14 UNICEF-supported psychosocial teams across the Occupied Palestinian Territory (OPT) had provided assistance to 64,475 children and 8,136 caregivers in need. This included group counselling benefiting 20,767 children, in-depth counselling for 3,739 children in distress; fun days to relieve stress and encourage interaction for 25,986 children; and emergency home and hospital visits following violent events that reached 3,047 children.

To help adolescents (aged 13–18 years) overcome their frustration through meaningful programmes outside schools, UNICEF supported the establishment of 68 adolescent-friendly learning spaces that reach around 44,000 adolescents (at least 50 per cent girls) with after-school remedial education and recreational activities. UNICEF also supported sports activities and life skills-based education in 60 youth centres benefiting around 11,000 adolescents. Forty outdoor playgrounds have also been installed in deprived, isolated or incursion-prone areas enabling around 40,000 children aged 5–12 years to play in a safe environment.

In the early days of January 2009 and as an initial element of response, UNICEF provided to partners still operational in Gaza some 350 first aid kits, and 20 resuscitation kits, complementing some 13 emergency kits provided earlier and prepositioned, allowing to serve up to 30,000 people for one month with basic medical items. Additionally, UNICEF made available significant amounts of WASH supplies which were prepositioned in its warehouses as well as those of its partners. This included water purification tablets, family water kits with water and hygiene items for upward of 6,000 families, large water tanks with a capacity to support drinking water needs of up to 8,300 persons per day as well as back-up generators for broken or failing water pumps and clinics. As the cluster approach was adopted, UNICEF dispatched senior cluster coordinators to Jerusalem to support the cluster activities in nutrition and WASH.

## 3. PLANNED HUMANITARIAN ACTION FOR 2009

### Coordination and Partnership

The 2009 Inter-Agency Consolidated Appeal Process (CAP) is based on a needs assessment framework prepared by UN agencies, Palestinian Authority ministries and international and local NGOs. UNICEF has the sector lead in water, sanitation and hygiene (WASH), education, nutrition and child protection (psychosocial support), and participates in the health sector. Coordination of humanitarian and development activities is through the United Nations Country Team (UNCT). Advantages and capacities of a cluster approach are currently being discussed/reviewed by the Humanitarian Country Team.

6 OCHA, Water and Sanitation, *The Humanitarian Monitor*, No. 28, August 2008, p. 8.

7 WHO, Situation report on the sea water pollution, June 2008.

### **Linkages of HAR with the Regular Programme**

The UNICEF Country Programme for 2009-2010 aims at realizing Palestinian children's rights to survival, development, protection and participation. It supports the Palestinian Authority in meeting the Millennium Development Goals and national goals for children. The programme focuses on capacity-building, service delivery and policy development and is designed to be flexible and adaptable to the prevailing operational conditions.

In 2009, UNICEF will focus on protecting children and women from the worsening humanitarian context in the West Bank and Gaza, support the Palestinian Authority and partners to prevent, and where possible, reverse declines in children's and women's well-being, as well as mitigating the impact of violence on children resulting from the unprecedented military operations in Gaza.

### **Health and Nutrition (US\$ 9,508,650)**

For 2009, the overall goal is to support the Palestinian Authority and partners in ensuring child survival, growth and development through health and nutrition services delivery for around 600,000 children under age five, 120,000 infants and 120,000 pregnant women in the West Bank and Gaza. Support will include the following key activities:

- Respond to the Gaza emergency through provision of first aid kits; resuscitation kits; generators to support the blood bank preservation; essential drugs and disposables; obstetric and midwifery kits; and ensuring vaccine security through maintenance of cold-chain system;
- Respond to the Gaza emergency providing basic essential micronutrient supplements to infants and children under age five; support therapeutic treatment centres; provide policy guidelines on infant and young child feeding practices in emergencies, including the use of breastmilk substitutes;
- Support child survival through ensuring safe delivery and newborn care;
- Provide routine immunization services, including children in restricted areas;
- Strengthen skills of health providers in appropriate care and support of sick children and those with severe and acute malnutrition, including behaviour, change and communication of family and community practices;
- Eliminate micronutrient deficiency through food fortification and supplementation activities in MCH services;
- Strengthen disease and nutrition surveillance system;
- Develop policies and guidelines to provide infant and young child feeding and vaccine security.

### **Water, Sanitation and Hygiene (US\$ 7,883,222)**

For 2009, the overall goal is to support the water authorities to improve water and sanitation systems, especially in schools and health centres in marginalized communities, as well as respond to the Gaza emergency targeting around 500,000 beneficiaries. Support will include the following key activities:

- Ensure water trucking to and/or restore WASH services in gathering sites in Gaza (IDPs in school and public buildings), and hospitals;
- Provide water and sanitation to 30 family centres (emergency child protection and psychosocial centres for psychosocial support of children/mothers/adolescents) in Gaza;
- Conduct sanitary and technical assessment of sewerage systems (including waste ponds and remediation/repairs) in Gaza;
- Provide generators, spare parts and mobile fuel tanks for the maintenance of sewage pump stations and main water network pump station in Gaza;
- Address production and capacity of water in five vulnerable districts, including Jordan Valley, Tubas and Hebron areas;
- Rehabilitate and improve water supply and sanitation facilities in 282 schools in West Bank and Gaza;
- Promote hygiene education and hygiene awareness programmes in 282 schools and 15 or more vulnerable communities West Bank and Gaza;
- Provide safe drinking water to 300,000 students in 282 schools;
- Train water and sanitation management teams in information management and water quality monitoring for emergencies;
- Conduct water quality surveillance and undertake hygiene promotion activities.

### **Education (US\$ 8,313,600)**

For 2009, the overall goal is to work with the Ministry of Education and Higher Education (MOEHE) and partner NGOs to fill gaps in learning achievement due the conflict and closures, to improve teachers' skills as well as to respond to the Gaza emergency. Support will include the following key activities:

- Provide remedial education for 100,000 students (grades 1 to 4) in the affected areas in Gaza and preposition 900,000 copies for emergency use even in the West Bank;

- Provide mathematics and science kits to help improve the teaching and learning process in 50 additional schools in hard-to-reach areas in the West Bank and Gaza;
- Continue the pilot project serving children with special needs, which will have increased coverage as a result of military operations in Gaza;
- Equip 400 primary schools, serving around 396,000 children, with quality teaching and learning materials, focusing on Gaza, South Hebron and the Jordan Valley;
- Enhance the capacity of 2,000 teachers, 500 school principals, and 1,000 parents on remedial education immediately after conducting a rapid assessment;
- Conduct extracurricular activities, including psychosocial counselling, to promote learning even during emergencies benefiting about 60,000 primary students;
- Equip 115 kindergartens in most affected areas in the Gaza Strip;
- Conduct minor school repairs such as classroom windows, whitewash etc. targeting at least 200 schools in Gaza;
- Raise awareness for early childhood development (ECD) caregivers on psychosocial issues and non-violence;
- Provide 30,000 school bags and stationery items as well as stationery sets to 2,000 teachers and 6 Education Directorates in Gaza;
- Conduct Back-to-school campaign in Gaza and the West Bank before the new 2009–2010 school year.

### **Child Protection (US\$ 11,494,850)**

For 2009, the overall goal is to support the Ministry of Social Affairs and NGO partners to reduce stress, mitigate the impact of violence, and strengthen coping mechanisms of children and caregivers, as well as respond to the Gaza emergency targeting around 223,476 children and 115,126 caregivers. Support will be provided through the following key activities:

- Respond to the Gaza emergency in terms of rapid response, medium and longer-term needs (establishment of 30 family centres; mine-risk education; monitoring reporting mechanisms and coordination);
- Establish child protection committees;
- Develop protocols and referral systems for responding to violence/abuse;
- Develop and implement non-violence in schools' policy applicable to both teachers and pupils;
- Conduct initial (Gaza) and in-depth group counselling sessions for children (West Bank and Gaza);
- Conduct sessions with parents and other caregivers to better equip them to protect children against the effects of conflict-related violence;
- Provide emergency response teams that give immediate support through home and hospital visits following situations of acute conflict;
- Establish child-friendly units within the police;
- Provide socio-legal assistance through specialized centres and toll-free line.

### **Adolescents (US\$ 5,050,400)**

For 2009, the overall goal is to support the Ministry of Youth and Sports and NGO partners to improve secondary school retention, reduce violence, enhance adolescent participation, and raise awareness on healthy lifestyles and improve national youth policy as well as respond to the Gaza emergency. Around around 170,000 adolescents will be reached through the following key activities:

- Respond to the Gaza emergency by addressing adolescents' needs through 30 family centres jointly set up with child protection programme (i.e., engage and mobilize adolescents through community initiatives, peer-to-peer psychosocial support, health referral, recreational activities and life skills via buddy system with professional community workers);
- Maintain 70 adolescent-friendly learning spaces that empower adolescents with remedial support in literacy and mathematics; and support courses in information technology, music, sports, drama and life skills sessions (including MRA, HIV prevention, peer support and reproductive health) targeting around 70,000 adolescents;
- Provide sports and recreational activities as well as psychosocial support to 100,000 children and adolescents in 100 safe play areas;
- Support the 70 centres to conduct adolescent-led initiatives; and provide youths and adolescents with an active role in community work and outreach;
- Support youth media to reach 100,000 youths and adolescents through TV, Internet and radio spots on daily concerns and issues for youth.

## UNICEF HUMANITARIAN ACTION SUDAN IN 2009



Core Country Data	
Population under 18 (thousands)	17,961
U5 mortality rate	109
Infant mortality rate	69
Maternal mortality ratio (2000–2007, reported)	550
Primary school enrolment ratio (2000–2007, net, male/female)	45/37
% U1 fully immunized (DPT3)	84
% population using improved drinking-water sources	70
Estimated adult HIV prevalence rate (aged 15–49), 2007	1,4
% U5 suffering from acute malnutrition*	14.8
% U5 suffering from chronic malnutrition*	32.5

Sources: *The State of the World's Children 2009*. \* Sudan Household Health Survey 2006

Major humanitarian challenges remain throughout Sudan and although recovery and development activities are taking place across the country, large pockets of humanitarian needs persist. The most notable is the ongoing crisis in Darfur. Disease outbreaks, lack of basic services, natural disasters and intermittent conflict affect communities in every part of the country. Post-conflict reconstruction, with an estimated 4 million internally displaced persons, is a daunting task. An estimated 16 million children under age 15 may require humanitarian support in 2009.

Summary of UNICEF Emergency Needs for 2009*			
Sector	North of Sudan	Southern Sudan	Total
	Area Programme		
Health and Nutrition	23,199,023	10,473,817	33,672,840
Water, Sanitation and Hygiene	27,987,108	15,000,000	42,987,108
Education	15,911,624	10,063,567	25,975,191
Child Protection	13,816,174	4,065,000	17,881,174
HIV/AIDS	3,085,000	1,600,000	4,685,000
Mine Action	687,765	687,765	1,375,530
Non-Food Items and Emergency Coordination	8,967,408	4,266,111	13,233,519
Communication and Advocacy	1,450,000	500,000	1,950,000
Planning	5,862,500	0	5,862,500
<b>Total**</b>	<b>100,966,602</b>	<b>46,656,260</b>	<b>147,622,862</b>

\* 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

2008 has been a challenging year in many areas of Sudan, with floods, threat of a malnutrition crisis and increased conflict worsening the situation in many vulnerable communities. Darfur remains the major humanitarian crisis in Sudan, with over 300,000 newly displaced since the beginning of 2008, bringing the total number of internally displaced persons (IDPs) in Darfur to 2.7 million. Fighting in Abyei and the subsequent displacement of 50,000 people required urgent intervention from UNICEF and partners. Risk of injuries from landmines and unexploded ordnance (UXO) remains high, with movement of returnees and IDPs further exacerbating the problem.

In April 2008, there was considerable concern that the nutritional situation would deteriorate significantly as we entered the height of the hunger gap period. Floods in 2007 led to failed harvests in many areas, resulting in food insecurity and high food prices. Insecurity on trade routes preventing food from reaching towns, and an increased number of returnees further aggravated the problem.

In mid-May, large-scale fighting broke out in Abyei town between the Sudan Armed Forces (SAF) and the Sudan People's Liberation Army (SPLA) causing the majority of the population to flee and UN agencies and NGOs to evacuate staff. Some 50,000 people were estimated to be displaced and in need of food and shelter, with a cumulative total of 317 vulnerable, separated, unaccompanied or missing children.

Epidemic diseases continue to affect the country. Over 12,000 cases of acute watery diarrhoea (AWD) were reported throughout Sudan. UNICEF provided essential drugs, including oral rehydration salts (ORS), for almost 8,000 people. One polio case was confirmed in the northern states, and six in Southern Sudan. A meningitis outbreak in Darfur prompted vaccination of 30,000 people.

Southern Sudan reports one of the highest maternal mortality ratios in the world and only 10 per cent of births are assisted by qualified personnel. Although no data are available, experience on the ground shows that the lack of qualified health workers has resulted in many antenatal and maternity services at health centres being run by traditional birth attendants (TBAs) or village midwives. In addition, a high number of mothers are delivering at home despite visiting health facilities for antenatal care (ANC). Data from UNICEF-supported health facilities show that about 34,600 women attended ANC in 2008 yet only about 2,700 (8 per cent) delivered in a health facility.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In response to fighting in the Abyei region, and working with partners in an environment of continued uncertainty and tension, UNICEF acted swiftly to address the needs of the displaced, providing non-food items (NFIs), safe drinking water and supplementary food to 50 per cent of the affected population, as well as supporting networks and reactivating schools to bring some normality to both the host and displaced children. An emergency vaccination campaign targeting 19,000 children achieved over 90 per cent coverage, ensuring that children were immunized against measles and polio. Vitamin A campaigns reached 85 per cent of the children. In addition, 212 out of 317 children estimated to have been separated in Abyei, were reunited with their families.

Health interventions over the year were both preventative and responsive. Response to outbreaks of measles, polio and AWD was ongoing in 2008, together with training of emergency health personnel and other preventative activities. As a precautionary response to four confirmed polio cases in three states of Southern Sudan and in West Darfur, five National Immunization Days were conducted in the north of Sudan targeting approximately 6.1 million children under age five, and in Southern Sudan over 2 million children under age five were targeted for rapid immunization in the affected states. Throughout Southern Sudan, three polio rounds have taken place, reaching 3 million children and achieving over 100 per cent coverage. In addition, over 3.3 million children were vaccinated against measles throughout Sudan. UNICEF responded to nutrition concerns through close monitoring and prepositioning of supplies, providing therapeutic care for almost 22,000 children (86 per cent of target coverage) mainly in Darfur and for almost 14,000 children (55 per cent of target coverage) in the vulnerable states of Southern Sudan.

Throughout Sudan, access to improved drinking-water facilities increased, was re-established or was sustained for over 2.5 million IDPs, returnees and host communities or other vulnerable communities. In addition, access to safe means of excreta disposal increased, was re-established or was sustained for over 100,000 schoolchildren, IDPs, returnees and host communities. As part of AWD prevention, UNICEF supported the continuous chlorination of water supply and hygiene promotion in the northern states, benefiting close to 4 million people.



In the north of Sudan, a total of 496,142 children (47 per cent girls), including nomadic children, registered as first-grade students, exceeding the annual target of 300,000 children. In the Darfur states alone, 126,619 children (69,923 boys and 56,696 girls) started their school life. A total of 913 classrooms were constructed for approximately 68,000 children and 328,116 children (143,299 boys and 123,817 girls) now have access to one meal a day at school through the Food for Education programme in collaboration with the World Food Programme (WFP). Throughout Sudan, over 1.5 million students and teachers benefited from school supplies, including education emergency stock and school tents that had been prepositioned in key locations. In the north of Sudan, 3,054 primary schoolteachers have been trained in basic subjects, child-centred learning, HIV and life skills, which will increase the quality of education of approximately 230,000 students, whilst in Southern Sudan an additional 1,400 teachers have been recruited.

Over 1,200 children have benefited from the services provided by Family and Child Protection Units that are operated by police forces in five states in the north of Sudan, with a further nine units in the pipeline. An awareness campaign on female genital mutilation (FGM) and prevention of child recruitment has so far reached over 2.5 million people. A national strategy for child reintegration has been prepared, and over 120,000 vulnerable children and young people benefited from psychosocial services, enhanced protection, and reintegration support, including education and vocational/livelihood opportunities.

A total of 1.3 million non-food items (NFIs) – blankets, sleeping mats, plastic sheets and jerrycans – were procured, which will benefit some 190,000 households, including 581,000 children in the north of Sudan. Furthermore, 4,000 mosquito nets, 2,000 NFI kits (with supplies for a family of five) and cooking sets were distributed to vulnerable and displaced communities following localized conflict in Gogri, Southern Sudan.

As the lead agency in the Task Force for the Sudan Information Campaign for Returns, UNICEF provided coordination and technical guidance on the development of educational materials, which were distributed to 1.6 million IDPs, returnees, host and receiving communities to enable them make informed decisions about their own movement, health, protection and well-being.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

As sector lead for water, sanitation and hygiene (WASH), education and child protection, and co-chair with the World Health Organization (WHO) for health and nutrition activities, UNICEF plays a key role in the coordination and implementation of emergency activities. Close collaboration and partnerships continue with relevant government bodies and numerous international and national NGOs.

#### Linkages of HAR with the Regular Programme

UNICEF's humanitarian actions link closely with early recovery interventions, which lead directly into planning for longer-term development work. In line with government priorities, there has been a shift in programming to increase focus on recovery and development to complement humanitarian projects. However, humanitarian funding is still greatly needed, particularly for health and WASH programmes. UNICEF's programmes include preparedness for emergencies, such as conflict-related displacement, drought, floods and epidemics, which contribute to the overall goals of advocating for the protection of children's rights, helping to meet their basic needs and expanding their opportunities to reach their full potential.

Sudan is still an unstable environment in which to work and, in 2009, with the elections taking place and the increasing risk of small and large-scale conflict, the overall emergency programme goal is to ensure critical preparedness and response with prepositioning of supplies and contingency plans in place.

#### Health and Nutrition (US\$ 33,672,840)

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 to ensure that pregnant women in affected areas are identified and provided with micronutrient supplementation.



In the **north of Sudan**, the health and nutritional status of 4.8 million children under age five and 986,000 pregnant women, including IDPs across the 15 states, will benefit from the following key activities:

- Continue co-supporting Government, together with WHO, for the coordination and implementation of emergency activities in health and nutrition;
- Provide an integrated package of high-impact health and nutrition interventions, including immunization, micronutrient supplementation, deworming, provision of long-lasting insecticidal nets (LLINs) and health and nutrition messages for 90 per cent of children under age five;
- Facilitate growth monitoring, promotion, referral and treatment for acute malnutrition as part of the routine accelerated child survival initiative (ACSI) in focus states, covering at least 30 per cent of children under age five;
- Undertake routine immunization of 90 per cent of children under age five against diphtheria, pertussis, tetanus, hepatitis B, *Haemophilus influenzae* type b, measles, tuberculosis and polio; administer tetanus toxoid (TT) vaccine to 55 per cent of pregnant women in high-risk localities, and three doses of TT vaccine to women of childbearing age in high-risk areas;
- Distribute essential drugs and equipment, including antibiotics and oral rehydration salts (ORS) for primary health-care service delivery;
- Provide midwifery and safe delivery kits to enable safe delivery for 350,000 pregnant women and provide emergency obstetric care for 3,000 pregnant women experiencing complications during birth in three focus states;
- Train approximately 1,500 health-care workers to strengthen the capacity of local health systems to identify and manage childhood illness;
- Train 1,200 village midwives and other health workers in basic midwifery practice to provide antenatal, safe delivery and postnatal care, and increase emergency obstetric care coverage by 10 per cent in focus states;
- Support the implementation of 15 nutrition surveys, assessments and evaluations;
- Train over 1,200 nutrition personnel and service providers of Ministry of Health and NGOs in the identification and treatment of severe malnutrition and essential nutrition package messages;
- Provide technical and material support to roll out community-based treatment of malnutrition in focus states, targeting approximately 25,000 children with severe malnutrition.

In **Southern Sudan**, 3 million vulnerable women and children in all 10 states will benefit from the following key activities:

- Procure and preposition emergency supplies and kits, including mosquito nets, for 3 million vulnerable women and children (90 per cent coverage);
- Engage in capacity-building of early response teams and communities;
- Immunize 90 per cent of children under age five against measles; and administer at least two doses of tetanus toxoid (TT) vaccine to 50 per cent of pregnant women in all counties and at least three doses of TT vaccine to 80 per cent of women of childbearing age through selected campaigns;
- Support facility- and community-based screening and referral to treatment for acute malnutrition and monitoring of infants and young children's nutritional status;
- Provide therapeutic food and medical supplies to health facilities implementing inpatient care for severely acute malnourished children;
- Provide ready-to-use therapeutic food for 30,000 children and pregnant/lactating women (60 per cent coverage) to support community-based management of severe malnutrition;
- Support capacity development for institutionalization of facility- and community-based management of acute malnutrition within the primary health-care system;
- Promote early initiation of breastfeeding and exclusive breastfeeding in the first six months of life by training health workers and mother support groups, and integrate with neonatal care;
- Provide vitamin A supplementation for children aged 6–59 months through National/Subnational Immunization Days (NIDs/SNIDs) and routine immunization services; promote multivitamin and mineral powders for children under age five (80 per cent coverage);
- Support localized nutrition surveys and nutritional surveillance activities of the Ministry of Health at central and state levels;

- Provide a comprehensive package of maternal and neonatal health and nutrition care in at least 50 per cent of antenatal care (ANC) centres in the seven focus states;
- Train 50 per cent of midwives providing services in the targeted primary health-care centres/hospitals in basic emergency obstetric care.

### **Water, Sanitation and Hygiene (US\$ 42,987,108)**

For 2009, the overall goal is to contribute to the reduction of children's morbidity and mortality due to water, sanitation and hygiene-related diseases. As the sector lead, UNICEF will support the Government to coordinate sector response and ensure timely interventions.

In the **north of Sudan**, some 2.6 million IDPs, refugees, and vulnerable people (64 per cent of target population) will be reached through the following key activities:

- Ensure operation and maintenance of 598 water schemes; rehabilitate/construct 1,455 boreholes and construct a further 158 water schemes at schools for 63,200 children;
- Construct 30,500 household latrines and sanitary facilities at 179 schools for 71,600 children, including hygiene education and sanitation awareness;
- Train 10,425 community members and local government agencies in operation and maintenance of water and sanitation facilities, hygiene promotion, latrine construction, management of water facilities, and water quality monitoring;
- Promote hygiene education and awareness in local communities to complement existing water and sanitation services.

In **Southern Sudan**, some 305,000 IDPs, students, and vulnerable communities will be reached through the following key activities:

- Construct 100 water points in rural/returnee host communities and a further 80 in schools and health centres; rehabilitate 340 existing water points;
- Construct 220 institutional toilets in schools and health centres and 17,000 household toilets;
- Train 500 WASH committees (60 per cent women) to ensure an effective operation and maintenance system is in place to support the sustainability of new and existing safe water and sanitary facilities in rural/urban communities.

### **Education (US\$ 25,975,191)**

For 2009, the overall goal is to provide equitable access to quality basic education and secondary education for children and adolescents.

In the **north of Sudan**, a total of 640,000 conflict-affected children/adolescents and 5,000 teachers will benefit from the following key activities:

- Support 440,000 conflict-affected, displaced, disadvantaged and hard-to-reach children, especially girls, through the establishment and construction of 2,500 learning spaces and low-cost classrooms and the rehabilitation of some 2,000 classrooms, and through enrolment campaigns;
- Procure and distribute basic educational materials for 250,000 primary schoolchildren;
- Train 5,000 primary schoolteachers in basic subjects, child-centred learning approaches, child-friendly school initiatives, girls' education, HIV/AIDS, life skills and peace education;
- Strengthen and enhance community participation through the development and training of 2,110 parent-teacher associations (PTAs) ;
- Provide alternative learning opportunities, including accelerated learning programme (ALP) for 200,000 young people out of school who missed basic education opportunities;
- Engage in capacity-building of state Ministries of Education to enable them respond to the massive demand for education and provide effective education services, especially in conflict-torn areas. In coordination with other UN agencies, donors and partners, strongly advocate increased investment in education by the Government of Sudan.

In **Southern Sudan**, 2 million schoolchildren in primary and ALP classes (40 per cent girls) will benefit through the following key activities:

- Procure supplies, including 70,000 Southern Sudan student kits, 35,000 teacher kits, 1.5 million schoolbags for children in lower primary school, 3,500 recreational kits and 6 million exercise books;
- Preposition adequate educational materials for emergency response;
- Develop a practical guide for operationalizing the education in emergencies capacity-building strategy in Southern Sudan.

### **Child Protection (US\$ 17,881,174)**

For 2009, the overall goal is to provide a protective environment for Sudanese children and to strengthen capacities to protect children from violence, abuse, exploitation, neglect and the effects of conflict.

In the **north of Sudan**, over 2.5 million people and vulnerable children will be reached through the following key activities:

- Strengthen coordination mechanisms on child protection for information-sharing, strategy-setting and coordination among the various actors and stakeholders involved in prevention, response and accountability for the protection of children at all levels;
- Monitor and report on violations against children's rights and strengthen advocacy with government authorities/stakeholders and armed groups at national/state level on violations against children's rights, including within the mechanism established by Security Council Resolution 1612;
- Raise awareness of over 2.5 million people on specific child protection issues through communication, information and education (IEC) programmes;
- Ensure that 1,500 children and women in contact with the law, including survivors of gender-based violence, benefit from enhanced legal systems, psychosocial support and child-friendly procedures within the police;
- Ensure that over 150,000 vulnerable children and young people benefit from psychosocial care, enhanced protection, family reunification and reintegration support, including education and vocational/livelihood opportunities;
- Train at least 1,000 government and NGO staff and community members working with children on child rights and various protection issues;
- Ensure that 1,000 children (out of an estimated 6,500 children) associated with armed groups are released and provided with reintegration opportunities, including education and vocational training;
- Support the prevention, identification, tracing, care and family reunification of over 500 unaccompanied/separated children.

In **Southern Sudan**, at least 60 per cent of separated, unaccompanied and orphaned children will have access to psychosocial support, including prevention and response to sexual abuse in emergency situations, through the following key activities:

- Procure and preposition child protection emergency supplies for 1,000 separated and unaccompanied children and survivors of rape;
- Train professional staff from NGOs and state Ministries for Social Development working with children to monitor, report and respond to cases of child sexual abuse and to the needs of unaccompanied, orphaned and separated children in emergencies;
- Support the identification, registration, family tracing and reunification of separated, unaccompanied and abducted children in emergency-affected areas;
- Ensure that at least 60 per cent of unaccompanied, orphaned and separated children have access to psychosocial support services in areas affected by complex emergencies;
- Provide humanitarian assistance and reunification support to children and women associated with the Lord's Resistance Army (LRA) forces;
- Support communities affected by LRA and armed conflicts to establish child protection mechanisms, such as identification of and reporting on missing and/or abducted children and raise awareness of parents and communities on the risk of recruitment and use of children by armed groups;

- Support community-based organizations (CBOs), NGOs and communities to provide protection and reintegration services to 10,000 children at risk and children victims of violence, abuse and exploitation;
- Build the capacity of CBOs and NGOs to carry out the identification, registration, family tracing and reunification of children without primary caregivers, including IDPs and refugees;
- Provide psychosocial, legal and medical support to at least 60 per cent of children reported as victims of sexual violence, abuse and exploitation.

### **HIV/AIDS (US\$ 4,685,000)**

For 2009, the overall goal is to provide young people with information, skills and access to youth-friendly services, including voluntary and confidential counselling and testing services and routine counselling and prevention of mother-to-child transmission of HIV (PMTCT) services for pregnant women.

In the **north of Sudan**, 10 million young people, women and vulnerable children will be reached through the following key activities:

- Implement and scale up PMTCT services for 80,000 pregnant women through support to 16 PMTCT centres, including the provision of running costs for centres, on-the-job training for PMTCT staff and community mobilization to increase PMTCT uptake;
- Construct an extension to the existing paediatric treatment centre in Omuderman teaching hospital benefiting about 500 children;
- Implement HIV/AIDS life skills curriculum in the general education system of North Sudan reaching 500,000 young people in school; and implement prevention programmes targeting young people out of school through new and innovative programmes reaching a minimum of 4 million youths;
- Develop and disseminate key messages that cover all service delivery areas (prevention, care, treatment and support for people living with HIV/AIDS) through printed materials and broadcasted messages (radio and TV), reaching an estimated 5 million people.

In **Southern Sudan**, 5 million women, young people and vulnerable children will be reached through the following key activities:

- Develop and disseminate behaviour change communication (BCC) messages and materials related to HIV and PMTCT;
- Procure HIV test kits and antiretroviral (ARV) prophylaxis;
- Develop/strengthen PMTCT systems and services, which will facilitate the scaling-up of PMTCT services to 20 antenatal care sites, including the development and dissemination of PMTCT guidelines and training materials;
- Provide education on HIV/AIDS prevention, modes of transmission and living with people who are HIV-positive through participatory life skills activities.

### **Mine Action (US\$ 1,375,530)**

For 2009, the overall goal is to provide mine-risk education (MRE) to 250,000 individuals, including children, and to strengthen national capacities in MRE, through the following key activities:

- Provide MRE to communities, targeting 150,000 individuals;
- Train 2,000 teachers to provide MRE in schools, benefiting over 50,000 children; review, design and distribute MRE materials for four key beneficiary categories;
- Establish surveillance system and strengthen data collection on mine/UXO victims;
- Support national authorities and NGOs assume greater responsibility in managing, coordinating and implementing MRE through systematic training and provision of equipment.

### **Non-Food Items and Emergency Coordination (US\$ 13,233,519)**

For 2009, the overall goal is to enhance the capacity of national, central and state level actors to respond to natural and man-made emergency outbreaks within 30 days of occurrence and to increase access to emergency-affected populations, including IDPs, returnees and host populations.

In the **north of Sudan**, 240,000 conflict- and disaster-affected households (1.44 million individuals), including 735,000 children, will be supported through the following key activities:

- Coordinate with Non-Food Item (NFI) Common Pipeline partners;
- Procure all NFIs<sup>1</sup> for the Common Pipeline in North Sudan<sup>2</sup> targeting 240,000 households, and distribute through NFI Common Pipeline.<sup>3</sup>

In **Southern Sudan**, some 125,000 displaced persons, host communities and impoverished persons will benefit from the following key activities:

- Procure, preposition and distribute NFIs;
- Enhance protection of 125,000 IDPs and vulnerable populations against health hazards, such as malaria, water- and sanitation-related diseases and acute respiratory infections;
- Support a centralized NFI supply line in Jonglei and Upper Nile that ensures smooth procurement and transport of NFIs to central hubs;
- Establish emergency team sites to enable emergency preparedness and response for 50,000 people.

