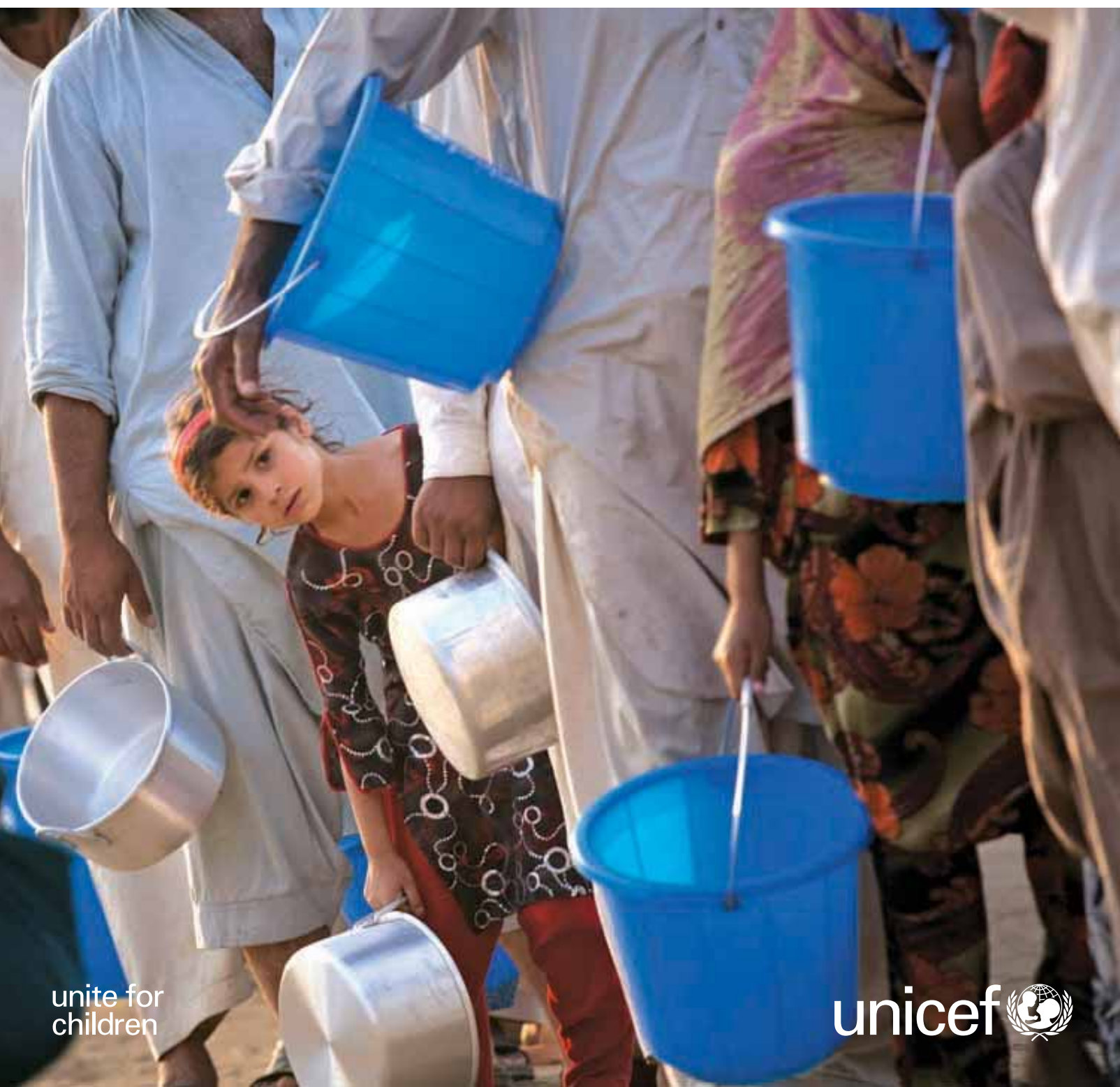


REPORT 2010

UNICEF HUMANITARIAN ACTION

Partnering for children in emergencies



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February 2010

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REPORT 2010

UNICEF HUMANITARIAN ACTION

Partnering for children in emergencies

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FOREWORD

As this Humanitarian Action Report goes to press, global attention is focussed on the earthquake that has devastated Haiti. The media are full of graphic images of the shattered lives of Haitians – children, women, families and communities. Their desperate needs for water, sanitation, food, shelter and protection from violence, are evident for all the world to see.

UNICEF is hard at work with its partners to provide life-saving support, and the urgent need for longer-term investments in this impoverished country could not be clearer.

In the second half of 2009, a series of tropical storms battered the Philippines, causing flooding and mudslides. The storms resulted in loss of life, destruction and the displacement of hundreds of thousands of children and families to emergency shelters.

I travelled to the country to see the damage and to speak with victims and relief workers. A school I visited was serving as a shelter for more than 700 people – 300 of them were children. There, I met a mother who was living in a classroom with her family, together with five other families. Crying, she explained that because of the flooding her husband had no work, leaving the family without money for food or medicine. What remained of their home was only accessible by boat and by wading through knee-high water. Her older children were guarding the house and their belongings, while the little ones, including the youngest – just 10 months old – were with her at the shelter.

Her story was a graphic reminder of why urgent assistance from the international community is essential to help people cope with emergencies and rebuild their lives in the aftermath of humanitarian crises.

Man-made and natural disasters are the ultimate test of the world's commitment to children. They result in mass displacement, in the breakdown of social and economic systems and in increased vulnerability to disease and ill health. In camp settings, children are at high risk

of being separated from their families and more vulnerable to sexual and other abuse, including trafficking, abduction and forced recruitment by armed groups or forces.

Too often, it is children who experience the worst consequences. In eastern parts of the Democratic Republic of the Congo – a region torn apart by years of conflict – it is estimated that more than half of all reported rapes between January and April 2009 were committed against girls under age 18.

In 2009, the world witnessed large-scale and repeated emergencies throughout Southeast Asia, escalation of emergencies in the Horn of Africa, and severe insecurity and constraints on access to populations in Afghanistan and Pakistan.

The search for innovative ways to meet the desperate needs of children and women caught up in emergencies will continue into 2010. Increasingly, partnerships and collaborative relationships play a key role in national and international humanitarian relief efforts. The special skills and combined strengths of a range of different organizations are essential to identifying and meeting the needs of millions of children whose lives have been dislocated by disaster.

Working with partners, UNICEF responds to more than 200 emergencies every year, from small-scale localized flooding to cross-border conflicts.

This latest edition of UNICEF's *Humanitarian Action Report* highlights 28 of the most pressing crises. It explains how UNICEF is partnering with others to save lives and rebuild families and communities. And it appeals for US\$1.2 billion to allow this life-saving work to continue in a predictable, timely, and effective manner.



A handwritten signature in black ink, reading 'Ann M. Veneman'.

Ann M. Veneman
Executive Director, United Nations Children's Fund

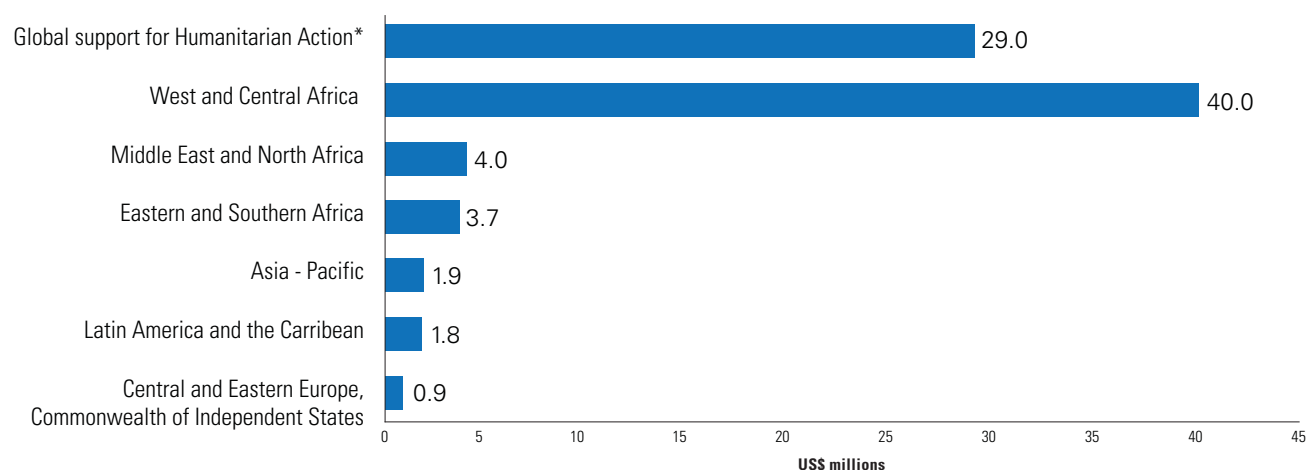
UNICEF HUMANITARIAN ACTION FUNDING REQUIREMENTS FOR 2010

REGION / COUNTRY	FUNDING REQUIREMENTS FOR 2010 (US\$)
EASTERN AND SOUTHERN AFRICA: regional support	3,650,000
Burundi	7,720,000
Eritrea	24,800,000
Ethiopia	68,660,000
Kenya	23,092,245
Madagascar	11,450,000
Somalia	65,509,100
Uganda	64,600,000
Zimbabwe	100,400,000
TOTAL EASTERN AND SOUTHERN AFRICA	369,881,345
WEST AND CENTRAL AFRICA: regional support	40,025,300
Central African Republic	12,317,590
Chad	50,395,600
Democratic Republic of the Congo	133,500,000
Guinea	5,320,000
Mauritania	2,450,000
Niger	19,248,200
TOTAL WEST AND CENTRAL AFRICA	263,256,690
ASIA–PACIFIC: regional support	1,900,000
Afghanistan	27,921,000
Democratic People's Republic of Korea	10,000,000
Myanmar	18,000,000
Nepal	7,190,000
Pakistan	100,900,000
Philippines	17,890,000
Sri Lanka	23,575,000
TOTAL ASIA–PACIFIC	207,376,000
MIDDLE EAST AND NORTH AFRICA: regional support	4,000,000
Iraq	47,991,900
Occupied Palestinian Territory	28,240,000
Sudan	166,373,200
Yemen	19,009,000
TOTAL MIDDLE EAST AND NORTH AFRICA	265,614,100
LATIN AMERICA AND THE CARRIBEAN: regional support	1,800,000
Colombia	6,000,000
Haiti	13,000,000*
TOTAL LATIN AMERICA AND THE CARRIBEAN	20,800,000
CENTRAL AND EASTERN EUROPE, COMMONWEALTH OF INDEPENDENT STATES: regional support	850,000
Tajikistan	4,000,000
TOTAL CENTRAL AND EASTERN EUROPE, COMMONWEALTH OF INDEPENDENT STATES	4,850,000
Global support	29,000,000
Grand TOTAL	1,160,778,135

* As this Humanitarian Action Report goes to press, UNICEF emergency requirements for Haiti are being significantly revised and increased due to the devastation caused by the earthquake.

UNICEF HUMANITARIAN ACTION FUNDING REQUIREMENTS FOR 2010

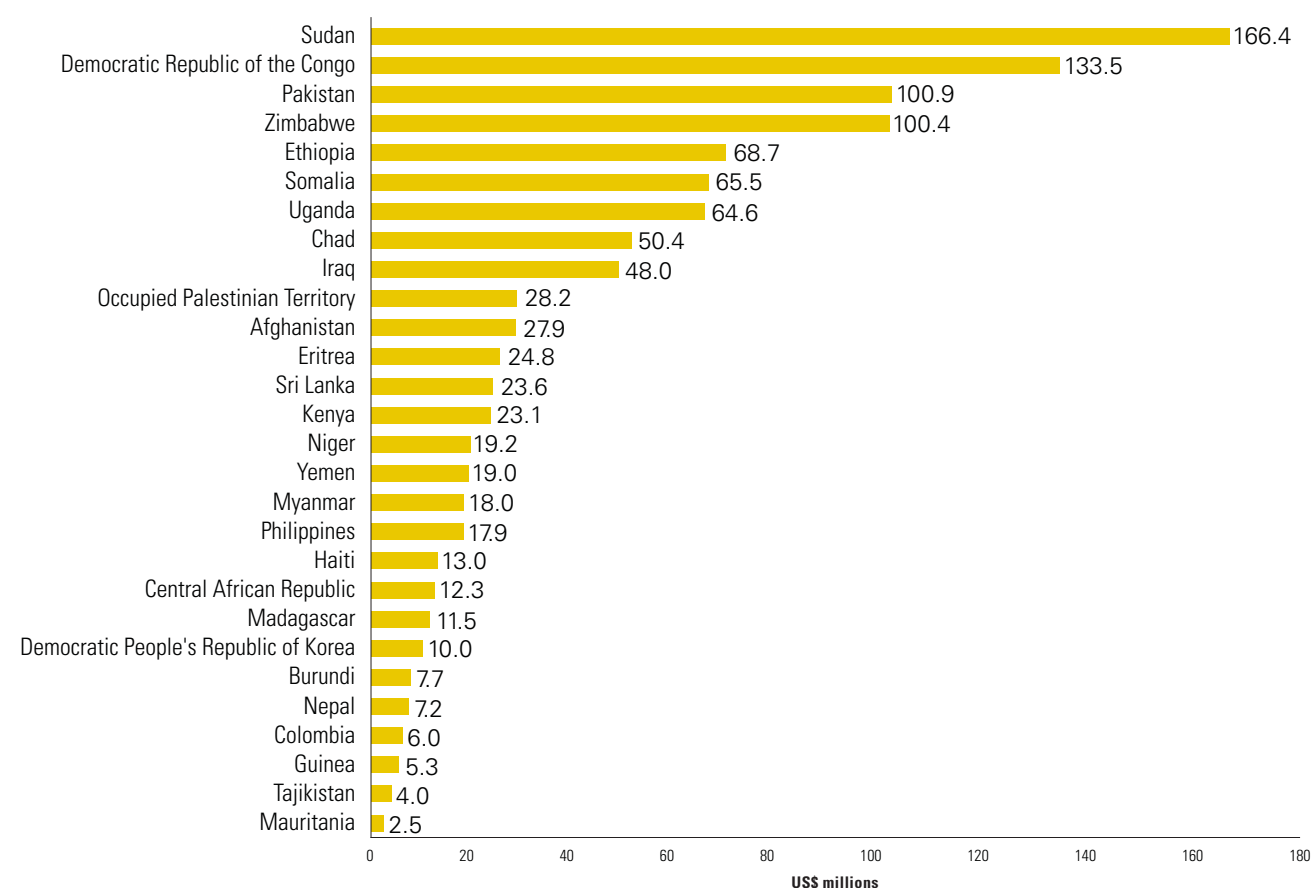
UNICEF global and regional funding requirements for 2010



* Emergency funding requirements for response and operationalization of the cross-cutting UNICEF global priorities

Source: UNICEF headquarters and regional offices, end -2009.

UNICEF country office funding requirements for 2010



Source: UNICEF country offices, end -2009.

PARTNERING FOR CHILDREN IN EMERGENCIES

Each year, the United Nations Children's Fund (UNICEF) responds to more than 200 emergencies¹ around the world, working with governments, civil society, communities, private companies and non-governmental organizations to meet urgent needs, protect children's and women's rights, and take decisive action to improve resilience, strengthen capacities and reduce risks. In nearly all of these emergencies, the organization's response is based on existing programmes, partnerships and resources. Our mission, in both humanitarian and developmental contexts, is to promote and protect children's rights, help meet their basic needs and expand their opportunities to reach their full potential.

UNICEF's *Humanitarian Action Report 2010* examines crises that require exceptional support – where urgent action is imperative to save lives, protect children against the worst forms of violence and abuse, and ensure access to water and sanitation, health care, nutrition and education. The 28 countries featured in the report include those engaged in the 2010 Consolidated Appeals Process (CAP) as well as countries in other protracted crises where high levels of chronic vulnerability, life-threatening undernutrition and limited access to basic services are compounded by localized emergencies, population movements or other obstacles to long-term recovery. Regional and global support – including the critical need for early warning and preparedness in advance of new crises – are highlighted in dedicated chapters.

In 2009, the world celebrated the 20th anniversary of the Convention on the Rights of the Child. The most widely ratified human rights treaty in the world, the Convention affirms the fundamental rights of children everywhere, including in emergency settings. While significant progress has been achieved in realizing children's rights to survival, development, protection and participation in the past 20 years, much remains to be done.

Ensuring that the Convention's promise becomes a reality for every child will require even greater efforts in humanitarian settings, where complex environments complicate efforts to provide the services, protection,

recovery and reintegration that are essential to fulfilling the rights of children, women and families.

Present in more than 150 countries, UNICEF has witnessed how such global threats as climate change, the 2008–2009 global financial crisis and economic downturn and food prices at historic highs have directly affected the lives of children. In response, UNICEF is actively developing new strategies and approaches, and partnering with communities, governments and civil society to strengthen local capacities and mitigate the impact of such threats on children and families.

Innovative collaboration remains crucial to realizing children's rights, strengthening preparedness and emergency response, expanding access to essential services for those affected by disaster and conflict, and supporting recovery. For this reason, **partnership** is the overarching theme for *Humanitarian Action Report 2010*.

Country chapters highlight how UNICEF is working with civil society, government authorities, the private sector and donors to respond to emergencies, support recovery, build capacities and strengthen systems to protect children and women. The diversity and complementarities of UNICEF's partnerships help foster innovation, broad learning, outreach, participation and effective programming for the ever-increasing number of children in need of assistance.

In the midst of profound global climatic and economic shifts, it is imperative that donors strengthen their commitment to support UNICEF in its mission to reach the tens of millions of children affected by humanitarian crises in the 28 countries represented in the report. Increased donor commitment will enable UNICEF and its partners to establish stronger systems of preparedness and support while ensuring that children remain at the forefront of policy debates and humanitarian action. In particular, UNICEF continues to welcome thematic humanitarian funds that facilitate responsive and efficient programming based on country-specific and global priorities.

THE EVOLVING CONTEXT OF HUMANITARIAN ACTION

A number of challenges are emerging that increasingly pose risks for children and women and threaten achievement of the Millennium Development Goals (MDGs) and other internationally-agreed development goals, particularly in humanitarian and post-crisis contexts. Major threats to further and faster advances on children's rights include risks associated with climate change, global economic volatility, the changing nature of conflict and the widespread prevalence of sexual violence against children and women.

Most of the countries lagging furthest behind on MDG targets and indicators are experiencing or recovering from emergencies, or have a long history of humanitarian crises. Several of these countries are consistently among the nations with the weakest indicators for child survival, health and health care, nutrition, water and sanitation, education, and protection. In such settings, adequate funding and capacity to deliver humanitarian assistance are critical in advancing children's rights and fostering sustainable human development.

Climate change

It is now generally accepted that climate change is likely to increase the frequency and intensity of extreme weather events, accelerate displacement and simultaneously undermine coping mechanisms and resilience of the most vulnerable populations.² Compelling evidence indicates that many of the main killers of children – including acute respiratory infections, diarrhoeal diseases, malaria, other vector-borne diseases and undernutrition – are highly sensitive to environmental conditions that are likely to deteriorate as a result of climate change. Children in developing countries are already bearing the brunt of increasingly more frequent and more intense floods, storms and droughts, and this burden is expected to worsen over time.³ It is estimated that during each of the next 10 years, 175 million children are likely to be affected by climate-related disasters alone.⁴

In resource-stressed environments, greater competition for access to water, grazing land and other limited natural resources is leading to increased inter-communal clashes and cross-border tensions. Moreover, there is significant potential for existing conflicts to intensify and for new conflicts to be generated by escalating disputes over coastal boundaries, food security, availability of safe drinking water and population distribution.⁵ The risk of conflict in countries and communities facing resource constraints is often exacerbated by long-standing social, economic and political risks and disparities.

Adaptation to the impact of climate change has been identified as a global priority and articulated in the Copenhagen Accord of December 2009, with specific considerations for “adaptation action aimed at reducing vulnerability and building resilience... especially in those [countries] that are particularly vulnerable.”⁶ As a fundamental approach to humanitarian action, UNICEF is committed to the development of national capacities to reduce risk and strengthen resilience.

Economic threats: financial, food and fuel

Developing countries are particularly vulnerable to the combined effects of high global food prices and the lingering effects of the 2008–2009 global financial crisis and economic downturn. These events, combined with volatile and often elevated fuel prices in recent years, have exacerbated pressures on households already struggling to access basic and social services. Global economic turmoil is, in turn, about to squeeze fiscal and foreign aid budgets, heightening the risk of lower public spending on essential services for children and women.⁷

In early 2010, there are some signs of a nascent recovery in the global economy. Nonetheless, the impact of the 2008–2009 global slowdown on the poorest and most vulnerable is likely to linger for some time, particularly if the recovery is sluggish or halting, and developing countries face a weak export rebound, limited tax revenues and high levels of volatility and uncertainty in the provision of international aid.

Children and women have been especially hard hit as their families have struggled to secure food and other essential services. In 2009, it was reported that more than 1 billion people in the world were hungry – a rise of at least 100 million compared with 2008.⁸

Humanitarian Action Report 2010 and field surveys report an alarming upward trend in child undernutrition, with many more poor families forced to reduce the quantity and quality of their food intake. In South Asia alone, an estimated 400 million people suffered from hunger in 2009 – around one quarter more than the regional average for the period 2004–2006.⁹ A pronounced decline in household income has undermined school attendance and ability to access health services among poor families. High food prices have further strained household budgets, raising the risk that vulnerable families may suspend their children's education and resort to coping mechanisms to bolster family income. Some of these coping mechanisms – such as allowing children to engage in domestic service and the worst forms of child labour – can severely endanger children's health, well-being and protection.

The overall effects of profound economic shocks can be devastating – pushing a family from chronic vulnerability to immediate humanitarian need overnight when an emergency occurs. For countries presently in, or recently recovering from emergencies, elevated food prices and fuel price volatility can exacerbate an already difficult situation. The sluggish global economic growth of recent years may have negative implications for poverty reduction over the medium term, and could increase the risk of tensions over resources and other vulnerabilities.¹⁰

“Prolonged drought resulting from climate change is impacting food production, resulting in increasing nutrition insecurity. If a child suffers from malnutrition, particularly under the age of two, she or he is likely to have lifelong diminished cognitive and physical development, contributing to an intergenerational cycle of poverty. The impact of disasters such as floods and typhoons is especially harsh on the most vulnerable populations, washing away homes, schools and health centres and impacting livelihoods.”

Ann M. Veneman, Executive Director, UNICEF
Extract of remarks at launch of ‘Children and Climate Change’, 23 September 2009, New York

The changing nature of conflict

Conflict threatens children’s access to quality health care, nutrition, clean water and sanitation. It disrupts childhood when schools are closed or used to house displaced families; in some settings, educational institutions are also at risk of attack. Children are particularly vulnerable to violence and forced recruitment by armed groups. Women and girls are at great risk of abduction, trafficking and sexual violence, including the use of rape as a weapon of war; emergencies, in most cases, also exacerbate gender-based vulnerabilities.

The drivers of armed conflict are evolving, and now include such factors as climate change, demographic pressures and increased disparities in access to essential services and protection among population groups. Conflict situations are also increasingly characterized by protracted intra-state clashes that severely affect civilians, including mass internal displacement.

Renewed violence in post-conflict settings currently accounts for approximately half of all civil wars.¹¹ As a result, protracted crises and transitional contexts require multiple and distinct approaches, creating further challenges for emergency response. In many contexts,

humanitarian assistance in one part of the country must be carried out simultaneously with peace-building and development efforts in another. International agencies must be equipped to nimbly and effectively switch between these programme approaches.

The inter-agency operating environment in emergencies is becoming increasingly complex, including issues related to integrated UN presences. Integration offers important opportunities for the United Nations to strengthen its work in crisis and post-crisis countries, and expand resources and capacities. But integration also poses challenges to agencies and other participants to ensure that they employ a principled approach in all of their humanitarian actions.

Respect for key humanitarian principles has come under particular attack during the past decade, making it difficult to protect ‘humanitarian space’. In certain contexts, warring factions do not perceive UN agencies as neutral, and deliberate targeting of aid workers and UN staff has intensified. In 2009, more than 30 UN staff members, including some working for UNICEF, were killed in the line of duty during terrorist attacks in Afghanistan, Pakistan and other countries.¹² The use of military personnel in delivering aid has further blurred the lines of humanitarian action, and has affected perceptions of the neutrality of humanitarian agencies such as UNICEF. Humanitarian space is also threatened by general insecurity and denial of access to affected populations by some government authorities.

Sexual violence against children and women

Sexual violence against children and women in any setting is a grave violation of their human rights. Emerging evidence is providing alarming insights into the widespread and pervasive nature of sexual violence against women and children. The issue of sexual violence is raised in a number of country chapters throughout the *Humanitarian Action Report 2010*, demonstrating the prevalence of this form of abuse.

“Sexual violence against children is a gross violation of their rights, a moral and ethical outrage and an assault on the world’s conscience.”

Ann M. Veneman, Executive Director, UNICEF
Extract of Press Statement, Global Public-Private Initiative to Address Sexual Violence against Girls, 25 September 2009, New York

In recent years, international concern over the growing incidence of sexual violence in emergency settings has

risen sharply. During the first days of an emergency, children are at heightened risk of being separated from their families and subjected to violence and abuse. They also face new risks as the emergency situation stabilizes and they are relocated to a camp setting. In these concentrated population areas, children are particularly vulnerable to sexual and other violence, trafficking, abduction and involuntary recruitment by armed groups or forces. In the eastern region of the Democratic Republic of the Congo, where it is estimated that more than half of all reported rapes between January and April 2009 were committed against girls under age 18, fighting forces continue to engage in sexual violence with impunity.¹³

The international framework to combat sexual violence in conflict saw important advances in 2009. The UN Security Council passed two groundbreaking resolutions – Resolutions 1882 and 1888 – condemning the use of sexual violence in conflict and sanctioning the establishment of a new special representative of the UN Secretary-General on sexual violence in conflict.¹⁴ Resolution 1882 specifically raises deep concern about the “high incidence and appalling levels of brutality of rape and other forms of sexual violence committed against children.”

It accordingly strengthens the monitoring and reporting mechanism on grave violations of children’s rights during conflict to require direct reporting on and response by parties that commit such violations of international law. Member States will require regular reporting and progress by all parties to a conflict that are found to be engaged in systematic violations.

The mechanism, established under Security Council Resolution 1612, requires reporting on six grave violations in conflict settings: killing or maiming children; recruitment or use of children as soldiers; attacks against schools or hospitals; rape and other grave sexual violence; abduction of children; and denial of humanitarian access. It is active in 14 countries highlighted in this report: Afghanistan, Burundi, the Central African Republic, Chad, Colombia, the Democratic Republic of the Congo, Iraq, Myanmar, Nepal, the Philippines, Somalia, Sri Lanka, the Sudan and Uganda.

UNICEF works with a wide range of partners at the country level to provide children and women who have been affected by conflict with a full range of services – health, psychosocial, protection, legal, and access to education, economic opportunities and skills building – and monitors and reports on violations of their rights.

PARTNERING FOR HUMANITARIAN ACTION

In its humanitarian response, UNICEF has always fostered strong partnerships. Such humanitarian collaboration aims at improving the quality of emergency response by UNICEF and its partners, especially at the national level. Partnership is essential to ensure delivery of vital support, services and protection, and it allows UNICEF to leverage diverse approaches as a force for achieving better results for children in humanitarian action. The organization’s approach to partnership is evolving, with a strong emphasis on adding value to collaboration based on innovation, transparency and results-oriented planning.

In June 2009, the UNICEF Executive Board endorsed a new Strategic Framework for Partnerships and Collaborative Relationships to reflect an institutional shift in how the organization works with a range of different partners. While maintaining a principal role in working in support of governments, UNICEF collaborates with other UN agencies, global public partnerships, donors, non-governmental organizations, the private sector, foundations, research institutes, universities and civil society organizations to advocate for policy change and deliver essential services to children. In humanitarian contexts, such partnerships are vital to

ensure that children’s rights are promoted and protected, and that they receive assistance and care.

As a follow-up to the Strategic Framework, a conceptual shift is taking place throughout UNICEF, from working with partners as vendors for service delivery to engaging collaboratively with civil society based on shared objectives and risks, complementary approaches and mutual transparency. As of January 2010, a new partnership agreement format has been approved to bring this approach into all field operations. This is of particular importance to partnerships in humanitarian action.

UNICEF National Committees and the countries, communities and individuals they represent contribute up to one third of the organization’s global budget and advocate for children’s rights at the domestic and international levels. UNICEF also works directly with youth organizations to foster child participation, and ensure that children’s issues and voices directly inform policy development and decisions. Empowered governments, civil society organizations, communities and individuals are powerful agents in supporting children’s rights in emergency and other crisis settings.

Reducing future risks and assisting governments to avert potential disasters requires a strengthened focus on community safety and resilience, preparedness, response, recovery and capacity development. Emergency risk reduction is an effective and sustainable means of utilizing development financing, and stands in sharp contrast to the high direct costs of addressing humanitarian crisis and long-term recovery from armed conflicts and disasters.¹⁵

Specific partnering strategies aimed at reducing disaster risk are currently in process. One such strategy is being rolled out in Kenya, where UNICEF is partnering with local government and the Kenyan Red Cross to assess district-level vulnerability and capacity. In the area of water, sanitation and hygiene, UNICEF and partners are focusing on rainwater harvesting in drought-prone Eastern Africa, and on protecting wells and pumps from unseasonable flood levels in South Asia.

To reinforce the preparedness of staff members and partners in each country, UNICEF is scaling up a combination of emergency training, contingency planning and a decentralized, global early warning system through which country offices monitor ongoing threats and take early action to reduce risk and implement preparedness measures.

Cluster leadership and partnership

As a partner and a member of the Inter-Agency Standing Committee (IASC), UNICEF has focused considerable efforts on supporting humanitarian reform, an initiative that aims to improve predictability, accountability and leadership in humanitarian action.¹⁶ These efforts are based on a partnership approach that focuses on improving UNICEF's capacity for effective implementation of the cluster approach at the global and country levels.

The organization is the global cluster lead for nutrition and water, sanitation and hygiene (WASH), and is co-lead for education with the Save the Children Alliance in the only cluster that has developed a model of NGO engagement in the leadership structure. UNICEF is also the focal point agency for child protection and for gender-based violence 'areas of responsibility' – co-leading with the United Nations Population Fund – under the broader Protection Cluster. The organization chairs the cross-cutting Mental Health and Psychosocial reference group, and is an engaged member in the Health, Logistics and Early Recovery Clusters.

By bringing together UN agencies, non-governmental organizations, other international organizations and the International Federation of Red Cross and Red Crescent Societies to identify needs and gaps and establish standards for response, the cluster approach

is improving coverage and predictability for affected populations. In several countries, governments have taken a very active role by adapting the approach to national structures.

UNICEF's integration in the cluster approach has helped strengthen its capacity to meet the needs of children and women in humanitarian settings, broaden its partnerships, and expand its surge responses. It has also prompted the organization to address critical gaps in standards, tools and guidance, and is increasingly forming part of preparedness efforts in countries that are not currently facing a humanitarian emergency.

Finally, the cluster approach is fundamentally transforming the first line of emergency response as capacities are leveraged and strategies become increasingly complementary across the humanitarian community. The innovation and creativity generated by this shift have extended to broader evidence-based good practice and development of new inter-agency initiatives to jointly address operational and technical gaps.¹⁷

Standby arrangements

In conjunction with cluster leadership, UNICEF continues to strengthen its surge capacity at the onset of a humanitarian crisis through standby arrangements to deploy personnel for field-based response. UNICEF and its partners maintain a pool of operational resources – personnel, technical expertise, services and equipment – that can be deployed at short notice for rapid assistance. Although the standby arrangements were originally established to help fill critical, temporary staffing gaps at the field level, the partnerships themselves have brought about stronger collaboration on strategic advocacy, complementary planning processes and strengthened capacities among humanitarian organizations and within UNICEF.¹⁸

By the end of 2009, 17 organizations were included on UNICEF's standby roster and 128 technical personnel had been seconded to emergency settings through standby partnerships.¹⁹ This represents more than 17,000 working days of staff support time in short-term deployments providing the best response possible during the first days following an emergency.

Standby partnerships have also provided key support as UNICEF continues to strengthen its cluster engagement and fulfil its responsibilities for leadership in a growing number of emergencies. For instance, the global WASH cluster deploys expert staff as part of a rapid joint response team whose members include Action Against Hunger, CARE and Oxfam. The team is trained by UNICEF and other WASH cluster members.

PLANNED HUMANITARIAN ACTION IN 2010

In 2010, UNICEF plans to work with its full complement of partners and stakeholders to reach tens of millions of emergency-affected children in the 28 countries featured in this report. *Humanitarian Action Report 2010* highlights UNICEF's engagement in countries and communities before, during and after an emergency, and explains how specific programmes and mechanisms strengthen humanitarian action. Each chapter outlines the critical issues for children and women, including core country data,²⁰ key achievements in 2009 and planned humanitarian action for 2010, and associated funding requirements. To illustrate how this work is undertaken, each chapter also provides a snapshot of partnership in action.

Together with governments and other partners, UNICEF will continue to support quality needs and risks assessments to improve humanitarian action for disaster – or conflict-affected children. Capacity building in mitigation, preparedness and emergency response is an integral part of UNICEF strategy, as is support for transition from emergency to development by integrating early recovery approaches into response. In this context, the October 2008 partnership agreement of between the World Bank and the United Nations to strengthen their cooperation in crisis and post-crisis settings has substantial potential to harmonize action, and enhance national capacity for crisis prevention, response and recovery.