### **Communication and Advocacy (US\$ 1,950,000)**

For 2009, the overall goal is ensure that 500,000 IDPs have accurate and timely information to enable them make informed decisions about their return options through the following key activities:

- Produce 15 radio programmes on areas of return and related issues and broadcast daily through Khartoum state Radio and two other radio stations in the North to inform IDPs on the situation in their prospective areas of return;
- Produce, distribute and disseminate information, education and communication (IEC) materials, including printed materials and audiovisual documentaries;
- Produce and distribute information about the rights of community members to remain or return to places of their choice; inform on safety and security en route and on the availability of social services and means of livelihood and reintegration issues at final places of return for 250,000 returnees in Southern Sudan.

1 One plastic sheet, two jerrycans, two blankets and two sleeping mats for each household.

2 In the north of Sudan, over 90 per cent of NFI needs for emergency response in Darfur and other states are met by the NFI Common Pipeline.

3 In the north of Sudan, UNICEF's primary responsibility in the NFI Common Pipeline partnership is procurement of all NFIs. The UN Joint Logistics Centre is responsible for coordination/identification of target beneficiaries with the Office for the Coordination of Humanitarian Affairs (OCHA) and pipeline partners, while CARE International is responsible for logistics and monitoring and evaluation (M&E).

## UNICEF HUMANITARIAN ACTION YEMEN IN 2009



Core Country Data	
Population under 18 (thousands)	11,729
U5 mortality rate	73
Infant mortality rate	55
Maternal mortality ratio (2000–2007, reported)	370
Primary school enrolment ratio (2000–2007, net, male/female)	85/65
% U1 fully immunized (DPT3)	87
% population using improved drinking-water sources	66
% U5 suffering moderate and severe underweight/stunting	46/53

Source: *The State of the World's Children 2009*

The Republic of Yemen located in the south-west of the Arabian Peninsula has been experiencing emergencies during 2008 on three fronts: (1) the conflict in the northern Governorate of Sa'ada; (2) the impact of current global price increases on the national economy; and (3) the impact of a severe tropical storm on the south-east of the country, particularly Hadramout and Al-Mahara Governorates. All of these are having a strong impact on vulnerable women and children in the country where 40 per cent of the total population live below the poverty line. In Sa'ada, 70 per cent of an estimated 170,000 internally displaced persons are women and children.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	950,000
Water, Sanitation and Hygiene	220,000
Education	780,000
Child Protection	100,000
<b>Total**</b>	<b>2,050,000***</b>

\* 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.

\*\*\* The emergency needs reflected in the HAR are in addition to UNICEF's needs of US\$ 2.5 million outlined in the UN floods response plan.



## 1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

The conflict in Sa'ada Governorate, which is 240 kilometres from the capital Sana'a, started in 2004 and has been ongoing despite many mediation efforts. The latest ceasefire was declared in June 2008. Of the Governorate's population of 700,000, it is estimated that over 130,000 are displaced throughout the region, mainly in seven camps or with host families within and around Sa'ada. Women and children comprise a high percentage (over 70 per cent) of those affected and dwelling in the camps. With the destruction of many basic facilities, such as health, nutrition and education across the Governorate, access to services is affected. Opportunities for many livelihoods have diminished due to the conflict, and poverty levels have risen.

The global trend of increasing food prices during 2008 has severely affected Yemen – one of the poorest countries in the region. This situation is exacerbated by key health and nutrition indicators for women and children, which are already some of the worst in the world. The Family Health Survey (2003) showed stunting at 53 per cent, wasting at 12.4 per cent (120,000 children under age five are severely wasted) and underweight at 45.6 per cent. The 2006 World Food Programme/ UNICEF survey conducted in five districts indicated anaemia to be 81.5 per cent among children under age five; 73.1 per cent among pregnant women; and 83 per cent among lactating women. Children under age five are the most vulnerable segment of the population and are more at risk of malnutrition when availability and access to food are compromised at the community level.

A strong tropical storm blew across southern Yemen in the last week of October 2008 and hit the two south-east Governorates of Hadramout and Al-Mahara. Sixty-eight deaths were reported, 2,000 houses damaged and over 100 institutions affected, including infrastructure such as power and phone lines, roads and water systems in various locations of the two Governorates. Some 25,000 to 30,000 people (3,500 families) have been displaced with the overall number of persons affected (especially those whose livelihoods were destroyed) rising to 700,000. A total of 79 health facilities, including hospitals and health centres, and 14 schools comprising 62 classrooms were partially or severely damaged in both Governorates. Seventy-five per cent of the damage was sustained by the Wadi region of Hadramout, mainly the historic area of Seyoun. A rapid assessment undertaken by a joint UN team in the immediate aftermath of the storm confirmed that around 20,000 to 22,000 people were displaced. The priority needs are food, clean water, prevention of waterborne diseases and repair of damaged water systems, medicines, shelter, and restoration of livelihoods and rehabilitation of basic services, like schooling, as flood victims have taken shelter in public buildings including schools. The World Bank's assessment of the damage to infrastructure and shelter will complement the joint UN team assessment on humanitarian needs.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

After a rapid assessment undertaken in Sa'ada Governorate by a joint UN team during cessation of hostilities in May–June 2007, UNICEF worked through local and international NGOs on the ground in the areas of nutrition, water, sanitation and hygiene, education and protection. Partners included the Charitable Society for Social Welfare (CSSW), Yemeni Red Crescent, Islamic Relief, the Charitable Society of Yemeni Doctors, and Sa'ada Women's Association. Following training of health staff in the main government hospital, NGOs and volunteers in the management of severe acute malnutrition at community and facility levels and with the establishment of three outpatient therapeutic centres, 1,029 children under age five were screened, 158 referred to the outpatient therapeutic programme (OTP) and 17 to therapeutic feeding centres.

In water, sanitation and hygiene (WASH), 32 latrines and 5 wash basins were constructed in the two camps serving mainly women and children. Twenty-four volunteers were trained in correct hygiene practices in order to reach internally displaced persons (IDPs). The distribution of blankets and shoes benefited 1,814 young children and 847 children aged 1 month–12 years in time for the onset of winter. School kits and bags benefited 40,000 students. Awareness-raising sessions on girls' education, early marriage and child trafficking were organized for 3,000 parents in the camps. Psycho-educational support was provided to 400 internally displaced children and literacy skills and awareness on child protection issues to 100 internally displaced girls.

As regards child protection, a psychosocial needs assessment of children, adolescents and families was undertaken as well as field research on children affected by armed conflict, which will form the basis for future programme interventions. First-level psychosocial interventions targeting displaced children have been undertaken in early 2008.

For the ongoing crisis precipitated by high food prices, UNICEF focused its efforts on addressing the management of severely acutely malnourished children under age five through the establishment of community therapeutic care (CTC) centres with the aim to go to scale within the next year. Based on the 2003 Pan Arab Project for Family Health (PAPFAM) survey, some 120,000 children nationwide are estimated to be severely acutely malnourished. UNICEF supported the Government in

developing its Emergency Nutrition Action Plan mid-2008, which includes the establishment of 13 therapeutic feeding centres (TFCs) offering inpatient care in main referral hospitals nationwide and outpatient therapeutic programmes (OTPs) in each of the country's 334 districts. Capacity-building of health professionals and community volunteers is part of the strategy. In October 2008, an international nutrition expert trained 180 key government health professionals, university professors, NGOs (CSSW), hospitals and health centres. The establishment of OTPs and TFCs will be prioritized in Governorates experiencing emergencies such as Hadramout, al-Mahara and Sa'ada, as well as those with the highest severe acute malnutrition indicators. UNICEF is procuring partial quantities of ready-to-use therapeutic food (RUTF) needed for a six-month period, drugs, therapeutic milk and rehydration solutions for complicated malnutrition cases as well as anthropometric tools to go to scale with interventions. Furthermore, within the next six months, UNICEF will be facilitating the local production of RUTF in Yemen, thus considerably reducing future production and freight costs.

In the two flood-affected Governorates of Hadramout and Al-Mahara, UNICEF is taking the lead in the nutrition, WASH, education and child protection sectors. To this end, UNICEF is providing supplies for 1,000 families, including 50 water tanks (2m<sup>3</sup> capacity), 7,500 blankets, 2,000 twenty-litre jerrycans, 1,000 plastic jugs for water, 2,600 hygiene kits and 900 boxes of water purification tablets (containing 9 million tablets). The prevention of waterborne diseases is a key lifesaving priority in the immediate emergency phase. Distribution is undertaken through government systems and selected NGOs, such as the Yemeni Red Crescent, with reliable networks on the ground. UNICEF is advocating for available impregnated mosquito nets to be redirected from current Ministry of Health supplies to malaria-prone areas in the two Governorates. The need to repair water systems in rural areas is another priority. Seventy-two tents are being provided for temporary learning spaces (schools) pending Government decision to establish camps for IDPs without shelter, or continue to allow people to live in the schools until homes are repaired in affected areas. Initial supplies, such as 70 'school-in-a-box' kits and basic stationery are also being provided for affected schoolchildren.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

The UN Emergency Planning and Response Team chaired by the World Food Programme (WFP) on behalf of the UN Resident Coordinator is the main UN coordination mechanism. Cluster-based approach principles are currently being followed by the concerned UN agencies working with Government and civil society organizations in emergency situations. The official adoption of the approach will be formalized as soon as the joint UN Emergency Contingency Plan is finalized.

#### Linkages of HAR with the Regular Programme

The activities proposed above in all three scenarios are accelerated interventions from the regular programmes of young child survival and development, education and protection, and are adapted for the particular situation. They will contribute to the key results of the Regular Programme.

UNICEF supports activities in the different emergency scenarios detailed above. Those for Hadramout complement the activities contained in the UN response plan for immediate and early recovery. UNICEF's overall goal in emergencies is to contribute in collaboration with key partners to ensuring that women and children access their rights to basic services and protection.

#### Health and Nutrition (US\$ 950,000)

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 to ensure that pregnant women in affected areas are identified and provided with micronutrient supplementation. Some 200,000 IDPs (25,000 in Hadramout and 170,000 in Sa'ada), host communities and impoverished persons will benefit from the following key activities:

- Procure and distribute essential emergency drugs and equipment to cover the needs of the 200,000 IDPs during three months;
- Continue supporting the three therapeutic feeding centres and 16 OTPs previously established; establish 11 new TFCs and 338 OTPs for the management of 120,000 children suffering from severe acute malnutrition;

- Train 44 trainers and 660 doctors and nurses in the management of severe acute malnutrition in OTPs; 20 doctors and 40 nurses in the management of complicated cases of severe acute malnutrition in TFCs; and 6,000 community volunteers in screening for severe acute malnutrition at household level;
- Support the implementation of nutrition surveys (one in February and one in August 2009) in five areas of Yemen;
- Procure and administer twice a year vitamin A to all children under age five (8 million doses);
- Engage in social mobilization campaigns to promote appropriate infant and young child feeding behaviour as well as immediate and exclusive breastfeeding.

### **Water, Sanitation and Hygiene (US\$ 220,000)**

For 2009, the overall WASH aim is to ensure that children and women have safe and reliable access to culturally appropriate, secure, sanitary and user- and gender-friendly sanitation facilities and that they receive critical information on how to prevent child mortality, especially from diarrhoeal disease; and to ensure sanitation facilities for 20 per cent of affected schools in Hadramout and access to clean drinking water and sanitation facilities among 10,000 to 14,000 IDPs (2,000 families) and returnees in Sa'ada. Specific actions include, but are not limited to:

- Set up effective leadership for WASH cluster/inter-agency coordination, and ensure children's and women's special needs regarding water, sanitation and hygiene are met through the recruitment of an international WASH specialist for a six-month period;
- Ensure that women and children have safe and reliable access to sufficient water of appropriate quality and quantity for drinking, cooking and maintaining good hygiene;
- Undertake water treatment at household level among returnees facing drinking-water problems in Sa'ada Governorate through the provision of household water filters;
- Support hygiene promotion in accessible schools and returnee communities, especially among returnees, local councillors and influential leaders, and provide hygiene kits;
- Construct/rehabilitate gender-responsive sanitary facilities in 30 schools in Sa'ada, giving priority to girls' schools (benefiting approximately 1,000 girls);
- Promote hygiene education and hygiene awareness programmes in these 30 schools and neighbouring communities in Hadramout in order to complement existing water and sanitation services.

### **Education (US\$ 780,000)**

For 2009, the overall goal is to create a network of stakeholders and partners in education that are active in emergency situations by (a) establishing coordination mechanisms with education partners to support Government; (b) raising awareness on the cluster-based approach/tools and standards among partners; and (c) setting up monitoring and evaluation mechanisms with education partners.

#### **Conflict in Sa'ada**

For 2009, the overall goal is to respond to the educational needs of 50,000 internally displaced and returnee children and 500 teachers in Sa'ada through the following key activities:

- Supply basic scholastic materials, including notebooks, pencils and erasers, for 50,000 primary schoolchildren;
- Procure and distribute recreational kits and school supplies for 25,000 children;
- Train 500 primary schoolteachers, with particular attention to psycho-educational support, HIV/AIDS prevention and peace education in collaboration with relevant agencies;
- Build the capacity of local education authorities to conduct needs assessments, supply distribution and monitoring;
- Distribute self-learning materials for 3,000 internally displaced children.

### **High food prices**

For 2009, the overall goal is to raise awareness and highlight the negative impact of high food prices on school enrolment in Yemen. Some 500 school councils involving parents and school personnel of 10 Governorates will benefit through the following key activities:

- Conduct impact assessment in selected Governorates to get a field evidence base of the impact of food prices on enrolment and retention of children in schools, especially girls;
- Engage in advocacy activities highlighting the impact of high food prices on enrolment and retention rates in schools and finding local solutions to address the consequences of early drop-out, such as early marriage and trafficking;
- Organize advocacy meetings with the Girls' Coordination Councils in 22 Governorates to develop local plans in partnership with civil society organizations and private sector to minimize the impact of high food prices.

### **Child Protection (US\$ 100,000)**

For 2009, the overall goal is to scale up psychosocial response to at least 5,000 children affected by the conflict in Sa'ada and the floods in Hadramout through the following key activities:

- Set up a network of professionals involved in psychosocial interventions (based on the Young Men's Christian Association (YMCA) model in the Occupied Palestinian Territory). The network would become the basis for a referral system to monitor abuse;
- Set up at least five child-friendly spaces;
- Support recreational and psychosocial activities for at least 5,000 children.

Other child protection interventions in Sa'ada:

- Advocate for child rights, including the implementation of the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict;
- Raise awareness on the impact of traditional practices, such as early marriage;
- Undertake a rapid assessment on child trafficking;
- Support the registration of at least 5,000 children;
- Support the identification, registration and family tracing of unaccompanied minors;
- Advocate for the care and protection of orphaned and other vulnerable children;
- Undertake capacity-building of at least 90 service providers in using play therapy.



# THE AMERICAS AND CARIBBEAN REGION



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# UNICEF HUMANITARIAN ACTION THE AMERICAS AND CARIBBEAN IN 2009



The Americas and Caribbean region is prone to frequent natural disasters such as hurricanes, tropical storms and floods, which affect over 300 million children and women across the region. Pre-existing conditions of poverty, food shortages and violence aggravate the situation of children and women. The UNICEF Americas and Caribbean Regional Office will strengthen preparedness activities, work towards an effective implementation of disaster risk reduction activities and build the capacity of national and subregional entities. It will also work together with its partners to mitigate and reduce the impact of armed conflict in Colombia as well as the chronic unstable situation in Haiti.

## The Americas and Caribbean Emergency Needs for 2009\*

Sector	US\$
Strengthen the Americas and Caribbean Country Offices and National Counterparts' Capacity-Building on Issues Pertaining to the Humanitarian Reform, Including Clusters where UNICEF is Leader	1,100,000
Strengthen the Americas and Caribbean Region to Respond to Emergency Natural Disasters and Other Rapid Onset Emergencies	500,000
Support Disaster Risk Reduction Initiatives, with Focus on Education and Water, Sanitation and Hygiene Sectors	1,200,000
<b>Total**</b>	<b>2,800,000</b>

\* 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 Americas and Caribbean region has been hit hard by natural disasters in 2008, ranging from hurricanes, tropical storms and flooding across the Caribbean to a drought in Paraguay and severely cold temperatures in Peru. Of special concern are those countries and populations made especially vulnerable to natural disasters by pre-existing conditions of poverty, food shortages, and/or violence.

Hurricanes Fay, Gustav, Hanna, Ike and Norbert have dramatically affected large swathes of the Caribbean in the second part of 2008. Cuba, the Dominican Republic, Haiti, Jamaica, Mexico, and Turks and Caicos have all been affected by the storms mentioned above, while earlier in the year Bolivia and Ecuador have suffered from the impact of heavy rains. In the latest part of the year, Central American countries, such as Belize, Guatemala and Honduras, have been affected by heavy rains as well. All the countries have experienced varying degrees of loss of life and infrastructure. And they all have in common that the storms have left the poorest and most marginalized children and women in a still more precarious state.

In Haiti, which struggles with near-chronic instability under any circumstances, high food prices had already led to violent riots back in April 2008. Then, over a period of less than a month in August/September, four back-to-back tropical storms and hurricanes killed 800; washed away 22,000 homes; affected 153,000 families; destroyed already-poor infrastructure; and devastated food crops all over the country. The effect on children, women and families already weakened and made vulnerable by poverty and food shortages has been massive.

Cuba suffered massive damages to infrastructure after two successive hurricanes swept across the island; Gustav struck Cuba as a category 4 hurricane and is considered the greatest natural disaster to affect the country in the past 50 years.

Colombia is another example of a country made especially vulnerable to a series of natural disasters by pre-existing conditions. The country was struck, in 2008, by everything from an earthquake to a volcanic eruption to heavy rains and landslides, compounding the vulnerability of populations already affected by long-standing conflict in the country, which has displaced over 2 million people over the past 10 years.

Even in countries whose populations are not affected *en masse* by pre-existing problems of poverty and violence, the large disparity in wealth and access to services in much of the region makes recovery from the consequences of natural disasters much more challenging for the poorest and most marginalized populations – and, as always, children and women are the most vulnerable among these groups.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

The UNICEF Americas and Caribbean Regional Office (TACRO) has supported throughout 2008 the region's Country Offices with technical and financial assistance. During the preparation phase TACRO has facilitated the revision and updating of emergency preparedness and response planning processes, providing staff with training on general and specific aspects and sharing important information; during the response phase, it has provided technical and financial support through rapid staff deployment and delivery of basic supplies which, in the majority of cases, reached the affected countries within 72 hours. Thanks to the assistance provided, Country Offices such as Dominican Republic, Ecuador, Nicaragua and Peru have, for example, improved their preparedness mechanisms.

Within the framework of humanitarian reform and the regional Inter-Agency Standing Committee (IASC) Risk, Emergency and Disaster Task Force for Latin America and the Caribbean (REDLAC), TACRO has actively participated in the efforts to develop a more coherent and coordinated response to emergencies in the region as well as a better understanding and an enhanced capacity related to the cluster coordination in the sectors where UNICEF is the cluster lead, especially in water, sanitation and hygiene (WASH), education and protection. The activities of this inter-agency working group at regional level included also the production of documents like the *Panorama de Tendencia*, which aims at highlighting the changes occurred in Central America in specific sectors, like education, where UNICEF has played a major role. UNICEF has also participated in the roll-out of global cluster materials and tools in WASH and education in partnership with other humanitarian partners, such as Action contre la Faim/Action Against Hunger (ACF/ACH), the International Federation of Red Cross and Red Crescent Societies (IFRC), Oxfam, the Pan American Health Organization/World Health Organization (PAHO/WHO), Plan International, Save the Children etc.

In partnership with the International Strategy for Disaster Reduction (ISDR), TACRO implemented a project initiative in Central America to develop national capacity for emergency planning and preparedness and disaster risk reduction in the education sector and involved national authorities in Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama. The

initiative took a regional, multilevel approach that focused on supporting regional and national coordination mechanisms for disaster management and strengthening knowledge and skills related to child rights, education in emergencies, and school-level disaster risk reduction (DRR). The overarching achievement of this project has been the increased understanding by ministries of education of the fact that they have a role to play in responding to emergencies and in DRR to ensure the right to education in emergency situations. The project also demonstrated to ministries that it is possible to work concretely at the community level with specific schools in order to implement disaster risk reduction measures. A key lesson that emerged is that UNICEF has a niche role in supporting middle-income countries that have a generally high level of capacity to incorporate a child rights perspective and approach, such as Minimum Standards for Education in Emergencies, into their planning and preparedness measures.

In 2008, TACRO has mainly supported the Country Offices of Cuba, Dominican Republic, Haiti, Jamaica, Mexico and Turks and Caicos (Barbados Country Office), which have been dramatically affected by Hurricanes Fay, Gustav, Hanna, Ike and Norbert. Support ranged from technical and financial to the facilitation of missions and rapid deployment.

On the preparedness side, TACRO has supported seven Country Offices (Belize, Colombia, Dominican Republic, Ecuador, Honduras, Nicaragua and Peru) to further develop their capacities to better plan their response by conducting trainings and sectoral meetings and prepositioning key humanitarian relief items.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

Important progress has been made on the coordination within the UN and with key partners as well as with subregional intergovernmental platforms – Central American Disaster Prevention Centre (CEPREDENAC), Caribbean Disaster Emergency Response Agency (CDERA), Andean Committee for Disaster Prevention and Assistance (CAPRADE) – in order to include the *Core Commitments for Children in Emergencies* into emergency preparedness and response. The functioning of UN Emergency Technical Teams (UNETTs) at country level and IASC-REDLAC at regional level are clear examples of these advancements. The strengthening of these mechanisms is a priority for UNICEF's cooperation.

Emergency preparedness and response, the continuing development of risk reduction activities focusing on WASH and education and the strengthening of national counterparts' and subregional bodies' capacities will be the main pillars of TACRO's activities in 2009. UNICEF's *Humanitarian Action Report* allows for the continuation of work processes that will benefit the most vulnerable groups of population.

#### **Strengthen the Americas and Caribbean Country Offices and National Counterparts' Capacity-Building on Issues Pertaining to the Humanitarian Reform, Including Clusters where UNICEF is Leader (US\$ 1,100,000)**

For 2009, the overall goal is to ensure that the most vulnerable groups benefit from improved preparedness capacity and emergency aid processes of national institutions and other key partners. Key activities will include:

- Provide technical assistance and training to government counterparts and other partners regarding the rights of children in emergencies, UNICEF's *Core Commitments for Children in Emergencies* and the specific area response;
- Produce information materials and engage in advocacy on the main subject matters to be considered when responding to emergencies from the standpoint of rights;
- Provide technical support to enhance UNICEF Country Offices', governments' and humanitarian partners' capacity/ understanding of humanitarian reform issues, especially in those sectors where UNICEF is cluster lead;
- Develop a strategy on how to link middle-income countries' social/public policies to emergency preparedness and response and disaster risk reduction (DRR).

### **Strengthen the Americas and Caribbean Region to Respond to Emergency Natural Disasters and Other Rapid Onset Emergencies (US\$ 500,000)**

For 2009, the overall goal is to improve the region's capacity to respond to emergencies, which will allow for greater support to Country Offices and directly benefit affected populations. Key activities will include:

- Ensure that emergency stocks of relief items are available and regularly replenished;
- Identify major suppliers of relief items and pass arrangements at regional/subregional levels;
- Ensure regular update of roster for surge capacity, including internal and external experts in all sectors relevant to *Core Commitments for Children in Emergencies*, and coordinate clusters in those sectors where UNICEF has the coordination role;
- Ensure rapid deployment of staff in emergency situations and participate in inter-agency missions;
- Establish enhanced early warning systems at regional level that integrate those of other UN agencies.

### **Support Disaster Risk Reduction Initiatives, with Focus on Education and Water, Sanitation and Hygiene Sectors (US\$ 1,200,000)**

For 2009, the overall goal is to boost capacity to mobilize and organize government players as well as the international cooperation of NGOs at regional, subregional, national and local levels in order to implement risk reduction activities in education and WASH sectors. Key activities will include:

- Strengthen working relationships between subregional prevention and emergency aid authorities;
- Support national/subregional initiatives regarding risk reduction;
- Provide technical support to Country Offices on risk reduction activities in education and WASH sectors;
- Conduct lessons learnt process on disaster risk reduction (DRR) and education in emergency in the three subregional areas where DRR education project was implemented.

# UNICEF HUMANITARIAN ACTION COLOMBIA IN 2009



Core Country Data	
Child Population (thousands) (National Census, 2005)	15,187
U5 mortality rate 2007 ( <i>The State of the World's Children 2009</i> )	20
Infant mortality rate 2005 (National data from the Ministry of Social Protection – 2005)	15.9
Maternal mortality (National data from the Ministry of Social Protection, 2006)	73.1
Primary school enrolment ratio, 2000–2007, net, boys ( <i>The State of the World's Children 2009</i> )	89
% U1 fully immunized, DPT3 (National data from the Ministry of Social Protection, 2006)	93.5
% population using improved drinking-water sources (1) (National Census, 2005)	83.4
% HIV/AIDS prevalence (UNAIDS, 2005)	0.6
% U5 suffering moderate and severe malnutrition 2005 (Demographic and Health Survey 2005)	7

(1) This figure refers to the proportion of population covered with water facilities (aqueduct). The survey does not have registers indicating whether other sources of water are secure or not.

Colombia has been affected by more than four decades of violence generated by illegal armed groups, and is especially vulnerable to natural disasters deriving from its geographic conditions. UNICEF is working in close coordination with other UN agencies and within the framework of the humanitarian coordination processes to respond to the needs of children and their families affected by these situations. In 2009, UNICEF's assistance will reach 248,000 children and their families as part of its humanitarian action.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Assistance to Internally Displaced Persons	2,500,000
Emergency Assistance	1,000,000
Humanitarian Mine Action	750,000
Prevention of Child Recruitment and Protection of Children Demobilized from Armed Groups	1,200,000
<b>Total**</b>	<b>5,450,000</b>

\* 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

Colombia suffers from a long internal armed conflict. Even though there has been significant change in the dynamics of this situation of violence in recent years, the conflict still affects a large part of the population. During 2008, armed fighting between the illegal armed groups and the Colombian military forces escalated in different areas of the country, affecting many communities in South and West Colombia.

Internal displacement is the most evident humanitarian consequence of this situation. Based on official records, 1,976,970 persons have been internally displaced over the past 10 years – of which 2 per cent are indigenous people and 5.5 per cent Afro-descendants.<sup>1</sup> Official data indicate that 48 per cent of the displaced are women and 36 per cent children.<sup>2</sup> However, as per unofficial data, there are an estimated 3 million internally displaced persons (IDPs) in Colombia today. According to preliminary estimates, more than 83,900 persons have been displaced during the first semester of 2008.<sup>3</sup>

The presence of landmines and unexploded ordnance (UXO) represents a grave and growing concern in Colombia. Official government statistics show a cumulative total of 7,204 victims between 1990 and 26 September 2008, with approximately 38 per cent of all victims being civilians and 10 per cent casualties<sup>4</sup> being children.

There are no official estimates on the number of children recruited by illegal armed groups, although the recruitment of under-18-year-olds is common practice among all these groups.<sup>5</sup> The average recruitment age is estimated at 13 years. A total of 3,786 children have been formally demobilized from illegal armed groups since 1999.

Colombia's geographic and climatic conditions make it particularly vulnerable to natural disasters. During the first nine months of 2008, 713,980 persons were affected by earthquakes, flooding, landslides or storms with high winds.<sup>6</sup>

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

Coordination of humanitarian action among UN agencies and main international and national actors has significantly improved in 2008, with a UN Inter-Agency Coordinating Committee (ICC) established at national and regional levels.

**Assistance to internally displaced persons.** UNICEF has continued carrying out humanitarian response mainly directed at families that have been forcibly displaced or are at high risk of displacement, as well as at communities severely affected by armed conflict. The programme includes integrated interventions addressing crisis recovery and capacity-building/development to dealing with and overcoming crises. UNICEF Colombia has supported the provision of health-care services and education for approximately 60,000 children and adolescents in communities with high levels of violence and destruction deriving from the conflict. Research has been carried out jointly with the World Food Programme (WFP), the Pan American Health Organization/World Health Organization (PAHO/WHO) and the UN Development Programme (UNDP) on the health conditions of the indigenous communities of the Chocó that are totally or partially isolated by the armed conflict. Although preliminary information has not yet been completed, it shows that a large-scale, joint intervention will be necessary in the zone.

**Emergency assistance.** On 7 December 2007, the Government appealed for emergency assistance from the United Nations System to respond to flooding in the region of La Mojana. Based on this appeal and the information provided by the Directorate of Disaster Prevention and Response (DPAD), the UN Emergency Technical Team (UNETT) prepared coordinated response proposals for the most affected zones. The International Organization for Migration (IOM), WFP and UNICEF, with support from the Office for the Coordination of Humanitarian Affairs (OCHA), prepared requests for rapid response grants from the Central Emergency Revolving Fund (CERF) to provide food aid (WFP), shelter (IOM), and water and basic sanitation (UNICEF). As part of UNICEF's response, the water, sanitation and hygiene conditions of 4,441 families in 56 rural communities, including a school population of 3,887 students and teachers from urban areas, were improved in La Mojana and the lower Chocó Departments (northern Colombia). UNICEF provided assistance in the areas of health,

1 Registro Único de Población Desplazada, Acción Social, Presidencia de la República, febrero 2007.

2 Percentages sourced from Agencia Presidencial para la Acción Social y la Cooperación Internacional (June 2002-31 May 2006).

3 Registro Único de Población Desplazada. Agencia Presidencial para la Acción Social y la Cooperación Internacional.

4 Of the total 6,426 victims, 2,198 were civilians.

5 *Informe Defensorial sobre niñez vinculada a grupos armados ilegales*, Defensoría del Pueblo de Colombia, 2006. (Ombudsperson's report on the situation of children associated with illegal armed groups).

6 Dirección de Prevención y Asistencia a Desastres (National System for Disaster Prevention and Response).

nutrition, education and protection for 8,500 (45 per cent coverage) child and adolescent victims of the floods and earthquakes that hit the country as of May 2008. Ten temporary classrooms, education kits, teaching aids, impregnated mosquito nets and filters to improve the quality of water were distributed. Teachers and community health workers were trained to provide integral attention to children (thus ensuring the continuity of school activities), including psychosocial support, early detection of risks, promotion of healthy habits and hygiene and environment care in emergency situations.