UNICEF's ability to undertake humanitarian assistance is largely contingent on funding from donors. As the global economy begins a tentative recovery in 2010 following the 2008-2009 downturn, it is crucial that donors maintain or increase their aid commitments

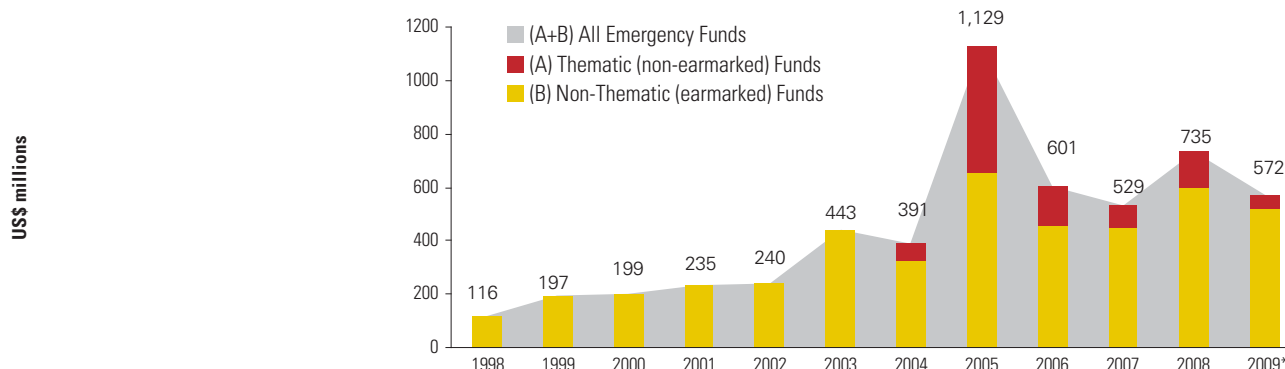
to protecting children and women in emergencies. Only through sustainable and adequate funding can UNICEF and its partners achieve better results for children, fulfil the promise of the Convention on the Rights of the Child for all children, and work towards achieving the Millennium Development Goals and other internationally-agreed targets on children's rights – irrespective of the setting.

Funding trends

Humanitarian Action Report 2010 outlines the priority needs for humanitarian action, identified from more than 80 countries every year. The report reflects the needs of Consolidated Appeals Process (CAP) countries and non-CAP countries but excludes Flash Appeals and any other ad hoc appeals that UNICEF issues during the year to respond to a sudden-onset emergency. The non-CAP countries include those 'silent' emergencies where high levels of chronic vulnerability and poverty, life-threatening undernutrition and limited access to basic services are often compounded by localized droughts or floods, communal violence, population movements and other obstacles to long-term recovery.

As illustrated in *Figure 1.1*, overall emergency funding to UNICEF amounted to US\$572.4 million for the period January–October 2009, including funding received by the 36 countries in six regions featured in *Humanitarian Action Report 2009*. This funding reflects a decrease of 5 per cent from the 2008 level of humanitarian funding of US\$600 million for the equivalent 10-month period (January 2008–October 2008). In 2009, UNICEF responded to 15 CAP

Figure 1.1: Emergency funding trend 1998 - 2009



* As of 31 October 2009.

Source: UNICEF Public-Sector Alliances and Resource Mobilization Office, end-2009.

countries, eight Flash Appeals, 27 non-CAP countries and 10 other appeals,²¹ requiring a total budget of US\$1.19 billion.

UNICEF's humanitarian action report budget for the year 2009, which totalled US\$1.15 billion, was only 39 per cent funded in the period January–October 2009. Of the total request, the CAP countries were 45 per cent funded, while the non-CAP countries were 33 per cent funded. For the equivalent period of 2008, the overall humanitarian action response budget was comparatively better funded at 44 per cent, but while the CAP countries were also comparatively better funded at 53 per cent, the non-CAP countries received only 29 per cent of funding. In January–October 2009, Flash Appeals received only 47 per cent of their total 2009 funding needs, compared to the January–October 2008 level of 61 per cent.

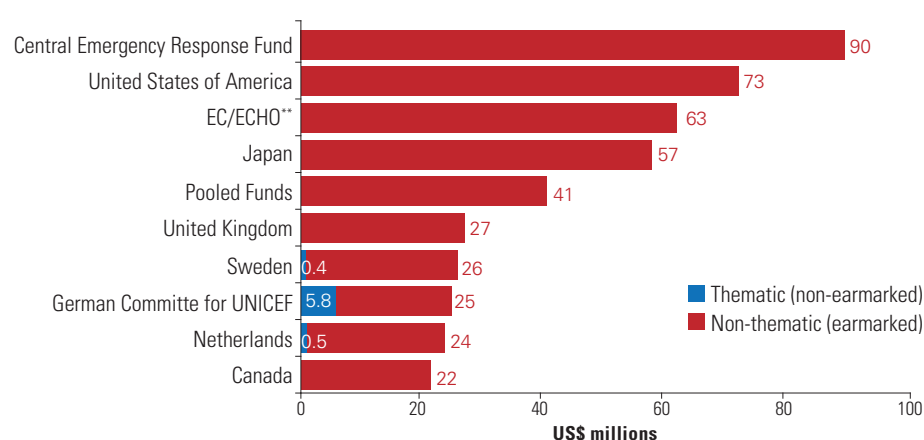
In January–October 2009, the Central Emergency Response Fund (CERF) remained the largest source of humanitarian funding for UNICEF, contributing a total of US\$89.8 million – US\$52.2 million through the Rapid Response window and US\$37.6 million through the Underfunded window. The United States of America was the second largest source of humanitarian funding to UNICEF, providing funding to Ethiopia, Iraq, Pakistan, the Sudan and the Syrian Arab Republic, among other recipients. With a 59 per cent increase in humanitarian funding for UNICEF compared to 2008, the European Commission Humanitarian Aid Office (ECHO) was the third largest donor in January–October 2009. Japan continues to be one of the largest and most consistent bilateral donors, providing US\$57 million over the period. The top 10 donors of humanitarian funding, shown in *Figure 1.2*, accounted for 78 per cent of total humanitarian funds received by UNICEF for its emergency operations in January–October 2009.

Of the total humanitarian contributions of US\$572.4 million received in the ten months to end-October 2009, only 9 per cent (US\$52.7 million) was provided thematically. In both percentage and absolute terms, the January–October 2009 thematic funding level is half the amount received in the corresponding period of 2008. Thematic funding for January–October 2008 reached US\$115 million, representing 19 per cent of total 2008 humanitarian contributions.

In January–October 2009, US\$130.8 million (23 per cent of the total humanitarian funding of US\$572.4 million) was received through humanitarian pooled funding mechanisms including CERF, Common Humanitarian Funds, Humanitarian Response Funds and Multi-Donor Trust Funds, administered by the World Bank. The CERF made up the largest portion, at US\$89.8 million of the total humanitarian funding received, accounting for 16 per cent of the total other resources in emergencies (ORE), which represents a slight decrease from the January to October 2008 level of US\$91.9 million. The value of non-humanitarian pooled funding – received from such sources as the Expanded 'Delivering as One' Funding Window for Achievement of MDGs, the Millennium Development Goals Fund, the One UN Fund and the United Nations Peacebuilding Fund – was US\$42.7 million in January–October 2009, up 14 per cent from US\$37.5 million in the corresponding period of 2008.

The Japan Committee for UNICEF was the top thematic donor in January–October 2009, with thematic humanitarian contributions of US\$11.3 million. Among the government donors, Norway is the largest contributor of thematic humanitarian funds (US\$9.7 million), followed by Finland (US\$5.6 million). Listed in order, the top 10 thematic donors to humanitarian funding are the Japan Committee for UNICEF, the

Figure 1.2: Top 10 sources of humanitarian funds, 2009



* As of end-October 2009. ** European Commission Humanitarian Aid Office.

Source: UNICEF Public-Sector Alliances and Resource Mobilization Office, end-2009.

Government of Norway, the German Committee for UNICEF, the Government of Finland, the United States Fund for UNICEF, the United Kingdom Committee for UNICEF, the Netherlands Committee for UNICEF, the Italian Committee for UNICEF, the Spanish Committee for UNICEF and the Canadian UNICEF Committee.

UNICEF continues to welcome thematic humanitarian funds as they allow more responsive programming, based on country and global priorities. This type of funding further underscores donors' commitment to the Good Humanitarian Donorship principles. Thematic contributions reduce transaction costs and simplify management of programme budgets at the country level.

The level of funding received determines UNICEF's capacity to respond in an effective and timely manner. In *Afghanistan*, for example, 66 per cent of the calendar year funding request was met in by end-October 2009, and up to 5,000 undernourished children under age five were treated in UNICEF-supported outpatient clinics and centres across the eight provinces most affected by drought and high food prices. A mass measles immunization campaign resulted in the vaccination of more than 3 million people. Combined vitamin A supplementation and polio vaccination campaigns reached 98 per cent of all children under five. Through the construction of water systems and installation of hand-pumps and sanitary facilities according to the Sphere project's minimum standards in disaster response nearly one third of the estimated 1 million people affected by drought were given access to sustainable safe drinking water and sanitation. Together with the Ministry of Education, Save the Children and other partners, UNICEF supported the reopening of 214 schools, or nearly one third of the 651 schools that had closed by November 2008 because of threats and violence.

In *Ethiopia*, where requirements were 53 per cent funded during January–October 2009, UNICEF – working with the Government of Ethiopia, and national and international partners – was able to respond to the humanitarian needs of an estimated 6 million children in food-insecure areas throughout 2009. These efforts urgently require sustained efforts in 2010.

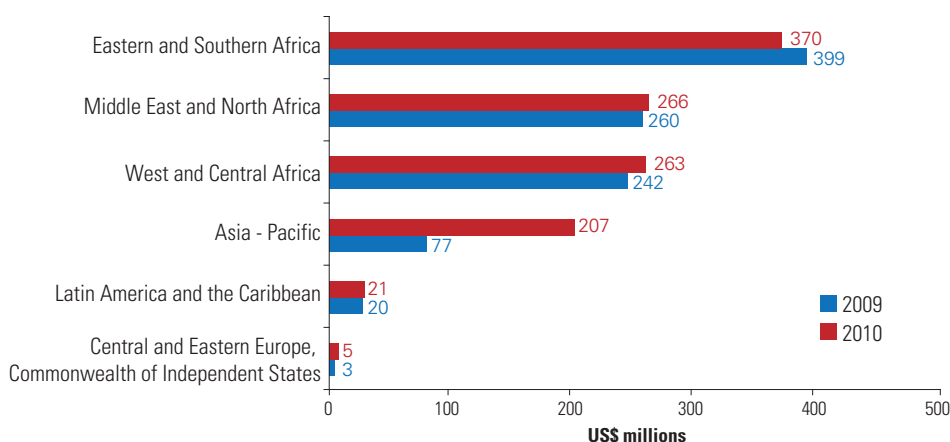
In *Somalia* – arguably one of the most difficult humanitarian operating environments – UNICEF has been able to work with more than 100 national and international partners to assist children and women through new and flexible approaches: In 2009, 1.8 million people received basic health services, and more than 50,000 children suffering from severe acute malnutrition were treated – double the number reached in 2008. The distribution of mosquito nets continued to expand, Child Health Days more than doubled immunization coverage in targeted locations, and the country remains polio free.

Emergency funding needs for 2010

In 2010, US\$1.2 billion is needed to support UNICEF-assisted humanitarian action.²² *Humanitarian Action Report 2010* includes 28 country-specific appeals, compared with 36 in 2009.²³ As shown in *Figure 1.3* below, the financial needs for emergencies in **Asia** have more than doubled. This is due to the addition of Pakistan and the Philippines to the 2010 report, as well as current disasters and ongoing conflict in Afghanistan.

The requirements for **West and Central Africa** have also increased, mainly as a result of acute emergency situations in Chad and the Democratic Republic of the Congo. Both countries are facing internal and cross-

Figure 1.3: Estimated emergency funding needs by region, 2009 and 2010



Source: UNICEF Office of Emergency Programmes, end-2009.

border violence, mass displacement and limited access to areas in humanitarian need.

Eastern and Southern Africa has the highest funding requirements. It is estimated that in 2009 alone, up to 24 million people were affected by drought, chronic food insecurity and armed conflict. In addition, the situation remains severe in Zimbabwe, with a nationwide cholera outbreak, a reduction in food security and the continued high prevalence of HIV and AIDs that has deepened the vulnerability of the country's children and women.

The 2010 regional requirements for **Central and Eastern Europe and the Commonwealth of Independent States, Latin America and the Caribbean**, and the **Middle East and North Africa** remain similar to their corresponding levels in 2009.

UNICEF is grateful for donors' strong support in 2009. We will continue to provide careful stewardship and effective distribution of the funds committed throughout 2010 to help meet life-saving needs, fulfil children's and women's rights, and take decisive action to improve resilience and reduce future risks.

1. United Nations Children's Fund. Annual Emergency Response Study: 2005, 2006, 2007 and 2008. UNICEF classifies an emergency as any situation that threatens the lives and well-being of large numbers of people and in which extraordinary action is required to ensure their survival, care and protection.
2. Parry, M. L., et al., editors, 'Climate Change 2007: Impacts, adaptation and vulnerability', Contribution of Working Group II to the Fourth Assessment Report of the Intergovernmental Panel on Climate Change, IPCC, Geneva, 2007.
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4. Save the Children, 'In the Face of Disaster: Children and climate change', International Save the Children Alliance, London, 2008.
5. United Nations Environment Programme, *From Conflict to Peacebuilding: The role of natural resources and the environment*, UNEP, Nairobi, 2009.
6. Copenhagen Accord of 18 December 2009, paragraph 3.
7. United Nations Children's Fund, 'Aggregate Shocks, Poor Households and Children: Transmission channels and policy responses', Social Policy Working Paper, Division of Policy and Practice, UNICEF, New York, February 2009.
8. Food and Agriculture Organization of the United Nations, *The State of Food Insecurity in the World: Economic crises – Impacts and lessons learned*, FAO, Rome, 2009.
9. United Nations Children's Fund, 'A Matter of Magnitude: The impact of the economic crisis on women and children in South Asia', UNICEF Regional Office for South Asia, Kathmandu, June 2009.
10. Rodrik, Dani, 'Where Did All the Growth Go? External shocks, social conflict and growth collapses', *Journal of Economic Growth*, vol. 4, December 1999, pp. 358–412; and Murshed, Syed Mansoor, 'The Conflict-Growth Nexus and the Poverty of Nations', DESA Working Paper 43, United Nations Department of Economic and Social Affairs, New York, June 2007.
11. Collier, Paul, and Anke Hoefler, 'The Challenge of Reducing the Global Incidence of Civil War', Copenhagen Consensus Challenge Paper, Centre for the Study of African Economies, Oxford University, Oxford, UK, 2004.
12. United Nations, Secretary-General's Letter to Staff, December 2009.
13. Information obtained from UNICEF's Democratic Republic of the Congo country office; see the country-specific chapter on the Democratic Republic of the Congo in this report.
14. Note, for example, United Nations General Assembly, Sixty-First Session, 'Rights of the Child', Note by the Secretary-General A/61/299 as well as S/RES/1888, adopted by the Security Council on 30 September 2009; the strengthened Monitoring and Reporting Mechanism; and the appointment of a new Special Representative to the Secretary-General on Sexual Violence in Conflict.
15. Studies show that every dollar invested in disaster reduction saves \$4–\$7 in the long run, as noted in 'Human Security and Disaster Reduction', remarks by Under-Secretary-General John Holmes at the conference on Climate Change from the Perspective of Human Security, 31 July 2007, United Nations Headquarters, New York.
16. More information on the Humanitarian Reform effort can be found at <www.humanitarianreform.org>.
17. United Nations Children's Fund Executive Board, 'Mapping of UNICEF Partnerships and Collaborative Relationships', E/ICEF/2009/11, United Nations Economic and Social Council, 6 April 2009.
18. United Nations Children's Fund, 'Standby Arrangements in Emergencies', Partnerships & Collaborative Relationships Case Study, UNICEF, New York, June 2009.
19. Includes non-governmental organizations such as Action Against Hunger, Austcare, CANADEM, CARE International, the Danish Refugee Council, Norwegian Church Aid, the Norwegian Refugee Council, Oxfam UK, RedR Australia and Télécoms Sans Frontières; public institutions such as the Icelandic Crisis Response Unit, Irish Aid, the Swedish Rescue Services Agency, the Swiss Agency for Development Cooperation and the UK Department for International Development; and corporate partners such as Ericsson and Veolia Environnement.
20. Unless otherwise specified, all data reflect the latest international estimates available at the time of going to press and are derived from *The State of the World's Children Special Edition: Celebrating 20 Years the Convention on the Rights of the Child – Statistical Tables*, accessible online at <www.unicef.org/publications/index_51775.html>.
21. Other Appeals include 'Immediate Needs' documents and inter-agency appeals (excluding CAPs and Flash Appeals). Where a crisis dictates funding in excess of the fund reprogramming limits and no joint appeal is issued, a brief 'Immediate Needs' document is issued by UNICEF within 24–72 hours after the onset of the emergency.
22. The total requirement for UNICEF at country, regional and headquarter levels 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.
23. Angola, the Congo, Côte d'Ivoire, Djibouti, Guinea-Bissau, Liberia, Malawi, Mozambique, Timor-Leste and Zambia had separate appeals/chapters in *Humanitarian Action Report 2009*. As needed, remaining funds required for these countries to respond to smaller-scale emergencies and support capacity building and early recovery have been included in the 2010 regional appeals.