**Humanitarian mine action.** UNICEF is currently supporting mine action activities in the most contaminated municipalities of the departments of Antioquia, Cauca, Nariño, Bolivar, Sucre and Chocó through mine-risk education (MRE) programmes that include the training of trainers and direct intervention in affected communities. During 2008, almost 40,000 people have been provided with knowledge on how to protect themselves and others against the dangers of landmines and UXO in their daily lives.

UNICEF and its partners have developed community-based methodologies for Municipal Needs Assessment and for relevant MRE data collection (using a specifically designed methodology) as well as a participatory design for MRE activities and materials at the community level. Early 2009, UNICEF will apply a Knowledge, Attitudes and Practices (KAP) survey, in conjunction with the Centres for Disease Control and Prevention and the Presidential Programme for Mine Action. This baseline data will assist the mine action sector in planning and programming activities, as it will provide a better understanding of how communities interpret the threat of explosive devices and the mechanisms they use to protect themselves.

**Prevention of child recruitment and protection of children demobilized from armed groups.** UNICEF has supported and promoted activities to prevent the recruitment of children by illegal armed groups, especially in indigenous communities and in populations with high levels of violence generated by illegal armed groups. It has also supported strategies for the reintegration and protection of demobilized adolescents. In 2008, UNICEF has developed programmes aiming at the prevention of recruitment in 18 of the most affected departments, benefiting 57,798 children and adolescents. Since the launch of the programme, 258 out of a total of 529 demobilized children (48 per cent) have participated in the family setting modality 'Hogares Gestores' (Foster Homes) (30 per cent boys, 70 per cent girls). UNICEF has supported the creation by the Colombian Institute for Family Welfare (ICBF) of eight departmental units for the care of demobilized children. A Task Force is being established, with acceptance of the Government of Colombia, to monitor child recruitment and other grave child rights' violations under Security Council Resolution 1612.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

UNICEF's humanitarian action is implemented in close coordination with the other UN agencies in Colombia, within the framework of the Inter-Agency Coordinating Committee. Partnerships have been established with national, local and non-governmental organizations. The Catholic Church and indigenous communities of different ethnicities have been strategic partners of UNICEF.

#### Linkages of HAR with the Regular Programme

The 2008–2012 Country Programme will contribute to ensure that Colombian children live in a country where state and society guarantee the full realization of their rights, social inclusion and non-violence as established in the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The new programme has four components: child survival and development; quality education, adolescent development and prevention of HIV/AIDS; protection and humanitarian action (which includes all activities related to the protection of children and women in natural or complex emergencies); and evidence-based public policies.

In 2009, UNICEF's humanitarian action will focus on the protection of children and adolescents affected by the armed conflict, aiming to strengthen their protective environments and to provide an institutional response based on local public policies and specific national policies. UNICEF will work jointly with the National System for Disaster Prevention and Attention to strengthen national response to natural disasters with special emphasis on the protection of children and adolescents. UNICEF's planned humanitarian action will benefit a total of 248,000 children.



### **Assistance to Internally Displaced Persons (US\$ 2,500,000)**

Some 48,000 displaced persons, host communities and impoverished persons will benefit from the following key activities:

- Provide psychosocial care, through the 'Return to Happiness' methodology, to 15,000 forcibly confined or displaced children;
- Procure school kits for 5,000 children forcibly confined or displaced;
- Provide temporary water and sanitation solutions for 3,000 forcibly confined or displaced families (approximately 15,000 people);
- Identify 20,000 displaced children and register them in civil birth registries;
- Provide basic health assistance (integrated management of childhood illness (IMCI) strategy) and nutritional supplementation to 5,000 indigenous children forcibly confined or displaced by the armed conflict in Chocó Department.

### **Emergency Assistance (US\$ 1,000,000)**

Some 50,000 persons, particularly children and women, will be reached through the following key activities:<sup>7</sup>

- Construct/rehabilitate wells and adequate sanitary facilities in 40 schools for approximately 4,000 children;
- Provide 3,000 school kits for children affected by natural disasters;
- Rehabilitate/construct water and basic sanitation systems for 5,000 families affected by natural disasters;
- Provide psychosocial care through the 'Return to Happiness' methodology to 5,000 children affected by natural disasters.

### **Humanitarian Mine Action (US\$ 750,000)**

A total of 75,000 persons living in areas where there is high risk of landmine/UXO-related accidents will benefit through the following key activities:

- Share information among 75,000 people on the dangers of landmines/UXO and the adoption of safe behavioural practices; train teachers in five departments to disseminate mine-risk education messages;
- Provide support to approximately 80 per cent of all new civilian landmine/UXO survivors<sup>8</sup> on routes to access health care and claim their rights;
- Train public servants and those in charge of landmine survivors' attention on legal procedures governing victim assistance in five departments.

### **Prevention of Child Recruitment and Protection of Children Demobilized from Armed Groups (US\$ 1,200,000)**

Some 75,000 children associated with armed groups and/or at risk of recruitment are targeted through the following key activities:

- Support/implement activities to prevent the association with and recruitment into illegal armed groups of 75,000 children living in areas with high level of violence generated by armed groups, providing technical support to the National Plan for the Prevention of Involvement of Children in Armed Groups in 50 municipalities, and implementing specific interventions with local counterparts in the most conflict-affected areas (this strategy will strengthen children's protective family, educational and community environments, in order to prevent their recruitment by illegal armed groups);
- Consolidate and institutionalize the modality of social/family reinsertion of children demobilized from armed groups called '*Hogares Gestores*' (Foster Homes);
- Establish a recognized system of signs indicating schools as protected humanitarian spaces to prevent their use by legal or illegal armed groups;
- Develop a system to monitor the situation of children affected by the armed conflict, as per Security Council Resolution 1612;
- Facilitate awareness-raising and train 60,000 military and police personnel on international humanitarian law, children's rights and procedures for receiving children demobilized from illegal armed groups.

<sup>7</sup> An average of approximately 750,000 persons is affected by natural disasters in Colombia each year. Of these, 44 per cent are less than 18 years old. UNICEF's estimates are sourced from the National System for Disaster Prevention and Attention.

<sup>8</sup> In 2007, there have been 191 civilian victims. As of 26 September 2008, 146 new victims have been registered.

# UNICEF HUMANITARIAN ACTION

## HAITI

### IN 2009



Core Country Data	
Population under 18 (thousands)	4,211
U5 mortality rate	76
Infant mortality rate	47
Maternal mortality ratio (2000–2007, reported)	630
Primary school attendance ratio (2000–2007, net, male/female)	48/52
% U1 fully immunized (DPT3)	53
% population using improved drinking-water sources	58
Estimated adult HIV prevalence rate (aged 15–49)	2.2
% U5 suffering moderate and severe stunting	24

Source: *The State of the World's Children 2009*

The storms and hurricanes that affected 800,000 people, including 300,000 children, in August and September 2008, combined with the food prices riots earlier in the year, plunged Haiti in one of its worst humanitarian situations over the last decade, making the country even more dependent on external aid to preserve the already fragile social and political stability. With the funds raised, UNICEF's emergency programme will focus mainly on improving the nutritional situation of about 25,000 women and children in a context where 24 per cent of children under age five suffer from chronic malnutrition, and 9 per cent from acute malnutrition. In order to reduce the effect of diarrhoea on child mortality, the programme will also aim at improving access to drinking-water sources, hygiene and sanitation facilities for about 400,000 people, as well as providing access to education and protection for over 100,000 children.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Emergency Preparedness	500,000
Health and Nutrition	5,000,000
Water, Sanitation and Hygiene	2,500,000
Education	2,900,000
Child Protection	600,000
<b>Total**</b>	<b>11,500,000</b>

\* 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

Over the year 2008, the already dire situation facing the poorest country in the western hemisphere has been compounded by a series of threats ranging from the overturn of Government on 12 April after a week of riots over high food prices, nearly four months of stalemates with no official approved Government to the huge devastation caused by an unprecedented row of four tropical storms and hurricanes (Fay, Gustav, Hanna and Ike). The 2008 storms and hurricanes have affected 165,337 families or nearly 800,000 people, including some 300,000 children, and with death toll amounting to nearly 800. In addition, 22,702 houses were totally destroyed and 84,625 partially damaged. The few existing basic social services were severely damaged. Across the country, 964 schools were reported either totally or partially destroyed leaving nearly 217,000 schoolchildren directly affected and facing hard conditions to return to schools in a context where nearly 400,000 school-aged children (around 15 per cent of the total number of children) had no access to education before. Sixty per cent of the damaged schools are government-owned. In a context where the public offer of schools is less than 20 per cent and school fees are high, critical numbers of children from destitute families could be even more denied of their right to education.

Because of the 2008 storms and hurricanes, the little that many Haitians were living with in the most affected areas was wiped out and turned almost to nothing leaving children even more exposed to higher risks of exploitation, neglect and abuses in a country where already more than 4 in 10 children (1.62 million) are living in absolute poverty.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of the Haitian population affected by the very poor level of basic social services, high consumer food prices, natural disasters and political instability. It has mainly focused on the priority areas of health and nutrition, water, sanitation and hygiene (WASH), education and child protection. However, these interventions were hindered due to instability, insecurity and lack of access to some parts of the country, especially during the recent floods.

UNICEF is leading the nutrition sector (along with the Ministry of Health) and is an active member of the health sector. In collaboration with partners Action contre la Faim (ACF), Médecins du Monde-France, Médecins du Monde-Suisse, Médecins sans Frontières-Belgique, Terre des Hommes, Concern, Initiative Développement (ID), the World Food Programme (WFP) and the Pan American Health Organization/World Health Organization (PAHO/WHO), UNICEF has ensured that at least 1,000 children were treated for severe acute malnutrition. At least 15,000 children and women received fortified meals (Sprinkles). During that period, approximately 10,000 children were screened for malnutrition. This represents about 40 per cent of children under age five in the affected areas. In order to respond to the ongoing emergency crisis, 30,000 people received basic care through mobile clinics in flood-affected areas. In addition, several local nutritional surveys have been conducted, in addition to a national survey, in order to update the baseline and guide the strategic choices. Cold chains at departmental level have been re-established after being destroyed by the floods. Furthermore, 50 post-exposure prophylaxis (PEP) kits have been made available to partners.

UNICEF is the leader for the WASH cluster in the country and together with governmental and non-governmental partners a contingency plan has been prepared to face the upcoming hurricane season.

During the year, emergency interventions to improve water systems, the construction of community latrines and provision of drinking water have benefited a total of 400,000 people who can now have access to safe water and 2,500 people to sanitation facilities. More than 60,000 people are being sensitized on hygiene promotion and 70 community water committees have been created. Despite the great improvement that these interventions represent in a country where nearly half of population is deprived of water and sanitation facilities, there are still enormous challenges to face, such as coordination issues due to the weak capacity and accountability of governmental institutions as well as lack of monitoring and maintenance. Intersectoral interventions are ongoing, such as the rehabilitation of water and drainage systems in health institutions and schools.

In 2008, UNICEF provided basic knowledge on child protection in emergency for 60 people from the six focal points of the country's 10 departments (Haitian Red Cross, Civil Protection Directorate and Ministry of Social Affairs). As a result, the capacity of the focal points to monitor and report on the situation of children separated or unaccompanied due to the emergency has been strengthened, and the newly acquired skills have been used for the recent emergency situation. In addition, the identification and referral systems for children and families severely affected by the hurricanes have been improved for key non-governmental and governmental partners – Association of Volunteers in International Service (AVSI),

CARE, Catholic Relief Services (CRS), Haitian Women's Solidarity (SOFA) and Institute for Social Welfare and Research/Ministry of Social Affairs and Labour (IBESR/MAST). At least 3,200 children have benefited from improved parental skills, psychosocial support and access to basic services in three departments (West, South and Artibonite). At least three local networks of women's associations have been reinforced to sensitize the community on the prevention of gender-based violence (GBV), especially among displaced people.

In the education sector, in close collaboration with the Ministry of Education (central and decentralized levels), the International Organization for Migration (IOM) and NGO partners (Service and Development Agency, Episcopal Commission for Catholic Education (CEEC), CRS, CARE and Save the Children) UNICEF has provided support, since the start of 2008, to more than 100,000 vulnerable children, an estimated 35 per cent of children affected by man-made or natural crises. Some 1,200 children living in violence-affected urban area benefited from improved learning conditions, rehabilitation of schools, sanitary infrastructure, canteen, furniture, school supplies, and improved teachers' skills. More than 2,000 children in six out of the eight public schools affected by Tropical Storm Noel benefited from the rehabilitation of classrooms, sanitary facilities and water points. In West Department, 12,000 children from 20 public schools benefited from a hygiene and health education programme in the disaster-affected area. UNICEF purchased school furniture and supplies to accommodate 30,000 students, 498 teachers and 83 public schools in one of the most deprived areas of the country. UNICEF also procured 71 'school-in-a-box' kits to respond effectively to the urgent education needs of 5,680 affected schoolchildren. A total of 132 schools are being cleaned in the disaster-affected area of Gonaïves, thus enabling 50,000 children to resume schooling. Some 40,000 children are returning to school for the 2008–2009 academic year and are provided with student kits, while benefiting from the rehabilitation of school infrastructure. In addition, 700 teachers in 123 schools in West Department are improving their teaching skills.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

UNICEF leads and is responsible for coordinating four major sectors (nutrition, WASH, education and child protection). UNICEF has established and reinforced collaboration with governmental counterparts in those particular sectors and also with other UN agencies such as the World Health Organization (WHO), WFP and IOM. In September 2008, the WASH cluster has been activated.

#### Linkages of HAR with the Regular Programme

In the last four years, Haiti has been severely struck by natural disasters and political crises, thus impairing its capacity to provide basic services to the population. While emergency funds will enable UNICEF to respond to sudden or immediate crises, they will also complement the ongoing efforts of the Country Office to support and reinforce the Government's capacities to provide basic social services to a very deprived population.

In 2009, UNICEF's emergency programme will aim to provide nutritional support to an estimated 5,000 pregnant women and 10,000 severely malnourished children. The programme will endeavour to facilitate the return or first-time access to education for an estimated 100,000 most affected children, ensure access to drinking-water sources and sanitation facilities for some 200,000 people, and protect 3,000 children at risk or most vulnerable to family separation, sexual violence and other forms of violence, exploitation and abuse.

#### Emergency Preparedness (US\$ 500,000)

For 2009, the overall objective is to establish a strong basis for standing readiness that will help ensuring children's and women's basic right to survival and well-being in whatever emergency situation, through the following key activities:

- Ensure coordination among the various actors (Government, UN agencies and partner NGOs) in the areas of nutrition, WASH, education and child protection;
- Procure and preposition emergency supplies to ensure response in the first 72 hours for an estimated 2,000 families;
- Develop and strengthen partnership agreements and memoranda of understanding (MoUs) with the Government's emergency response agency, other UN agencies and partner NGOs;

- Reinforce the capacity of the Government, UN agencies and partner NGOs in emergency preparedness and response, particularly in the areas of nutrition, WASH, education and child protection.

### **Health and Nutrition (US\$ 5,000,000)**

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 and to ensure that pregnant women in affected areas are identified and provided with micronutrient supplementation. Some 50,000 affected persons, host communities and impoverished persons will benefit from the following key activities:

- Procure and distribute essential emergency drugs and equipment to 20 mobile clinics and temporary health dispensaries in addition to the existing health facilities in order to cover 50,000 people;
- Continue with the procurement and active distribution of all vaccination supplies in the country, with special focus on affected areas;
- Continue supporting at least 30 newly established outpatient therapeutic feeding centres run by partners to reach 10,000 severely malnourished children (about 40 per cent of the estimated load in the country and around 70 per cent of the children in the affected areas);
- Train 200 health agents in treating severe acute malnutrition;
- In collaboration with WFP distribute antihelmintic drugs and vitamin A to 300,000 school-aged children;
- Support supplementary feeding programmes in collaboration with WFP, targeting 15,000 pregnant women and children under age five in the affected areas (70 per cent of estimated load);
- Coordinate the nutrition cluster through the deployment of a nutrition specialist.

### **Water, Sanitation and Hygiene (US\$ 2,500,000)**

For 2009, the overall goal is to reach around 200,000 persons, focusing particularly on children and women through the following key activities:

- Undertake emergency rehabilitation/repairs of 10 existing water supply infrastructures benefiting an estimated 100,000 people;
- Support the emergency rehabilitation/repairs of sanitation infrastructures in affected communities at household, communal and municipal levels for about 20,000 people;
- Rehabilitate water and sanitation infrastructures at 50 schools and 2 health centres benefiting around 30,000 people;
- Drill 30 new boreholes and rehabilitate more than 60 existing boreholes to provide safe drinking water to some 50,000 people;
- Provide hygiene promotion and education to 200,000 people;
- Provide sanitary materials, water filters and hygiene items to 10,000 flood-affected people;
- Ensure the cluster coordination activities through the deployment of a water and environmental sanitation (WES) specialist.

### **Education (US\$ 2,900,000)**

For 2009, the overall goal is to guarantee access to education to children affected by the emergency crisis. A total of 40,000 crisis- and disaster-affected children and 125 schools will benefit through the following key activities:

- Provide 40,000 student kits (schoolbags, scholastic materials);
- Rehabilitate 50 schools that can be reopened with community-based input (including water and sanitation, cleaning, repair) accommodating approximately 20,000 children;
- Refurbish 125 schools (providing school kits, school furniture and textbooks) to provide a quality environment to more than 40,000 school-aged children;
- Undertake specific education support programme to facilitate the enrolment of 5,000 children of most affected families;
- Support quality early learning for 4,800 preschoolers in 80 preschool facilities by improving educators' skills, providing early learning materials, refurbishing classrooms and constructing age-adapted sanitation facilities;
- Provide technical support to the Ministry of Education to elaborate, execute and monitor a plan for the rehabilitation and reconstruction of disaster-affected schools.

### **Child Protection (US\$ 600,000)**

For 2009, the overall goal is to strengthen child protection in emergency preparedness and response, particularly in the areas of family separation, birth registration, and access to basic and social services for the affected children in three key departments (Artibonite, South and West), in close partnership. Key activities will include:

- Ensure that at least 3,000 children affected by the emergency situation of September 2008–2009 in Artibonite, South and West Departments, particularly orphaned and other vulnerable children (OVC), continue to benefit from referral systems for improved access to basic and social services;
- Ensure that at least five focal points from the Civil Protection Directorate, the Haitian Red Cross and the Ministry of Social Affairs in 10 departments are trained in rapid protection assessment methods, referral system, prevention of GBV and prevention of family separation, and are able to coordinate a child protection response within the departmental committee for risk management and reduction in the event of an emergency;
- Enhance the capacity of local counterparts of the Ministry of Social Affairs and of the Institute for Social Welfare and Research (IBESR) in targeted areas in monitoring, reporting, investigating child-care institutions in affected areas, and referring them to competent authorities;
- Ensure that 168,000 affected children (80 per cent) in targeted departments are reissued birth certificates that were destroyed/lost during the 2008–2009 hurricane season;<sup>1</sup>
- Support the protection mechanism currently ensured by a Senior Protection Officer under the Office of the Humanitarian Coordinator, particularly for women and children.

<sup>1</sup> Out of an estimated 300,000 children affected by natural disasters, about 30 per cent (90,000) did not have a birth certificate before the disasters. Eighty per cent of the 210,000 children (168,000) will be supported by UNICEF for the reissuance of their birth certificate.

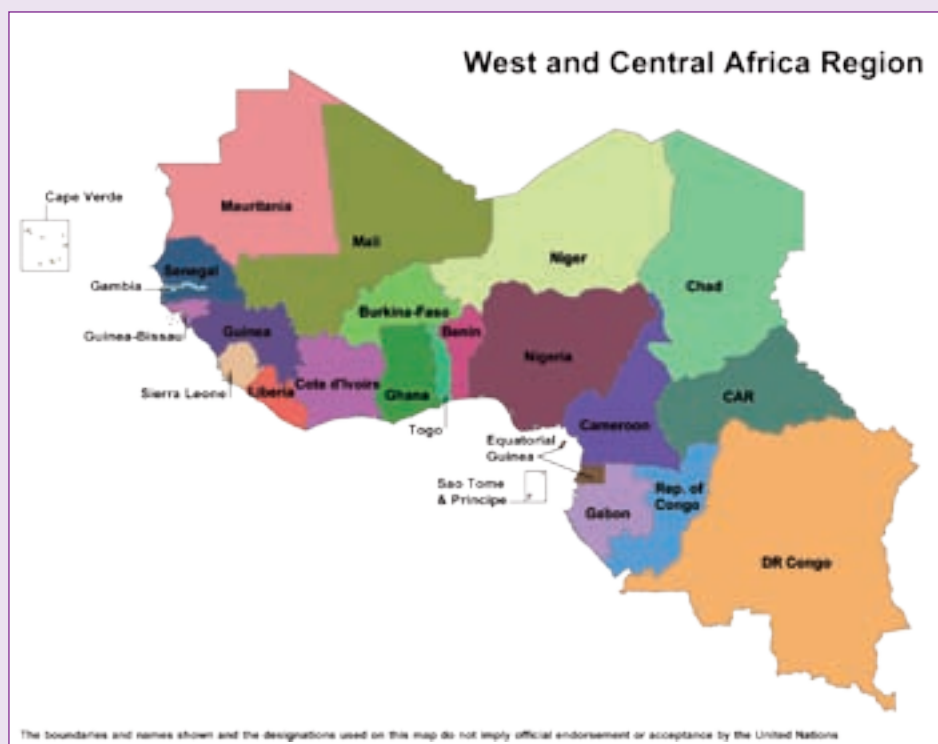




# WEST AND CENTRAL AFRICA REGION

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## UNICEF HUMANITARIAN ACTION WEST AND CENTRAL AFRICA IN 2009



The risk of medium- and large-scale emergencies in the West and Central Africa region remains high in 2009. In addition to volatile political and socio-economic situations in Central African Republic, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Guinea and Guinea-Bissau, the region continues to confront malnutrition in the Sahel countries and recurrent emergencies, such as cholera, meningitis and floods. The impact of high food prices across the region could add risks to the ongoing fragility of countries and vulnerable groups within the region.

<b>West and Central Africa Emergency Needs for 2009*</b>	
<b>Sector</b>	<b>US\$</b>
Strengthening Emergency Response	2,600,000
Child Survival and Nutrition	11,011,594
Health (preparedness and response to meningitis)	1'280,000
Water, Sanitation and Hygiene	13,382,580
Education	900,000
Child Protection	724,700
HIV and AIDS	260,000
<b>Total**</b>	<b>30,158,874</b>

\* 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 risk of medium- and large-scale emergencies in the West and Central Africa region remains high for 2008. In addition to volatile political and socio-economic situations in Central African Republic (CAR), Chad, Côte d'Ivoire, Democratic Republic of the Congo (DRC), Guinea and Guinea-Bissau, the region continues to confront malnutrition in seven Sahel countries and recurrent emergencies, such as floods and cholera and meningitis epidemics. The impact of high food prices across the region is an added concern that will require a continued scale-up of nutritional interventions to ensure that the gains made so far are not lost, and ongoing monitoring to ensure timely and appropriate responses to reach vulnerable children.

In the area of child protection, the reintegration of demobilized children remains fragile in countries moving out of the crisis, such as Côte d'Ivoire and Liberia. Children in this region have also been victims of sexual violence, with 50 per cent of survivors of sexual violence under age 18. In Liberia and Sierra Leone, more than 15,000 children have been enrolled in armed groups, and thousands of children have been separated from their families due to displacement and migration. These children, although they benefit from reintegration support, still face a number of challenges and require support.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

**Strengthening emergency response to natural disasters and other rapid onset emergencies.** Sudden onset emergencies, such as natural disasters and outbreaks or resumptions of conflict, require that UNICEF Country Offices be adequately prepared to ensure appropriate and timely response. Funds raised through the *Humanitarian Action Report* have allowed for technical and operational support to Country Offices and partners, and provided urgent human resource surge capacity to multiple emergency operations. Cameroon and Guinea-Bissau benefited from this flexible funding mechanism to support their immediate needs during the first days of their emergencies.

**Child survival and nutrition.** In the area of nutrition, national protocols for an integrated management of acute malnutrition have been developed or adopted in all West African countries included in the Consolidated Appeal Process (CAP), as well as in newly integrated countries (e.g., Guinea, Guinea-Bissau and Senegal). National capacity-building for the management of acute malnutrition is actively supported. UNICEF's West and Central Africa Regional Office (WCARO) ensures the coordination of a regionwide effort to provide quality and timely care to children suffering from acute malnutrition. WCARO continues to strengthen inter-agency coordination, synergy and accountability among UN agencies and humanitarian partners in nutrition as per the Inter-Agency Standing Committee (IASC) agreements for emergency preparedness and response. UNICEF participates actively in the regional Food Security and Nutrition Working Group and contributed to the joint regional mapping of existing capacities and programmes at country level. Technical support was also provided to Country Offices for planning and implementation of nutrition programmes with field visits to Cameroon, CAR, Guinea and Niger.

**Water, sanitation and hygiene.** In 2008, the UNICEF water, sanitation and hygiene (WASH) programme responded to cholera outbreaks in several countries in the region. The worst affected country is Guinea-Bissau, where humanitarian agencies are still responding to a cholera outbreak throughout the country with more than 11,951 cases recorded and 198 deaths (case fatality rate: 1.7 per cent). The development of a regional French language emergency WASH training certificate programme in cooperation with the Burkina Faso University 2IE has been completed. This course aims to reinforce the coordination and technical skills of partners (governments, UN agencies and NGOs) working in the sector. The course will involve interested WASH cluster partners – to date, Action contre la Faim (ACF), CARE, the International Federation of Red Cross and Red Crescent Societies (IFRC) and Oxfam – and will be managed by consultants from BioForce. The first course is scheduled to start in January 2009. WASH cluster coordination was ensured in eastern Chad, DRC, Liberia and Togo among other countries.

**Education.** A first step towards partnership was the presentation and discussion of the cluster approach in education to World Food Programme (WFP) partners. UNICEF has created an education in emergency post at the regional level to support Country Offices in the areas of coordination, advocacy, preparation, design and implementation. Intensive technical support helped countries affected by emergencies to mobilize resources to respond to new emergency situations. A comparative study was conducted on education systems in Sahel and non-Sahel countries to analyse trends and identify emergency-related factors impacting progress towards universal primary education.

**Child Protection.** Seven countries (Burkina Faso, CAR, Chad, Côte d'Ivoire, DRC, Guinea and Mali) have benefited from capacity-building in family tracing and reunification in French. Training and coaching on emergency preparedness and response has helped Country Offices improve their response to issues of child separation. CAR and Chad have benefited from experiences and lessons learnt from DRC, Liberia and Sierra Leone regarding child protection response in emergency

and have integrated these lessons into their respective response programmes. In addition, Mano River countries as well as Great Lakes region's countries and CAR/Chad/Sudan/Uganda increased cross-border coordination for the design of programmes benefiting unaccompanied children and children associated with armed groups' movement across borders.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### **Coordination and Partnership**

UNICEF actively participates in sector group coordination at regional level and is taking leadership role in the areas of nutrition, WASH and child protection. In 2009, an education coordination structure will be established between Save the Children Alliance and UNICEF.

At both the Regional and Country Office level, UNICEF will continue to strengthen inter-agency coordination, synergy and accountability among UN agencies and humanitarian partners as per IASC agreements in the areas of nutrition and WASH. In addition, emphasis will be given to increasing and accelerating not only UNICEF's but also partners' emergency preparedness, through inter-agency simulations.

#### **Strengthening Emergency Response (US\$ 2,600,000)**

##### **Regional Emergency Rapid Response Project (US\$ 300,000)**

- Support Country Offices to complete contingency planning processes when faced with an increased risk of emergency and/or to kick-start an initial emergency response;
- Strengthen regional human resources surge capacity mechanism to allow rapid deployment of experienced emergency staff immediately before or at the onset of a crisis;
- Manage the Regional Emergency Rapid Response Fund (RERRF) in support to selected countries' initial emergency response planning process.

##### **Strengthen Contingency Planning and Support Partners (Governments and NGOs) for Improved Emergency Preparedness and Response (US\$ 100,000)**

Following the humanitarian reform, inter-agency contingency planning, piloted with WFP and the Office for the Coordination of Humanitarian Affairs (OCHA), is a process increasingly being conducted in a number of West and Central African countries. Key activities will include:

- Conduct inter-agency emergency simulation exercises to help Country Offices improve their inter-agency contingency planning processes in collaboration with partner agencies and Government.

##### **Strengthen Emergency Response to Floods and other Natural Disasters (US\$ 2,000,000)**

- Support Country Offices to advocate for and roll out a capacity-building strategy at country and district levels, including but not limited to stockpiling of supplies, commonly agreed needs assessment modalities, coordination mechanisms, definition of roles and responsibilities, and definition of performance benchmarks for assessing the response;
- Provide emergency response in the key areas of health and nutrition, WASH, education and child protection in select Country Offices severely affected by floods and other natural disasters.

##### **Emergency Preparedness and Response in Cameroon (US\$ 200,000)**

UNICEF Cameroon is accelerating its emergency preparedness and response activities in order to improve its own and partners' emergency response capacities, particularly in light of the increased risk of crises in CAR and Chad. In addition, the Cameroon Office provides regular logistical and procurement support to both countries. Specific preparedness and response action plans for each sector, including operations and communications, will be developed to ensure that the necessary measures are taken to support an initial response. Key activities will include:

- Recruit an Emergency Coordinator for an initial period of six months;
- Conduct cluster preparedness assessment and develop strategy to address gaps;
- Recruit technical specialists to support cluster coordination and management;
- Procure and preposition stocks based upon contingency planning scenarios.

## **Child Survival and Nutrition (US\$ 11,011,594)**

### **Regional Emergency Nutrition Preparedness and Response for Child Survival (US\$ 3,156,500)**

The high mortality rate coupled with an already alarming nutritional situation predicts serious implications for current commodity price increases. Several countries in the region are particularly exposed as a result of high levels of food imports, low levels of agricultural productivity, climatic shocks, high rates of urbanization and, in some countries, localized conflicts. The poverty levels are likely to rise further and children will be especially hard hit as a result of declining household living standards in nutrition, access to health services and harmful coping strategies. Key activities will include:

- Continue to strengthen inter-agency coordination, synergy and accountability among UN agencies and humanitarian partners as per IASC agreements;
- Support the implementation of national protocols and guidelines for the management of acute malnutrition;
- Strengthen the capacity of country programmes to ensure an uninterrupted pipeline of therapeutic foods, micronutrient supplements, essential drugs and anthropometric, monitoring and counselling tools for the management of acute malnutrition as well as other commodities that can prevent the deterioration of the situation;
- Strengthen regional capacity to plan, implement and analyse nutrition surveys (SMART) and support implementation of nutrition information and early warning systems and disseminate findings;
- Based upon ongoing capacity of mapping exercise, support Country Offices to integrate risks into their contingency planning process.

### **Emergency Nutrition for Child Survival in Burkina Faso (US\$ 4,793,294)**

In Burkina Faso, the prevalence of malnutrition is currently estimated at above emergency thresholds. Findings from the 2006 Multiple Indicator Cluster Survey describe a prevalence of global acute malnutrition of 23.1 per cent. Furthermore, a series of three surveys conducted between 2007 and 2008 among children aged 0–35 months also describe the nutrition situation as serious. In these surveys, which were conducted by WFP, UNICEF and partners in five regions with high nutritional vulnerability, the prevalence of global acute malnutrition was consistently above 15 per cent. The high food prices represent a further challenge for the country, especially for the 46 per cent living below the poverty line. It is therefore likely that the nutritional situation of the most vulnerable children and pregnant and lactating women will further deteriorate as the quantity and quality of foods consumed declines. This project will focus on rehabilitating 26,000 children suffering from severe acute malnutrition, while prevention activities will reach 15 per cent of the total number of children under age five and their mothers. Key activities will include:

- Manage malnutrition among infant and young children;
- Prevent malnutrition among infants and young children and pregnant and lactating women;
- Engage in emergency preparedness and response and disaster mitigation;
- Strengthen coordination and partnership for effective implementation.

### **Nutrition for Child Survival in Togo (US\$ 1,861,800)**

The 2006 Multiple Indicator Cluster Survey shows that the prevalence of global acute malnutrition at the national level is 14.3 per cent and the prevalence of acute malnutrition is over emergency thresholds in three regions of the country. Flooding at the end of August 2008 exacerbated the situation for an already vulnerable population and added to the burden of malnutrition. Moreover, some 91 per cent of the population in the region of Savanes lives below the poverty line. The UNICEF Togo Office needs funds to sustain nutritional emergency actions in the three most affected regions of the country, to scale up the action beyond the initial affected regions, and to develop the capacity of the Government of Togo and communities to prevent malnutrition in future years. Key activities will include:

- Manage and treat acute malnutrition;
- Prevent acute malnutrition amongst infants and young children;
- Improve the nutrition information system.

### **Nutrition Interventions in Cameroon (US\$ 1,200,000)**

Cameroon confronts three different nutritional emergencies, one in North and Far North Provinces, which is a structural nutritional crisis affecting 110,000 acutely malnourished children aged 0–5 years; another silent emergency stemming from the political violence and civil instability in North-West CAR impacting 75,000 CAR refugees living in Adamawa and East Provinces since 2006; the third is the ongoing impact of the armed conflict between Chadian rebels and the Chadian Army in N'Djamena (Chad) in early February 2008 and affecting a limited number of Chadian refugees living in Langui in North



Province. UNICEF will support the Government and humanitarian partners in the prevention and management of malnutrition among refugee populations as well as their host communities in East, Adamawa, North and Far North Provinces through the following key activities:

- Manage acute malnutrition among all children;
- Prevent acute malnutrition through the 'National Mother and Child Health and Nutrition Week', carried out twice a year, and programmes of essential actions in nutrition.

### **Health (Preparedness and Response to Meningitis) (US\$ 1,280,000)**

#### **Strengthen Preparedness and Response to Meningitis Epidemics in West African Countries in the 'Meningitis Belt' (US\$ 600,000)**

This project aims to reduce morbidity and mortality due to meningitis in Benin, Burkina Faso, Chad, Côte d'Ivoire, the Gambia, Ghana, Guinea, Mali, Niger, Nigeria, Senegal and Togo. Key activities will include:

- Increase and ensure the availability of polysaccharide vaccines in the short and medium terms so as to implement mass vaccination prevention and riposte campaigns;
- Increase and ensure the availability of first-line drugs for treatment in case of epidemics;
- Increase and ensure the availability of laboratory supplies and equipments for countries in case of epidemics;
- Carry out, if necessary, rapid risk assessments at national level to optimize the prepositioning and use of vaccines, drugs and laboratory supplies;
- Help raising funds to support countries' epidemic preparedness and response activities at international and national levels.

#### **Health Interventions for Refugees and Host Communities in Cameroon (US\$ 680,000)**

With emergencies in Far North, East and Adamawa Provinces, the health status of children and other vulnerable populations in these regions remains alarming. Past interventions in immunization have only reached approximately 40 to 50 per cent coverage for the various antigens among refugee populations in Adamawa and East. Maternal and neonatal mortality remains high. Key activities will include:

- Implement immunization Plus activities in Adamawa and East Provinces and in Kousseri;
- Provide health facilities with essential supplies, such as safe delivery kits, emergency reproductive health kits, delivery beds, mosquito nets, antimalarial artemisinin-based combination drugs for intermittent preventive treatment of pregnant women, and essential obstetric and newborn care (EONC) equipment and related commodities.

### **Water, Sanitation and Hygiene (US\$ 13,382,580)**

#### **Strengthen Regional and Country-Level Capacity to Ensure that Actions are Taken in WASH for Child Survival (US\$ 1,872,500)**

The WASH coverage in the West and Central Africa region is among the lowest in the world. Unsafe drinking water, inadequate water for hygiene, lack of sanitation and poor vector control dramatically increase the risks of epidemic outbreaks, contribute to maintain a high prevalence of water-related diseases and exacerbate children's malnutrition. Key activities will include:

- Continue strengthening inter-agency coordination, synergy and accountability among UN agencies and humanitarian partners in WASH as per IASC agreements for emergency preparedness and response;
- Continue strengthening the WASH response capacity, support the development of strategies both at country and regional levels, and develop a regional human resource surge capacity mechanism to allow rapid deployment of experienced WASH staff;
- Implement a strategy to increase the level of relevant WASH emergency stocks within specific countries and improve the supply chain.

#### **Reduce the Occurrence and Incidence of Cholera Outbreaks and Improve Emergency Response in Hotspot Areas (US\$ 10,000,000)**

This project aims at reducing the risks and improving the emergency preparedness for cholera in Benin, Côte d'Ivoire, Guinea, Guinea-Bissau, Liberia, Niger, Senegal and Togo. Key activities will include:

- Develop an integrated cholera mitigation strategy;
- Develop an integrated cholera response plan.



### ***Develop a WASH Response to Communities Affected by High Food Prices in the Framework of the REACH Initiative in Burkina Faso (US\$ 1,010,080)***

The project intends to contribute to the reduction of the high prevalence of acute malnutrition and diarrhoeal diseases in the most vulnerable communities of the Centre-North region of Burkina Faso and, consequently, reduce the mortality rates among children under five and pregnant women, and enhance hygiene practices in the most vulnerable communities. This project is part of a regional approach to integrate sustainable WASH activities into the REACH initiative for Sahelian countries. Key activities will include:

- Identify hotspot communities with high undernutrition and low-level WASH indicators in the Centre-North region;
- Develop and promote community hygiene and sanitation practices;
- Increase water, soap and latrine availability/coverage at acute malnutrition treatment centres.

### ***Support WASH interventions for Refugees and Host Communities in Cameroon (US\$ 500,000)***

The UNICEF/UN Refugee Agency water supply and sanitation ongoing project implemented by Première Urgence for Central African refugees in East and Adamawa Provinces consists of the rehabilitation of health centres, including the construction of latrines and incinerators, and the collection of rainwater for handwashing. To complement this project, there is a need to promote family latrines, to ensure community management of water points and to develop information, education and communication (IEC) materials for behaviour change related to hygiene practices. Key activities will include:

- Support refugees and host populations for the construction of family latrines;
- Train and equip water committees to maintain and manage water points;
- Design and produce IEC materials.

## ***Education (US\$ 900,000)***

### ***Strengthen Regional Education Emergency Preparedness and Response (US\$ 300,000)***

Since 2006, UNICEF in cooperation with Save the Children and other partners has been working to develop an education in emergency cluster in the West and Central Africa region. For 2009, the overall goal is to strengthen and expand the realm of support to countries' efforts to plan and implement adequate responses in emergency situations. Capacity and partnership building will be consolidated through the following key activities:

- In collaboration with network partners, Inter-Agency Network for Education in Emergencies (INEE) regional training of trainers, establish an education in emergencies roster of experts for effective deployment;
- Monitor the impact of high food prices on education systems and on children's learning and development, specifically in the Sahel countries where the state of emergency has become endemic in several areas;
- Support the efforts of four post-conflict/crisis countries in the region (Côte d'Ivoire, Guinea, Liberia and Sierra Leone) for the provision of better quality education services to impoverished border communities whose capacities will be strengthened as a way to reduce the risk of conflict moving across their borders and to enforce peace within their boundaries.

### ***Access to Quality Education for Refugees and Host Communities in Cameroon (US\$ 600,000)***

Due to the influx of refugees from CAR, the education situation in eastern and northern Cameroon needs to be characterized as a crisis. Classrooms are overcrowded, schools dilapidated, students have few or no supplies and textbooks, and there is a major shortage of qualified teachers. Schools in these two most affected provinces have received more than 14,000 refugee children and it is estimated that at least an additional 15,000 school-aged refugee children are still out of school. UNICEF in partnership with the Ministry of Basic Education and NGOs will seek to assist 200 schools, 50,000 students and 800 teachers and communities over 30,000 km<sup>2</sup>. Key activities will include:

- Procure essential school furniture, textbooks as well as learning and recreational materials;
- Train teachers in emergency education strategies;
- Sensitize and mobilize host and refugee communities on the rights of all children to education;
- Monitor and evaluate education activities.

## **Child Protection (US\$ 724,700)**

### **Regional Capacity-Building for Child Protection in Emergency Preparedness and Response (US\$ 500,000)**

- *Coordination:* Support Country Offices (who have adopted the cluster approach) for a stronger articulation of child protection within the broader protection cluster; continue to facilitate cross-border and subregional coordination and collaboration for child protection interventions during emergency and post-emergency settings for Mano River countries, Great Lakes' region countries as well as Cameroon, CAR and Chad;
- *Emergency preparedness:* Review and contribute to emergency preparedness plans, response programmes and capacity-building initiatives to ensure the mainstreaming of child protection issues across all sectors in five countries; support capacity-building amongst government partners and national and international NGOs to respond to emergencies in five countries;
- *Response capacity and programming:* Support emergency response programming to include planning for the transition period in five countries; support capacity-building of partners for psychosocial approach and care in emergency settings; conduct evaluation of capacity-building initiatives from 2008 (in particular family tracing and reunification training in seven countries);
- *Monitoring and evaluation:* Support data collection systems implementation for unaccompanied children in seven countries.

### **Early Warning for the Impact of High Food Prices on Children's Vulnerability in Togo (US\$ 224,700)**

In 2006, 43.9 per cent of Togolese children lived in poor households with 22 per cent of them living in very poor households. The situation is being further compounded by high prices of essential products resulting in a considerable increase in the number of abandoned children, children living and/or working on the street, children in conflict with the law, children involved in prostitution and child beggars. Key activities will include:

- Conduct an assessment on the impact of high prices on children;
- Establish an emergency action plan to assist children affected by price eruption;
- Form and train community-based child protection networks for early warning, mapping and care.

## **HIV and AIDS (US\$ 260,000)**

### **HIV and AIDS Interventions for Refugees and Host Communities in Cameroon (US\$ 260,000)**

Refugee children and women as well as the indigenes in the three affected provinces (East, Adamawa and North) are increasingly vulnerable to HIV and AIDS. In 2007, HIV prevalence in East Province was among the highest in the nation at 8.6 per cent. Key activities will include:

- Train and boost capacity and outreach for 3,000 service providers, volunteers and peer educators on community mobilization and sensitization on prevention of mother-to-child transmission of HIV (PMTCT), orphaned and vulnerable children (OVC) and provision of life skills training for adolescents and youth;
- Integrate the identification of OVC and others highly vulnerable to HIV and AIDS with child protection actors and networks;
- Adapt and reproduce training and sensitization materials on HIV and AIDS for appropriate use with CAR refugee groups and utilize radio stations and local media for HIV and AIDS messages in local languages.

# UNICEF HUMANITARIAN ACTION CENTRAL AFRICAN REPUBLIC IN 2009



Core Country Data	
Population under 18 (thousands)	2,137
U5 mortality rate	172
Infant mortality rate	113
Maternal mortality ratio (2000–2007, reported)	540
Primary school enrolment ratio (2000–2007, net, male/female)	53/38
% U1 fully immunized (DPT3)	54
% population using improved drinking-water sources	66
Estimated adult HIV prevalence rate, 2007	6,3
% U5 suffering moderate and severe underweight/stunting	29/38

Source: *The State of the World's Children 2009*

The Central African Republic (CAR) is an emergency country with huge challenges. In terms of emergency preparedness and response, one great challenge is the occurrence of frequent epidemic diseases, mainly in the northern zones. Additional challenges include high prices of food and other essential commodities that have exacerbated food security; restricted access to many areas due to insecurity; limited resources against huge needs; and the lack of effective implementing partners with significant expertise in emergency situations. Sufficient funding for the planning and implementation of emergency programmes in CAR will certainly help address most of these challenges. The funds raised through the *Humanitarian Action Report 2009* will benefit a total population of 487,360 persons, among them 170,200 children.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	6,743,990
Water, Sanitation and Hygiene	1,990,040
Education	1,072,900
Child Protection	1,839,400
Shelter and Non-Food Items	835,000
<b>Total**</b>	<b>12,481,330</b>

\* 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 Central African Republic (CAR) is a politically and economically unstable country where poverty is ravaging and social infrastructures providing basic services are almost non-existent. Among other factors, the armed conflict could be considered as a major reason for the deterioration of the humanitarian situation in the country. Since 2005, fighting between the national army and other armed groups, as well as increased banditry, has led to the displacement of great numbers of population both inside and outside the country. According to the Office for the Coordination of Humanitarian Affairs (OCHA) in CAR, as of September 2008, the conflict-affected population stands at approximately 197,000 (108,000 internally displaced persons (IDPs), 85,000 returnees and 3,139 Sudanese refugees from Darfur). Additionally, some 108,000 Central African refugees reside in neighbouring countries, mainly in Cameroon and Chad. There are health and safety fears for the displaced populations. Large numbers live in makeshift shelters without protection or access to health-care facilities. Malnutrition (the nutrition survey conducted in Vakaga in January 2008 showed 4.7 per cent of global acute malnutrition (Z-score) and 2.0 per cent of severe acute malnutrition) and epidemic diseases (measles, meningitis, hepatitis, yellow fever, poliomyelitis etc.) are common in most of these conflict-affected areas. In response to this situation, the humanitarian actors operating in the region are currently providing emergency health care, including immunization and non-food items (NFIs), and supporting education services.

Prior to the actual crisis, 50 per cent of school-aged children were at school. As a result of the conflict, the school population was reduced to one-third. Efforts in 2008 aimed at bringing 150,000 children back to school in communities where people are returning home in north, central and north-east CAR. UNICEF in close collaboration with field partners working in the area of education was able to get 151,076 children (94.05 per cent) back to school – 74,000 in the north and 67,076 in the centre and north-east. Nevertheless, as more families are returning home due to relative security in the conflict areas, more children will need to resume schooling in 2009. In general, enrolment is still low and drop-out rates remain above 30 per cent.

Despite the new peace accords and efforts to reunify territories controlled by different groups, the recruitment of children by armed groups continues. It is estimated that over 700 children are still associated with armed groups, with the most concerning situation in northern prefectures, but also in southern Haut-Mbomou due to the presence of rebels from the Ugandan Lord's Resistance Army (LRA). Reports of sexual violence are increasing.

On the political front, the recent peace agreement between the Government and rebel groups, signed in Gabon on 21 June 2008, is in difficulties and rebels announced a suspension of their participation in the peace process scheduled to culminate in an all-inclusive political dialogue. This could have a further negative impact on the political and security situation of the country already in trouble.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In close collaboration with the national government, local NGOs, faith-based organizations and international partners – Action contre la Faim (ACF), Comité d'aide médicale (CAM), Cooperazione Internazionale (COOPI), Danish Refugee Council (DRC), International Medical Corps (IMC), International Rescue Committee (IRC), Jesuit Refugee Service (JRS), Médecins sans Frontières (MSF), Norwegian Refugee Council (NRC), Solidarités, Triangle Génération Humanitaire – and UN agencies, UNICEF has continued to respond to the humanitarian needs of the CAR population affected by the war. It has mainly focused on the priority areas of health and nutrition, water, sanitation and hygiene (WASH), education and child protection.

In the area of health, in response to two outbreaks of the wild poliovirus, three rounds of National Immunization Days (NIDs) were organized, reaching more than 740,000 children under age five. In addition, a three-round maternal and neonatal tetanus (MNT) immunization campaign was conducted throughout the country. More than 1 million women of childbearing age were vaccinated during each round. The first round of the MNT campaign was associated to vitamin A supplementation and deworming with Mebendazole, reaching 68 per cent of children aged 6–59 months. Finally, close to 65,000 persons (75 per cent of affected people) were vaccinated against meningitis in response to an outbreak occurred at Nana Gribizi Prefecture during the first quarter of 2008. UNICEF supported all operational costs.

In the area of nutrition, UNICEF ensured the provision of therapeutic foods, micronutrients and essential drugs to support six therapeutic feeding centres and three outpatient treatment centres in 2008. A monthly average of 100 severely acutely malnourished children was treated in each centre (coverage estimated at 45 per cent).

In the education sector, learning conditions were improved through the distribution of school materials (52,500 textbooks, 912 'school-in-a-box' kits, 1,640 school benches and 9 motorcycles) as well as the supervision and follow-up of field activities. Approximately 74,000 children went back to school throughout northern CAR. Partner NGOs reopened public schools and established bush schools for displaced children.

UNICEF, in cooperation with OCHA, the United Nations Peace-Building Support Office in the Central African Republic/ Department of Political Affairs/Department of Peacekeeping Operations (BONUCA/DPA/DPKO), the Office of the Special Representative to the Secretary-General on Children and Armed Conflict (SRSG-CAAC) and other partners also achieved and/or initiated activities for the disarmament, demobilization and reintegration of child soldiers formerly associated with the Union of Democratic Forces for Unity (UDFR) and the Popular Army for the Restoration of Republic and Democracy (APRD). These efforts led to the demobilization and reintegration of over 400 children formerly linked to UDFR rebel group, while similar actions are underway with APRD.

UNICEF and its partners provided access to drinking water to more than 197,000 persons (targeting almost all IDPs at the rate of 500 persons per water point (according to Sphere standards), through the rehabilitation of 345 water points and the construction of 49 new ones. UNICEF re-established, trained and equipped 122 village water management committees; reached 156,337 persons with hygiene messages; distributed WASH kits (jerrycans, soap and cups) to 15,615 IDPs; installed 75 improved ventilated pit (VIP) latrines in schools and health centres; and provided 2,004 households with home-based rainwater catchments and water filtration kits (plastic sheeting and PVC pipes). Other members of the WASH cluster reached an additional 257,136 persons with WASH interventions.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

UNICEF is an active member of the UN Country Team and is represented in all planning and coordination events. UNICEF participates in UN Thematic Group Meetings supporting the Government in the different sectors assisted by UN agencies, including communication. UNICEF is also strongly involved in the cluster approach coordination where it leads the nutrition, WASH, education and NFI clusters. UNICEF co-leads the protection sector with the UN Refugee Agency (UNHCR) and contributes to other clusters. UNICEF additionally participates in the Inter-Agency Coordination Group with other UN agencies, NGOs and bilateral agencies. UNICEF contributed to a number of inter-agency evaluation missions in several prefectures both in southern and northern belts.

#### Linkages of HAR with the Regular Programme

Since the Central African Republic is considered as an emergency country, the Country Programme has strong emergency components. Also, in parallel with emergency preparedness and response planning, all emergency-related activities are mainstreamed in the sectoral annual work plans in order to respond effectively to all eventual crises. The Consolidated Appeal Process (CAP) is another linkage to our emergency appeal.

During 2009, UNICEF's emergency programme will improve the emergency preparedness and response capacity of the CAR Country Office in order to mitigate the suffering of the conflict-affected population; build the capacity of UNICEF staff and partners on effective emergency preparedness and response to the crisis; forge strong partnerships; and coordinate UNICEF-supported activities with all stakeholders to better reach vulnerable groups, mainly women and children.

#### Health and Nutrition (US\$ 6,743,990)

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 to ensure that pregnant women in affected areas are identified and provided with micronutrient supplementation. A total population of 298,000 (including 49,500 children) IDPs and host and vulnerable communities will benefit from the following key activities:

- Procure and distribute essential emergency drugs and equipment to 55 health centres;
- Distribute impregnated mosquito nets to 4,000 households;
- Train community volunteers in 100 villages on home-based management of malaria, pneumonia and diarrhoea;

- Train 85 matrons in safe delivery and distribute safe delivery kits to 100 health centres;
- Support the organization of immunization riposte campaigns in the event of measles/yellow fever outbreaks;
- Support eight therapeutic feeding centres and six outpatient treatment centres;
- Train 150 health staff in treating severe malnutrition, conducting nutrition surveys/assessments in inaccessible zones and setting up a nutritional surveillance mechanism.

### **Water, Sanitation and Hygiene (US\$ 1,990,040)**

For 2009, the overall goal is to assist the population in need with WASH facilities by focusing 135,000 persons (66,690 children and 67,770 women) who will benefit from the following key activities:

- Distribute WASH-related supplies (jerrycans, hygiene kits, soap, water purification tablets etc.) to 50,000 persons;
- Promote the construction of improved family latrines for 3,230 families (16,150 persons) and household safe water treatment/storage;
- Construct new water points equipped with handpumps in the vicinity of schools, handwashing facilities and two blocks of ventilated improved pit (VIP) latrines per school with one for the exclusive use of girls;
- Train masons, pupils, parent-teacher committee members, village-level caretakers and pump mechanics for water management and the proper use and maintenance of new facilities;
- Establish a safe hygiene environment and promote good personal and domestic hygiene practices among people living in the project area;
- Foster the coordination of the WASH sector and gear up emergency preparedness activities;
- Develop policy/standards, infrastructures and school sanitation and hygiene education (SSHE) clubs mapping.

### **Education (US\$ 1,072,900)**

For 2009, the overall goal is to ensure that 13,000 children resume schooling in Bamingui Bogoran Prefecture and to reduce drop-out rates. To reach this goal, there will be intensive sensitization of communities on the need to encourage schoolchildren to remain in school until they complete the primary cycle. A total of 13,000 displaced and war-affected children and 260 teachers will benefit through the following key activities:

- Supply basic scholastic materials, including notebooks, pencils and erasers, for 13,000 primary schoolchildren;
- Procure and distribute recreational kits and school supplies for 13,000 children;
- Train 260 primary schoolteachers, with particular attention to HIV/AIDS prevention and peace education;
- Train 100 members of parent-teacher associations in leadership and school management;
- Rehabilitate and equip eight primary schools (reaching 4,800 children).

### **Child Protection (US\$ 1,839,400)**

For 2009, the overall goal is to protect, demobilize and help reintegrate some 1,100 children associated with UFDR and APRD rebel groups (of which 400 are already demobilized), prevent the recruitment of 40,000 children at risk, and support orphaned and other vulnerable children (OVC) affected by armed conflict, through the following key activities:

- Demobilize at least 500 children associated with armed forces and/or groups (CAAFG), APRD rebels and auto-defence militias, and reintegrate them back in their families/communities through 'back-to-school' campaigns, life skills training, HIV/AIDS prevention, income-generating activities etc;
- Develop 20 new child-friendly spaces for 6,000 children in APRD- and UFDR-controlled areas and four transit care centres for children demobilized from APRD;
- Support community early recovery efforts by rehabilitating 80 community-based basic social services infrastructures;
- Train 700 teachers and 500 health staff on prevention and response to all forms of violence/abuse;
- Support the reintegration through schooling and/or vocational training for 6,000 (15 per cent) war-affected and displaced children;
- Support the identification, documentation, tracing, care and reunification of an estimated 500 (45.5 per cent) separated children;



- 
- Provide psychosocial support and vocational training to over 1,000 demobilized CAAFG and other vulnerable children affected by armed conflict, including survivors of sexual and gender-based violence (SGBV);
  - Monitor and report on grave child rights' violations under UN Security Council Resolution 1612;
  - Develop and support community-based care and protective models, social welfare services and legal assistance for orphans, children working and/or living on the street, children accused of witchcraft as well as the Peulh minority in war-torn areas;
  - Develop and expand the inter-agency child protection database system (unaccompanied minors, OVC, CAAFG etc);
  - Develop community-based monitoring/protection/referral mechanisms to redress and access basic services in conflict-affected areas.

### ***Shelter and Non-Food Items (US\$ 835,000)***

For 2009, the overall goal is to help improve the living conditions and security of the 197,000 IDPs, returnees and refugees through the distribution of essential non-food items (NFIs). UNICEF, UNHCR and other partners will cover the shelter/NFI needs of the majority (147,000 persons) of the affected population through the 2009 CAP and through their respective regular programmes, while the International Committee of the Red Cross (ICRC) will cover the needs of the remaining 50,000 persons. UNICEF and other cluster members will aim to achieve this through the following key activities:

- Conduct needs assessment and monitor the humanitarian situation of conflict-affected population;
- Standardize the shelter/NFI kit in CAR and provide appropriate kits to the needy population;
- Prepare NFI distribution plan by taking into consideration the target population's perception of needs;
- Supervise and report on distribution of NFIs and monitor and evaluate project activities as well as their immediate impact on the target population;
- Increase shelter and NFI cluster coordination and regular monitoring of sector activities.

## UNICEF HUMANITARIAN ACTION

# CHAD

### IN 2009



Core Country Data	
Population under 18 (thousands)	5,690
U5 mortality rate (2007)	209
Infant mortality rate (2007)	124
Maternal mortality ratio (2000–2007, reported)	1100
Primary school enrolment ratio (2000–2007, net, male/female)	71/50
% U1 fully immunized (DPT3)	20
% population using improved drinking-water sources (rural/urban)	40/71
Estimated no. of people (all ages) living with HIV, 2007 (thousands)	200
% U5 suffering moderate and severe underweight/stunting	37/41

Source: *The State of the World's Children 2009*

UNICEF's humanitarian interventions in Chad in 2009 will contribute to meet the immediate humanitarian needs of approximately 750,000 persons (360,000 children) living in eastern and southern Chad: 310,000 refugees, over 180,000 internally displaced persons and about 250,000 host populations; as well as tackle the national 15 per cent acute malnutrition rate (including regions where levels reach 20 per cent). In collaboration with key partners, including the Government, UN agencies and international and national NGOs in affected zones, UNICEF will focus on health, nutrition, water, sanitation and hygiene, education, child protection and HIV/AIDS.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	7,369,522
Water, Sanitation and Hygiene	10,260,000
Education	11,258,598
Child Protection	4,320,000
HIV/AIDS	1,365,570
Mine Action	50,290
<b>Total**</b>	<b>34,623,980</b>

\* 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 deterioration of the humanitarian situation led to security evacuation in early February and the proclamation of UN Phase IV in eastern Chad for the whole year 2008. This situation reduced UNICEF's capacity to adequately and timely respond to the needs of women and children, be they refugees, internally displaced persons (IDPs) or receiving host communities.

Geographic coverage of the nutrition interventions for IDPs is acceptable. UNICEF has to secure enough therapeutic foods to supply partners for the next 12 months and to cover the needs of IDPs and host communities around the sites. Furthermore, there is a need to strengthen partners' capacities in the management of acute malnutrition, especially community-based management, as recommended by the national protocol. Coordination and harmonization of assessments, screening, and case management protocols are an important issue that needs to be addressed because of the relatively important number of partners involved in the sector.

UNICEF supported the implementation of water and sanitation activities only in Ouro Cassoni refugee camps in 2008, focusing efforts on IDPs and host population. The water, sanitation and hygiene (WASH) sector coverage is still very low for the host population. The Hydraulics Department estimates rural water coverage to be as low as 2 per cent in the eastern regions of Ouaddai and Wadi Fira, while sanitation is almost inexistent in rural areas (below 1 per cent). In several areas, access to water is difficult because of a deep dropping water table (over 70 metres) accessible through fractures and resulting often in low yields. In these cases, only mechanical drilling is possible and alternatives, such as hand drilling from Ouadis, are neither always possible nor sustainable for small rural communities. Moreover, with the afflux of more than 170,000 IDPs, affected host populations have seen their fragile coping mechanisms put under severe strain, leading to tensions between the two groups. Due to the lack of water, sanitation and hygiene services, the occurrence of diseases such as diarrhoea and hepatitis E is frequent in IDP settlements.

In the area of education, gross primary school enrolment ratio is of 82 per cent in eastern Chad camp schools, with 77 per cent enrolment ratio for girls. The coverage is lower in surrounding host community and IDP schools, respectively 60 per cent and 22 per cent on average (47 per cent and 16 per cent for girls). This is due to the area's high rate of illiteracy (90 per cent) as well as to generalized lack of schools, teachers and funding. Many schools and teachers are supported by parents and parent committees. Most existing schools are temporary shelters erected with rudimentary materials that must be rebuilt at the beginning of each school year. There is high shortage of teachers among IDP communities, where 95 per cent of the population is illiterate. Schools also lack equipment, such as desks, and school manuals and other didactic materials (slates, pencils, notebooks, blackboards, chalk etc.).

While a considerable amount of child protection activities have been implemented in the refugee camps, reaching about 5,000 children and adolescents, it is still difficult for UNICEF to develop institutional arrangements due to the absence of international NGOs at IDP sites. Five major problems have been identified: (1) the involvement of children in armed forces and armed groups (national army, Chadian and/or Sudanese rebel groups); (2) child trafficking, economic exploitation and worst forms of child labour (domestics, herders etc.); (3) sexual and gender-based violence, including rape and female genital mutilation; (4) non-registration of newborn refugee and displaced children; (5) proliferation of unexploded ordnance (UXO) – 30 per cent of the total number of victims are children.