GLOBAL SUPPORT FOR HUMANITARIAN ACTION

UNICEF aims to provide effective, predictable, and timely programmatic and operational support to humanitarian action. This core function is designed to ensure tailored, strategic and systematic support capacity regardless of the magnitude and cause of an emergency, or of any other situation that goes beyond national capacities and endangers the rights and well-being of children and women.

The organization's humanitarian action encompasses risk reduction, including early warning and preparedness in development contexts, and rapid response to and recovery from humanitarian crises. With a focus on the long term and achieving results for children, UNICEF recognizes that humanitarian assistance provides a basis for greater national compliance with the Convention on the Rights of the Child, and for faster progress towards the Millennium Development Goals and other internationally-agreed development objectives.

In recent years, UNICEF and its partners have invested significantly in stronger emergency mitigation, preparedness, early warning mechanisms, and response and recovery systems. Steps have also been taken to fully integrate cluster responsibilities and accountabilities into UNICEF's core functions at the country, regional, and headquarters levels. The dynamic and changing nature of the humanitarian context means that these systems and capacities will require consistent support and adaptation to ensure preparedness for future crises, and effective anticipation of trends for early action and recovery.

Investment in sustaining and expanding capacity, maintaining flexibility, strengthening strategic partnerships, and supporting technical excellence is critical to ensure that UNICEF and its partners can meet the needs and advocate for the rights of children and women affected by emergencies – wherever and whenever crises arise.

The key priorities below underpin the vision and core strategies of UNICEF's medium-term strategic plan (MTSP) and support the organization's *Core Commitments for Children in Emergencies*. UNICEF will

engage in the following cross-cutting strategic areas to support the convergence of strategies, capacities and actions to protect children's lives: advocacy and policy development; strategic country planning; knowledge management; enhanced response systems; and cluster leadership and coordination.

Advocacy and policy development

UNICEF will continue to engage actively in strengthening global norms, standards and policies for children affected by humanitarian crises and other emergency settings. This includes contributing to inter-agency processes of policy development and advocacy within the UN Security Council and other inter-governmental fora to strengthen international law and policies in relation to children and armed conflict, sexual violence in armed conflict, women, peace and security, and the protection of civilians.

Strategic country programming

As disasters and conflict are both humanitarian and development concerns, UNICEF has adopted a strategic approach towards risk reduction to prevent, mitigate, and prepare for disasters in all sectors, and through all phases of humanitarian action. The organization will continue to strengthen its policies and programming processes to ensure that country offices receive the guidance and support needed to implement a risk reduction approach as part of their country programmes.

UNICEF will continue to enhance early warning, preparedness and contingency planning efforts and strengthen country-level capacities. Technical support from both programme and operational specialists will be provided to those countries at risk of or affected by humanitarian crises. The organization will work with regional offices to strengthen capacity and adopt integrated approaches to risk mitigation, reduction and preparedness. This is particularly relevant for the sub-regional level, as disasters and conflict often transcend national boundaries, requiring integrated cross-border approaches to providing assistance, mitigation, risks reduction and preparedness.

Leveraging the capacity of national stakeholders is pivotal to address the evolving challenges of disasters and conflict, reduce the threats they pose to children, and ensure a more reliable response and sustainable recovery. UNICEF will continue to strengthen its work with country offices to support capacity development of government authorities – both at national and sub-national levels – and non-governmental and civil society organizations.

In this context, particular support will be provided to country offices in post-crisis settings, and to countries with protracted and complex emergencies, including simultaneous humanitarian and recovery operations. These challenging environments require humanitarian and development interventions that are adapted to, and take full account of, the prevailing political and security context.

Knowledge management

The systematic monitoring and analysis of the situation of children and women is critical to effective humanitarian action and post-crisis recovery. UNICEF will continue to invest in processes, systems and tools to provide timely, relevant knowledge on the situation of children and women and on the results of its humanitarian action.

An important element of improving capacity for humanitarian response is to build on lessons learned from previous crises. UNICEF will continue to contribute to developing a solid evidence base for programming, and will seek to strengthen the tools and country – level capacities for vulnerability and capacity analysis – with a special focus on children and women.

The organization will support the development of broader risk-reduction strategies and humanitarian response consistent with its *Core Commitments for Children in Emergencies*. It will also revise and implement a performance-monitoring system that contributes to national systems and capacities for monitoring at the sector/cluster level, in line with wider inter-agency accountability mechanisms.

Enhanced response systems

Through headquarter initiatives and support, UNICEF has enhanced its internal response systems in recent years to improve reliability and timeliness. These measures include:

- Expanded surge staffing, including internal deployments, rosters and stand-by agreements.
- A state-of-the-art warehousing facility in Copenhagen and decentralized network of pre-positioned supplies.
- Internal rapid response mechanisms to finance immediate life-saving efforts in the first 48 hours after



a crisis and cover funding gaps until donor resources are released.

- Ongoing streamlining of partnership agreements with non-governmental organizations, including the revised Partnership Cooperation Agreement framework.

The solid progress made in each of these critical areas will be further refined through systematic application of new operational policies and systems, and strengthening of capacities at regional and country level.

Cluster leadership and coordination

UNICEF remains committed to further strengthening its cluster leadership and partnership roles as defined by the Inter-Agency Standing Committee. At the global level, UNICEF is the cluster lead agency for nutrition, WASH and education (co-lead with Save the Children Alliance), and the focal point agency for the child protection and gender-based violence (co-lead with UNFPA) working groups in the broader Protection Cluster.

UNICEF is an integral cluster member in the Health, Logistics and Early Recovery Clusters, and co-chairs the cross-cutting Mental Health and Psychosocial Support Reference Group. The organization will continue to work with cluster partners to build response capacity at both the global and country levels, develop standards, policies, and tools, and provide operational support. UNICEF recognizes that the cluster approach represents a key entry point for developing the capacities and systems of sector partners at the national level, and for strengthening the integration of risk reduction into preparedness, response and post-crisis recovery actions.

FUNDING REQUIREMENTS

In order to undertake the actions outlined above and provide the necessary global support for the initiatives reflected in the regional and country chapters of the *Humanitarian Action Report 2010*, UNICEF requires US\$49 million in 2010. Through this investment, UNICEF will be able to maintain the institutional capacity to ensure consistent quality interventions, implement organizational strategic approaches, work with national governments in building consensus and engagement, provide technical support,

strengthen predictable humanitarian action through clusters, and build capacities at a national level with partners and governments across all sectors of work. *Figure 2.1* below shows the total requirements for 2010 by MTSP Focus Area, which reflects the basis for response and operationalization of the cross-cutting UNICEF global support priorities outlined above. Of the total requirement of US\$49 million, approximately 40 per cent can be funded through existing revenue streams, leaving a shortfall of US\$29 million.

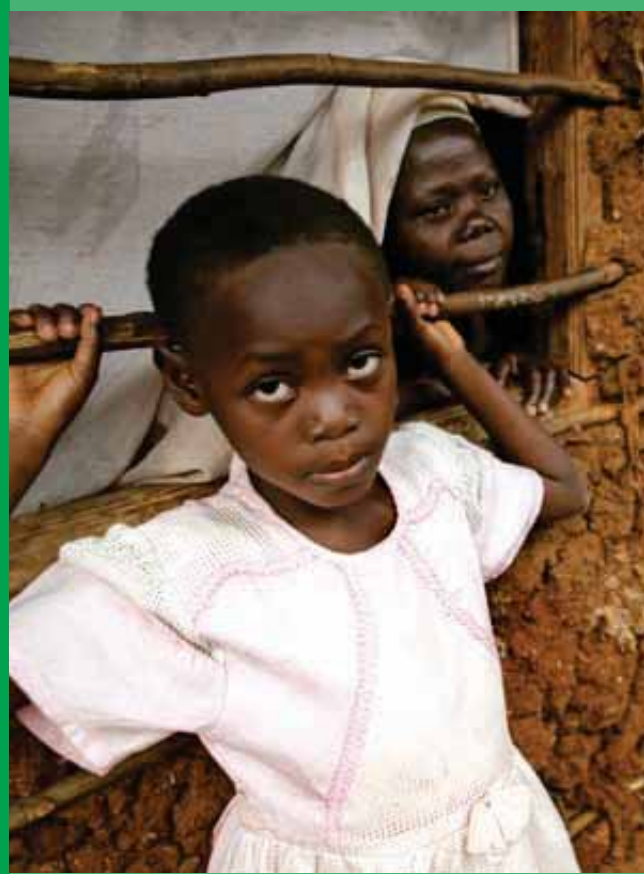
FIGURE 2.1: EMERGENCY FUNDING REQUIREMENTS FOR UNICEF GLOBAL AND OPERATIONAL SUPPORT IN 2010

Medium Term Strategic Priority– Focus Area	US\$ millions
Young child survival and development	17.6
Basic education and gender equality	10.6
HIV/AIDS and children	1.3
Child protection from violence, exploitation and abuse	7.5
Policy advocacy and partnerships for children's rights	8.3
Sub-total	45.3
Indirect Programme Support Costs	3.2
Total	48.5
Funded	19.5
Unfunded	29

Source: UNICEF Programme Humanitarian and Transition Support Unit, end-2009.

UNICEF Humanitarian Action 2010

EASTERN AND SOUTHERN AFRICA





UNICEF Humanitarian Action 2010

EASTERN AND SOUTHERN AFRICA

In addition to the difficulties caused by new and ongoing armed conflicts, food security and water quantity and quality have deteriorated significantly across much of Eastern and Southern Africa. Of particular concern are Eritrea, eastern Ethiopia, Kenya, Somalia and eastern Uganda, where an estimated total of 18.4 million people are in need of basic humanitarian assistance. Most of these countries and others in the region are suffering their third, fourth or fifth successive rains failure. In some places, end of year 'short' rains have arrived but the depth and duration of the drought, as well as of flooding crises, will largely depend on the outcome of rains in 2010. The impact of soaring food prices and global economic instability across the region is an added concern.



In 2009, 17 out of the 20 UNICEF country offices in the region have responded to civil conflict or natural disaster in-country emergencies, including Burundi, Ethiopia, Kenya, Madagascar, Somalia, Uganda and Zimbabwe. The remaining three countries are dealing with the effects of protracted civil wars. Although the forecasted arrival of El Niño in some areas should ease the drought, this phenomenon also brings increased risks of flooding and disease outbreaks, including influenza A (H1N1) and destruction of assets. In addition, almost all countries in the region are facing a silent but growing HIV/AIDS emergency.

Together with governments, United Nations agencies, NGOs and other partners, UNICEF will further strengthen its emergency preparedness and response capacity in the region (using the recently adopted United Nations disaster risk reduction framework as a guide), while continuing to support countries facing ongoing and/or potential new emergencies. In 2010 this support will include reinforcing technical assistance to those countries using the inter-agency cluster coordination mechanism – especially in Burundi, Ethiopia, Madagascar, Somalia, Uganda and Zimbabwe that are currently affected by complex emergencies – to meet UNICEF's commitments as cluster lead in the areas of water, sanitation and hygiene, nutrition, education, emergency and child protection. The overall approach will be coordinated through an established regional emergency support unit based in UNICEF's Eastern and Southern African Regional Office, along with a formalized core emergency group comprising technical specialists in the UNICEF cluster lead sectors and in the health sector.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Emergency Preparedness and Response	800,000
Health	300,000
Nutrition	1,600,000
Water, Sanitation and Hygiene	300,000
Education	350,000
Child Protection	300,000
Total	3,650,000

CRITICAL ISSUES FOR CHILDREN AND WOMEN

The combination of the onset of unusual flooding, cyclones, drought, disease outbreaks and ongoing armed conflict in Eastern and Southern Africa is severely aggravating the health and nutritional status of already vulnerable children and women in the region. Cholera has become endemic and nine countries in southern Africa reported cholera outbreaks in 2008 and 2009. Zimbabwe was the worst affected with more than 100,000 reported cases and 4,000 deaths. In addition, cholera and diarrhoeal diseases are increasing in Burundi, Eritrea, Ethiopia, Kenya, Somalia and Uganda. In Kenya, between early January and June 2009, a cholera outbreak infected more than 4,000 people in 20 districts. In southern and central Somalia and parts of south-eastern Ethiopia, armed conflict continues to threaten the delivery of essential services and other forms of assistance, placing the lives of children and women at even greater risk.

Approximately 11 million children remain out of school in Eastern and Southern Africa, largely because of chronic emergency situations induced by ongoing conflict, socio-political upheaval and a variety of natural disasters. Even those who are in a learning environment are experiencing regular interruptions to their schooling as a result of emergencies of one kind or another and/or political shocks. Geographical disparities in educational opportunities still persist: currently over 70 per cent of out-of-school children are from just five countries in the region. Ethiopia, Kenya and Somalia are among this group, and each has had to deal with humanitarian emergencies in 2009. To improve emergency preparedness and risk reduction in terms of the impact of conflict or disasters on education, UNICEF in Eastern and Southern Africa, together with Save the Children, is rolling out a strategy for national capacity development in education in emergencies in 12 of the most vulnerable countries.

KEY ACHIEVEMENTS IN 2009

UNICEF's Eastern and Southern African Regional Office continued to support and advocate for inter – and multi-country humanitarian coordination through a Nairobi – based regional humanitarian partnership team for the east African countries, and a Johannesburg-based Regional Inter-Agency Coordination Unit for the southern Africa countries, both comprising United Nations agencies and NGOs. In the spirit of embracing inter-agency partnership, the Eastern and Southern African Regional Office has also undertaken joint missions to Madagascar and the United Republic of Tanzania with other United Nations agencies, in particular the United Nations Office for the Coordination

of Humanitarian Affairs, the World Food Programme and the United Nations High Commissioner for Refugees.

During 2009, UNICEF strengthened the emergency preparedness and response capacity of all 20 countries in the region through training, lessons-learned exercises and contingency planning. Analysis of emergency preparedness plans was conducted in a number of the most emergency-affected countries, including Burundi, Madagascar, Uganda and Zimbabwe. Training was also made available to governments on disaster preparedness at the community level. This new level of engagement in disaster risk reduction was introduced in 2009 and will be expanded to additional countries in 2010.

Emergency funds received against the *Humanitarian Action Report 2009* have been utilized to support a new nutrition information project in Horn of Africa¹ that furthers the quality and validity of nutrition surveys and the analysis of nutrition information and systems in five vulnerable countries, – Eritrea, Ethiopia, Kenya, Somalia and Uganda – as well as from the regional perspective. Partners in the nutrition project include governments, humanitarian aid donors² and nutrition-focused NGOs. Additional technical capacity was sought from the United States Centers for Disease Control and Prevention to evaluate the response to cholera outbreaks in southern Africa, with a particular focus on Zimbabwe. This partnership resulted in the start up of an Eastern and Southern Africa Regional Cholera Task Team that will coordinate and facilitate effective and efficient emergency responses to cholera epidemics.

Successes in emergency nutrition response included an increase in the coverage of treatment programmes for acutely malnourished children under five, from less than 10 per cent to around 30 per cent in the last two years alone, through more support at the country level for community-based case management of acute malnutrition. This achievement was made possible as a result of UNICEF and partners working together to meet the Sphere standard of achieving at least 50 per cent coverage in acute malnutrition case management. Further increases in nutrition coverage in 2010 will require adapting UNICEF-supported NGO nutrition interventions to NGO support for government-managed nutrition interventions in order to achieve a nationwide impact.

To combat the increasing number of cholera cases in the region, UNICEF formed a partnership with Oxfam and together developed and conducted a four-day cholera preparedness and response training for Water, Sanitation and Hygiene (WASH) cluster partners in Kenya, Malawi, Uganda and Zambia. A global cholera task force from the World Health Organization also contributed to the pilot training.

1. Nutrition Information Project for the Horn of Africa (NIPHORN II).

2. Donors include the Department for International Development (United Kingdom), the European Commission Humanitarian Aid Office, and the Office for Foreign Disaster Assistance/USAID.

In 2009, technical and financial support from UNICEF's Eastern and Southern African Regional Office also enabled emergency-affected children to resume their schooling in the aftermath of emergencies, in particular, in Ethiopia, Kenya, Madagascar, Somalia and Zimbabwe. Some 600 frontline responders, predominantly national authorities, participated in capacity development activities to strengthen emergency preparedness and response in education, an effort jointly developed and delivered by UNICEF and Save the Children. To further the goal of improving access to safe learning environments for children in emergencies within the context of disaster

risk reduction, representatives from ministries of education, disaster management groups and other sectors at the national, provincial and district levels in the region were trained in the technical elements of education in emergencies, including developing contingency plans, establishing education coordination mechanisms and conducting capacity mapping and advocacy and policy planning. UNICEF, Save the Children, the Red Cross and other organizations also joined in similar capacity development workshops at regional, country and sub-national levels.

PLANNED HUMANITARIAN ACTION FOR 2010

While planning for early warning of climate hazards and the escalation of violence in a number of countries whose resources to cope are dwindling, UNICEF is also preparing for a growing number of displaced people throughout the region. As an immediate measure, UNICEF is working with its country offices in the region to pre-position supply items in order to be able to respond rapidly to critical needs of children and women in their respective countries in the event of an emergency. UNICEF will also continue to work with government authorities, United Nations agencies, NGOs and other international and national partners for coordinated relief efforts in the areas of health and nutrition, education, water, sanitation and hygiene and child protection, with a view to reducing vulnerabilities of children and women in Eastern and Southern Africa.

Emergency Preparedness and Response US\$800,000

In 2010, UNICEF's Regional Emergency Support Unit will focus on coordination of emergency preparedness at the regional level. It will also continue to support country offices in those countries facing ongoing and/or potential new emergencies.

- Country offices will have improved levels of preparedness and a minimum level of readiness to respond to emergencies as a result of participation in gap analysis, contingency planning, emergency simulations and lessons-learned exercises.
- Country offices and partner agencies will develop a core foundation of emergency knowledge in the region for improved rapid emergency response planning through training in preparedness and response, assessment, monitoring and evaluation in emergencies, sectoral humanitarian action and resource mobilization planning and the performance of supply and human resources needs assessments.

Health US\$300,000

UNICEF will continue to work with the World Health Organization and other partners to develop sufficient preparedness, response and early recovery plans at the country level so that those affected by conflict or disasters can access essential health services and care in emergencies.

- Technical support will be available for deployment to UNICEF country offices in the event of an emergency.
- UNICEF country offices will have improved emergency response capacity through training in best practice in

response planning and programme monitoring.

- In collaboration with the World Health Organization and other health partners, existing health guidelines for emergencies will be updated as necessary, as will monitoring tools to increase response efficiency especially for communicable diseases like cholera and acute watery diarrhoea.

Nutrition US\$1,600,000

Together with the World Food Programme and other nutrition partners, the UNICEF will support nutrition preparedness and response, with particular attention to those countries using the inter-agency nutrition cluster approach.

- Country offices, especially those with nutrition clusters, will more effectively respond to acute nutrition needs during an emergency through provision of assessment tools to collect, analyse and report on the nutrition situation and through training in how to best use nutrition information for early warning, emergency preparedness and contingency planning and programme monitoring.
- Country offices will save more children under five with severe acute malnutrition during emergencies through support for community-based case management of acute malnutrition, integration of infant feeding in emergencies and micronutrient supplementation and improved links to WASH and health programmes.
- Guidance will be provided to country offices on latest approaches to disaster risk reduction for nutrition through dissemination of evaluations, lessons learned and best practices.


**Water, Sanitation
and Hygiene**
US\$300,000

For 2010, the overall goal is to develop preparedness and response plans at the country level and provide direct technical guidance to WASH cluster leads.

- Country offices will be better prepared to respond to outbreaks of waterborne diseases, such as cholera and acute watery diarrhoea, through training of WASH cluster coordinators and national and international partners in contingency planning, capacity mapping and coordination mechanisms at both the regional and country levels.

Education
US\$350,000

UNICEF will concentrate its efforts on providing access to a safe and child-friendly learning environment for the estimated 11 million children currently out of school in the region, especially girls, and minimizing disruption to schooling for children and teachers during emergencies through timely response and provision of a quality education.

- Collaboration with regional Protection, Health, WASH and Nutrition Clusters will promote integrated and comprehensive support to country offices dealing with education in emergencies.
- All 20 Eastern and Southern Africa country offices will have a more coordinated response to education

in emergencies through the establishment or reinforcement of education clusters led or co-led by UNICEF (or similar structures as applicable), in collaboration with Save the Children and other partners. Cluster strengthening will be complemented by capacity development among government education officials and education cluster/sector, United Nations and NGO partners in disaster risk reduction and preparedness.

- All countries will have more information about a safe learning environment through the development of child-friendly materials for students and teachers as well as manuals on disaster risk reduction, to be distributed to schools by education ministries in each respective country.
- Regional analyses on the correlation between emergencies and numbers of out-of-school girls and boys will further inform regional and national strategies to help achieve the Millennium Development Goals for education and gender.

Child Protection
US\$300,000

For 2010, the overall goal is to develop the capacity of country offices and respective child protection sub-clusters to create a protective environment for emergency-affected children. This will include response to the special needs of separated or unaccompanied children, orphans, children associated with armed groups or forces, and survivors of gender-based violence, psychosocial distress or exploitation.

- Children separated from their families or caregivers during emergencies will have improved access to reunification and reintegration services through training and guidance to country offices on the application and use of a child protection database for identification and reunification of separated children in displacement. The database will be tested in at least three emergencies in 2010.
- The United Nations Code of Conduct against sexual exploitation and abuse in humanitarian setting will be integrated into all emergency preparedness and response plans in all countries in the region to reduce vulnerabilities of emergency-affected boys and girls to exploitation.
- In countries where UNICEF is the co-leader of the Gender-Based Violence Cluster, UNICEF will ensure improved coordination through capacity building among partners in gender-based violence issues and response.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Burundi is one of the poorest countries in the world.¹ Being landlocked, it depends largely on imported goods and fuel. Among its challenges are widespread poverty and unemployment aggravated by rapid population growth following the recent return of more than 500,000 Burundians from Rwanda and the United Republic of Tanzania.

Widespread poverty is putting the lives of infants and children under five at risk. Burundi has the 10th highest mortality rate in the world among children under five.² Main causes of these child deaths are diarrhoea, HIV/AIDS, malaria and pneumonia. All are conditions that are exacerbated by undernutrition.

Adequate nutrition remains a major challenge. Although about 90 per cent of the country depends on subsistence agriculture, 36 per cent of household expenditure (up to 53 per cent in the north)³ goes towards the purchase of food, even during the harvest season when there should be no expenditure. As a result, some 34 per cent of the population consumes less than two meals per day, which means required levels of nutrition are in most cases not being met. Undernutrition is a main cause of morbidity and mortality in children under five; 35 per cent are considered underweight while 53 per cent are stunted as a result of a lack of key micronutrients.⁴ This situation will probably worsen due to the ongoing inflation of food prices and the effects of climate change.

CORE COUNTRY DATA

Population (thousands, 2008)	8,074
Child population (thousands, 2008)	3,733
U5 mortality rate (per 1,000 live births, 2008)	168
Infant (U1) mortality rate (per 1,000 live births, 2008)	102
Maternal mortality ratio (per 100,000 live births, 2005)	1100
Primary school enrolment ratio (net nationwide/female, 2003–2008*)	76/73
%U1 fully immunized (DPT3, 2008)	92
% population using improved drinking water sources (2006)	71
HIV prevalence rate (% 15–49 years, 2007)	2
%U5 suffering from moderate and severe wasting (2003–2008*)	7

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

Access to safe drinking water and adequate sanitation remains limited, with just 64 per cent of the population served by safe water supply and less than 32 per cent with sanitation facilities, leaving the least well-served vulnerable to waterborne and vectorial diseases, including cholera, dysentery and malaria. Progress in education is also stagnating due to the combination of a lack of learning materials and qualified teachers, and deteriorating school infrastructure. This has resulted in a high repetition rate of 37 per cent. Furthermore, an estimated 83,000 children, or 15 per cent of all 7–12 year-olds, have dropped out of school while around 283,000 primary-school-aged children are not enrolled in school at all,⁵ leaving them vulnerable to child abuse and other forms of exploitation. Protection of the rights of children and women remains a concern, with reports of children in prison and persistent sexual and gender-based violence.

KEY ACHIEVEMENTS IN 2009

During 2009, focus shifted from emergency relief to disaster risk reduction and prevention. Nevertheless, small-scale emergencies, such as drought in the north and floods and cholera outbreaks in the west, continue to cause economic migration and an increase in acute malnutrition rates and deaths. Throughout the year, UNICEF worked closely with its partners to provide relief as and when such emergencies arose, as well as to strengthen local capacity in contingency planning, emergency coordination and response. In November 2008, the United Nations, in partnership with the Government and NGOs, adopted the cluster approach in Burundi to streamline resources and coordination for better results. UNICEF leads the Water, Sanitation and Hygiene (WASH) and Education Clusters, coordinates the National Nutrition Working Group and participates in the Health and Nutrition Clusters, which are led by the World Health Organization.

In health, routine immunization services have been improved through increased technical and supply assistance to the Ministry of Health and other national partners. In addition to achieving 95 per cent vaccination coverage, a successful emergency measles immunization campaign resulted in a drastic decline in the number of reported measles cases from over 300,000 in 2006 to 0 in 2009. To sustain this win, UNICEF supported a measles control campaign in June 2009, and maximized coverage and resources by integrating distribution of vitamin A supplements (achieving a 88 per cent coverage), de-worming tablets (to 3.5 million children aged between 1 and 14 years) and over 1.7 million insecticide-treated

1. In terms of the Human Development Index for 2007, Burundi ranks 174 out of 182 countries (United Nations Development Programme, *Human Development Report 2009*, UNDP, New York, 2009).
2. United Nations Children's Fund, *The State of the World's Children*, UNICEF, New York, 2009.
3. World Food Programme, 'Integrated Food Security Phase Classification Report', Season 2009B: June to December 2009.
4. United Nations Children's Fund, *The State of the World's Children*, UNICEF, New York, 2009.
5. Ministère de l'Enseignement Primaire et Secondaire, unpublished data, 2009.

mosquito nets (in the seven provinces with the highest incidence of malaria) into the campaign.

In the first half of 2009 alone, 87 per cent of children with severe acute malnutrition made a full recovery after receiving timely and appropriate therapeutic feeding. Local capacity in maternal and newborn health also strengthened as a result of training nurses in antenatal care and emergency obstetric and neonatal care. Additionally, support for Prevention of Mother-to-Child Transmission HIV programmes throughout the country increased, more than doubling the number of treatment centres from 104 to 250 locations, with 60 of these sites also receiving additional HIV test kits and antiretroviral drugs.

In addition to providing 330,000 primary-school pupils with key learning materials in those provinces where education needs are especially great, efforts focused on getting Burundi refugee children who returned in 2009 from neighbouring Rwanda and the United Republic of Tanzania back to school. Daily supplementary French and Kirundi language classes facilitated the integration process for around 8,500 repatriated pupils who had studied in a non-Burundian education system, helping to prevent them from dropping out. UNICEF, in partnership with German Technical Aid Cooperation and the United Nations High Commissioner for Refugees, also helped to ease the return of 21,000 refugee children with the provision of school kits. Access to a safe learning environment within the resettlement areas was made available through the construction of semi-permanent classrooms – initiated by the community and completed with UNICEF-supplied iron sheets, cement and learning materials – as well as the creation of permanent, child-friendly schools. As a result, thousands of repatriated students were able to go to, and to stay in, school. Key education administrators at the national and provincial levels also received training in emergency preparedness and response and disaster risk reduction

as part of the effort to build capacity for an education in emergencies response.

In 2009, the last 380 children associated with armed groups were released and reunified with their families and communities with assistance from two local NGOs who are also UNICEF partners. During the transition period, psychosocial support was provided to all of these children, and community-based reintegration projects continued to ensure that they and other highly vulnerable children received assistance to return to school or some form of vocational training or engage in income-generating activities. UNICEF also supported three national NGOs in four provinces who cared for 690 survivors of sexual violence by providing a holistic package of medical, psychosocial, legal and protection services. Between March and August 2009, some 2,000 children participated in community-based psychosocial and recreational activities.



PARTNERING TO FIGHT UNDERNUTRITION THROUGH COMMUNITY THERAPEUTIC CARE IN BURUNDI

About 15,000 severely malnourished children are admitted annually to Burundi's therapeutic feeding centres.

Undernutrition is a major underlying cause of many health problems and a direct and indirect cause of death among children under five. UNICEF helps the Government improve the nutritional situation of severely malnourished children in Burundi by providing medicine, equipment and training in 6 stabilization centres, 19 therapeutic feeding centres and 111 outpatient therapeutic programmes. These programmes also offer daily lessons on good feeding practices, child care and hygiene to parents and caregivers.

UNICEF in Burundi is currently working with the Red Cross, as well as eight international NGOs such as the Gruppo Volontari Civile, the Norwegian Refugee Council and Solidarités and six national NGOs including SWAA Burundi and the Healthnet Transcultural Psychosocial Organisation, to deliver health, nutrition, water, sanitation and hygiene, education and child protection support. In addition, it implements joint programmes in emergencies with other United Nations agencies.

PLANNED HUMANITARIAN ACTION FOR 2010

After 16 years of crisis, transition to normalcy will take time. In the meanwhile, many families remain extremely vulnerable, especially to the impact of natural hazards like floods and drought, as well as to cholera outbreaks, which affect much of the country. UNICEF is committed to working with its partners to meet the basic humanitarian needs of those affected and to strengthen national and local capacity to improve emergency preparedness and response. Risk reduction measures will continue to be integrated into humanitarian activities.

Health and Nutrition

US\$3,050,000

UNICEF will provide immediate response to the extremely high levels of malnutrition and the lack of access to adequate health care, in particular among children and pregnant and lactating women, as well as longer-term support to build up national health services.

- UNICEF will coordinate the Nutrition Working Group and continue to strengthen response and preparedness to emerging nutrition needs and conduct systematic nutrition surveys in high risk provinces in collaboration with the Ministry of Health and international NGOs, Gruppo Volontari Civile and the International Medical Corps.
- 20,000 children and women will have access to essential household items and emergency health care, including emergency obstetric and newborn care services and insecticide-treated mosquito nets for malaria prevention.
- Community-based therapeutic care services for an estimated 14,500 children at high risk of acute malnutrition will be strengthened through training of health workers, supply of nutrition items and use of monitoring tools.
- Behaviour change communications focusing on disease prevention and early initiation and exclusive breastfeeding of infants will target communities that are vulnerable to undernutrition.
- The level of resilience to major health disasters in at-risk communities will improve through training for health workers and community agents in emergency preparedness and response.

Water, Sanitation and Hygiene

US\$500,000

For 2010, UNICEF will concentrate its efforts on providing safe drinking water, proper sanitation and hygiene facilities for up to 20,000 children and women, in collaboration with the Government and implementing partners such as the Burundi Red Cross and Solidarités.

- As leader of the WASH Cluster, UNICEF will strengthen coordination and improve response and preparedness across the sector.
- 20,000 children and women in endemic areas will gain access to safe drinking water through the rehabilitation and construction of water supply infrastructure and the distribution of basic WASH kits to help prevent the spread of waterborne diseases in emergencies.
- Communities at risk will benefit from participation in educational activities aimed at promoting good hygiene practices, especially at schools and health facilities.

Education

US\$3,697,000

UNICEF together with its partners in the Education in Emergencies Cluster will focus on ensuring that all children affected by emergencies have access to safe and secure learning environments.

- UNICEF will continue to raise awareness of the critical role of education in emergencies and establish mechanisms at the communal and provincial levels to prepare and respond effectively to emergencies.
- At least 350,000 pupils in the most vulnerable provinces will have more equitable access to education opportunities through the provision of basic learning materials.
- 3,000 children in areas affected by post-conflict transition will be guaranteed access to safe learning spaces through the construction of child-friendly schools.
- UNICEF will support the Ministry of Education in its effort to integrate HIV/AIDS prevention and hygiene promotion into the primary school curriculum and to equip teachers with the expertise to impart such knowledge effectively to children.
- Some 60,000 young children will benefit from their caregivers' enhanced access to life-skills information, which in turn will promote children's physical, psychosocial and cognitive development.

Child Protection

US\$473,000

UNICEF and its partners will support some 100,000 children affected by armed conflict, including children associated with armed groups, orphans and vulnerable children.

- UNICEF will monitor grave violations of child rights through an enhanced monitoring mechanism in line with United Nations Resolutions 1612 and 1882, and assist in the reintegration of up to 1,500 children.
- Up to 1,150 survivors of sexual and gender-based violence will receive holistic assistance (i.e., medical, psychosocial, legal and protection) to ease reintegration into their communities.
- Community-based child protection networks will be established and/or strengthened to prevent situations of abuse, exploitation, violence or neglect and to assist children previously associated with armed forces or armed groups.
- UNICEF will develop new partnerships and standby agreements for emergency response for separated and unaccompanied children and contribute to the development of national capacity to prevent abuse and exploitation.

UNICEF Humanitarian Action 2010

ERITREA

Poor and erratic rainfall characterized much of the first half of 2009 in Eritrea, a country located in one of the driest parts of Africa and where seasonal rains are vital for subsistence. These extended periods of drought are limiting harvests at a time when there is an overall decrease in subsidized food rations and steep increases in the price of staples, leaving Eritreans, many of whom are already living at a subsistence level, increasingly vulnerable.



Data from UNICEF-supported community-based therapeutic feeding programmes and health facilities are already reflecting the effects of these food shocks, with reports of the number of children admitted with acute malnutrition as much as six times higher than during the same time period in 2008. The highest increases in admission rates to therapeutic feeding centres have taken place in those areas that are most affected by drought. In addition, poor sanitation and the shortage of clean water are making children more susceptible to diarrhoea, infectious diseases and undernutrition.