Although there are no available data on the HIV situation among refugees (from Sudan and Central African Republic) and IDPs, a national survey conducted by the National Programme to Fight AIDS (PNLS) in 2005 estimated the national HIV prevalence rate within the general population at 3.3 per cent. The rate stands at 1.2 per cent in eastern Chad and at 9 per cent in southern Chad where Central African Republic refugees are settled. Twice as many women as men are infected.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In 2008, humanitarian interventions in eastern and southern Chad continued to focus on emergency needs. While assistance to refugees coordinated by the UN Refugee Agency (UNHCR) carried on as in previous years, more attention was given to IDPs and host communities under the Office for the Coordination of Humanitarian Affairs (OCHA).

UNICEF-supported routine vaccination activities and polio immunization campaigns continued on a regular basis in the 12 refugee camps, in camps for IDPs and host community villages, reaching 93,000 children under age five (49,000 refugee, 34,000 internally displaced and 10,000 host community children) in eastern Chad. At least 80 per cent of each category were vaccinated against polio during immunization campaigns, and at least 80 per cent of children under age one were vaccinated against all expanded programme on immunization (EPI) vaccines. At mid-year 2008, the immunization coverage for the main

antigens was very close to the expected 50 per cent. However, positive cases of polio registered in 2008 are an indication that these results are very fragile.

With funding from various sources, UNICEF continued distributing impregnated mosquito nets to reduce the incidence of malaria, which is the leading cause of death among children under age five in Chad; provided drugs and nutritional supplies and trained health workers in 13 existing therapeutic feeding centres established by UNICEF in 2007, 18 health centres and two district hospitals, thus ensuring the availability of adequate facilities for receiving communities and 5,000 new arrivals in the South; facilitated in close collaboration with UNHCR full education services in refugee camps for 86,000 preschool and primary school-aged children (80 per cent coverage); provided quality basic education for 12,000 Chadian displaced children (20 per cent coverage); constructed 14 new boreholes and around 3,500 latrines to meet the water and sanitation needs of 120,000 people, of whom 80,000 IDPs; supported the reunification with their families of the 103 children abducted by Children Rescue/Arche de Zoé and provided psychosocial assistance; and released 530 children out of the estimated 2,500 children associated with armed forces and armed groups.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

As recommended by the Chad Inter-Agency Standing Committee, UNICEF is cluster lead for nutrition, water, sanitation and hygiene (WASH) and education, and works closely with the Government and UN agencies – mainly OCHA, UNHCR, the World Food Programme (WFP) and the World Health Organization (WHO); with the ministries and technical Directorates of Health, Education, Family and Social Affairs at the national level; with their representatives (Health, Education and Social Action delegates) at the decentralized level; and with national NGOs such as Secours catholique pour le développement (SECADEV) and international NGOs such as CARE, Christian Outreach-Relief and Development (CORD), International Federation of Red Cross and Red Crescent Societies (IFRC), International Medical Corps (IMC), INTERSOS, International Rescue Committee (IRC), Jesuite Refugee Services (JRS), Médecins sans Frontières (MSF), Oxfam, Première Urgence, Save the Children Federation UK etc.

#### Linkages of HAR with the Regular Programme

The activities undertaken within the framework of the *Humanitarian Action Report (HAR)* are complementary to the activities undertaken through the Country Programme, namely health, nutrition, WASH, education, child protection and the fight against HIV/AIDS.

UNICEF's humanitarian action will focus on IDPs, Sudanese and Central African Republic refugees and host communities. Assistance to these groups takes place in regions of concentration of the Country Programme of Cooperation and benefits from three innovative strategies being implemented in these regions, namely (i) the accelerated child survival and development (ACDS) strategy that provides households with information on how to prevent and treat illness and delivers basic services directly to families; (ii) the hand drilling technology, which is part of the national water strategy, as a technically and financially feasible method to improve access to safe water for the 70 per cent of Chadians living in areas presenting the appropriate hydrogeological conditions for hand drilling; (iii) the Essential Learning Package (ELP) strategy designed to increase school enrolment rates, help close gender gaps and improve quality on an equitable basis.

#### Health and Nutrition (US\$ 7,369,522)

For 2009, the overall goal is to ensure that refugees, IDPs and host communities receive adequate preventative and curative health and nutrition care. Activities will target 93,000 children under age five and 38,000 pregnant/lactating mothers (less than 80 per cent of malnourished children are correctly treated in the supplementary and therapeutic feeding centres, less than 80 per cent of pregnant women have received the second dose of tetanus toxoid vaccine and less than 80 per cent of lactating mothers have received vitamin A supplementation). Nutrition-related interventions will include the following key activities:

##### Health-related interventions

- Provide and distribute vaccines and other supplies for the routine immunization of 18,600 children under age one in refugee camps, IDP sites and neighbouring host communities and of 19,065 pregnant women;

- Provide and distribute 30,000 impregnated mosquito nets and antimalarial drugs;
- Provide technical and financial assistance to partners for the immunization against polio of 93,000 children under age five;
- Support antenatal care in refugee camps, IDP sites and neighbouring host communities, providing drugs and impregnated mosquito nets;
- Train 48 health staff in refugee camps and IDP sites on immunization, antenatal care and the integrated management of childhood illness (IMCI) approach;
- Coordinate the health cluster co-led by WHO and UNICEF with the participation of OCHA, UNHCR, and WFP as well as partner NGOs, through monthly coordination meetings and the collection, analysis and sharing of health data (EPI, antenatal care etc.).

#### *Nutrition-related interventions*

- Supply more than seven partner NGOs and government services with therapeutic foods, equipment and essential drugs for the treatment of severe acute malnutrition in Ouaddai and Wadi Fira refugee camps, IDP sites and district hospitals, for an estimated 744 children;
- Train 36 government health workers and 36 NGO staff on the new national protocol for the management of malnutrition (WFP to ensure the management of moderate acute malnutrition);
- Set up a nutritional surveillance system that will include two surveys per year covering all three communities and the regular collection of feeding programmes' key indicators, such as admissions and deaths;
- Provide vitamin A and deworming tablets for at least 90 per cent of children aged 6–59 months;
- Support and promote optimal childcare and child feeding practices, including exclusive breastfeeding, complementary feeding and care of sick children (implementing the IMCI approach);
- Coordinate the activities of the UNICEF-led nutrition cluster through monthly coordination meetings, and the collection, analysis and sharing of nutrition data.

### **Water, Sanitation and Hygiene (US\$ 10,260,000)**

For 2009, the overall goal is to prevent waterborne diseases by ensuring the availability of safe water and basic sanitation for some 140,000 displaced persons, with particular emphasis on children and women, through the following key activities:

- Build and rehabilitate wells and sanitary facilities in 120 schools and communities and install handpumps to provide safe drinking water to displaced and host populations;
- Train 40 local water authority management teams and 15 central teams on sanitation assessment, strategic options, rehabilitation planning, water testing, and repair and maintenance of mini water supply systems;
- Promote hygiene education in 120 schools and 40 local communities benefiting about 70,000 children in order to reinforce the existing water and sanitation programme.

### **Education (US\$ 11,258,598)**

For 2009, the overall goal is to expand educational services and to ensure quality learning opportunities, including life skills for refugee, IDP and host community pre-primary and primary school-aged children. A total of 150,000 children of pre-primary and primary school age, displaced and war-affected, 400 preschool facilitators, 2,000 primary schoolteachers from refugee, IDP and host community schools and 200 parent committees will benefit from UNICEF's interventions through the following key activities:

- Undertake awareness-raising and social mobilization activities in order to promote community support for the education of refugee, IDP and host community children;
- Reinforce the training of preschool facilitators, primary schoolteachers and parent committees in refugee camps, IDP sites and surrounding host communities, including the training on Minimum Standards for Education in Emergencies;
- Construct 200 semi-permanent classroom structures for 20,000 children;
- Procure and distribute adequate numbers of school materials, including but not limited to textbooks, furniture, 'school-in-a-box' kits, early childhood development (ECD) and recreational kits;

- Implement effective inter-agency coordination mechanisms, in line with the cluster approach, for improved planning, coordination, monitoring and evaluation;
- Provide technical assistance on project management, supervision, monitoring and evaluation.

### **Child Protection (US\$ 4,320,000)**

For 2009, the overall goal is to consolidate the programme for the prevention of child recruitment, facilitate the release, transit, care and community reintegration of 750 children associated with armed forces or armed groups through the following key activities:

- Reach 2,500 children associated with armed groups as well as an additional 7,000 minors at risk of recruitment through the consolidation of 60 child-friendly spaces and through community-based reintegration programmes for 750 children;
- As per the Memorandum of Understanding with the International Committee of the Red Cross (ICRC) and UNHCR, support the prevention, identification, documentation, tracing, care and reunification of an estimated 400 separated children;
- Continue supporting four partner NGOs dealing with sexual and gender-based violence (SGBV) to provide life skills training and psychosocial support as well as medical referral;
- Continue working towards widespread availability of protection services aiming at preventing and responding to violence, exploitation and abuse of children and women. Activities comprise the training on child rights issues of community-based child-friendly spaces' animators, traditional leaders and military personnel;
- Continue co-chairing, coordinating and developing the Monitoring and Reporting Mechanism (MRM) to monitor and report on grave violations against children in situations of armed conflict based on Security Council Resolution 1612.

### **HIV/AIDS (US\$ 1,365,570)**

For 2009, the overall goal is to ensure that (i) 100,000 adolescents/young women acquire the knowledge and skills needed to protect themselves from HIV infection; (ii) 4,000 pregnant women (60 per cent) have access to HIV counselling and testing; and (iii) 200 HIV-infected women (80 per cent) and 100 children (100 per cent) benefit from care and support through the following key activities:

- Organize peer education activities for 360 young peer educators;
- Provide communication and educational materials to 16 youth centres, reaching 200,000 youth;
- Train 500 teachers on life skills, adolescent sexual and reproductive health and HIV prevention;
- Procure HIV/AIDS test kits – rapid tests, CD4 cell count tests, polymerase chain reaction (PCR) tests – laboratory material and equipment, and drugs for opportunistic infections;
- Train 100 health workers on voluntary counselling and testing, prevention of mother-to-child transmission of HIV (PMTCT) and paediatric care.

### **Mine Action (US\$ 50,290)**

For 2009, the overall goal is to reduce the risk of unexploded and intentionally abandoned ordnance (UXO/AXO)-related accidents among children and youth through a school-based sensitization programme. Activities will include:

- Assist the Ministry of Education and support the introduction of mine-risk education (MRE) into the primary school curriculum, targeting 15,000 students. To this effect, 500 teachers and 150 inspectors at national and regional levels will be trained on the new MRE curricula.



# UNICEF HUMANITARIAN ACTION REPUBLIC OF THE CONGO IN 2009



Core Country Data	
Population under 18 (thousands)	1,825
U5 mortality rate	125
Infant mortality rate	79
Maternal mortality ratio (2000–2007, reported)	780
Primary school enrolment ratio (2000–2007, net, male/female)	58/52
% U1 fully immunized (DPT3)	80
% population using improved drinking-water sources (rural/urban)	35/95
HIV/AIDS prevalence rate	3,5
% U5 suffering moderate and severe underweight/stunting	14/26

Source: *The State of the World's Children 2009*

The Pool Department is progressively returning to peace and reintegrating the national political agenda. However, with regard to the deterioration of basic social services as well as the alarming level of children's vital indicators, UNICEF continues responding to the humanitarian needs of the population aiming to accelerate access to a package of essential services, commodities and practices for the survival, development and protection of children and women. A total of 13,000 children under age five, 7,000 primary school-aged children and 3,100 women are expected to be reached through the funds raised by the *Humanitarian Action Report*.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	1,124,077
Water, Sanitation and Hygiene	750,043
Education	310,000
Child Protection	450,000
<b>Total**</b>	<b>2,634,120</b>

\* 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

UNICEF continues supporting the Pool Department, the least-assisted area during the post-conflict period, which faces a deterioration of vital indicators related to children and women and of basic social infrastructures. As incidents with militiamen have diminished, the Pool Department has been able to participate in local elections. These trends confirm a progressive return to peace as well as the Department's reintegration into the national political agenda. Although development partners are showing increased interest in investing in the Pool, assistance is slow due to persistent pockets of insecurity, to the armed militia's lack of confidence in the management of the disarmament, demobilization and reintegration (DDR) process and to the unachieved dialogue between the Government and the opposition led by Pastor Ntumi, which is mainly based in the Pool. This leaves the population in a situation of greater vulnerability in comparison to the remaining part of the country, increases the spread of waterborne diseases and negatively affects the nutritional status of children and women. A rapid assessment conducted in Goma Tsé-Tsé District in November 2007 showed that 8 per cent of children were severely malnourished, indicating that as many as 230 children may require treatment in this area. UNICEF's support to the Pool includes rehabilitation of health facilities, construction of water and sanitation facilities in health centres and schools, community-based nutrition activities, prevention and treatment of acute malnutrition, and communication for behaviour change in nutrition and hygiene.

On the education front, despite efforts carried out by the Government and its partners, the situation is still worrying. The destruction and the pillage of most of the infrastructure and the lack of trained teachers have led to a drop in teaching quality, to the closure of many schools, and to low schooling rate. Many children are therefore in need of special interventions aiming to help them catch up the missed school years, with girls being most affected, mainly because of gender-based violence. Most school buildings have yet to be rehabilitated.

As regards child protection, support to orphaned and other vulnerable children is covered under the regular activities of the child protection and HIV/AIDS components of the Country Programme.

In Bouenza Department, bordering the Pool, a cholera outbreak was detected in Loudima and Loutete in February–April 2008. With unprotected wells, rainwater and rivers as the main sources of drinking water, sanitation systems almost inexistent, and poor hygiene behaviours at community and household levels, the Department is an endemic centre for cholera. In addition, its location along the railway linking Pointe Noire to Brazzaville represents yet another risk factor for the expansion of any epidemic due to contacts and population movements. Heavy rains during the first six months of 2008 increased the spread of waterborne diseases. As a consequence, 47 cases of cholera were reported between February and April 2008. During the previous April–May 2007 cholera epidemic, 527 cases had been notified in the same areas. These figures show a decline in cholera episodes during a similar period, which is attributable to improved surveillance and control mechanisms, to the impact of social mobilization and hygiene promotion and to household water treatment to prevent cholera.

The main challenges faced by the Pool include weak mechanisms for the prevention, detection and treatment of malnutrition at community level, combined with low capacity of health personnel. Barriers placed by local militias have been levered out by the national police and no major constraint was encountered during the first six months of 2008. However, access to target population is still complicated due to potential threats linked to persistent pockets of insecurity in this part of the country. Furthermore, the depreciation of the dollar is increasing the actual cost of rehabilitation materials compared to initial planning, affecting the timely implementation of activities due to frequent budget reviews. As regards the prevention and control of cholera, the absence of latrines makes it difficult to entirely interrupt the contamination chain despite an intensive door-to-door sensitization campaign. With the return of the rainy season, surveillance mechanisms will need to be maintained and reinforced, while pursuing communication activities in high-risk areas.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In the Pool Department, as a result of the joint assessments conducted with other partners for planning purposes, planned interventions focused on communities, while supporting health centres and schools in selected localities, and partnerships were developed with local actors for their implementation. Nutrition interventions targeted 28,900 children under age five (22 per cent) and 6,230 pregnant women (66 per cent) and water, sanitation and hygiene (WASH) activities reached 50,000 inhabitants (21 per cent). To prepare the conditions for an effective start-up of nutrition and WASH interventions in Goma Tsé Tsé and Mindouli Districts, UNICEF constructed a nutrition education centre at Linzolo (Goma Tsé Tsé District) for mothers with severely acutely malnourished children referred by community relays (the treatment of severe acute malnutrition is being ensured by the existing nutritional therapeutic centres – two in Kinkala, one in Mindouli and one in Goma Tsé Tsé);

developed tools for the early detection and management of acute malnutrition at community level; trained 28 health workers to monitor nutrition interventions at community level; procured therapeutic food as well as essential drugs and equipment for community relays benefiting 300 children; provided therapeutic centres with ready-to-use therapeutic food (RUTF), ReSoMal, vitamin A, therapeutic milk and anthropometric equipment; produced educational materials on infant and young child feeding, breastfeeding, vaccination, oral rehydration salts and prevention of malaria; and purchased materials and spare parts for WASH activities. In the area of child protection, UNICEF conducted a study on sexual violence in the Pool Department as well as a birth registration campaign in collaboration with Association de l'éducation en milieu ouvert (AEMO), a local NGO, which reached more than 8,000 children (37 per cent) out of 21,786 children without birth registration.

The cholera epidemic that hit Bouenza Department was declared under control in May 2008 after three months of emergency interventions consisting of the detection and treatment of cases, the provision of essential commodities for the prevention of cholera and for home-based treatment of drinking water as well as the promotion of key hygiene practices (e.g., handwashing with soap, well disinfection, water purification, sanitation and primary environmental care). During the emergency phase, 47 cases of cholera were notified and successfully treated. Cholera preparedness built on lessons learnt from the success of the riposte to the 2007 epidemic, by strengthening surveillance and reporting mechanisms in areas at risk, and combining hygiene promotion activities with the provision of essential commodities for home-based treatment of drinking water.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

UNICEF has established partnerships with NGOs and faith-based organizations to conduct assessments, implement nutrition interventions, construct/rehabilitate works as well as undertake community-based communication activities. For cholera prevention and control, there is a clear distribution of tasks between ministries, the World Health Organization (WHO), UNICEF and other actors. Coordination structures are in place at central and local levels.

#### Linkages of HAR with the Regular Programme

UNICEF's emergency interventions are fully integrated within the Country Programme of Cooperation. A major effort is taking place to progressively ensure appropriation by relevant ministries. In order to ensure the sustainability of interventions, UNICEF provides technical assistance for capacity-building at department and district levels, and in the areas of project planning, management, monitoring, evaluation, and reporting.

For 2009, in line with the Country Programme strategies, the emergency programme will focus on improved access to basic social services, while stimulating the demand from communities and families. This will be achieved by accelerating the availability for 13,000 children under age five and 3,100 women of a package of basic services, commodities and practices for child survival, development and protection, in combination with a national communication strategy aiming to promote lifesaving behaviours at community and household levels.

#### Health and Nutrition (US\$ 1,124,077)

For 2009, the overall goal is to improve access of children under age five and pregnant/lactating women in Goma Tsé Tsé and Mindouli Districts to a package of basic survival services by strengthening routine activities and organizing 'Mother and Child Health Weeks', with the following activities targeted at 13,000 children and 3,100 women:

- Administer vitamin A to 10,400 children under age five and 2,480 pregnant/lactating women (80 per cent of target population);
- Distribute Mebendazole to deworm at least 9,200 children aged 6–59 months (80 per cent of target population);
- Ensure correct treatment of severe acute malnutrition without medical complications for at least 500 cases (50 per cent) at community and health centre levels, referring complicated cases to hospitals;
- Distribute long-lasting insecticidal nets (LLINs) to at least 10,400 children under age five (80 per cent of target population) during 'Mother and Child Health Weeks';
- Ensure access to intermittent preventive treatment (IPT), distribute LLINs and provide iron/folic acid supplementation to at least 2,480 pregnant/lactating women (80 per cent of target population);

- Provide adequate information to at least 42,000 people (60 per cent of households) to prevent childhood diseases and to ensure early detection of complications for referral to health centre;
- Strengthen community-based prevention of acute malnutrition for at least 1,000 children at risk through early detection and communication for the adoption of key nutrition practices;
- Provide vaccines, essential drugs, vitamin A and mineral supplements as well as other essential commodities to at least 80 per cent of health centres and to communities in the targeted areas, reaching at least 10,400 children under age five and 2,480 pregnant/lactating women.

### **Water, Sanitation and Hygiene (US\$ 750,043)**

For 2009, the overall goal is to improve access to safe water for 17,000 people in Goma Tsé Tsé, Mindouli and Bouenza and to provide adequate sanitation for 750 people in Goma Tsé Tsé and Mindouli, through the following key activities:

- Construct/rehabilitate 10 improved wells, equipped with handpumps to meet the needs of 5,000 people in Goma Tsé Tsé and Mindouli;
- Construct 10 latrine blocks (three cabins each) for the needs of 750 people in Goma Tsé Tsé and Mindouli;
- Construct a reinforced concrete tank with a capacity of 20m<sup>3</sup> and a well equipped with an electric pump as well as a mini drinking-water distribution network with standpipes at Loudima centre (Bouenza Department) to serve 12,000 people;
- Sensitize population on key hygiene and sanitation practices in the targeted areas, reaching 13,000 children under age five and 3,100 women aged 12–38 years.

### **Education (US\$ 310,000)**

For 2009, the overall goal is to improve access to quality basic education for 7,000 primary schoolchildren in Goma Tsé Tsé and Mindouli, through the following key activities:

- Rehabilitate 10 schools, including the installation of water and sanitation facilities for the benefit of 3,000 pupils;
- Procure school materials for 7,000 primary schoolchildren;
- Train 150 teachers in basic education and life skills activities, with special emphasis on hygiene and water-related practices;
- Provide remedial teaching for 600 pupils for catch-up purposes, with special focus on girl teenagers;
- Provide nutritional supplementation and deworming to 1,000 children in need.

### **Child Protection (US\$ 450,000)**

For 2009, the overall goal is to protect the most vulnerable groups in Goma Tsé Tsé and Mindouli, through the following key activities:

- Facilitate birth registration activities for 6,000 children (17 per cent), including social mobilization, identification, provision of registers and registration process;
- Engage in social mobilization against sexual violence at the school level and in religious congregations to reach 3,000 pupils aged above 10 years and 2,000 members of congregations.

# UNICEF HUMANITARIAN ACTION CÔTE D'IVOIRE IN 2009



Core Country Data	
Population under 5 (thousands)	2,872
U5 mortality rate	127
Infant mortality rate	89
Maternal mortality ratio (2000–2007, reported)	540
Primary school enrolment ratio (2000–2007, net male/female)	61/49
% U1 fully immunized (DPT3)	76
% population using improved drinking-water sources	81
HIV/AIDS prevalence	3,9
% U5 suffering moderate and severe acute malnutrition (in the North)*	17.58

Sources: *The State of the World's Children 2009*, \*Nutrition report/SMART, August 2008

High food and energy prices affect the livelihoods of the whole population in Côte d'Ivoire and especially of those most vulnerable suffering from politico-economic crises since 2002. Global acute malnutrition (moderate and severe) is on the rise due to lack of social services and increased food insecurity, particularly in the war-affected areas in the northern and western parts of the country. Forty-five per cent of primary school-aged children are left out of the education system. Increasing poverty, unsettled political situation and failing administration and service delivery expose children at high risk of abuse, malnutrition, waterborne diseases and violence. Some 375,000 children aged 0–17 years and 50,000 pregnant/lactating women will benefit from UNICEF's interventions in Côte d'Ivoire in 2009.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	4,653,000
HIV/AIDS	402,000
Water, Sanitation and Hygiene	800,000
Education	720,637
Child Protection	1,177,000
<b>Total**</b>	<b>7,752,637</b>

\* 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

Côte d'Ivoire is going through a critical transition from crises to development after the signing of the Ouagadougou Peace Agreement (APO) in March 2007. However, the implementation of the agreement has been slow, including the disarmament, the resettlement of 700,000 internally displaced persons (IDPs), the return of government employees to rural areas, the registration of population and the organization of presidential elections. Social and economic infrastructure needs urgent rehabilitation and reconstruction; high food and energy prices cause unrest; circulation of arms poses serious physical danger; and stalemate in the political situation creates general insecurity. High debt burden vis-à-vis international banks and donors impacts the capacity of the country to address the urgent social sector needs. Internal debt handicaps state's ability to provide for medical and educational needs of its population. High levels of malnutrition prevail, mainly in the North, where 17.5 per cent of children under age five are acutely malnourished, of whom 4 per cent (22,000) suffer from severe acute malnutrition and are, therefore, at highest risk of mortality (Standardized Monitoring and Assessment of Relief and Transitions (SMART), 2008). The therapeutic and supplementary nutrition centres, especially in the North, cannot cover the needs of the population due to lack of structures, training of caretakers and medical staff, as well as shortage of supplies. High food and fuel prices leave less and less expendable income for the population to buy other essential items, such as soap and school supplies, and to procure water. The vulnerability to waterborne diseases, such as cholera and typhoid fever, is increasing. Access to basic health services and education has been seriously affected. Health and education personnel are only slowly returning to work in areas previously controlled by the rebel forces. Côte d'Ivoire is the most affected country in West Africa by the HIV/AIDS pandemic, with a prevalence rate of 3.9. Malaria remains one of the leading causes of morbidity and mortality among children under age five. Deepening poverty exposes children to child labour and sexual abuse and adds to gender-based violence. Lack of access to education augments girls' vulnerability, and leads to the spreading of HIV.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

Routine immunization services have improved and all 1,367 primary health-care centres now offer immunization for 627,180 children under age one and 1,063,017 pregnant women. Health districts received vitamin A, deworming tablets, tetanus toxoid and measles vaccines, long-lasting insecticidal nets and drugs to prevent and treat malaria, as well as obstetrical equipment and midwifery kits. A total of 729 health workers were trained in antenatal, maternal and newborn care. More than 70,000 young people received HIV counselling and testing in 10 new centres and 120,000 other youths were sensitized to HIV/AIDS. The rehabilitation of 160 health centres (out of 642) which cover about 9 million inhabitants is ongoing with the provision of equipment. Some 7,800 community health workers are being trained in the integrated management of childhood illness (IMCI) initiative. In the North and West of Côte d'Ivoire treatment was provided to 58 per cent of severely acutely malnourished children (2,976 cases) in seven therapeutic feeding centres with therapeutic milk (F75 and F100) and ready-to-use therapeutic food (Plumpy'nut and BP100). Around 60,000 people now have access to 20 litres of drinkable water per person per day and to 1,000 family latrines. A total of 28,000 people were sensitized on the prevention of waterborne diseases and on proper hygiene.

Child protection activities focused on the reintegration to their communities of children associated with armed groups. Psychosocial assistance, vocational training and professional kits were provided to 1,497 children out of 3,000 associated with armed groups during the conflict in 2002. National capacity to prevent gender-based violence (GBV) was reinforced and assistance provided to victims. A total of 45 social workers, 437 community workers and 120 members of justice administration and security forces were trained in the prevention of sexual violence and female genital mutilation (FGM) and in the provision of assistance. All declared survivors of sexual violence (more than 80 children and women) received psychosocial support and medical assistance.

In the area of education, child-friendly schools (CFS) are being developed in 200 primary schools for more than 60,000 children in former crisis areas; 60,000 pupils were trained in life skills as part of the essential learning package, and 17,000 children (100 per cent coverage) presenting signs of disease were treated through deworming campaigns and regular medical visits.



### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

UNICEF is sector lead in nutrition, water, sanitation and hygiene (WASH) and education, and is member of the health cluster led by the World Health Organization (WHO) and the protection cluster led by the UN Refugee Agency (UNHCR). UNICEF also participates in the gender-based violence thematic group led by the UN Population Fund (UNFPA). UNICEF leads the Child Protection Forum, which consists of UN agencies and international and national NGOs working on child protection.

#### Linkages of HAR with the Regular Programme

The 2008 bridging programme, established to accommodate the changing political and humanitarian environment, will be replaced by the Country Programme 2009–2013, which coincides with the UN Development Assistance Framework (UNDAF) and the poverty reduction strategy cycles. The humanitarian activities will complement the Country Programme addressing specifically the issues of transition and facilitating the reduction of under-five and maternal mortality rates, increasing access to quality basic education, promoting child rights and caring for children affected by HIV/AIDS.

UNICEF's humanitarian actions in Côte d'Ivoire have been designed to respond to the immediate and emerging needs of all women and children most vulnerable to diseases and to the politico-economic crises. Great emphasis will be placed on interventions aimed at curbing the current rising trend of malnutrition cases in the country's northern part (17.5 per cent); on ensuring good quality formal and non-formal education for displaced and war-affected children and on increasing access to water and sanitation facilities. UNICEF's interventions will benefit 375,000 children aged 0–17 years and 50,000 pregnant/lactating women.

#### Health and Nutrition (US\$ 4,653,000)

In 2009, all 190,000 children and 48,000 pregnant/lactating women in IDP/return and resettlement areas will be reached through the following key activities:

- Train 225 health workers in inpatient and severe acute malnutrition treatment in five therapeutic feeding centres and 100 supplementary feeding centres;
- Support five therapeutic feeding centres with supplies (therapeutic milks (F75, F100), Plumpy'nut, essential drugs and anthropometric materials) to treat 1,900 children with severe acute malnutrition;
- Train 3,800 community volunteers in early screening, referral and supplementary feeding in their respective communities;
- Sensitize households (with 190,000 children under age five and 48,000 pregnant/lactating women) on early screening of malnutrition, and promote, protect and support best feeding practices;
- Supply safe delivery kits for pregnant women and clean delivery kits for traditional birth attendants;
- Train 1,100 traditional birth attendants on hygienic deliveries and antenatal/maternal/newborn care;
- Provide deworming tablets, vitamin A, vaccines and long-lasting insecticidal nets for 190,000 children under age five and 48,000 pregnant/lactating women;
- Provide obstetrical equipment and midwifery kits;
- Provide artemisinin-based combination therapy (ACT) for malaria case management and sulfadoxine-pyrimethamine (SP) for preventive treatment of pregnant women;
- Rehabilitate/equip 61 primary health facilities and one regional hospital to cover 532,864 inhabitants.

#### HIV/AIDS (US\$ 402,000)

For 2009, the overall goal is to engage in capacity-building and improved service delivery, behavioural change, and community empowerment and participation, through the following key activities:

- Prevent sexual abuse and provide appropriate care to all declared adolescents, survivors of sexual exploitation;
- Reduce the proportion of adolescents (5.4 per cent) infected by sexually transmitted diseases, including HIV.

### **Water, Sanitation and Hygiene (US\$ 800,000)**

For 2009, the overall goal is to increase water, sanitation and hygiene (WASH) interventions for the 150,000 most vulnerable people in IDP/return and resettlement areas, mainly 27,000 children and 45,000 women, through the following key activities:

- Undertake retrospective survey and analysis of cholera outbreaks and mapping of hotspots;
- Set up 100 water quality and cholera outbreak surveillance teams in communities at risk;
- Train water and cholera monitoring teams for cholera emergency preparedness and response (rapid assessment, monitoring, leak detection, water testing, repair and maintenance of water supply systems);
- Implement an information, education and communication (IEC) programme on hygiene practices for 100,000 people;
- Provide 10,000 households with hygiene, sanitation and family water treatment kits;
- Provide safe water for the 100,000 most vulnerable population;
- Construct/rehabilitate 50 wells and 50 adequate sanitary facilities for peri-urban areas at risk.