In 2010, UNICEF's focus will be on ensuring that over 1 million displaced and relocated persons, host communities and other vulnerable populations benefit from access to health and nutrition services, safe water, sanitation and hygiene facilities, a quality education and child protection, and mine risk education programmes. As the cluster lead in nutrition, UNICEF will work with the Ministry of Health and the World Health Organization to minimize the impact of drought and high global food prices on the health and nutritional status of the affected population, particularly children under five, through a nationwide blanket supplementary feeding programme. UNICEF will also ensure that pregnant and lactating women in all six regions of Eritrea are identified and provided with preventive and curative maternal and child health and nutrition care services, including micronutrient and food supplementation and treatment of severe acute malnutrition. Together with government ministries, regional administrations and other United Nations agencies, UNICEF will continue to provide emergency services in line with the Core Commitments for Children in Emergencies.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Health	4,000,000
Nutrition	13,000,000
Water, Sanitation and Hygiene	5,000,000
Education	1,200,000
Child Protection	800,000
Mine Action	800,000
Total	24,800,000

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Children under five in Eritrea are especially suffering from the ongoing drought and rise in food prices with acute malnutrition at an estimated 16.6 per cent in the drought-affected Anseba and Gash Barka regions. In the absence of the World Food Programme in the country and a limited number of partners, UNICEF is planning to expand supplementary feeding to cover 248,500 children aged 6–59 months, as well as 85,500 pregnant and lactating mothers, representing 70 per cent of all children and 50 per cent of all pregnant and lactating women. This will be a preventive measure to halt the deterioration in the nutritional status of the most vulnerable members of the population.

Lack of access to water is exacerbating the poor health and nutritional status of children and women. In 2009, most of the small-to-medium-sized dams were either dry or had little water left. Out of desperation, people began sharing their borehole drinking water sources normally reserved for the watering of their animals, putting an even greater demand on this water supply. In addition, there is extremely low sanitation coverage in the country, increasing the risk of diarrhoea and other waterborne diseases. The migration of those living in the drought-affected highlands to the lowland areas has only added to the burden placed on the resources of the host communities, many of whom only returned themselves to the area in recent years.

Recurrent drought and concomitant displacement of people has also resulted in a decrease in the enrolment and retention of children in schools. In the academic year 2006/07, enrolment in elementary, middle and secondary levels decreased by 9.8 per cent, 5.0 per cent and 2.4 per cent, respectively. Moreover, the recent hike in global food prices, which has stretched the coping mechanisms of many families, has resulted in an increased number of children begging on the streets.

The presence of landmines in Eritrea remains a major threat, with children accounting for around half of the casualties and fatalities caused by the detonation of unexploded ordnance. In 2009, eight reported incidents involving landmines and other explosive remnants of war resulted in six injuries and two deaths. The majority of the victims were boys tampering or playing with the explosive material, an indication that mine risk education is more important than ever.

KEY ACHIEVEMENTS IN 2009

Working with government ministries, regional administrations and other United Nations agencies, UNICEF continued to respond to the humanitarian needs of some of the most vulnerable groups of Eritreans, including children. Given the increasing presence of drought and displacement, UNICEF worked closely with partners on incorporating emergency preparedness and early recovery initiatives into the planning cycle.

In 2009, the ongoing operation of therapeutic feeding programmes in 54 health facilities resulted in the recovery of 85 per cent of an estimated 3,390 severely malnourished children. Furthermore, out of the 3,980 children admitted to 75 community-based therapeutic feeding sites, 72 per cent recovered while a further 48,000 moderately malnourished children were treated at 273 supplementary feeding programme locations. During the first round of a nationwide health and immunization campaign, launched in May 2009, about 87 per cent of a target group of around 400,000 children aged 6–59 months received vitamin A supplementation and vaccinations against measles and polio. In addition to monitoring the nutritional status of children aged 12–59 months with rapid screening, the campaign also provided routine immunization, as well as measles and polio vaccination, for around 98,000 children under one year. An estimated 57 per cent of health service providers received further training in Integrated Management of Childhood Illness strategies, while Preventing Mother-to-Child Transmission HIV services were expanded to 93 health facilities.

To address the main causes of diarrhoea – a major cause of child morbidity – a safe drinking water supply was assured for 16,000 people in the most drought-affected areas, including Gash Barka, the Northern Red Sea and the Southern Red Sea. This was made possible through the construction of boreholes, cisterns and springs, and the distribution of water, sanitation and hygiene supplies, such as jerry cans, water bladders, soap and water purification tablets. Community-led efforts also resulted in improved access to basic sanitation facilities and information about safer hygiene practices in more than 20 vulnerable villages.

CORE COUNTRY DATA

Population (thousands, 2008)	4,927
Child population (thousands, 2008)	2,368
U5 mortality rate (per 1,000 live births, 2008)	58
Infant (U1) mortality rate (per 1,000 live births, 2008)	41
Maternal mortality ratio (per 100,000 live births, 2005)	450
Primary school enrolment ratio (net nationwide/female, 2003–2008*)	50/43
%U1 fully immunized (DPT3, 2008)	97
% population using improved drinking water sources (2006)	60
HIV prevalence rate (% , 15–49 years, 2007)	1
%U5 suffering from moderate and severe wasting (2003–2008*)	15

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

The construction of 30 semi-permanent makeshift classrooms, equipped with appropriate learning materials, students' desks, teacher tables and blackboards in the resettlement communities of Debub and Gash Barka regions allowed some 4,000 newly-arrived children displaced by drought to resume their schooling in a child-friendly environment. The quality of education also improved for 20,600 schoolchildren (20 per cent

of all school-aged children) already residing in the two regions, through the provision of 200 school-in-a-box kits and 140 recreational kits. Nearly 75,000 people living in areas with a known presence of unexploded ordnances – 65 per cent of whom are children – learned about the dangers of mines through outreach activities from 10 community-based mine risk education teams.

PARTNERING IN THERAPEUTIC FEEDING TO STEM THE TIDE OF UNDERNUTRITION

At a modest health facility in Asha Golgol, 10 kilometres south of the Eritrean capital, Asmara, a nationwide vitamin A campaign is launched, which will be run in conjunction with screening of children for acute malnutrition. A nurse carefully wraps a mid-upper arm circumference tape round the arm of a four-year-old boy, Furtum Eyob. Sliding on to the red zone, the tape shows that he is suffering from severe acute malnutrition. Furtum is one of many children in Eritrea whose nutritional status has deteriorated in 2009 as a result of drought and the impact of high commodity prices. Luckily, Furtum shows no complications and is referred for community-based therapeutic feeding.

UNICEF is working with the Ministry of Health to support 54 facility-based and 75 community-based therapeutic feeding centres nationwide. UNICEF is cluster lead in the areas of nutrition, water, sanitation and hygiene, and education, and also heads the Child Protection Sub-Cluster. It is also actively involved in the Health and Protection Clusters, which are led by the World Health Organization and the United Nations High Commissioner for Refugees, respectively.

PLANNED HUMANITARIAN ACTION FOR 2010

In addition to continuing its work to reduce levels of moderate and severe acute malnutrition and to meet the needs of over 1 million displaced and relocated persons, host communities and other vulnerable populations, UNICEF is planning, in tandem with the Government of Eritrea, local administrations and United Nations agencies, to increase its preparedness capacity to provide immediate response to emergencies. In line with its above-mentioned cluster responsibilities, UNICEF will continue to ensure a coordinated response in the areas of health and nutrition, water, sanitation and hygiene, education, and child protection. Joint United Nations programmes will continue to address the needs of resettlement areas holistically.

Health	US\$4,000,000	Nutrition	US\$13,000,000
<p>UNICEF's effort will be directed at enhancing preventive and curative maternal and child health service provision for children and pregnant and lactating women in the regions of Eritrea, and immunization services for all children, especially those displaced by drought.</p> <ul style="list-style-type: none"> Two rounds of National Child Health Weeks and various supplementary immunization measures, including the provision of cold chain equipment, will ensure that 400,000 children aged 6–59 months receive vitamin A supplementation and routine vaccinations (DPT3); the immunization of 125,000 children under one will be key to saving lives and preventing a major disease outbreak. Access to quality preventive and curative health care for children under five and pregnant and lactating women will be improved through a series of interventions, including the training of health workers in the management of neonatal and childhood illnesses at home, breastfeeding support, and provision of essential drugs and diagnostic equipment. Emergency obstetric health supplies will be provided to detect and treat complications due to pregnancy and childbirth. 		<p>For 2010, UNICEF's primary goal is to lead effective coordination of the Nutrition Cluster in order to improve the nutritional status of children under five and to ensure that all pregnant and lactating women have the opportunity to benefit from nutrition care services, including micronutrient and food supplementation programmes.</p> <ul style="list-style-type: none"> At least 6,000 severely malnourished children will have access to treatment and recovery at 54 therapeutic feeding centres and 132 community-based therapeutic feeding sites. In the three regions with the highest rates of acute malnutrition, blanket supplementary feeding initiated in late 2009 will be continued for at least 6 months, ensuring that nearly 120,000 children aged 6–59 months and 34,000 pregnant and lactating mothers receive adequate nutrition, representing 70 per cent and 50 per cent of the total need in these targeted areas, respectively. Blanket supplementary feeding will be expanded to other drought-affected regions, as necessary. In the meantime, the targeted supplementary feeding programme for all moderately malnourished children will continue. 	

- Measures designed to improve the long-term integrated management of acute malnutrition, including training of 244 health staff in five regions, nutrition surveys and pre/post-intervention assessments of the nutrition programme, will be implemented.

Water, Sanitation and Hygiene

US\$5,000,000

The UNICEF-led Water, Sanitation and Hygiene (WASH) Cluster will work to improve the situation of 80,000 people living in drought-affected areas and displaced resettlement communities who do not yet have access to safe water and sanitation facilities. Efforts will also be made to strengthen coordination of emergency preparedness, in terms of both planning and in the pre-positioning of supplies.

- Access to clean water and sanitation facilities in drought-affected villages and in five resettlement villages will be improved by the rehabilitation of dug wells and boreholes, the installation of hand-pumps and the construction of rainwater harvesting and piped water supply systems.
- Schoolchildren and communities will benefit from the training of 200 community and 150 health ministry staff in the management of acute watery diarrhoea, improvements in sanitary facilities in 10 schools, and the development and inclusion of hygiene education in schools.
- In 10 displaced communities and 10 drought-prone villages, access to water supplies in the event of an emergency will be ensured through the pre-positioning of rapid response items such as water bladders, jerry cans, water purification tablets and minimal trucking capacity.

Education

US\$1,200,000

UNICEF's focus will be the creation of safe learning environments for all children in the most vulnerable displaced resettlement areas of Debub and Gash Barka. UNICEF will also advocate for support for children in vulnerable families, including the poor and those affected by drought.

- Girls and children of nomads who cannot afford the cost of education will be the targets of campaigns to scale up net enrolment.
- The quality of education for 4,100 primary schoolchildren will be improved by the distribution of notebooks, pencils and erasers, and recreational kits.
- 1,800 displaced boys and girls will gain access to safe water and sanitary facilities meeting Sphere standards as a result of the construction of four temporary schools equipped with WASH facilities and the rehabilitation of two classroom structures with appropriate sanitation and water storage facilities.
- Displaced children will benefit from an improved level of support as a result of the training of 200 primary schoolteachers in life skills, HIV/AIDS, psychosocial care and gender-sensitive teaching methods.

Child Protection

US\$800,000

UNICEF will focus on the needs of at least 2,000 children made vulnerable to exploitation and abuse by food shortages.

- Children living on the streets and other vulnerable children will be able to access a safe environment through the establishment of two drop-in centres and two child-friendly spaces equipped with WASH



facilities. Reunification support for separated or unaccompanied children will also be provided.

- 500 child – and female – headed households will be supported by teachers and health staff who are trained in basic psychosocial care and response to violence and abuse, and will also be able to access vocational training in small income-generating activities.

Mine Action

US\$800,000

UNICEF's primary concern is for the safety of the 655,000 people currently living in 481 areas impacted by mines and unexploded ordnances. By the end of 2009, over two thirds of this target population had already received mine risk education.

- 10 mobile mine risk education field teams and 100 community volunteers will deliver school-based education programmes to 180,000 students on the prevention of mine injuries.
- Psychosocial support and vocational training will be provided to over 200 mine and unexploded ordnance survivors, including children with disabilities.
- Scale up of the injury surveillance system to cover all five remaining at-risk regions will improve future response.

UNICEF Humanitarian Action 2010

ETHIOPIA

Food security in Ethiopia is expected to deteriorate further in 2010, as a result of the delayed start of the major rains in 2009, which normally fall between June and September, and the arrival of El Niño, which is expected during the last months of 2009. These phenomena follow several years of below-average rainfall and could trigger a chain of disastrous events – drought, insufficient harvests, flooding, population displacement and outbreaks of waterborne diseases. It is predicted that, as a result of these environmental shocks, 270,000 children under five will require treatment for severe acute malnutrition.



Conflict will likely also continue to affect five of Ethiopia's Ogaden zones in the eastern Somali region, while community tensions in other areas are causing displacement. Both drought and conflict-affected populations in the Afar and Somali border regions already suffer from a lack of access to essential services and adequate health care, and as many as 220,000 Ethiopian children are at risk of missing out on school because of the combined effects of drought, floods and conflict.

In 2010, UNICEF will work closely with the Government of Ethiopia, NGO partners, communities and other United Nations agencies to respond to the needs of more than 6 million children who live in areas affected by natural and man-made disasters in all regions of Ethiopia. UNICEF's focus will be on ensuring access to health and nutrition care, safe drinking water, and appropriate sanitation and hygiene, as well as on improving the response in emergency education and child protection. UNICEF will work with the Government's disaster risk management and food security sector, regional authorities and other partners to deliver coordinated preparedness and response within the inter-agency cluster framework and to refine emergency preparedness and response plans in the context of Ethiopia's increasing food insecurity, public health hazards and displacement. UNICEF is also actively seeking opportunities to link its emergency interventions to early recovery and development.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Health	13,200,000
Nutrition	38,000,000
Water, Sanitation and Hygiene	11,500,000
Education	3,460,000
Child Protection	1,800,000
HIV/AIDS	700,000
Total	68,660,000

CRITICAL ISSUES FOR CHILDREN AND WOMEN

The latest Demographic Health Survey¹ indicates that the prevalence of severe acute malnutrition in children under five averages 2.2 per cent throughout Ethiopia. However, UNICEF estimates that over 270,000 children under five in 'hot spots', i.e., the most food-insecure districts, will need therapeutic feeding treatment for severe acute malnutrition during 2010. Drought, flooding and conflict are also expected to increasingly limit access to essential services, in particular, in the Somali region, underscoring the vital need to link emergency preparedness and response to early recovery activities and long-term development.

Although water availability in the pastoral areas of the Afar and Somali regions may improve temporarily in early 2010 following the arrival of El Niño, the El Niño phenomenon may also bring about heavy flooding that could result in the displacement of hundreds of thousands of people and outbreaks of waterborne diseases. This scenario would only further aggravate the current acute watery diarrhoea outbreak that is expected to continue well into 2010. At the same time, as seasonal rains continue to fail, acute water scarcity will hit other regions, and this would affect a large segment of the population.

These same hazards are likely to interrupt schooling for more than 220,000 children in 2010. Chronic food insecurity also increases the risk that the most vulnerable children and women will resort to negative coping mechanisms, thereby exacerbating pre-existing gender inequalities and increasing vulnerability to gender-based violence. Further, UNICEF is concerned that such economic and social marginalization, will also lead to inequality and discrimination in access to basic services and humanitarian assistance.

CORE COUNTRY DATA

Population (thousands, 2008)	80,713
Child population (thousands, 2008)	41,018
U5 mortality rate (per 1,000 live births, 2008)	109
Infant (U1) mortality rate (per 1,000 live births, 2008)	69
Maternal mortality ratio (per 100,000 live births, 2005)	720
Primary school enrolment ratio (net male/female, 2003–2008 [*])	74/69
%U1 fully immunized (DPT3, 2008)	81
% population using improved drinking water sources (2006)	42
HIV prevalence rate (% , 15–49 years, 2007)	2
%U5 suffering from moderate and severe wasting (2003–2008 [*])	12

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

KEY ACHIEVEMENTS IN 2009

Working with the Government of Ethiopia and national and international partners, UNICEF was able to respond to the humanitarian needs of an estimated 6 million children in food-insecure areas throughout 2009. UNICEF worked closely with government, NGO and United Nations agency partners to develop and update regional emergency preparedness and response plans, as part of its decentralized approach to address sudden-onset crises, and pre-positioned stocks for more than 160,000 affected people.

In 2009, around 12 million children and 600,000 pregnant and lactating women, a coverage rate of 85 per cent, benefited from key child survival interventions implemented by UNICEF and its partners including but not limited to nutritional screening, vitamin A supplementation and de-worming. With UNICEF support, standard nutrition surveys were conducted by nutrition partners in seven vulnerable zones on the Ethiopian-Somali border. Based on the findings, UNICEF partnered with the Government and NGOs to identify and treat more than 200,000 children under five suffering from acute malnutrition in the most food-insecure districts.

In marginalized and drought-affected areas of the region bordering Somalia, essential health, nutrition, water, sanitation and hygiene services were made available to 1.6 million people by UNICEF-supported mobile teams, operating in partnership with regional health bureaux and NGOs. Nearly 500,000 people affected by the 2009 acute watery diarrhoea outbreak received treatment and prevention information from UNICEF and its partners in the Water, Sanitation and Hygiene Cluster. Furthermore, sufficient quantities of treatment kits and drugs to treat more than 200,000 people who may fall victim to acute watery diarrhoea were pre-positioned. Measures to counteract the periods of acute water scarcity in the Somali region continued to be implemented, such as the rehabilitation of water schemes and water tankering, benefiting upwards of 63,000 drought-affected people.