### **Education (US\$ 720,637)**

For 2009, the overall goal is to ensure good quality formal and non-formal education for the majority of the crisis-affected children aged 3–14 years, mainly girls and adolescents and for 6,000 displaced and war-affected children (30 per cent of total displaced population) as well as train 120 teachers through the following key activities:

- Supply basic school materials, including school kits, for 6,000 primary schoolchildren;
- Supply recreational kits and school supplies ('school-in-a-box' kits) for 6,000 children in 20 primary schools;
- Train 120 primary schoolteachers, with particular emphasis on HIV and peace education;
- Construct 20 temporary schools/classroom structures to accommodate 6,000 primary schoolchildren displaced during the conflict.

### **Child Protection (US\$ 1,177,000)**

For 2009, the overall goal is to protect survivors of gender-based violence (GBV) from further suffering and provide adequate care and support (psychosocial, medical and legal). The risk of gender-based violence will be prevented/reduced through the following key activities:

- Train local community members, teachers and health workers on GBV and its consequences;
- Establish and/or strengthen local women's committees and Child Protection Networks to promote the elimination of GBV;
- Organize and train 200 peer educators to increase community awareness on GBV (50 per cent of total population);
- Organize awareness-raising campaign involving media (radio and TV);
- Engage in advocacy and provide technical support to Government for the adoption of a national strategy against GBV;
- Provide integrated support (medical, psychosocial and legal) to 1,000 survivors of GBV;
- Increase the capacity of partners, including national government, religious/traditional leaders, partner organizations, service providers and citizens, to recognize, prevent and address GBV;
- Reinforce monitoring mechanisms and reporting on rights' violations.

# UNICEF HUMANITARIAN ACTION

## DEMOCRATIC REPUBLIC OF THE CONGO

### IN 2009



Core Country Data	
Population under 18 (thousands)	33,784
U5 mortality rate	161
Infant mortality rate	108
Maternal mortality ratio (2000–2007, adjusted)	1,100
Gross primary school enrolment ratio (2000–2007, gross, male/female)	68/54
% U1 fully immunized (DPT)	87
% population using improved drinking-water sources	46
HIV/AIDS prevalence rate (aged 15–49)*	4.1
% U5 suffering moderate and severe wasting/stunting	13/38

Sources: *The State of the World's Children 2009*, \*Locally accepted prevalence rate, originating from data collection among pregnant women at 24 rural/urban sentinel sites.

The Democratic Republic of the Congo (DRC) is one of the world's most chronic emergencies. The country staggers under the twin burdens of endemic poverty and acute humanitarian crises: the impact of conflict in the eastern provinces continues to plunge this region into a spiral of acute emergencies; decades of neglect of basic services and structural collapse result in humanitarian thresholds being surpassed in every province. Not only does DRC require the mobilization of enormous emergency assistance to save lives and alleviate human suffering in eastern DRC, but both humanitarian and longer-term measures to address the symptoms and causes of the chronic emergencies which render the entire country a humanitarian crisis. UNICEF will reach about 4 million women and children with the funds raised through the *Humanitarian Action Report*.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health	18,000,000
Nutrition	15,000,000
Water, Sanitation and Hygiene	15,000,000
Education	9,750,000
Child Protection and Mine Risk Education	15,750,000
Rapid Response Mechanism	22,000,000
Programme of Expanded Assistance to Returns	20,000,000
<b>Total**</b>	<b>115,500,000</b>

\* 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

Although sustained, large-scale armed conflict in DRC lulled during the first half of 2008, overall humanitarian needs have increased across all sectors. The increased access enabled humanitarian actors to identify and evaluate humanitarian situations in areas previously not accessible. Localized conflict, insecurity, acute malnutrition and disease continue to threaten the livelihoods of hundreds of thousands of children and their families. Violence against civilians has not abated in eastern DRC, and forced recruitment, forced labour, sexual violence, illegal taxation, occupation of homes and land, and looting continue to be reported throughout eastern DRC.

While the January 2008 Goma peace conference and resulting *Acte d'engagement* helped to limit the extent of sustained, large-scale armed conflict in eastern DRC during much of 2008, hundreds of ceasefire violations and consequent population displacement have failed to limit the level of overall humanitarian needs. New families flee their homes; those previously displaced move again to seek safety in new places of refuge. Every few weeks in North Kivu, concentrations of internally displaced persons (IDPs) mushroom up in new areas as families find refuge in spontaneous sites or with already saturated host communities.

Despite significant efforts to move forward with the *Acte d'engagement* and the Amani framework, insecurity and violence have recently returned and spread to new areas of the north-eastern Orientale Province. This renewed fighting further diminishes hopes that 2008 would see a significant cessation of violence and transition towards stabilization and peace. It has led to a rapid deterioration of the already fragile humanitarian situation in eastern DRC and necessitates a concurrent increase in support to humanitarian activities. Recent events include: an upsurge in fighting in North Kivu beginning in late August and an intensifying in late October principally between Laurent Nkunda's National Congress for the Defence of the People (CNDP) rebel forces and the Congolese Army (FARDC); renewed hostility south of Bunia (Ituri District) with the creation of new militia groups and new alliances between existing groups; Lord's Resistance Army (LRA) attacks on civilians in the remote Dungu region of Orientale's Haut Uélé District, including abduction of children, looting and destruction of villages and consequent population displacement.

In November 2008, the Office for the Coordination of Humanitarian Affairs (OCHA) estimated the number of IDPs in North Kivu alone at well over 1 million – with 250,000 since late August 2008. While assessments of the new situation in Haut Uélé and Ituri are only partial, initial reports already speak of tens of thousands of newly displaced. The overall number of IDPs in DRC is estimated at 1.3 million.

During the first half of 2008, the UN Integrated Office – led by the UN Mission in the Democratic Republic of the Congo (MONUC) Peacekeeping Mission – initiated its UN Security and Stabilization Support Strategy (UNSSSS) for eastern DRC. While this plan aims to restore security and state authority in conflict zones, there is a significant post-conflict programming component being designed with different UN agencies taking the lead for different components. UNICEF is the lead agency for IDP return and reintegration. Given the current situation, conditions have not yet been favourable for implementation of the UNSSSS' humanitarian component throughout much of the affected area, but in some areas in Ituri and parts of North and South Kivu, where durable return and recovery are occurring, preparations for the start of activities have been put in place.

In comparison to the scope of needs in DRC, smaller-scale epidemics and health crisis in DRC are often eclipsed by the larger crisis caused by the ongoing conflict in the East, but it is important to note that 2008 has witnessed isolated epidemics of measles, cholera, typhoid, as well as newly identified areas of acute malnutrition, which surpass emergency thresholds; this situation will continue in 2009. Cholera remains endemic in multiple regions, including provinces such as North Kivu – already shouldering the burden of hundreds of thousands of IDPs. The cholera crisis in several urban centres of Katanga Province continued through 2008, requiring large-scale response in health and water, sanitation and hygiene. Waves of forced expulsion of Congolese citizens from Angola from May–September 2008 resulted in some 80,000 people reported to have been forced across the border, often subject to systematic abuse. It is anticipated that further expulsions will occur prior to Angolan presidential elections in 2009.

Access to affected populations is frequently limited due to insecurity, particularly in eastern DRC. IDP populations are often remaining displaced – in sites and host communities – for longer periods of time, a phenomenon that requires analysis of more medium-term solutions beyond delivery of immediate humanitarian assistance. The entire humanitarian community is addressing this issue as questions of livelihood activities for IDPs, burdens on host families and communities, the risks and opportunities of sites and camps, and prospects and modalities for return become more critical. Another challenge is how to develop realistic and innovative contingency planning linked to the possibility of increased military campaigns, which could lead to displacement into even more remote areas. This would have major implications to UNICEF's capacity to ensure delivery of assistance.

In addition to the ongoing challenge of population displacement and conflict, key indicators in DRC across sectors reveal that the country has failed to make any major progress in key areas affecting children. Under-five mortality is still alarmingly high: one child out of five dies before his/her fifth birthday. Infant mortality stands at 108 per 1,000 live births. Maternal mortality is one of the highest in the world, with 1,100 women dying per 100,000 live births. Thirty-eight per cent of Congolese children under age five suffer from chronic malnutrition or stunting (height/age), with the highest rates in the Kivus; 13 per cent suffer from moderate or severe acute malnutrition (low weight for height). Certain areas present a considerably higher prevalence. Only 46 per cent of DRC families have access to improved drinking-water sources and only 30 per cent to adequate sanitation facilities. The education system is characterized by limited access (girls' gross enrolment rate of 54 per cent), weak internal efficiency, poor quality of learning and decaying infrastructure. Over 33,000 children are estimated to have been involved in armed forces and groups in DRC since 1998. The plague of sexual violence across eastern DRC continues at alarming rates. While not a widespread problem throughout the conflict-affected areas, high concentrations of unexploded ordnance present particular challenges in certain areas.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

UNICEF and its network of implementing partners provide the largest humanitarian response in the DRC, focusing on health and nutrition, water, sanitation and hygiene (WASH), education, child protection, and household relief supplies (non-food items) and emergency shelter reinforcement materials. UNICEF works in close collaboration with all other UN agencies, NGOs and government actors in the framework of the Humanitarian Action Plan (HAP).<sup>1</sup> Co-managed with OCHA, and implemented by two international NGO partners, the Humanitarian Coordinator's Rapid Response Mechanism (RRM) remains the flagship programme for humanitarian assessment and response in DRC. Reports and analysis from UNICEF's Programme of Expanded Assistance to Returns (PEAR) evaluation of vulnerable IDP return areas are shared widely with all humanitarian actors to ensure multisectoral response in return areas.

UNICEF DRC provides humanitarian assistance in two ways: (1) through the multisectoral RRM and PEAR initiatives managed directly by UNICEF's emergency team in collaboration with technical colleagues, and (2) through emergency response activities integrated directly into core sectoral programmes. Both types of assistance help ensure that UNICEF meets cluster leadership and membership responsibilities as well as UNICEF's *Core Commitments for Children in Emergencies*.

### **Rapid Response Mechanism and Programme of Expanded Assistance to Returns**

**UNICEF's multisectoral programming in non-food items (cluster lead), education, WASH.** Initiated in 2004, UNICEF co-manages the Rapid Response Mechanism (RRM) with UN/OCHA and two primary NGO partners: Solidarités and the International Rescue Committee (IRC) in North Kivu, South Kivu and Orientale Province's Ituri and Haut Uélé Districts. UNICEF also enters into *ad hoc* partnerships with other local and international NGOs as part of the RRM framework to address humanitarian needs outside of the core provinces. From January–September 2008, RRM reached over 800,000 IDPs and other conflict-affected people (160,000 families) with emergency non-food items (NFIs) and emergency shelter materials. It was estimated that by the end of 2008, this number had risen to nearly 1 million. RRM programmes targeting access to safe water and sanitation services in areas of displacement and cholera outbreaks will also reach some 1 million people.

UNICEF's Programme of Expanded Assistance to Returns (PEAR) assists the return of IDPs as a first step towards a durable solution by providing the humanitarian community with information about return areas, meeting returnees' basic needs in household items and shelter materials, and providing children access to education. In 2008, PEAR was implemented in partnership with four international NGOs – Solidarités in Ituri, Norwegian Refugee Council (NRC) in North Kivu, Association of Volunteers in International Service (AVSI) in South Kivu, and Catholic Relief Services (CRS) in Katanga. From January–August 2008, PEAR partners conducted 62 multisectoral assessments (MSAs). MSA reports and analysis have increasingly become the primary source of information about the humanitarian situation in areas of return, producing widely used analytical reports and maps from a comprehensive database. During the same period PEAR has distributed NFI kits to some 397,970 returnees, which represent approximately 35 per cent of all returnees, with post-distribution monitoring showing a retention and usage of 90 per cent of the items after three months. The PEAR education component has rehabilitated 187 classrooms and provided 44,951 children with education materials. Also as part of PEAR, UNICEF and partners CRS and NRC launched a pilot programme to study the feasibility of NFI voucher fairs instead of direct distributions; 3,700 beneficiaries participated. This experience with voucher programmes for NFIs will be expanded in 2009 to all PEAR partners.

<sup>1</sup> In DRC, there is not a Consolidated Appeal Process (CAP), but a Humanitarian Action Plan (HAP). This document is a roadmap for humanitarian action for the year, but does not include individual projects for agencies. It is oriented around clusters, not organizations.

## Core Programmatic Sectors

**Health.** In the area of health, between January and June 2008, over 3.5 million people benefited directly from improved access to adequate health care, particularly in eastern and southern DRC emergency-affected areas. Some 159 maternities were rehabilitated and equipped, 3,977 health personnel received training or refresher courses, and 1,515 health structures were supported. UNICEF supported cholera treatment centres and treated 3,325 patients. In response to the North Kivu crisis, UNICEF health teams have worked with partners to mobilize emergency measles vaccination campaigns for 130,000 internally displaced children and host communities and worked with government counterparts in conflict-affected health zones to provide free access to basic health care for IDPs and host communities.

**Nutrition (cluster lead).** Between January and October 2008, 33,400 severely malnourished children – only 3 per cent of all severely malnourished – have received emergency nutrition assistance in some 137 UNICEF-supported therapeutic feeding facilities. UNICEF, Valid International, implementing partners and the government's National Nutrition Programme (*PRONANUT*) developed and validated the national protocol for the management of acute malnutrition through a strong community-based component, and successfully trained trainers of trainers, including implementing partners in all 11 provinces. UNICEF and partners continued to ensure rapid deployment of teams to conduct nutrition surveys in at-risk zones and to mobilize start-up teams for response.

**WASH (cluster lead).** In the first half of 2008, some 700,000 people benefited from water, sanitation and hygiene (WASH) services – in addition to those assisted by RRM. Activities included providing access to a minimum package of safe water, sanitation and hygiene in public infrastructures (schools and health centres) for emergency-affected populations and communities living in displacement or cholera endemo-epidemic zones. In response to a cholera outbreak in Katanga, UNICEF partners provided clean water to some 385,000 people (100 per cent) living in risk-prone areas through an integrated programme of water trucking, well disinfection, provision of chlorination points, and public health awareness campaigns. UNICEF's RRM and other WASH partners have built some 4,000 emergency latrines for approximately 160,000 people and 1,000 showers benefiting 100,000 people in IDP sites in eastern DRC.

**Education (cluster lead).** In the education sector, UNICEF functions as the national cluster lead agency with Save the Children as co-lead. At the provincial level, UNICEF co-leads the education clusters of most provincial inter-agency committees. In 2008, UNICEF procured and distributed through its education section partners 591,992 primary school student kits, reaching 38 per cent of school-aged children in the affected provinces, 150 recreational kits and 550 didactic materials. A total of 926 teachers were trained and provided with a copy each of the National Primary Education Curriculum guide in emergency-affected zones. In North Kivu, UNICEF's RRM and other education partners constructed some 250 temporary classrooms for 13,750 children in IDP sites and host communities. Some 16,400 IDP children and 3,400 over-aged children attended summer classes. Examination fees for 3,828 IDP students (28 per cent of IDP children) were waived to allow them to take the primary cycle state exams. Social mobilization and communication activities in host communities took place to boost access and retention.

**Child Protection (child protection focal point).** UNICEF's protection work in 2008 continued to focus on core programmes of family reunification, child-friendly spaces in IDP sites, release of children from armed groups, sexual violence, mine-risk education (MRE), and advocacy and reporting. In 2008, family tracing and reunification programmes in North Kivu with Save the Children UK identified 1,698 children (813 of them have been successfully reunited with their parents). Some 44,000 displaced children in North Kivu regularly participate in informal recreational and educational activities in 20 child-friendly spaces in displacement sites. The work of UNICEF and partners has resulted in 2,500 children being released from armed forces and groups. Some 15,000 survivors of sexual violence have been assisted through UNICEF-supported multisectoral interventions, including access to health, psychosocial and legal support as well as socio-economic reintegration.



### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

The primary humanitarian coordination mechanism in DRC is the cluster approach. Since 2006, UNICEF has led five of the ten clusters established in DRC: nutrition; water, sanitation and hygiene; education; non-food items/emergency shelter; and emergency telecommunications as co-lead with the World Food Programme (WFP). UNICEF is the child protection focal point for the protection cluster and participates actively in the health, early recovery and logistics clusters. At national and provincial levels, UNICEF is an active member of all inter-agency forums including the Inter-Cluster and Humanitarian Advisory Group (HAG) at Kinshasa level, and the Provincial Inter-Agency Committees (CPIAs).

#### Linkages of HAR with the Regular Programme

UNICEF is currently implementing its 2008-2012 Country Programme. The activities proposed in the emergency appeal highlight specific areas where the rights of children and women are especially endangered due to the current situation. UNICEF's emergency activities are integrated into the programme structure and are developed and implemented by emergency experts.

Working through the DRC Humanitarian Action Plan (HAP) framework, in 2009 UNICEF DRC will support Government and NGO partners to save lives and alleviate the suffering of women and children affected by emergencies through integrated programmes in our core areas of cluster and sectoral responsibility.

#### Health (US\$ 18,000,000)

For 2009, the overall goal is to contribute to the reduction of under-five and maternal mortality in the affected areas through the following key activities:

- Procure and distribute essential drugs and equipment to 400 health centres in low coverage, cholera-endemic and other emergency-affected areas;
- Support emergency-affected health zones to provide essential primary health care for 2 million people, including displaced, host communities, and cholera-affected communities;
- Mobilize vaccination campaigns for 3.9 million children under age five against measles, 4.3 million children under age five against polio, 1.4 million women of childbearing age against tetanus and 1 million children under age one against other antigens in low-coverage, high-risk areas, with particular focus on areas of new outbreaks and zones of population displacement and return.

#### Nutrition (US\$ 15,000,000)

For 2009, the overall goal is to strengthen and scale up the programme for nutritional surveillance and the management of acute malnutrition through the following key activities:

- Reinforce support to 350 nutritional feeding programmes previously established and run by partners for 164,484 severely malnourished children (15 per cent of all affected children in the country);
- Expand expertise and use of the community-based therapeutic care (CTC) approach for treatment of severe acute malnutrition in order to cover at least 15 per cent of all affected children;
- Train 3,000 health staff in treatment of severe acute malnutrition and 3,000 community workers in screening and referral of severe and moderate acute malnutrition cases to therapeutic or supplementary feeding centres;
- Procure and distribute ready-to-use therapeutic food (RUTF), therapeutic milk, essential drugs (vitamin A, deworming tablets and antibiotics) and anthropometric equipment for therapeutic feeding centres;
- Procure and distribute anthropometric equipment, essential drugs (vitamin A and deworming tablets) and monitoring tools for supplementary feeding centres;
- Provide all children 6–59 months in emergency-affected areas with two doses of vitamin A supplement and deworming tablets;

- Expand nutritional surveillance and monitoring networks through support to health centres, and train technical partners able to be deployed for surveying at-risk areas.

### **Water, Sanitation and Hygiene (US\$ 15,000,000)**

For 2009, the overall goal is to provide 1 million displaced, returnees, cholera-affected and other disaster-affected persons with a minimum package of safe water, sanitation and hygiene interventions through the following key activities:

- Ensure provision to 1 million IDPs<sup>2</sup> in host families and camps, vulnerable host families, and vulnerable returnees, of a basic minimal package of water, gender-appropriate sanitation facilities, soap and feminine hygiene materials for women in menstruating age, as well as education/awareness-raising on waterborne diseases and methods to minimize risk;
- In cholera treatment centres, ensure provision of a basic minimum package of water, sanitation and hygiene with specific standards for water provision of 40 litres/person/day and one latrine for 20 beds.

### **Education (US\$ 9,750,000)**

For 2009, the overall goal is to ensure a rapid return to normal life for 330,000 children affected by conflicts or natural disasters and to mitigate the risk of child recruitment, violence against children, and psychosocial stress through the following key activities:

- Construct/rehabilitate and/or expand 672 classroom infrastructures for some 33,420 children (36 early childhood development (ECD) classrooms, 600 primary school classrooms and 36 catch-up centre classrooms), including 472 separated latrine facilities for boys and girls, to accommodate emergency-affected children and their teachers;
- Pilot programmes to incorporate innovative approaches to alleviate school fee burden for emergency-affected children;
- Distribute student kits for 330,000 children in ECD centres, primary schools, catch-up centres and secondary schools;
- Train 600 parents and communities in peace education, psychosocial support, social mobilization, school management, HIV prevention, and environment;
- Train 6,600 teachers in national primary curriculum programme, peace education, classroom management, HIV prevention, environment and psychosocial support for conflict-related stress;
- Implement school feeding programmes.

### **Child Protection and Mine-risk Education (US\$ 15,750,000)**

For 2009, the overall goal is to improve the protection of 300,000 children vulnerable to grave child rights' violations in regions affected by conflict, displacement and violence, through the following key activities:

- *Disarmament, demobilization and reintegration (DDR)*: Contribute to the release, return and reunification of an estimated 3,000 children who remain associated with armed forces and armed groups (CAAFAG), and develop context-specific prevention mechanisms to reduce the risks of recruitment for boys and girls in conflict-affected areas; support the community-based reintegration of 8,000 CAAFAG and promote girls' access, including the provision of meaningful alternatives through education, skills training and/or economic development; promote the responsibility of duty bearers, including non state entities, through training and advocacy efforts to uphold child rights and prohibit child recruitment and exploitation.
- *Identification, tracing and reunification (IDTR)*: Ensure protection and psychosocial support for 2,000 children who have been affected by displacement (IDPs and returnees) through programmes to identify, document, trace and reunite separated children with their families.
- *Child-friendly spaces*: Support 30,000 IDP children in child-friendly spaces (CFS) to promote physical and mental well-being, ensuring child participation and gender- and age-tailored activities as well as prevention of child rights' violations.
- *Gender-based violence (GBV)*: Provide a holistic set of services (medical, psychosocial, legal and socio-economic) for 15,000 children and women survivors of sexual violence; support the Government jointly with other actors for the development of a national protocol on care for survivors, especially children. In accordance with Security Council

<sup>2</sup> Basic minimum packages for different beneficiary groups are outlined in the DRC Humanitarian Action Plan 2009.

Resolution 1820, assist the Government and relevant actors to end impunity and support access to functioning judicial and law enforcement systems.

- *Security Council Resolution 1612*: Ensure appropriate and quality reporting on Security Council Resolution 1612 and develop a referral mechanism for response and care, in collaboration with participating child protection actors.
- *Mine-risk education (MRE)*: Lead inter-agency efforts to expand mine-risk awareness activities geographically and in other sectors of humanitarian programming; and promote the establishment of a referral system with regular child protection services.

### **Rapid Response Mechanism (US\$ 22,000,000)**

For 2009, the overall goal of the Rapid Response Mechanism (RRM) is to provide emergency NFI, WASH, and education assistance to 1 million emergency-affected persons in DRC through the following key activities:

- Procure and distribute essential household NFIs and emergency shelter materials to 1 million emergency-affected persons, including IDPs, vulnerable host families, returnees in unstable zones, and victims of natural disasters;
- Ensure access to safe water sources, sanitation facilities and hygiene education for 500,000 emergency-affected persons in coordination with provincial WASH clusters;
- Ensure access to basic education to 100,000 disaster-affected primary schoolchildren and 1,500 teachers through the construction/improvement of classroom space and provision of student kits, teachers' kits, and recreational kits.

### **Programme of Expanded Assistance to Returns (US\$ 20,000,000)**

For 2009, the Programme of Expanded Assistance to Returns (PEAR) will continue to consolidate its position as the first entry point for the humanitarian community to provide assistance in areas of return by providing useful information and analysis of return zones for other agencies to act upon as well as internally in UNICEF as the basis of the PEAR Plus Stabilization Programme to take over once the existing PEAR has provided an immediate level of assistance. In particular the programme will:

- Undertake 108 multisectoral assessments (MSAs) in return areas and share the information and analyses with the help of the PEAR database among UNICEF colleagues and other humanitarian actors;
- Provide 110,000 IDP returnee families (or 550,000 people) with NFI assistance;
- Rehabilitate approximately 190 classrooms for about 9,500 students and ensure that 120,000 children have education materials to improve access to education.

As the lead agency for the IDP return and reintegration component of the UN Integrated Office's Security and Stabilization Support Strategy (UNSSSS), UNICEF DRC is building on PEAR's humanitarian work to develop the 'PEAR Plus', an integrated package of assistance in health, WASH, education and child protection. While the existing PEAR will continue to provide humanitarian assistance to returning IDPs, PEAR Plus will provide rehabilitation and recovery assistance in the same locations in order to ensure the link between relief and development. While many areas of eastern DRC are not yet ready for this type of assistance, in zones undergoing stable recovery and reintegration, UNICEF has begun programming in PEAR Plus during the second half of 2008.

## UNICEF HUMANITARIAN ACTION

# GUINEA

### IN 2009



Core Country Data	
Population under 18 (thousands)	4,656
U5 mortality rate	150
Infant mortality rate	93
Maternal mortality ratio (2000–2007, reported)	980
Primary school enrolment ratio (2000–2007, net, male/female)	77/66
% U1 fully immunized (DPT3)	75
% population using improved drinking-water sources	70
Estimated adult HIV prevalence rate (aged 15–49), 2007	1,6
% U5 suffering moderate and severe underweight/stunting	26/35

Source: *The State of the World's Children 2009*

Guinea continued to be deeply marked by growing vulnerability in 2008. Despite the emergency measures launched by authorities to reduce the high cost of living and to increase basic services, populations, particularly in urban areas, are confronting poor access to essential commodities and steady decline in living standards. High levels of malnutrition and internal violence due to the armed forces grievances throughout 2008 have increased the social discomfort in the country.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	4,348,251
Water, Sanitation and Hygiene	855,000
Education	265,630
Child Protection	535,000
<b>Total**</b>	<b>6,003,881</b>

\* 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 decade-long conflict in neighbouring countries (Côte d'Ivoire, Liberia and Sierra Leone), the influx of more than 100,000 refugees and civil unrest in 2006, 2007 and 2008 along with high consumer food prices have gravely worsened the well-being and livelihood of children and women throughout Guinea. Results from the latest Demographic and Health Survey (DHS 2005) indicate that maternal mortality is on the rise, while under-five mortality is slowing down compared to 1999 rates, but with an increase in chronic malnutrition, mainly among children under age five. It is estimated that some 50,000 children suffer from some form of acute malnutrition. Less than 10 per cent of the population has access to basic health services, and preventable or easily treated diseases remain the main killers of Guinean children and women, with malaria, measles, acute respiratory infections and malnutrition being the leading causes of death.

The country's social, political and economic situation is deteriorating. People continue to suffer from escalating insecurity and urban violence, malnutrition, very limited access to basic commodities, and high levels of poverty. Cholera has been endemic in Guinea over the past 10 years. In 2007, 8,546 cases were recorded, resulting in 310 deaths. According to the 2007 report of the Ministry of Health and Public Hygiene, women accounted for 34.3 per cent of the cases and children for 18.44 per cent. In 2008, however, only 256 cholera cases had been notified by the end of September. Despite this positive trend, sustained disease surveillance is required as the epidemic persists in neighbouring countries. Access to safe water remains a big problem, both in rural and urban areas. Even though official reports assert that coverage is close to 70 per cent, more than half of Guineans lack access to improved drinking-water sources. As regards sanitation, the situation is even worse, with less than 20 per cent of the population using hygienic latrines. Hygiene practices, such as handwashing with soap at critical times, are still rare. According to the latest Multiple Indicator Cluster Survey (MICS 2007–2008), less than 24 per cent of women wash their hands with soap after babies' toilet and only 14 per cent do it before feeding children.

HIV prevalence remains a threat. According to the most recent data approximately 1.6 per cent of the adult population is HIV-positive.

Numbers of children are victims of migration and trafficking because of poverty and socio-political instability. Twenty-two children were recuperated across the borders of Guinea and Mali in 2008. Presently, sharp hikes in the cost of fuel and power and water shortages have raised new protestations and many children have been injured in Conakry and other cities. Instability is susceptible to spread with unpredictable consequences on children and women.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In close collaboration with local, national and international partners, such as the World Health Organization (WHO), the International Federation of Red Cross and Red Crescent Societies (IFRC) and Médecins sans Frontières (MSF), UNICEF has continued to respond to the humanitarian needs of the Guinean population affected by high food and fuel prices. It has mainly focused on the priority areas of health, nutrition, water, sanitation and hygiene (WASH), education and child protection.

In the area of health, routine immunization services have been improved through increased technical and supply assistance to the Ministry of Health and Public Hygiene and other national partners. A successful follow-up measles immunization campaign carried out in 2006 resulted in a drastic decline of measles cases from over 139 in 2006 to only 2 suspected cases in 2008. In the area of nutrition, the overall goal was to minimize the impact of the ongoing crisis on the nutritional status of children under age five and to ensure that pregnant women in affected areas were identified and provided with micronutrient supplementation. To this end, UNICEF supported over 20 supplementary and therapeutic feeding centres in districts with the highest prevalence of acute malnutrition, recuperating approximately 2,000 malnourished children in ambulatory feeding centres. As expected, the number of cases of acute malnutrition with complications decreased. UNICEF provided drugs for the treatment of 465 persons affected by meningitis in Kissidougou and for the treatment of 248 cholera patients in Boke and Boffa. Finally, 413 persons wounded following soldiers' riot received treatment thanks to UNICEF's and other partners' support.

The cluster approach was put in place in 2008. UNICEF leads the WASH cluster, which includes government partners (Ministry of Energy and Hydraulics and Ministry of Health and Public Hygiene), the university and local NGOs (Guinea Red Cross and youth associations) who intervene in the WASH sector, as well as UN agencies – the Office for the Coordination of Humanitarian Affairs (OCHA) and the World Health Organization (WHO). The education cluster was also implemented and the Education Contingency Plan adopted.

Concerning WASH, household water treatment was enforced and extended, population was sensitized on the importance of handwashing with soap, and social mobilization activities to promote cholera prevention through community- and family-based communication and 'mediatization' were undertaken with the strong involvement of national and local authorities. These initiatives led to a drastic decrease in the number of reported cholera cases (97 per cent), with only 256 cases in 2008 against 8,546 in 2007.

In the area of protection, the mandate of the protection cluster was revised, extending its membership to additional NGOs, UN agencies and civil society organizations. The new cluster members finalized the report on the Guinea Emergency Response Plan (ORSEC).

Furthermore, the evaluation of the emergency training conducted in 2007 highlighted areas that had not been treated in-depth during the training, such as the psychosocial dimension of emergencies.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

UNICEF leads the WASH cluster, co-leads the protection cluster and is an active member of the health cluster led by WHO and the food security cluster led by the Food and Agriculture Organization (FAO). UNICEF coordinates nutrition issues in collaboration with the World Food Programme (WFP).

The Inter-Agency Coordination Mechanism has continued to work through meetings and working groups. The Country Office ensures effective leadership through technical and material support to child protection, WASH and child survival programmes. The recurrent cholera epidemic was avoided in 2008 with zero deaths registered even in endemic areas, and child trafficking was monitored in collaboration with the Government and partner NGOs.

#### Linkages of HAR with the Regular Programme

The current Country Programme continues to focus on humanitarian emergency preparedness and response. Each main component of the Country Programme comprises a planned package of specific activities for emergency response.

In 2009 and beyond, the UNICEF Country Office intends to enhance measures and actions to provide adequate and increasingly effective responses to the population in need of assistance. Interventions will mostly focus on children and women particularly affected by poverty and emergencies.

#### Health and Nutrition (US\$ 4,348,251)

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 to ensure that pregnant women in affected areas are identified and provided with micronutrient supplementation. Some 50,000 malnourished children under age five will benefit from the following key activities:

- Continue supporting the 20 therapeutic feeding centres previously established and run by partners and add five new therapeutic feeding centres along with 50 new ambulatory nutrition rehabilitation centres for the treatment of 50,000 severely malnourished children (55 per cent of target group);
- Train 50 new health staff in treating severe malnutrition;
- Conduct one nutritional survey using the SMART approach;
- Procure and administer twice a year vitamin A and deworming medicines to all children under age five;
- Ensure continued provision of supplies for therapeutic feeding.

#### Water, Sanitation and Hygiene (US\$ 855,000)

For 2009, the overall goal is to reduce the incidence of cholera and other waterborne diseases. Approximately 1 million persons, focusing on children (16 per cent) and women, will be reached through the following key activities:

- Organize a specific door-to-door sensitization campaign in high-risk communities to promote community-based capacity and practices in health and hygiene;



- 
- Organize sensitization campaigns on sanitation, in collaboration with the District Council and rural communities;
  - Provide feeding centres with WASH facilities/services.

### **Education (US\$ 265,630)**

A total of 7,300 displaced and war-affected children and 300 teachers and preschool educators will benefit through the following key activities:

- Procure and distribute 30 recreational kits and 60 'school-in-a-box' edukits for 4,800 primary schoolchildren and 50 early childhood development (ECD) kits for 2,500 children aged 3–6 years in preschools;
- Train 50 staff in prefectural education structures to prepare local contingency plans and to coordinate and develop relevant answers in crisis situations;
- Train 200 primary schoolteachers, with particular attention to HIV/AIDS prevention and peace education;
- Train 100 preschool educators;
- Support the construction of 50 temporary school/classroom structures to accommodate 2,500 primary schoolchildren.

### **Child Protection (US\$ 535,000)**

For 2009, the overall goal is to ensure a rapid response to the needs of the most vulnerable population in order to reduce the physical, psychological, legal and administrative consequences of crises on children and women in general and vulnerable people in particular. Key activities will include:

- Reinforce and equip existing child-friendly spaces (water supply points, gardens, recreational kits etc.);
- Train experimented and focus teachers in psychosocial care and provide tools for rapid assessments in order to better address and respond to violence/abuse, including gender-based violence;
- Support family tracing, reunification and reintegration of separated children, and assist families, separated children and parents most in need of support;
- Support the elaboration of a database on children and women victims of the crisis;
- Support the collection and centralization of data on children and women in times of crisis.

# UNICEF HUMANITARIAN ACTION GUINEA-BISSAU IN 2009



Core Country Data	
Population under 18 (thousands)	918
U5 mortality rate*	223
Infant mortality rate*	138
Maternal mortality ratio**	1,100
Primary school enrolment ratio (2000–2007, net, male/female)	53/37
% U1 fully immunized (DPT3)	63
% Population using improved drinking-water sources	57
% HIV/AIDS prevalence, 2007	1,8
% U5 suffering moderate and severe underweight/stunting	19/41

Sources: *The State of the World's Children 2009*, \* Multiple Indicator Cluster Survey 2006, \*\* WHO/UNICEF/UNFPA/World Bank estimates, 2005

In Guinea-Bissau, more than half of the 918,000 children under age 18 live in dire conditions. This post-conflict country has not yet recovered from a decade of instability, and is characterized by extremely weak public and private sectors, and social infrastructures in serious decay. Due to recurrent political instability, few development partners are present, and investments by public and private sectors are still very limited. Budgetary problems are hindering the delivery of social services. The majority of the population lives in extreme poverty, aggravated by high levels of illiteracy, harmful traditional practices, limited access to essential commodities and low-quality basic social services. Over 280,000 vulnerable children and 30,000 women will benefit from the emergency support requested.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	535,000
Water, Sanitation and Hygiene	856,000
Education	535,000
Mine Action	156,000
<b>Total**</b>	<b>2,082,000</b>

\* 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

Guinea-Bissau is a post-conflict country that has yet to emerge from a decade of political instability. The destruction of social infrastructures occurred during the 1998–1999 war has been followed by lack of investment in the public and private sectors, resulting in further decay of the few existing infrastructures. Government budgetary problems are recurrently resulting in non-payments of state employees' salaries, which affects provision of the little basic social services available. This state of affairs is particularly harsh on the most vulnerable groups – among them children, adolescents and women. The Government lacks the human and financial resources to invest in development, and enormous efforts will be required to improve the socio-economic situation.

Results from the latest Multiple Indicator Cluster Survey (MICS 2006) indicate an increase in child mortality rates, with an infant mortality rate of 138 deaths per 1,000 live births and an under-five mortality rate of 223 per 1,000 live births. The maternal mortality ratio is as high as 1,100 maternal deaths per 100,000 live births. Malaria, acute respiratory infections, diarrhoea and malnutrition remain the major killers of children. Only 39 per cent of children under age five sleep under insecticide-treated mosquito nets. Four per cent of children are severely underweight and 19 per cent suffer from moderate underweight; 19.5 per cent are severely stunted and 40.9 per cent moderately stunted; 1.7 per cent are severely wasted and 7.2 per cent moderately wasted. Less than 1 per cent of households consume adequately iodized salt. Only 57 per cent of the population have access to drinkable water; and a mere 30 per cent know minimum hygiene practices. Knowledge of HIV/AIDS is still limited, with only 19 per cent of the population and 16 per cent of the youth capable of identifying methods of prevention.

Since May 2008, the country is plagued by a massive cholera epidemic, which as of 2 November had resulted in a total of 13,327 cases, with 218 deaths (fatality rate at 1.6 per cent). About 18 per cent of cases are found among children under age 15. Cholera is endemic in the country, and epidemics occur recurrently almost every year. Among the reasons for these epidemics are the dilapidated water and sanitation infrastructures (when not totally inexistent), poor quality basic health and education services and limited knowledge and practice of hygienic behaviours.

Approximately 1,500 children are estimated to be living with HIV/AIDS and 17,000 to have lost at least one parent to AIDS. Out-of-school children and adolescents suffer an additional vulnerability in Guinea-Bissau: the recent massive increase of drug trafficking through the country puts young people particularly at risk, as these children and adolescents can be easily targeted by unscrupulous traffickers, ready to profit of the risk-taking inclination of adolescents. Due to the lack of primary schools, vocational training and life skills-based curricula, the opportunities for adolescents to complete basic education, escape an adulthood of illiteracy and access adequate employment opportunities are extremely limited.

Guinea-Bissau is still contaminated by landmines and explosive remnants of war (ERWs), consequence of the 1963–1974 Liberation War, the 1998–1999 armed conflict and the long-term instability on Senegal's Casamance border. In Brá, one of Bissau's neighbourhoods, where an army arsenal blew up in 1998, ERWs remain a threat that has been recently reconfirmed by a series of accidents, the latest of which occurred in April 2008, where a child was involved. After the 1998 conflict, mine-risk education (MRE) activities were carried out with the support of UNICEF and other partners. Since 2004, however, MRE activities have suffered of funding shortage, and – tragically – the mine/ERW contamination has become a 'forgotten' emergency.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

Two very successful vitamin A supplementation and deworming campaigns have resulted in over 90 per cent coverage of children aged 6–59 months. During the third round of the maternal and neonatal tetanus campaign, targeting 320,000 women of childbearing age, 87 per cent of women completed the three doses required. New vaccines for children (pentavalent and yellow fever) have been introduced within routine vaccination activities since September 2008 with the aim of reaching 55,000 infants, who are also receiving impregnated mosquito nets. An assessment of the 24 nutrition treatment centres across the country was carried out and a nutritional survey initiated (to be completed early 2009) in order to better understand the scope of the current nutrition insecurity, and identify and implement adequate strategies through key interventions.

In coordination with other partners, such as the World Health Organization (WHO), the National Red Cross Society, Médicos do Mundo-Portugal, Médecins Sans Frontières-Spain and Médecins Sans Frontières-Switzerland, UNICEF has contributed substantially to the national response to a cholera epidemic which, after five months since its start in May 2008, has already affected 12,225 persons and resulted in 201 deaths (data of 21 October 2008). UNICEF's support to the Ministry of Health has focused and is continuing to focus on massive awareness-raising of preventive measures and hygiene

practices through face-to-face communication and radio broadcasting as well as water and sanitation intervention activities, targeting the capital Bissau and the regions hardest hit, and procurement and distribution of emergency supplies. A hygiene campaign focusing on schoolchildren started in concomitance with the recent reopening of the school year. UNICEF was able to reach about 80 per cent of the capital's population (estimated at approximately 400,000 people) with information on how to prevent cholera and demonstration of correct hygiene practices, including handwashing with soap or ash and disinfection of drinking water. All functioning water reservoirs in the capital Bissau and over 1,500 traditional wells have been disinfected, and bleach and soap distributed to over 4,000 families. More than 45,000 litres of bleach, 150 cholera beds and 10,000 sachets of oral rehydration salts (ORS) were donated to the Ministry of Health and 5,000 ORS sachets to the Red Cross Society. UNICEF also provided 72 m<sup>2</sup> tent and other supplies to increase the capacity of the National Hospital. Some 700 members of communication and disinfection brigades were trained to inform the population and follow up on cases at household level. UNICEF is supporting local and international NGOs to carry out communication, disinfection and water and sanitation activities in the most affected regions.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

UNICEF is an active member of the UN Country Team and participates in meetings organized on a monthly basis. Since May 2008, UNICEF has taken up the role of Inter-agency Emergency Coordinator and is keeping close relationships with humanitarian NGOs present in the country, which were crucial partners during the June 2008 torrential rain emergencies and the cholera epidemic that is besieging the country since May 2008. UNICEF is cluster lead for nutrition, water, sanitation and hygiene (WASH), education and protection.

#### Linkages of HAR with the Regular Programme

Humanitarian preparedness and response activities are part of each of the Country Programme 2008–2012 main components: child protection, child survival, education and HIV/AIDS. Communication for behaviour change is a major strategy for the African Child Survival and Development initiative, which is focusing on the promotion of early and exclusive breastfeeding, good hygiene practices – including handwashing – and the use of impregnated mosquito nets to ensure high-impact interventions for the reduction of child mortality and morbidity.

Given the enormity of Guinea-Bissau's needs and the continuing harsh humanitarian situation, UNICEF will focus in 2009 on a few most effective key interventions to reduce mortality and morbidity among children and women: provide a package of basic health interventions; prevent/control the incidence of future cholera epidemics; prevent mine/ERWs accidents; and prevent adolescents' enrolment in illegal activities.

#### Health and Nutrition (US\$ 535,000)

For 2009, the overall goal is to reduce the mortality rate of children under age five due to malnutrition and waterborne diseases through the implementation of high-impact interventions in health and nutrition. Approximately 120,000 most vulnerable children under age five and 30,000 pregnant women living in rural areas will benefit from the following key activities:

- Procure and distribute essential drugs, micronutrients and health kits to 30 health centres, benefiting about 400,000 people;
- Train 60 health staff in quality management of malaria, diarrhoea and acute respiratory infections, and train 48 health staff in management of severe acute malnutrition;
- Train 60 midwives in early detection of at-risk pregnancies, in clean deliveries and management of complicated deliveries.
- Train 120 community health workers in providing basic health and nutrition services – including quality treatment of malaria, diarrhoea and acute respiratory infections, detection and referral of at-risk pregnancies, community-based management of mother and newborn – as well as in promoting family health and good nutrition practices – early and exclusive breastfeeding, handwashing, use of impregnated mosquito nets, community-based prevention of malnutrition and referral of children who are at risk or malnourished;

- Provide impregnated mosquito nets for some 30,000 children and 30,000 pregnant women (50 per cent coverage);
- Provide support to the 24 existing therapeutic feeding centres for the benefit of 350 severely malnourished children;
- Support two rounds of vitamin A supplementation, iodine supplementation and deworming for all 272,000 children under age five.

### **Water, Sanitation and Hygiene (US\$ 856,000)**

For 2009, the overall goal is to reduce the occurrence and incidence of cholera, prevent further outbreaks and improve emergency response in hotspot areas. Some 300,000 people living in poor neighbourhoods in the capital Bissau and other risk areas will be targeted through the following key activities:

- Develop an integrated cholera prevention action plan and its implementation before the start of the 2009 rainy season;
- Improve the hygiene conditions of 500 selected traditional wells in peri-urban neighbourhoods of the capital Bissau by improving hygienic water fetching, protecting wells from contamination and periodically disinfecting wells and other water sources, benefiting approximately 50,000 vulnerable people;
- Promote latrine use through setting-up of latrine Sanplat selling points;
- Promote household water treatment and handwashing as high-impact and low-cost health interventions through awareness-raising campaigns and demonstration in 41,600 households, benefiting at least 250,000 people;
- Train government personnel on information management and mapping of cholera cases;
- Conduct anthropological study to identify barriers to behaviour changes;
- Preposition emergency supplies for 10,000 people;
- Provide technical support – Wash Emergency Coordinator.

### **Education (US\$ 535,000)**

For 2009, the overall goal is to improve the social and educational integration of out-of-school children and adolescents, give them a second chance for basic and vocational education, life skills, education for citizenship and human rights, and prevent adolescents' enrolment in conflicts, militias and drug trafficking. Six thousand adolescents will benefit from the following key activities:

- Assess priority needs of communities and undertake market survey to determine vocational training needed;
- Train 500 teachers in the teaching of transversal issues, such as life skills, human rights, gender equality and education for peace;
- Support community initiatives in building appropriate school structures through capacity-building and provision of materials not available locally;
- Finalize the Education Development Sectoral Plan, with clear definition of strategies for the inclusion of out-of-school children;
- Develop and implement education sector policies and plans, including on second opportunity and vocational training;
- Supply construction materials for 30 schools;
- Provide basic education and vocational training to 6,000 adolescents.

### **Mine Action (US\$ 156,000)**

For 2009, the overall goal is to raise awareness on the threat of landmines and explosive remnants of war (ERWs) in particular in schools and most affected areas, and how to minimize the risk. Some 20,000 children will be reached through the following activities:

- Provide refresher courses to 70 schoolteachers already trained in 2004, and train another 70 in the autonomous sector of Bissau and in the north of the country (border with Senegal's Casamance Province) where mine accidents occurred recently;
- Support and monitor the mine-risk education (MRE) basic school course;
- Design and disseminate new MRE information materials;
- Disseminate messages in local languages through local radios and face-to-face communication within communities, aiming to reach at least 50,000 people.

## UNICEF HUMANITARIAN ACTION LIBERIA IN 2009



Core Country Data	
Population under 18 (thousands)	2,017
U5 mortality rate*	110
Infant mortality rate*	71
Maternal mortality ratio (2000–2007, reported)	580
Primary school enrolment ratio (NER)**	37.3
Primary school enrolment ratio for girls**	37.1
% U1 fully immunized (DPT3)	88
% population using improved drinking-water sources*	66
HIV/AIDS prevalence (%)**	5.4
% U5 suffering moderate and severe malnutrition*	39.4

Sources: *The State of the World's Children 2009*, \*Liberia Demographic and Health Survey 2007, \*\*Core welfare indicator survey, 2007, \*\*\*HIV/AIDS surveillance report, 2008 (MoHSW)

UNICEF's humanitarian action in 2009 will respond to the nutritional effect of high food prices, the burden of disease, poor household sanitation coverage and hygiene practices. These will target up to 2 million children, women and community members. Action will also be taken to provide access to quality basic education for at least 320,000 learners. Social protection interventions will be strengthened at household and community levels to support up to 10,000 orphans and most vulnerable (at-risk) children and adolescents.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Child Survival (Health and Nutrition, and Water, Sanitation and Hygiene)	8,000,000
Basic Education and Gender Equality	3,035,000
Child Protection	2,060,000
<b>Total**</b>	<b>13,095,000</b>

\* 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

Malnutrition in children remains a problem in Liberia.<sup>1</sup> This is exacerbated by the current high food prices as the country is heavily import dependent and has a high incidence of poverty. The World Bank estimates that the poverty rate in Liberia will be significantly affected by the price of rice, the staple food. As an example, a 20 per cent increase in the price of rice will put 4 per cent of the population below the poverty line if no mitigative actions are taken.<sup>2</sup> High food prices in a fragile post-conflict environment imply that the poorest households will have difficulties to cope with the shock. According to the Liberia Demographic and Health Survey 2007 (LDHS 2007), over 20,000 children are in need of treatment for acute malnutrition, of which almost a half are in the Greater Monrovia area. A 2008 inter-agency food security assessment indicates that the poorest households have less disposable income and are now resorting to drastic actions to meet their food needs. Families are putting their children to work, reducing spending on child health care, and selling key productive assets including farm animals, equipment and tools. UNICEF is prioritizing its response in the area of nutrition.

Although access to basic social services is improving, the government's coverage and its capacity to provide the services are still low. In the health sector, the burden of disease in young children due to malaria, diarrhoea, and vaccine-preventable diseases is still very high. Malaria accounts for up to half of all illnesses in children, followed by acute respiratory infections (35 per cent) and diarrhoea (22 per cent). Liberia continues to experience outbreaks of diarrhoeal diseases, displacements and disruption of movements due to floods during the rainy season. Acute watery diarrhoea (AWD) and cholera outbreaks are frequent in the south-eastern part of the country and Montoserrado County. In April 2008, UNICEF had to respond to an outbreak of yellow fever in four counties through the vaccination of 328,832 people (99 per cent of targeted people) to stop the spread of the epidemic. Moreover, good hygiene practices, especially at household level, are very low with national household sanitation coverage of a mere 10 per cent. UNICEF is still responsible for full operation of 25 primary health clinics located in different parts of the country, providing the only health services to 10 per cent of the population.

The accelerated learning programme (ALP) is one of the most promising post-conflict initiatives addressing the education needs of children whose schooling was disrupted by the conflict. This programme compresses six years of primary education into three allowing a fast completion of the cycle. There is near gender parity in participation in this programme. It is therefore necessary to expand coverage nationwide and address in turn the high teenage pregnancy in Liberia. Although there are other organizations implementing this programme, UNICEF supports the largest number of schools (209) and 19,718 students. Initially implemented in 11 of 15 counties, the programme is now starting in the remaining counties allowing adolescents and young people to benefit from this basic level of education. As most of the school infrastructure was damaged and has not been repaired or replaced, the aim is to rehabilitate the schools to accommodate the large number of students who use the classrooms for both formal lessons and the ALP.

Many classrooms lack chairs or desks. Consequently, many of the children sit on whatever objects – blocks, pieces of plank, stones – they can find to use for seats. There is need to manufacture chairs for both students and teachers as writing and reading are too difficult to learn without appropriate furniture. Some of the County Education Officers had offices prior to the conflict. These have been renovated by UNICEF and other partners but many Education Officers still operate in unusual places, including from their homes. UNICEF has already embarked on the construction of new structures with appropriate facilities, but requires additional funding to construct four more offices.

Schools throughout the country lack textbooks. The current ratio is one textbook to 27 learners at primary school. Other reading materials are also in short supply. National examinations revealed recently the poor reading levels of third-graders attributed to lack of reading materials. Selected readers will be reprinted for all public schools and distributed to first-, second- and third-grade learners to improve on their reading. To encourage the little ones to go to school and persuade their parents to enrol them at the right age of six years, UNICEF has developed a school kit (a bag filled with stationery required to start school). Public and community first-graders receive these learners' kits (bookbags with readers and stationery). Funding is required to continue this provision in 2009 and beyond until every primary schoolchild in public and community schools has the kit.

Despite the end of conflict, sexual and gender-based violence is still rampant, with the majority of reported rape cases being perpetrated against children aged 10–14 years. UNICEF will also address threats/risks to an estimated 10,000 children and adolescents that are orphans, vulnerable and exposed to abuse, sexual exploitation and violence, child labour, and HIV infection. Internally, the ex-combatants and other disaffected individuals/groups as well as ethnic tension – especially land

1 Stunting has been at 39 per cent since 1999. Wasting and underweight are at 7.5 per cent and 19.2 per cent respectively (LDHS 2007).

2 Government of Liberia/UN agencies/UK Department for International Development/NGOs, *The Impact of High Prices on Food Security in Liberia*, Joint Assessment, July 2008, referencing '*Rice Prices and Poverty in Liberia*', The World Bank, 2007.

dispute – are threats to security and may cause loss of property, life and displacement. While the political situations have become calmer in neighbouring Côte d'Ivoire and Guinea there is still uncertainty of the future (including reactions to high prices) and preparedness remains for an estimated 10,000 displaced persons. Each year, the rains are accompanied by fierce storms that often destroy physical infrastructure, such as roads, bridges and classrooms, necessitating arrangements as repairs are done. In order to prepare for emergencies, stocks of relief items have to be prepositioned in order to be able to quickly meet the core commitments for 10,000 children.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

UNICEF worked in close collaboration with Government and local, national and international partners to respond to the humanitarian needs of Liberia's children and women.

In the area of health, nutrition and water, sanitation and hygiene (WASH), key results planned for 2008 were mostly achieved. Pentavalent vaccine was successfully introduced in routine immunization nationwide in January 2008 and routine immunization coverage rates were maintained at 88 per cent and 95 per cent for pentavalent and measles vaccines respectively. An integrated nationwide immunization campaign was conducted in May 2008 reaching 517,000 children (94 per cent) with measles vaccine and 544,879 women of childbearing age (91 per cent) with tetanus toxoid (TT). Incidence for measles and neonatal tetanus was greatly reduced. An emergency yellow fever campaign was conducted in April 2008 in four counties reaching 328,832 (99 per cent) targeted people to stop the spread of the epidemic. Liberia remains strongly on track for polio certification with approval of the polio certification documentation by the Africa Region Certificate Commission (ARCC) in October 2008. A total of 230,000 long-lasting insecticidal nets were distributed to benefit women and children in areas with low mosquito net coverage rates. And, 500 health personnel were trained on the management of malaria and other common childhood diseases. More than 600,000 children benefited from two rounds of vitamin A supplementation and deworming campaigns, while an average of 800 children were treated monthly for severe acute malnutrition at the six facility-based treatment centres and 23 community sites.

According to the most recent nutrition survey conducted in Greater Monrovia, acute child malnutrition rates decreased (though not statistically significant) from 7.9 per cent in 2006 to 6.4 per cent in October 2008. Medicines and medical supplies were provided to 25 clinics serving some 300,000 people in rural and hard-to-reach areas increasing the provision of basic health services by 10 per cent. In anticipation of AWD and cholera outbreaks and to reduce associated mortality, UNICEF provided hygiene promotion services to targeted areas in Monrovia (27 hotspot communities, with an estimated 200,000 beneficiaries). UNICEF also responded to a cholera/AWD outbreak in the south-eastern part of Liberia in early 2008. Over seven tons of emergency supplies (oral rehydration salts, intravenous fluids, chlorine, buckets, jerrycans and soap) were donated and transported by UNICEF to the affected areas. UNICEF also provided support to the County Health Team for the coordination of response activities in the affected areas and preparedness activities in the surrounding counties. A further 44,500 beneficiaries in 74 communities in the south-eastern counties and Monrovia benefited from the following WASH activities: construction of 34 new wells; rehabilitation of 55 damaged/substandard wells; construction of 14 communal/institutional four-access latrines; rehabilitation of 15 communal/institutional four-access latrines; construction of 8 communal bath houses; construction of 8 communal garbage pits; facilitation of the construction of 19 family latrines; and hygiene promotion.

Children at risk of sexual violence and exploitation, recruitment by armed groups, and abuse were the main vulnerable groups targeted for support. Consequently, 50 Liberian National Police officers from the Women and Children's Protection Section were trained to better manage cases of sexual violence and juvenile justice cases. By October 2008, a total of 144 survivors of sexual violence had been managed by the police (70 pending arrest, 67 arrested sent to court and 7 withdrawn). Training, mentoring and stationery were provided to 480 members of community structures to provide care and support to the vulnerable children. As a result, 98 survivors of sexual violence received psychosocial care, protection and medical services, while 1,042 children (381 male/661 female) who came in contact with the law accessed rehabilitation and reintegration services. Another 1,094 teachers (760 male/334 female), 21,065 students (10,303 male/10,762 female), 423 school principals and 968 parent-teacher association (PTA) members benefited from the prevention of sexual exploitation and abuse (SEA) in school trainings, reaching 175 schools in five counties. In addition, 300 community peer educators were trained in the prevention, reporting and referral of gender-based violence (GBV) in 15 communities in five counties. The peer educators have so far reached 16,304 community members with prevention, reporting and referral of GBV cases in 15 communities. Child protection emergency stock was prepositioned for quick response for an estimated 1,000 children.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### **Coordination and Partnership**

The UN Mission in Liberia (UNMIL) is an integrated mission which aims to 'deliver as one' with sister agencies within the context of the UN Development Assistance Framework (UNDAF) coordinated by the UN Country Team (UNCT). UNICEF is the lead agency for the nutrition and WASH clusters, and a key actor in the health and child protection sectors.

#### **Linkages of HAR with the Regular Programme**

The *Humanitarian Action Report (HAR)* is derived from the Country Programme of Cooperation 2008–2012, which integrates humanitarian actions as part of the Country Programme Action Plan (CPAP). Key areas identified include improved health and emergency education; access to HIV/AIDS prevention, treatment and care; and social and legal protection of children.

Funds raised through the HAR will provide humanitarian support to at least 2.5 million children, adolescents, women of childbearing age and the host community members most affected by the past conflict and natural disasters. Particular attention will be paid to the south-eastern part of the country, which is hard to reach due to poor road conditions, heavy rains and floods.

#### **Child Survival (Health and Nutrition; Water, Sanitation and Hygiene) (US\$ 8,000,000)**

Health and nutrition and water, sanitation and hygiene (WASH) are part of the child survival programme. For 2009, the overall goal is to minimize the impact of the food crisis on the already fragile health and nutritional status of children under age five and to ensure that pregnant women and children in hard-to-reach and poor communities are identified and provided essential interventions.

#### **Health and Nutrition (US\$ 6,000,000)**

For 2009, the overall goal of UNICEF's humanitarian action is to reach some 913,600 children, 800,000 women and 300,000 vulnerable community members with the following key activities:

- Procure and distribute essential emergency drugs and equipment to 25 health centres serving up to 300,000 people;
- Train 500 health workers on the integrated management of childhood illness;
- Vaccinate all 150,000 children under age one with pentavalent vaccine and maintain the measles coverage above 90 per cent;
- Vaccinate all 800,000 women of childbearing age with tetanus toxoid during a maternal and neonatal tetanus vaccination campaign;
- Procure and distribute 150,000 impregnated mosquito nets to children under age five and pregnant women in hard-to-reach areas, especially in the south-eastern part of the country;
- Extend the support to therapeutic feeding centres to reach 4,000 severely malnourished and 11,600 moderately malnourished children (30 per cent coverage);
- Train 100 health staff in treating severe malnutrition;
- Procure and distribute vitamin A and deworming tablets to all children under age five, directly benefiting 600,000 children;
- Monitor the nutritional impact of high food prices through the organization of four nutritional surveys, assessments and evaluations;
- As nutrition cluster lead, improve the coordination of humanitarian action.

#### **Water, Sanitation and Hygiene (US\$ 2,000,000)**

For 2009, the overall goal of UNICEF's humanitarian action is to reach some 200,000 persons, focusing particularly on children and women, through the following key activities:

- Launch household water treatment and safe storage (HWTS) campaign with initial focus on areas of optimal humanitarian impact such as known cholera/AWD hotspot areas;

- Support WASH emergency preparedness, and coordinate particularly in relation to diarrhoeal disease (including cholera) and flood scenarios;
- Implement cholera/AWD prevention and control activities using mass media communication campaigns; mobile control teams; and community-based strategies;
- Implement community, school, and health centre WASH activities: construct and rehabilitate dug wells and boreholes in communities, schools and health centres (75 new sources, 100 rehabilitated sources); construct latrines in schools and health centres (50 institutional latrines); construct family demonstration latrines in communities (200 family latrines); and implement hygiene education and promotion packages in communities, schools, and health centres.

### **Basic Education and Gender Equality (US\$ 3,035,000)**

For 2009, the overall goal of UNICEF's humanitarian action is to expand the accelerated learning programme (ALP) countrywide, improve quality of learning in hard-to-reach areas, strengthen coordination and quality assurance in education programmes and prepare for emergencies, through the following key activities:

- Renovate 10 ALP implementing primary schools consisting of six classrooms, two rooms for teachers and school principal, and two block latrines (one for boys and another for girls). This will accommodate an additional 7,200 new ALP learners;
- Construct four County Education Office complexes housing an office block, a warehouse, a generator house and deep well with water tower;
- Reprint and distribute 900,000 copies of primary school readers for first, second and third grades, benefiting 300,000 children (three readers per child);
- Procure and distribute 20,000 student armchairs and 1,000 chalkboards;
- Procure 100,000 schoolbags for first-graders;
- Procure 125 'school-in-a-box' kits, 50 recreational kits and 50 tarpaulins for emergency use (establishing child-friendly learning spaces) for an estimated 10,000 children.