A major child-focused social protection programme was launched during 2009 to strengthen child protection networks. Activities undertaken by UNICEF as part of this programme included schemes to provide cash transfers and to facilitate access to basic social services for vulnerable families living in 10 districts of the Somali region. A Gender in Emergencies project was also carried out in the Somali region to improve access to essential health and nutrition services for girls and women and to advocate for a more gender-sensitive approach to emergency response and preparedness planning.

1. Demographic Health Survey, 2005. It should be noted that the 2.2 per cent prevalence of severe acute malnutrition in Ethiopia is the latest available official figure for the entire country and it is assumed that this is a constant rate, higher only when and where nutritional emergencies occur. The establishment of a national nutritional surveillance system, planned in 2010, will shed more light on these data.

PARTNERING TO TREAT CHILDREN WITH ACUTE MALNUTRITION

"When I first brought him he was very sick," says Alemitu, mother of 13-month-old Dawit. "His feet were all swollen and his skin presented sores. Since we started coming here the swelling has gone down, and he no longer has sores – it is like he has a new body."

To respond to the need to provide therapeutic feeding to over 242,000 children under five suffering from severe acute malnutrition in Ethiopia, UNICEF is partnering with a government-led Health Extension Programme, as well as with international NGOs, to train health extension workers in the case management of severe acute malnutrition at the health-post village level. Thanks to this partnership, capacity to treat severe acute malnutrition has increased from near-zero in 2003 to 5,000 cases in 2008 and up to 100,000 cases at any given time by mid-2009, achieving recovery rates of 83 per cent in 342 districts. UNICEF is also supporting the roll out of the strategy which, when fully implemented, will provide significant gains for child survival.

UNICEF in Ethiopia collaborates closely with the Government of Ethiopia and national and international NGOs in the areas of health, nutrition, water, sanitation and hygiene, education and child protection. UNICEF leads the Nutrition and Water, Sanitation and Hygiene (WASH) Clusters, co-leads the Education Cluster (with Save the Children), and actively collaborates with the United Nations Office for the Coordination of Humanitarian Affairs, the International Organization for Migration and the United Nations High Commissioner for Refugees in the shelter and protection sectors, with the World Health Organization in the health sector and with the World Food Programme in the food security and logistics sector.

PLANNED HUMANITARIAN ACTION FOR 2010

With high food insecurity expected in large areas of the country, increasingly affecting the health and nutritional status of children and women, UNICEF will continue to partner with the Government of Ethiopia, United Nations agencies and international and national NGOs for the provision of emergency relief in line with the Core Commitments for Children in Emergencies to reduce vulnerabilities of more than 6 million emergency-affected children. UNICEF will lead the Water, Sanitation and Hygiene (WASH) and Nutrition Clusters, co-lead the Education Cluster (with Save the Children) and actively collaborate with the other United Nations agencies leading the Health and Food Security Clusters.

Health

US\$13,200,000

Together with the Ministry of Health, regional health bureaux and health and WASH cluster partners, UNICEF will focus on strengthening national health systems while providing preventive interventions and immediate response to outbreaks of infectious diseases among marginalized and drought- and conflict-affected populations in the Afar and Somali regions of the country.

- Up to 50,000 people affected by acute watery diarrhoea will benefit from improved levels of technical assistance and supplies in health facilities, as well as behaviour change campaigns aimed at preventing diarrhoea.
- 32 mobile health teams will facilitate access for 1.6 million people in the Somali region and 65,000 in the Afar region to essential health, nutrition and water, sanitation and hygiene services; in 2010 these teams will increasingly be used as part of health extension services in rural areas and will focus on the special needs of women and girls.
- Up to 14 million children under five, of which half live in drought-prone areas, will be reached by measles vaccination campaigns.
- Emergency health preparedness and response measures will be put in place to deal with potential outbreaks of other infectious diseases, such as influenza A (H1N1), meningitis and measles.
- Localized malaria outbreaks will be contained to reduce the overall prevalence of malaria in Ethiopia.



Nutrition US\$38,000,000

UNICEF will provide immediate response to the high levels of severe acute malnutrition in partnership with the Government and NGOs, while continuing to implement its Enhanced Outreach Strategy in collaboration with the World Food Programme to prevent the deterioration of the nutritional status of children.

- As Nutrition Cluster lead, UNICEF will support the development and roll out of a nutrition surveillance system to provide timely and accurate information on the nutritional status of children countrywide, with a focus on the most vulnerable districts.
- Around 12 million children and 600,000 pregnant and lactating women will benefit from a series of essential child survival interventions, including nutritional screening (and referral to targeted supplementary feeding programmes as appropriate), vitamin A supplementation and de-worming, as well as promotion of appropriate infant and young child feeding practices.
- The quality of care for more than 70 per cent of children suffering from severe acute malnutrition will be improved through increases in the level of technical support, supplies and training at the health facility level to improve timely reporting of new cases and monitoring of the existing programme.

Water, Sanitation and Hygiene US\$11,500,000

For 2010, the overall goal is to provide reliable access to safe water and proper sanitation and hygiene for up to 8 million people affected by drought and floods and who are suffering from, or at risk of, acute watery diarrhoea.

- The UNICEF-led WASH Cluster will ensure coordinated preparedness and delivery of emergency assistance and link with partners to develop a longer-term and sustainable water resource strategy.
- 285,000 people from drought- and flood-affected areas will have improved access to safe water through water tankering and rehabilitation of existing water schemes, with gender-sensitive solutions for girls and women according to Sphere standards.
- Between 5 million and 7.5 million people in 50 districts at risk of, or directly affected by, acute watery diarrhoea will benefit from preparedness and containment measures.
- Water, sanitation and hygiene facilities in 100 health institutions will be upgraded and equipped with supplies.

Education US\$3,460,000

UNICEF will concentrate on providing access to a safe and secure education for more than 220,000 primary schoolchildren who have dropped out of school because of drought, floods and/or conflict.

- UNICEF and Save the Children will co-lead the Education Cluster to expand coverage of emergency education programmes and provide technical support to regional task forces on preparedness and disaster risk reduction from a sustainable perspective.
- More than 220,000 out-of-school children will be able to resume their schooling in either newly-constructed temporary learning spaces or in rehabilitated schools; pupils will receive educational materials, uniforms and recreational kits, while 9,000 teachers, 800 parent – teacher association members and 60 partners will receive training in psychosocial techniques and catch-up, education, with a special focus on the needs of girls.
- Out-of-school children, especially girls, from the vulnerable Gambella and Somali regions will be encouraged to continue their education at alternative basic education centres, offering a child-friendly learning environment.

Child Protection US\$1,800,000

UNICEF together with the Ministry of Labour and Social Affairs will work to improve the situation of the most vulnerable children who, as a result of chronic food insecurity, are at increased risk of resorting to negative coping mechanisms such as begging and sexual exploitation.

- Children from the Developing Regional States in Ethiopia, including 15,000 children from the Somali region, will benefit from child-focused social welfare programmes, as well as child protection through the Justice for Children initiative that provides both a referral case management system for survivors of gender-based violence and access to health care.

HIV/AIDS US\$700,000

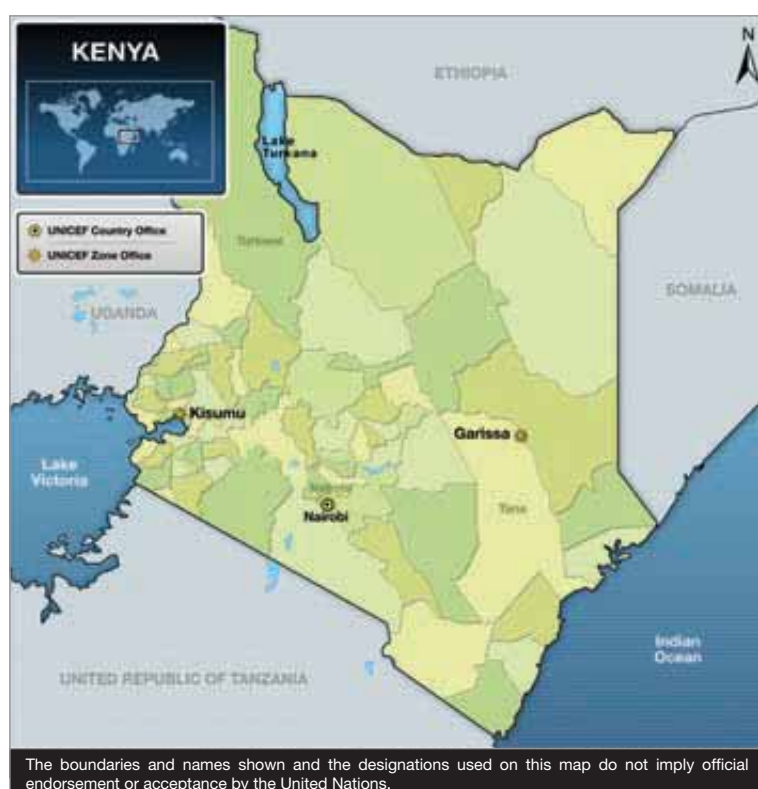
UNICEF and the HIV/AIDS Prevention and Control Office will partner to strengthen vulnerable communities' ability to reduce vulnerability and exposure to HIV infection.

- The capacity of the HIV/AIDS Prevention and Control Office will be strengthened so that affected communities have access to a full range of HIV and sexual reproductive health services, including support to deal with the after-effects of sexual violence.

UNICEF Humanitarian Action 2010

KENYA

Four consecutive failed rainy seasons and persistently high food prices have severely impacted children and women in Kenya. During the course of 2009, the number of children suffering from undernutrition almost tripled; it is estimated that currently 242,000 children under five are affected by moderate acute malnutrition and a further 39,000 have severe acute malnutrition.¹ In total, some 3.8 million people – including 2 million children – now require humanitarian assistance to meet their basic food needs.



Although many displaced people returned to their homes following 2008's post-election violence, more than 60,000 Kenyans still remain in temporary settlements, including an estimated 30,000 children. Additional flooding, displacement and disease outbreaks are expected in early 2010 as a result of higher than normal El Niño rains. It is also likely there will be a continued influx of Somali refugees due to conflict in their country.

In 2010, UNICEF will continue to work with the Government of Kenya, United Nations agencies and NGO partners to respond to the needs of up to 3 million children affected by ongoing and multiple emergencies in Kenya. UNICEF will continue to support the Government in sectoral coordination for emergencies (cluster functions) in the areas of water, sanitation and hygiene, nutrition and education, as well as child protection. UNICEF is also a key participant in emergency coordination for health and gender-based violence. UNICEF's focus will be on ensuring adequate access to essential health and nutrition services, safe drinking water, appropriate sanitation and hygiene, education and an improved protective environment for children, as well as on strengthening humanitarian action efforts linking preparedness to recovery.

1. Recent nutrition survey findings indicate that levels of global acute malnutrition are critical in Mandera, Marsabit, Samburu, Turkana and Wajir where rates are above 20 per cent. In addition, levels of global acute malnutrition are rising in districts traditionally not affected by high levels of acute malnutrition such as Kajiado and Kinango where rates are now above 10 per cent, compared with 5–6 per cent in previous years.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Health	3,500,000
Nutrition	8,719,000
Water, Sanitation and Hygiene	5,587,000
Education	2,196,000
Child Protection	2,090,245
Cross-Sectoral Preparedness and Coordination	1,000,000
Total	23,092,245

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Increasingly frequent cycles of drought in Kenya's arid, semi-arid and marginal agricultural areas are devastating communities. Further, high food prices have severely impacted children in informal urban settlements (slums) as they depend on buying their food from the market. This has led to an overall sharp increase of undernutrition in children. School feeding programmes in drought-affected areas that have proven to be effective in keeping children in school in the past – with 1.5 million children currently targeted – are unable to keep up; an estimated 100,000 children have dropped out of school because of the food crisis. In addition, with relatively low rates of routine immunization in many parts of the country and heightened vulnerability to disease, outbreaks of polio and measles remain a significant concern.

Access to safe water has also diminished sharply across the country, with the distance trekked to fetch water for domestic use tripling to more than 30 kilometres in some areas and the cost of water rising tenfold in some locations. This has led to a marked increase in diarrhoeal diseases including cholera. Influenza A (H1N1) in Kenya, while typically a mild disease, poses a higher risk to communities with lowered immunity due to undernutrition, HIV/AIDS and lack of access to essential health services.

The probability of additional displacement in 2010 is high due to potential flooding and plans to evict settlers from the Mau Forest, as well as the potential for resurgence of tensions triggered by processes to address the causes of the 2008 post-election violence. As a result, children are at higher risk of violence, separation and exploitation. Therefore, directly addressing the needs of affected children as well as building local and national systems to protect children will remain a priority.

CORE COUNTRY DATA

Population (thousands, 2008)	38,765
Child population (thousands, 2008)	19,182
U5 mortality rate (per 1,000 live births, 2008–2009*)	74
Infant (U1) mortality rate (per 1,000 live births, 2008–2009*)	52
Maternal mortality ratio (per 100,000 live births, 2005)	560
Primary school enrolment ratio (net nationwide/female, 2008–2009*)	94.6/90.5
%U1 fully immunized (DPT3, 2008–2009*)	86.4
% population using improved drinking water sources (2006)	57
HIV prevalence rate (% , 15–49 years, 2007**)	7.4
%U5 suffering from moderate and severe wasting (2008–2009*)	6.7

* Demographic Health Survey 2008–2009, Preliminary data.

** Kenya AIDS Indicator Survey.

KEY ACHIEVEMENTS IN 2009

Working closely with the Government of Kenya and national and international partners, UNICEF was able to respond to the humanitarian needs of children and women affected by heightened food insecurity, disease outbreaks and displacement. UNICEF also focused on transitioning 'cluster functions' into existing government coordination structures and building capacity for government leadership of coordination for emergencies.

In response to an imported case of wild polio virus, seven rounds of polio immunization campaigns were conducted, ensuring protection for 2.4 million children while a countrywide measles campaign reached 5.5 million children under five (83 per cent coverage). Government and partners were able to respond more effectively to a cholera outbreak through UNICEF's provision of assorted medical supplies, sufficient to treat 300,000 people in 23 districts, and strengthened capacity at health facilities in the use of oral rehydration therapy. Response to the threat of influenza A(H1N1) included support for the development of a national communication awareness and prevention campaign and of home care guidelines. An agreement was also reached to set up an emergency communications centre within the Ministry of Public Health and Sanitation to strengthen outreach in disease prevention and response. As of October 2009, 69,000 children under five were admitted to supplementary feeding programmes and some 12,000 children to therapeutic feeding programmes. Despite the concerted efforts of nutrition partners to scale up these interventions, national coverage remains at 20–25 per cent and additional resources and partners will be needed in 2010 to increase treatment for children with acute malnutrition using a basic package of essential nutrition services.

Some 2.5 million people in 25 cholera-affected districts benefited from improved government capacity in water quality monitoring and treatment and social mobilization, while the provision of water purification materials promoted proper water treatment at community level for 300,000 vulnerable people. In addition, 100,000 displaced persons returning to the Rift Valley, including 19,500 schoolchildren, gained access to improved safe water supplies as a result of UNICEF support. Additional funds were also received during the last quarter of 2009 to provide safe water for 480,000 people in the most drought-affected districts.

UNICEF helped to ensure continued education for more than 15,000 schoolchildren displaced in the aftermath of 2008's post-election violence through establishment of tent schools and distribution of education and early childhood development kits. A peace education curriculum continues to be rolled out with 2,200 teachers trained to date, benefiting 100,000 children. Work on a National Education Preparedness and Response Plan has commenced and

orientation provided for 30 government education officers at the national and provincial level. As of August 2009, more than 80 per cent of the 7,000 children identified as separated during the post-election violence have been reunified with their parents or legal guardians. Vulnerable children affected by the protracted conflict in Mt. Elgon were also given legal representation. In addition, UNICEF procured and distributed antiretrovirals for post-exposure HIV prophylaxis to displaced communities and supported the revision of national guidelines on the management of sexual violence (post-rape care) as well as the development of the 'National standard operating procedures for prevention and response to gender-based violence'.

In the Dadaab camp for Somali refugees, the creation of four child-friendly spaces provided a protective environment for up to 800 children per month. In addition, with UNICEF support, 160 children obtained legal representation in mobile and Shari'a courts. At least 4,400 malnourished Somali refugee children were admitted to therapeutic feeding programmes, including 4,020 with moderate acute malnutrition (62 per cent coverage) and 380 children with severe acute malnutrition (87 per cent coverage). Furthermore, 95 per cent of refugee children aged between 6 and 59 months benefited from vitamin A supplementation.



PARTNERING FOR CHILDREN

"I used to have a little farm where I planted maize and other vegetables and after harvesting it, I was able to feed my family comfortably," Mary said. "But this prolonged drought has taken everything. I have to watch as my children waste away and it breaks my heart to see them starve. I feel very guilty," she added tearfully.