### **Child Protection (US\$ 2,060,000)**

For 2009, the overall goal of UNICEF's humanitarian action is to strengthen social protection interventions at household and community levels to support the most vulnerable and at-risk children and ameliorate the adverse consequences high food prices are having on them. UNICEF will also address threats and risks to an estimated 6,000 children and 4,000 adolescents vulnerable and exposed to abuse and violence, increased child labour, HIV/AIDS and sexual exploitation. Key actions will include:

- Identify and document households headed by children and women, including children living and/or working on the street and children affected by commercial sexual exploitation;
- Support the Ministry of Gender and Development, the Ministry of Health and Social Welfare and NGOs in training their staff in the prevention of sexual exploitation and abuse and putting in place reporting mechanisms in their organizations and impact areas;
- Provide cash grants and income-generating assets to 1,000 vulnerable households with depleted livelihoods, giving priority to households headed by children and those caring for orphans in four counties;
- Support HIV prevention activities (HIV/AIDS education, voluntary counselling and testing, and appropriate treatment for sexually transmitted infections) among 4,000 youths and adolescents living in the catchment of selected health centres;
- Protect at least 5,000 orphaned and other vulnerable children (OVC), especially children living and/or working on the street, girl victims or those at risk of commercial sexual exploitation, by reinforcing the community, schools and health facility responses;
- Strengthen community monitoring and surveillance mechanisms to better identify and respond to children's nutritional needs, putting in place monitoring and reporting mechanisms; these actions will include establishment/strengthening of community protection committees.

# UNICEF HUMANITARIAN ACTION MAURITANIA IN 2009



Core Country Data	
U5 child population	560,953
U5 mortality rate*	122
Infant mortality rate*	77
Maternal mortality ratio (2007)*	686
Primary school enrolment ratio**	77
Primary school enrolment ratio for girls**	79
% DPT3 vaccine in U1 children*	57
% population using improved drinking-water sources*	50,5
HIV/AIDS prevalence***	0.57
% U5 wasting prevalence*	12

Sources: \* Multiple Indicator Cluster Survey (MICS) 2007, \*\* Ministry of Education, \*\*\* Projection of the National Census 2000.

The impact of high food prices was heavily felt in 2008 in Mauritania due to its dependence on food imports, the high risk of flooding in the food-producing regions, the prevailing political instability that followed the 6 August 2008 coup d'état and the residual malnutrition still affecting several regions, mostly in the southern and eastern regions. UNICEF's emergency preparedness and response planning will target over 500,000 children in 2009. The figures shown below are based on in-country projections for the planned interventions.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	2,000,000
Water, Sanitation and Hygiene	500,000
Education	350,000
Child Protection	250,000
Mine-Risk Education	100,000
<b>Total**</b>	<b>3,200,000</b>

\* 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

According to the latest UNICEF/Ministry of Health malnutrition survey carried out in March 2008, the global acute malnutrition rate in Mauritania is 12 per cent. Evolution of the acute malnutrition prevalence since December 2006 reflects the deterioration of the food situation that is characterized by a lack of availability of and poor accessibility to food products, as well as a weak health-care system for the management and prevention of severe malnutrition. A World Food Programme/Government food security survey also conducted in March-April 2008<sup>1</sup> estimated that 30 per cent of the rural population (550,712 people) is vulnerable to food insecurity, of which 197,157 are in a state of extreme vulnerability. The survey results showed that there has been a 30 per cent increase in the number of rural households living in food insecurity and a 55 per cent overall rise in food-insecure households since July 2007. The survey also confirmed that this was due in great part to nationwide high food prices, including in urban communities (with a 12 per cent rate of food insecurity). The percentage of population using improved drinking-water sources and improved sanitation facilities stands at 50.5 per cent and 38.2 per cent respectively.

In March 2008, in collaboration with the UN Refugee Agency (UNHCR), the Mauritanian authorities decided to set up a large reintegration programme for returnees and for Mauritanian refugees driven out of the country 20 years ago. UNICEF in close collaboration with UNHCR is supporting the improvement of basic services to this segment of the population in the three main regions of return and resettlement.

The 2009 challenges to be addressed shortly are: (1) to ensure emergency preparedness along with partners to respond to all emergencies including high food prices and its consequences; (2) to reduce the prevalence of child wasting to below 10 per cent in the most vulnerable regions, by managing acute malnutrition and undertaking stunting prevention interventions; (3) to improve access to basic services for the latest returnees in their resettlement areas; and (4) to support Government in developing and implementing an appropriate national emergency response plan.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

Mauritania has been part of the 2008 regional West Africa Consolidated Appeal Process (CAP). UNICEF has recently revised its 2008 CAP on nutrition and child survival matters, taking into consideration the deterioration of the nutritional situation in Mauritania and in the Sahel countries. In close collaboration with local, national and international partners (Ministry of Health, UN agencies and NGOs), UNICEF has continued to respond to the humanitarian needs of the vulnerable population affected by the high food prices. It has mainly focused on the priority areas of health, nutrition, water, sanitation and hygiene (WASH), education and child protection. However, these interventions were slowed down by the latest political instability following the last coup d'état. To mitigate the effects of high prices, especially on people facing food vulnerability, the Government launched a Special Intervention Programme in April 2008 to address short-term reduction of economic and food vulnerability and improve the medium- and long-term income of the most vulnerable segments of society. UN agencies have since the beginning supported authorities' efforts in this regard with technical guidance and operational assistance.

During 2008, the overall goal in nutrition aimed to minimize the impact of the ongoing high food prices on the nutritional status of children under age five. UNICEF continued to support 350 therapeutic feeding centres in eight vulnerable regions serving up to 5,000 children under age five and also supported the World Food Programme (WFP) that managed more than 500 supplementation feeding centres serving 38,000 children under age five. UNICEF's support included the provision of therapeutic foods, health staff training and the organization of feeding centres' management. Therapeutic food was positioned in 13 health regions. More than 2,000 children under age five (out of 5,000) were admitted and treated in these centres. Mass screening covering 39,000 children was carried out in seven regions in order to increase community attendance at the established rehabilitation centres. Also, chlorine water tablets for water purification will be prepositioned in Nouakchott, along with education emergency supplies to cover national needs for around 10,000 persons in the event of flooding. This stock is readily available in UNICEF's warehouse.

Successful preventive and emergency campaigns were carried out that included: (1) measles immunization covering 464,564 children aged 9–59 months (97.9 per cent coverage) in January 2008; (2) the promotion of exclusive breastfeeding for the first six months covering 119,013 households (24 per cent coverage) and 456,417 women in June 2008, through mass media and home visits by community volunteers in the seven most vulnerable regions; (3) the celebration of the 'World Breastfeeding Week'; (4) vitamin A supplementation for 473,590 children under age five (97 per cent coverage) and deworming for 398,760 children aged 12–59 months (92 per cent coverage) in June 2008.

<sup>1</sup> Commissariat pour la protection sociale et la sécurité alimentaire/Programme alimentaire mondial (CPSSA/PAM), *Étude sur la sécurité alimentaire des ménages (ESAM) en Mauritanie*, Rapport ESAM, avril 2008.



Regarding nutritional surveillance and early warning, UNICEF supported the Ministry of Health to organize the two annual nutrition surveys and to strengthen routine health information systems to properly include the nutrition component. The results of the first survey carried out in February–March 2008 were disseminated and are largely used by humanitarian partners and the Government.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

UNICEF is part of the UN Emergency Coordination Working Group chaired by WFP and reporting to the UN Country Team (UNCT). It meets periodically to analyse and coordinate all humanitarian actions needed and to agree on a joint response to all contingencies. NGOs and Government representatives are also key members of this Group. As the lead agency for nutrition, UNICEF provided information in this sector and coordinated the work of the specific nutrition group in Mauritania.

#### Linkages of HAR with the Regular Programme

The *Humanitarian Action Report (HAR)* is reflected throughout the UNICEF Mauritania Country Programme, including child survival, education, child protection, social policy/monitoring and evaluation programmes. Each programme contains several projects aimed at assisting the women and children of Mauritania in their survival and development. The national needs of both women and children were assessed through a comprehensive and participative situation analysis supported by detailed surveys in many fields. The Mauritania Country Programme benefited from past donor assistance raised through the HAR process. Substantive funding allowed UNICEF to deal with the yearly control of epidemics and to handle the impact that drought and the ongoing nutritional emergency are exerting on Mauritania and several other countries of the Sahel region.

In 2009, UNICEF's emergency response along with other UN agencies will focus on the reduction of severe and moderate malnutrition and on the reduction of the impact of high food prices on vulnerable communities. Additionally, UNICEF will respond to any natural disaster and epidemic outbreak, such as cholera or meningitis, with water, sanitation and hygiene (WASH) interventions in the affected areas. UNICEF's emergency preparedness and response planning (EPRP) reflects the latest country profile and all emergency scenarios and implications for an immediate UNICEF response. Overall, the EPRP targets a population of 15,000–20,000 inhabitants and, in the case of emergency malnutrition interventions, UNICEF's activities will benefit a total of up to 500,000 people.

#### Health and Nutrition (US\$ 2,000,000)

For 2009, the overall goal is to minimize the impact of the ongoing international crisis on the health and nutritional status of children under age five, to reduce the rate of acute and severe malnutrition and to ensure that pregnant/lactating women in affected areas are well identified and provided with micronutrient supplementation and deworming for themselves and their children. The planned activities include:

- Procure and distribute long-lasting insecticidal nets to 200,000 children under age five and pregnant women in malaria-endemic areas;
- Facilitate capacity-building of national immunization services, including the cold-chain system, along with relevant training in 27 health districts;
- Promote optimal infant and young child feeding practices through existing health- and community-based services, thereby reaching the population aged 0–2 years, estimated at about 33,000 children;
- Continue supporting the 400 therapeutic feeding centres (350 old and 50 new) run by partners, managing over 5,000 severely malnourished children. WFP will continue in 2009 to provide supplementary feeding at community level, serving 14 per cent of children aged 6–59 months;
- Provide refresher courses to 200 health staff out of the 600 health personnel managing severe malnutrition;
- Carry out three nutrition surveys, assessments and evaluations with partners;

- Procure and administer vitamin A to lactating mothers and to 486,006 children aged 6–59 months, and deworming tablets to 433,858 children aged 12–59 months;
- Support increased access of returnees to health and nutrition services and facilitate their integration into their communities of origin.

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

For 2009, WASH activities will be part of the Child Survival Cluster Programme and will aim at reaching 40,000 persons, including the Mauritanian returnees lately arrived in the southern zone and who remain mostly vulnerable. Activities will focus on children and women, as shown below:

- Assess the WASH situation in southern districts and returnee areas;
- Improve sanitation in schools and in health facilities through the construction/rehabilitation of wells and through adequate sanitation activities serving about 2,500 children;
- Construct/rehabilitate 50 wells and boreholes and install handpumps to provide safe drinking water to around 40,000 returnees and other sedentary communities;
- Train local communities on well and borehole maintenance and repair;
- Build 1,000 to 1,500 household latrines to serve 6,000 to 9,000 inhabitants;
- Promote handwashing with soap and hygiene education in local communities;
- Undertake water and sanitation interventions focusing on vulnerable communities affected by natural emergencies or epidemics in target regions;
- Provide thirty 1,000/5,000 litre collapsible water tanks, twenty thousand 10/30 litre collapsible jerrycans and 200 kilos of chlorine tablets to serve around 20,000 persons likely to be affected by natural disasters or epidemics (EPRP planning figure).

### **Education (US\$ 350,000)**

For 2009, the overall goal is to immediately assist in the event of emergencies some 3,000 to 5,000 children and 300 teachers through the following key interventions:

- Provide basic school supplies for up to 3,000 students and to primary schoolteachers;
- Rehabilitate 40 temporary classrooms and reinforce school infrastructures in returnee areas;
- Install 220 tents to be used as temporary classrooms to accommodate up to 5,000 students in flood- or emergency-affected regions;
- Build 50 community latrine blocks and promote their utilization in flood-/emergency-affected locations;
- Support some 50 school sanitation committees/cooperatives to manage emergencies and promote school and personal hygiene;
- Ensure school recreational activities in vulnerable communities by providing sports kits for 5,000 children.

### **Child Protection (US\$ 250,000)**

In 2009, in the event of social unrest, particularly as a result of the latest political instability and tensions, UNICEF will set up a programme to screen, assist and organize displaced population, especially unaccompanied and vulnerable children (including children with disabilities, children living and/or working on the street and domestic girls). In view of the prevalent sexual exploitation and abuse and the likelihood of a hike of cases in times of conflict, UNICEF will work with existing partners to address the needs of up to 1,000 survivors of sexual exploitation and abuse.

### **Mine-Risk Education (US\$ 100,000)**

According to the latest Landmine Impact Survey carried out in 2007, 76 km<sup>2</sup> of land are mined in Mauritania, threatening the lives of 60 communities. The survey provided the needed baseline for future work and will help prioritize interventions in the sector. The mine-affected area will benefit from UNICEF's support: marking of mined areas, community education on the risk of mine/unexploded ordnance, as well as geriatric support to survivors to be facilitated in specialized centres, as was the case over the last three years. Furthermore, assessments will be conducted in 65 additional districts where the presence of landmines has been suspected (Dakhlet Nouadhibou and Tiris Zemmour Provinces). To sensitize the population on the deadly risks of landmines, Government, UNICEF, the UN Development Programme (UNDP) and local and international NGOs will strengthen the mine-risk education (MRE) programme. Around 1,000 mine survivors will be assisted in target communities.

## UNICEF HUMANITARIAN ACTION NIGER IN 2009



Core Country Data	
Child population under 18 (millions)	7.5
U5 mortality rate	198
Infant mortality rate*	81
Maternal mortality ratio (1990–2006)	650
Primary school enrolment ratio (net)	48
Primary school enrolment ratio for girls (net)	40
% U1 fully immunized (DPT3)	39
% population using improved drinking-water sources	46
HIV/AIDS prevalence	0.7
% U5 suffering moderate and severe malnutrition (underweight)	40

Sources: *Country Programme Document (CPD) Niger 2008*, \*Demographic and Health Survey/ Multiple Indicator Cluster Survey 2006 (DHS-MICS 2006)

The four main areas of humanitarian concern in Niger are child undernutrition, meningitis and cholera outbreaks, cyclical water floods and the insurgency of rebel groups in the region of Agadez since February 2007. UNICEF's humanitarian action in 2009 will cover the needs of 635,000 undernourished children and will reach 10,000 mothers and children affected by disease outbreaks, floods and insecurity in the North.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	12,689,148
Water, Sanitation and Hygiene	800,000
Education	450,000
Child Protection	80,000
Mine Action	50,000
<b>Total**</b>	<b>14,069,148</b>

\* 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 main humanitarian issue in Niger in 2008 and in the coming year is child undernutrition. The latest survey conducted in June/July 2008 reported a consistent decline of global acute malnutrition (GAM) to 10.7 per cent and severe acute malnutrition (SAM) to 0.8 per cent (National Centre for Health Statistics – NCHS References). This decline in GAM at the national level reported throughout 2008 shows the effectiveness of the global humanitarian response, including public health interventions and improved access to essential health services. However, the national levels of malnutrition mask considerable regional variations. For example, the survey shows that the region of Zinder is in an emergency situation, with 15.7 per cent of GAM among children aged 6–59 months. The findings of the survey reveal that not only nutrition indicators are low in this region, but most of the child survival indicators in Zinder are the worst nationwide. Three (out of eight) regions have a GAM prevalence of between 10 and 15 per cent, or above the alarm level. Also distribution of malnutrition according to age groups shows that the GAM rate is at 14.6 per cent for children aged 6–35 months, and a troubling 20.9 per cent for children aged 12–23 months, which means that younger children are the most affected by acute malnutrition, and that priority must be given to this age group and to maternal nutrition.

Even if the situation seems to show a consistent improvement since 2005, it remains unstable and still needs a strong response, particularly within the Ministry of Health (MoH) system and within the framework of the new national child survival strategy. This is even truer with the recent adoption by the MoH of the new World Health Organization (WHO) growth standards. These new standards will definitely allow for a better selection of the malnourished children to be admitted into the programme, but at the same time it will sharply increase the number of children to be treated. The prevalence of GAM according to the WHO new standards is 11.6 per cent, while the prevalence of SAM becomes 2.8 per cent, a level that requires a strong response.

Epidemic outbreaks, particularly cholera during the rainy season and meningitis during the dry season, are cyclical in Niger. By October 2008, 3,234 meningitis cases and 778 cholera cases had been registered, which represent a slight increase compared to the levels encountered in 2007. Maintaining high alert levels and pursuing social mobilization on water, sanitation and hygiene is therefore crucial to continue containing epidemics. Heavy rains in the summer expose the populations to flooding, a situation which is aggravated by poor lodging conditions associated with inadequate water infrastructures. The July and August floods affected 42,100 people in 5,100 households in Niger.

Since February 2007, civilians have been increasingly caught up in insecurity caused by the conflict between the Nigerian army and armed militias in the northern part of the country, in particular the region of Agadez. A new front near the Chadian border opened up in April 2008. These clashes between rebel groups and the Government have caused the displacement of approximately 15,000 people in 2008. The situation is aggravated by the presence of anti-vehicle mines in strategic areas, which have caused vehicles to blow up, including in the capital Niamey. Since November 2007, the Government of Niger and its partners have evaluated the situation of mines in Niger and set up a joint committee composed of the UN and the National Commission for the Collection and Control of Illegal Weapons, which meets on a regular basis. Mine-risk education messages were aired between January and March thanks to the collaboration between UNICEF and the Ministry of Communication. This action has been reinforced through the recruitment of an international consultant in December 2008 for one-month duration.

Despite the encouraging progress achieved in the education sector in recent years (gross enrolment ratio has rocketed up from 37 per cent in 2000–2001 to 62 per cent in 2007–2008), the situation is still very challenging. Issues such as gender disparities, inadequate learning conditions and difficult school access for nomadic populations and the chronically poor are becoming more complex due to insecurity in the North.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

UNICEF supported the Government of Niger as nutrition cluster lead, in the coordination of a network of 20 international and national NGOs for the prevention and treatment of acute malnutrition. As of 3 October 2008, a total of 184,759 children under age five (or 58 per cent of target) (134,214 moderately malnourished and 50,545 severely malnourished) had been admitted in the 811 UNICEF-supported nutritional centres operating in the 42 districts of the country. A joint Government/World Food Programme (WFP)/UNICEF blanket supplementary feeding operation reached 292,000 vulnerable children aged 6–36 months (or 97.3 per cent of target) with 5,570 MT of food. UNICEF signed a Memorandum of Understanding (MoU) with seven NGOs to implement a package of seven key behaviours<sup>1</sup> and eight essential services,<sup>2</sup> a package that is also

1 The seven key behaviours are: exclusive breastfeeding, use of appropriate weaning and complementary food, use of impregnated mosquito nets by pregnant women and children under age five, use of oral rehydration salts, handwashing with soap, recognition of early signs of illness and use of health services.

2 The eight essential services are: integrated management of childhood illness, complete vaccination of children, vitamin A supplementation for children aged 6–59 months, quality antenatal care, delivery assisted by trained staff, growth monitoring, malnutrition case management and low-cost boreholes.

being implemented at women group/village growth monitoring team level. These interventions contributed to global acute malnutrition going down from 11.2 per cent in June 2007 to 10.7 per cent in June 2008, and severe acute malnutrition from 1.2 per cent to 0.8 per cent. In spite of the vaccination of some 800,000 people during the meningitis epidemics in the first half of 2008 (compared to 224,475 people in 2007), there was an increase in the number of reported cases (3,234 cases among which 216 deaths by October 2008, compared to 739 cases and 77 deaths in 2007). The increase in the cases can be attributed to an important outbreak in Nigeria, with which Niger shares a long and open border.

Due to heavy rains in the months of July/August, floods were reported in the regions of Zinder and Tillabery affecting a total of 42,100 people (24,000 in Zinder and 18,100 in Tillabery) in 5,100 households. UNICEF dispatched 500 family kits (including insecticide-treated mosquito nets, blankets, 20-litre tanks, soap and 20 metres of tarpaulin for each family) to the Zinder region and 250 family kits to the Tillabery region. Awareness-raising campaigns on cholera by health officers and local media are ongoing. Required rehydration drugs (oral rehydration salts (ORS) and Ringer's lactate) as well as 2,800 boxes of 50 chlorine tablets each were handed over to the Minister of Health, who is dispatching these supplies to the affected populations. UNICEF also sent three tents to set up an isolation centre. Water points were treated with bleach or hypochlorite and separate latrines for patients were built.

Following the displacement of population in the North, UNICEF provided training to education partners on minimal norms for education in emergency situations. Displaced children were able to integrate host primary and middle schools, which received extra support through the supply of textbooks and a catch-up course for the 162 displaced children. Seventy-seven per cent of these pupils were able to move up to the next grade, a good promotion rate for Niger. UNICEF is now supporting the Regional Directorate of Education in its effort to create some 30 community daycare centres. Approximately 570 women heads of household, who have been displaced to Agadez, have received financial support from UNICEF for income-generating activities, such as the setting-up of small businesses.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

UNICEF will continue to participate in the emergency preparedness and response coordination mechanism chaired by the Secretary-General of the Cabinet of the Prime Minister, through a joint consultation committee that includes Government partners, UN agencies, the donor community and the network of NGOs. It will also provide leadership to the nutrition cluster and support to the Nutrition Section of the Ministry of Health.

#### Linkages of HAR with the Regular Programme

The activities to be funded by this emergency appeal are complementary to the regular Country Programme activities, with a particular focus on the reinforcement of basic health services as part of the strategy to accelerate child survival and development through the implementation of evidence-based high-impact interventions at scale.

In 2009, emergency interventions will address the needs of 635,000 acutely malnourished children under age five. Other interventions regarding water and sanitation will reach 10,000 mothers and children affected by floods and epidemics. Education and child protection interventions will also be implemented in order to mitigate the consequences of the conflict on children in Northern Niger.

#### Health and Nutrition (US\$ 12,689,148)

For 2009, the overall goal is to reduce child mortality, to maintain the rate of acute malnutrition at or below 10 per cent and to contribute to reducing the prevalence of stunting. To that end, key activities will include:

- Continue supporting the Government of Niger in the coordination of the nutrition response;
- At the community and household level, implement a community-based integrated, evidence-based high-impact child survival package with seven key behaviours and eight essential services;
- At health facility and community level, treat 635,000 cases of both moderate and severe acute malnutrition (reaching 60 per cent of children in need), of which 135,000 are expected to be of severe malnutrition. It is anticipated that one-third of these 135,000 severe cases will be treated at inpatient therapeutic centres within hospitals, while the remaining will be treated at outpatient therapeutic centres at community or health facility level;

- At the national and global level, undertake nationwide blanket feeding for 250,000 children under age three, support human resource capacity-building as well as a child survival and nutrition survey for effective nutritional surveillance;
- Support the Government and communities in their effort to improve the quality of complementary feeding, in addition to breastfeeding after the age of six months, by using new ready-to-use food, such as Nutributter and Sprinkles.

In the area of infectious and waterborne diseases, such as cholera and meningitis, UNICEF will further reinforce national and local preparedness by prepositioning medical supplies and drugs in high-risk health districts. Main activities will include:

- Supply meningitis vaccines for the immunization of 75,000 children and the treatment of 10,000 cases;
- Support communication activities for the prevention of cholera and provide supplies for the management of 1,500 cases;
- Provide medical supplies to cover the needs of up to 10,000 women and children displaced by floods or conflicts in the northern area (contingency stock).

### **Water, Sanitation and Hygiene (US\$ 800,000)**

For 2009, UNICEF's response will cover the water, sanitation and hygiene (WASH) needs of a population of 10,000 people (1,250 households), who may be affected by floods, displacement or cholera outbreaks. Key activities will include:

- Provide water and sanitation equipment, including water tanks, water cans, cups, water purification tablets, rakes and shovels, and support the renovation/construction of up to 30 water points/water supply systems in 30 schools and 10 health centres in affected areas;
- Promote sanitation (treatment of water, construction of household latrines), hygiene and handwashing (for the adoption of key practices related the reduction of waterborne diseases) coupled with soap distribution among the targeted population;
- Enhance capacity of the Ministry of Hydraulic and the Ministry of Health for an improved preparation and collaboration in time of crisis, through the organization of workshops related to emergency and sanitation promotion.

### **Education (US\$ 450,000)**

For 2009, the overall goal is to support the training of 30 teachers, 30 community educators and 700 parents and generally support the Regional Directorate of Agadez in its efforts to maintain all children at school. Key activities will include:

- Should population displacement continue through 2009 due to floods or to the escalation of the northern insecurity, support the schools receiving displaced children by distributing school kits and material to build temporary learning spaces.

### **Child Protection (US\$ 80,000)**

UNICEF plans to reinforce those grass-roots organizations and NGOs which are organizing income-generating activities in the areas affected by the insecurity and those areas which may be stricken by natural disasters in 2009. The current forecast is to assist 1,000 disadvantaged households, benefiting 5,000 children who will then have improved access to basic social services.

### **Mine Action (US\$ 50,000)**

For 2009, the overall goal is to continue supporting the National Commission for the Collection and Control of Illegal Weapons in order to develop and set up a plan for mine-risk education (MRE) for children, based on locally adapted education tools. The main activities planned for 2009 are as follows:

- Develop and distribute radio messages through the network of local radio stations, reaching one-third of the total population;
- Train 13 media professionals in reporting on mine-risk prevention;
- Engage in interpersonal and group communication based on printed communication tools;
- Provide technical support to the national working group on mine-risk prevention.



# ABBREVIATIONS

ACSD	accelerated child survival and development strategy
ACT	artemisinin-based combination therapy
AHPI	avian and human pandemic influenza
AIDS	acquired immune deficiency syndrome
ALP	accelerated learning programme
APSSC	Asia-Pacific Shared Services Centre (UNICEF)
ASAL	arid and semi-arid lands
AWD	acute watery diarrhoea
AXO	intentionally abandoned ordnance
BCG	anti-tuberculosis vaccine (bacille Calmette-Guérin)
BCP	business continuity planning
CAAFAG	children associated with armed forces and armed groups
CAP	United Nations Inter-Agency Consolidated Appeal Process
CCCs	Core Commitments for Children (in Emergencies)
CDMT	Combined Disaster Management Team
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEE/CIS	Central and Eastern Europe/Commonwealth of Independent States (UNICEF)
CERF	Central Emergency Revolving Fund
CFS	child-friendly space
CWAC	Community Welfare Assistance Committee
DDR	disarmament, demobilization and reintegration (of children associated with armed forces and/or armed groups)
DevInfo	Database system for compiling and presenting child-related data and data on the goals contained in the Millennium Declaration
DfID	Department for International Development (United Kingdom)
DHS	Demographic and Health Surveys
DPT3	three doses of combined diphtheria/pertussis/tetanus vaccine
DRR	disaster risk reduction
ECD	early childhood development
ECHO	European Commission Humanitarian Aid Office
EMOPS	Office of Emergency Programmes (UNICEF)
EONC	essential obstetric and newborn care
EOS	enhanced outreach strategy
EPI	expanded programme on immunization
EPR	emergency preparedness and response
ERW	explosive remnants of war
ESARO	Eastern and Southern Africa Regional Office (UNICEF)
EW-EA	Early Warning-Early Action system
F75	milk-based product designed for initial treatment of severely malnourished children. Supplies 75 kcal/100ml
F100	milk-based product designed for rehabilitation of severely malnourished children. Supplies 100 Kcal/100ml
FAO	Food and Agriculture Organization of the United Nations
FBO	faith-based organization

FBTF	facility-based therapeutic feeding
GAM	global acute malnutrition (includes children with low weight-for-height (z score less than -2) and children with oedema)
GBV	gender-based violence
GCM	global chronic malnutrition
GER	gross enrolment ratio
HAR	Humanitarian Action Report (UNICEF)
HIV	human immunodeficiency virus
HCT	Humanitarian Country Team
HPAI/H5N1	highly pathogenic avian influenza
HWG	Humanitarian Working Group
HWTS	household water treatment and storage
IACP	inter-agency contingency planning
IASC	Inter-Agency Standing Committee (United Nations)
IDP	internally displaced person
IDTR	identification, tracing and reunification
IEC	information, education and communication (campaign/material)
IED	improvised explosive device
IMAM	integrated management of acute malnutrition
IMCI	integrated management of childhood illness (initiative)
IMR	infant mortality rate
IPT	intermittent preventive treatment
iPRS	interim Poverty Reduction Strategy
ISDR	international strategy for disaster reduction
IYCF	infant and young child feeding
KAP	knowledge, attitudes and practices
LLIN	long-lasting insecticidal net
MAM	moderate acute malnutrition
MDGs	Millennium Development Goals
MENARO	Middle East and North Africa Regional Office (UNICEF)
MICS	multiple indicator cluster surveys
MOU	memorandum of understanding
MRE	mine-risk education
MUAC	mid-upper arm circumference
NGO	non-governmental organization
NRU	nutritional rehabilitation unit
OPV	oral poliomyelitis vaccine
ORS	oral rehydration salts
OVC	orphaned and other vulnerable children
PCA	Partnership and Cooperation Agreement
PEAR	Programme of Expanded Assistance to Returns
PEP kits	post-exposure prophylaxis kits

PHAST	participatory hygiene and sanitation transformation
PIC	Pandemic Influenza Contingency
Plumpy'doz	a vitamin- and mineral-enriched paste of milk and peanuts
Plumpy'nut	ready to use therapeutic food – high protein and high energy peanut-based paste in a foil wrapper that can be distributed to children at home rather than in specialist feeding stations and can be eaten without any preparation
PM&E	participatory monitoring and evaluation
PMTCT	prevention of mother-to-child transmission (of HIV)
PMTCT Plus	prevention of mother-to-child transmission (of HIV) also provides treatment and care to mothers, partners and their children
PSNP	Productive Safety Net Programme
PSS	psychosocial support
PTA	parent-teacher association
PUR	specially formulated powder, packaged in a 5 gram sachet, designed to treat highly contaminated and turbid water and make it safe to drink
RDT	rapid diagnostic test
REACT	Rapid Emergency Assessment and Coordination Team
ROSA	Regional Office for South Asia (UNICEF)
RERRF	Regional Emergency Rapid Response Fund
RRM	rapid response mechanism
RUTF	ready-to-use therapeutic food (high-energy, fortified, ready-to-eat food suitable for the treatment of children with severe acute malnutrition)
SAM	severe acute malnutrition: includes children with severely low weight-for-height (z-score less than -3) and children with oedema
SEA	sexual exploitation and abuse
SGBV	sexual and gender-based violence
SSHE	school sanitation and hygiene education
STD	sexually transmitted disease
STI	sexually transmitted infection
TACRO	The Americas and Caribbean Regional Office (UNICEF)
TBA	traditional birth attendant
TFC	therapeutic feeding centre
TSF	targeted supplementary feeding
U5MR	under-five mortality rate
UNCT	United Nations Coordination Team
UNSC	United Nations System Influenza Coordination
UXO	unexploded ordnance
VAC	Vulnerability Assessment Committee
VAS	vitamin A supplementation
VCT	voluntary counselling and testing
VIP	ventilated improved pit (latrine)
WASH	water, sanitation and hygiene
WCARO	West and Central Africa Regional Office (UNICEF)