In response to deteriorating food and nutrition security, UNICEF embarked on new partnerships with NGOs to scale up integrated and essential nutrition services. Currently, UNICEF has partnerships with international NGOs including Action Against Hunger, CONCERN, Family Health International, Food for the Hungry-Kenya, MERCY USA, MERLIN, PATH, Samaritan Purse and Save the Children as well as with German Technical Aid and the International Rescue Committee and in refugee camps in Dadaab. In 2009, UNICEF also provided technical support to Ministry of Public Health and Sanitation through support to 30 field

nutritionists, resulting in the scaling up of key nutrition services, including integrated management of acute malnutrition, in 24 key districts.

As part of its support to emergency coordination in the nutrition sector, UNICEF has co-chaired the Nutrition Technical Forum (Nutrition Cluster) with the Ministry of Public Health and Sanitation. This has resulted in improved planning, preparedness and harmonization of approaches, as well as advocacy which in turn has led to increased resource allocations.

PLANNED HUMANITARIAN ACTION FOR 2010

UNICEF will continue to respond to the humanitarian needs of women and children affected by food insecurity, disease outbreaks and displacement, while ensuring a high level of preparedness to address additional needs due to further displacement and intensification of food insecurity. UNICEF will partner with the Government, international and national NGOs and United Nations agencies for the provision of emergency relief in line with the Core Commitments for Children in Emergencies.

Health**US\$3,500,000**

UNICEF will work to minimize the impact of emergencies on the health status of 3 million children under five and pregnant and lactating women.

- Targeted immunization campaigns in selected vulnerable districts of Coast, North Eastern, Nyanza, Upper Eastern and Western Provinces will protect 250,000 children against measles (95 per cent coverage).
- At least 2.4 million children and women, or 80 per cent of those who rely on humanitarian assistance, will have access to essential health services including immunization, HIV care and emergency obstetric care during emergencies through integrated outreach services and procurement of essential supplies.
- 600,000 children under five (80 per cent coverage) will have improved access to life-saving treatment for diarrhoea through the creation of oral rehydration therapy corners in all provincial and district hospitals.

Nutrition**US\$8,719,000**

UNICEF will concentrate its efforts on the prevention and treatment of acute malnutrition and micronutrient deficiencies in order to reduce mortality and morbidity associated with these conditions among children under five and pregnant and lactating women.

- 50 per cent of children under five as well as pregnant and lactating women affected by acute malnutrition in arid and semi-arid districts and urban poor locations will have improved access to treatment through establishment of additional therapeutic feeding centres and supplementary feeding programmes in health facilities.
- Vitamin A supplementation will be provided for 1.9 million children under five, achieving an 80 per cent coverage in arid and semi-arid districts and urban poor locations.
- The UNICEF-supported Nutrition Technical Forum (Nutrition Cluster) will coordinate nutrition assessments and surveillance in at least 10 districts, 2 impoverished urban areas and in Dadaab refugee camp, and establish quarterly meetings to review and analyse findings in five provinces.

Water, Sanitation and Hygiene**US\$5,587,000**

For 2010, the overall goal is to provide reliable access to safe water supply and proper sanitation and hygiene facilities for up to 3 million people in need of humanitarian assistance due to drought, floods or disease outbreaks.

- 200,000 displaced persons and returnees will have improved access to sufficient safe water supplies and adapted sanitary facilities according to Sphere standards, as well as hygiene-related media messages and promotion activities.
- 2.4 million children and women in emergency-affected areas will receive life-saving WASH-related information via mass media messages and hygiene promotion activities coordinated by the National Emergency Communications Centre.
- 40,000 children in 60 emergency-affected schools will be able to access safe water, sanitation and hygiene facilities in their learning environment.
- The UNICEF-supported National Water and Sanitation Coordination Committee (WASH Cluster) will ensure coordination in preparedness and response at the national and district level.

Education**US\$2,196,000**

UNICEF will concentrate its efforts on providing access to quality education in a safe learning environment for 150,000 boys and girls in drought-affected areas who are temporarily displaced.

- Access to education for 50,000 toddlers and young children will be improved through programmes to sensitize parents and teachers to the importance of early childhood development and primary education and through provision of essential learning materials.
- 100,000 children will be able to access psychosocial support and peace education as a result of training of 2,000 teachers in life skills and conflict-resolution techniques.
- Training of 250 national and local level government education officers in the provision of education in emergencies will give students a greater level of safety and protection during future emergencies.
- The UNICEF-supported Education in Emergencies Working Group (Education Cluster) will forge linkages to multi-sectoral interventions using the national Emergency Preparedness and Response Plan and Education in Emergencies Minimum Standards.

Child Protection**US\$2,090,245**

UNICEF will focus on developing child protection systems in areas prone to natural disasters and conflict with specific emergency interventions for 50,000 vulnerable children.

- At least 1,000 children either separated or living in child-headed households will benefit from enhanced identification, documentation, tracing and reunification services.
- Referral systems for sexual and gender-based violence will be strengthened, post-exposure HIV prophylaxis provided for an estimated 1,000 persons (750 adults and 250 children) and the quality of post-rape care improved in Eldoret, Garissa, Kisumu, Mombasa, Mt. Elgon and Nairobi.
- Children in Dadaab and Mt. Elgon refugee camps will have access to legal support, as well as to child-friendly spaces; there will also be a focus on expanding prevention of and response to sexual violence.
- The UNICEF-support Child Protection in Emergencies Working Group (Child Protection Sub-Cluster) will develop common standards and support the integration of child protection into emergency preparedness and response.

Cross-Sectoral Preparedness and Coordination**US\$1,000,000**

UNICEF will work with the Government and partners to improve the ability to identify and protect the rights of children during emergencies through enhanced emergency preparedness.

- Up to 50,000 newly-displaced women and children will have access to essential household items as a result of the pre-positioning of non-food items.
- Preparedness at the national and district level will be improved through joint contingency planning as well as integration of cross-cutting issues such as HIV/AIDS, gender, human rights and the environment into emergency preparedness and response planning.

UNICEF Humanitarian Action 2010

MADAGASCAR

Nearly every year, Madagascar is hit by two or three cyclones due to its geographic location. These climatic hazards have been worsening in their impact, uprooting hundreds of thousands of people from their homes. In addition, since early 2009 the country has been gripped by a political crisis which has resulted in significant cuts in aid flows to the public sector. UNICEF now has serious concerns about the steady deterioration in the country's capacity to cope, particularly in its capital city, Antananarivo.



At the same time, the south of the country has been subject to irregular and erratic rainfall, which has adversely affected harvests. In 2009, this resulted in food shortages in an area of the country where 73 per cent¹ of households are already considered chronically vulnerable and food insecure. In Anosy, one of the affected southern regions, the global acute malnutrition rate reached 14.5 per cent in March 2009.

In 2010, UNICEF will work in partnership with the Government of Madagascar at the national and district levels and with United Nations agencies, NGOs and communities to deliver an integrated nutrition security response to meet the needs of food-insecure populations in the south of Madagascar. UNICEF will also provide immediate response to the humanitarian needs of the estimated 300,000 people likely to be affected by the 2010 cyclone season. To avert a potential humanitarian crisis in the major cities, UNICEF and its partner United Nations agencies will continue to monitor the situation by conducting multi-cluster rapid assessments on a two-monthly cycle. In addition, as leader of the Water, Sanitation and Hygiene, Nutrition and Education Clusters and the Child Protection Sub-Cluster, UNICEF will focus on ensuring access to health and nutrition services, safe water, appropriate sanitation and hygiene facilities and safe learning environments, as well as on strengthening child protection networks.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Health and Nutrition	2,000,000
Water, Sanitation and Hygiene	5,000,000
Education	4,000,000
Child Protection	450,000
Total	11,450,000

1. World Food Programme, 'Comprehensive Food Security Vulnerability Assessment', WFP, Rome, 2009.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

During 2008–2009, Madagascar was hit by a total of five cyclones, affecting over 463,000 people. Damage has been large in scale, disrupting livelihoods and social services such as schools and health centres in a country where infrastructure is already undermined. One of the key difficulties is reaching disaster survivors in the more remote and rural towns and villages because of the challenging topography of the country and the extensive damage to infrastructure caused by the cyclones. To provide emergency materials and interventions to these remote rural regions, the use of expensive air transport is sometimes necessary.

According to recent estimates, 25 per cent of the population of Madagascar currently suffers from chronic food insecurity,² increasing the vulnerability of children and women living in those areas where drought or flooding, and consequently socioeconomic distress, are commonplace and on the rise. UNICEF-supported surveys carried out in 2009 in two nutrition-insecure regions confirm fears of a rising global acute malnutrition rate, to over 10 per cent (the alert level), in the worst-affected southern regions of the country. Already more than 8,600 children under five have been treated for severe acute malnutrition in these southern areas.

Even under normal circumstances, access to adequate water sources is a challenge, with just 47 per cent of the country's population served by a safe supply (76 per cent in urban areas and 36 per cent in rural areas). Access to appropriate sanitation facilities is even lower; nationwide, sanitation service coverage is as low as 12 per cent in some regions (18 per cent in urban areas and 12 per cent in rural areas). This makes rehabilitation and expansion of water systems in cyclone-hit and food-insecure areas an

urgent priority. Annual cyclones are also damaging school infrastructure and destroying what little school materials and supplies that do exist; the 2008 cyclone season made 2,282 classrooms unusable. Although the Education Cluster has responded efficiently by providing temporary classroom shelters and classroom kits, there has not been enough progress on rehabilitation of permanent school structures due to a lack of resources.

Abuse and exploitation of children in Madagascar takes many forms, including violence against children, child labour and early marriage. More recently, sexual abuse and exploitation, and commercial sexual exploitation of minors in particular, have become increasingly serious matters for concern, not least because of the difficulties associated with prosecuting perpetrators. This is exacerbated by the fact that one in four children does not have a birth certificate, which means that in many cases it is difficult to prove the victim's true age.

KEY ACHIEVEMENTS IN 2009

Together with national and international partners and in cooperation with the Government of Madagascar, UNICEF has been able, throughout 2009, to respond to the humanitarian needs of the most vulnerable children and women, including those directly affected by seasonal cyclones as well as those struggling with nutrition insecurity.

In partnership with health authorities, UNICEF undertook screening programmes for children aged between 6 and 59 months in selected target districts (as defined by two nutrition surveys). As a result, and having screened 65 per cent of the target population, over 8,600 children identified as suffering from severe acute malnutrition were referred for treatment in health centres and hospitals in the three regions most affected by food insecurity. Emergency response in the cyclone-damaged areas included providing reliable access to safe water in 127 of 136 health centres (a 93 per cent coverage) and improved hand-washing facilities in 20 health facilities through provision of ceramic filters, collapsible tanks and containers. Over 78,000 patients in the food-insecure southern regions of Anosy and Androy benefited from the installation of water treatment units in four large health facilities. Water, sanitation and hygiene kits and ceramic filters were also made available to health centres and vulnerable families. In direct response to Cyclone Jade in 2009, around 1 million people gained access to safe water through the disinfection of 4,000 wells in towns along the east coast. UNICEF and the Malagasy Red Cross together rehabilitated an additional 31 wells in the two districts of Manana Nord and Morondava, ensuring a clean water supply for a further 65,000 people. The construction of 30 temporary

CORE COUNTRY DATA

Population (thousands, 2008)	19,111
Child population (thousands)	9,571
U5 mortality rate (per 1,000 live births, 2008)	106
Infant (U1) mortality rate (per 1,000 live births, 2008)	68
Maternal mortality ratio (per 100,000 live births, 2005)	510
Primary school enrolment ratio* (net, 2007–2008**)	87
%U1 fully immunized (DPT3, 2008)	82
% population using improved drinking water sources (2006)	47
HIV prevalence rate (% 15–49 years, 2007)	-
%U5 suffering from moderate and severe wasting (2003–2008**)	15

* Source: Ministry of Education, Government of Madagascar.

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

2. World Food Programme, 'Comprehensive Food Security Vulnerability Assessment', WFP, Rome, 2005.

classrooms in schools allowed 1,500 students affected by Cyclone Jade to return to school; these children, who accounted for 25 per cent of all schoolchildren affected by the cyclone, were identified in a joint assessment conducted by a NGO partner and the local District Education Office as being the most vulnerable and were thus offered immediate assistance. This particular intervention also afforded the opportunity to increase local capacity in temporary shelter construction methods.

The Education and Protection Clusters continued to work together to help children deal with their negative experiences and psychological distress. By the end of 2009, psychosocial support sessions in schools had reached 33,605 students and 1,995 teachers at 78 primary and secondary schools in Ambositra, Antananarivo and Fianarantsoa. UNICEF, in partnership with the Syndicate of Social Workers and community protection networks, also initiated a series of family tracing and reunification interventions, including an Information, Education and Communication Campaign aimed at raising awareness among parents about possible risks to children. This particular intervention was a response to the significant rise in the number of missing children as a consequence of events surrounding the political crisis; since January 2009, a total of 578 children have been reported as missing. To date, 408 separated children have been reunited with their families. In Antananarivo, facilities at 14 child-friendly spaces established during the aftermath of previous cyclones have been upgraded to respond to the growing needs of largely unschooled children; currently around 2,000–2,500 children are participating daily in activities at these learning spaces.



PROVIDING NUTRITION SECURITY TO CHILDREN IN THE SOUTH OF MADAGASCAR THROUGH PARTNERSHIP

"It really was a miracle," Vaha Noeline remembers as she holds her 14-month-old daughter. "When I brought her to the hospital, she was completely limp and her eyes were glazed over. But after just three days, she started making sounds again. After a week, she was moving in the bed. A few days after, she was walking and crawling around and laughing. She had put on weight and was much healthier. I was so happy to have my baby back."

Since the beginning of food shortages in 2009, over 8,600 children in seven districts in the south of Madagascar have been diagnosed with severe acute malnutrition and have received treatment. This successful rapid response was made possible through a variety of partnerships. The World Food Programme provided thousands of nutrition 'protection rations' as well as supplementary rations of Corn–Soya Blend and oil, which UNICEF in collaboration with NGOs such as Catholic Relief Services and the National Nutrition Office then ensured reached children suffering from, or at high risk of, severe acute malnutrition.

UNICEF Madagascar is currently working with a range of civil society, local and international NGO partners and United Nations agencies in the priority areas of health, nutrition, water, sanitation and hygiene, education and child protection. In addition, UNICEF Madagascar is engaged in a broad range of more informal collaborative relationships. UNICEF leads the Nutrition, Water, Sanitation and Hygiene and Education Clusters, as well as the Child Protection Sub-Cluster. UNICEF actively collaborates with the World Health Organization in the health sector and with the World Food Programme in the food security sector.

PLANNED HUMANITARIAN ACTION FOR 2010

In 2010, UNICEF in collaboration with national and international partners is planning to reduce the vulnerabilities of an estimated 238,000 children under five in the south of Madagascar and a further 300,000 people affected by cyclones in the north through the provision of emergency relief in line with the Core Commitments for Children in Emergencies. Emergency response will remain as an integral part of the overall country programme strategy. Emergency planning, implementation and monitoring will continue across all sectors, with a special focus on preparedness, rapid response and early recovery in collaboration with the Government, United Nations agencies and NGO partners.

Health and Nutrition

US\$2,000,000

UNICEF will provide immediate response to the high levels of acute malnutrition and the lack of access to adequate health care among over 238,000 children under five in the south of Madagascar and 300,000 people affected by cyclones in the north. UNICEF is leading the Nutrition Cluster and participating in the WHO-led Health Cluster will work for a coordinated response which ensures that all gaps are addressed and duplication is minimal.

- Children under five and women in the emergency-affected regions will benefit from improvements in essential health services achieved through the development of outreach services, continuation of the Expanded Programme on Immunization, and increased supply of essential drugs, oral rehydration salts and malaria prevention supplies.
- Systems for identifying acute malnutrition will be upgraded as a result of the provision of anthropometric equipment (scales, measuring boards and malnutrition tapes) to health facilities in the most-affected districts and the development of standardized nutrition surveys that pinpoint communities at risk of nutrition crises and/or food insecurity.
- Prevention and treatment of acute malnutrition will improve through the establishment of systematic active nutrition screening at the health centre and community levels and increased availability of ready-to-use therapeutic food and medicines.

Water, Sanitation and Hygiene

US\$5,000,000

UNICEF's primary focus in 2010 will be to provide reliable access to safe water supply and proper sanitation and hygiene facilities for up to 300,000 cyclone-affected persons and 136 health centres in the south serving 136,000 people. In addition, UNICEF will lead the Water, Sanitation and Hygiene WASH Cluster to identify and address gaps in emergency response.

- Water and hygiene related non-food items (e.g., household water purification products, water containers, soap) will be distributed to affected populations.
- Children and their families in emergency-affected cities and displaced camps will have improved access to safe water through the rehabilitation and disinfection of community and family wells, installation of hand-pumps and provision of water storage and water treatment equipment.
- Sanitation for emergency-affected children and women will improve through the construction of latrines adapted to ensure privacy and security of women and girls, meeting Sphere standards and teaching of appropriate hygiene and hand-washing practices.

- Mayors, school and health centre directors and village chiefs will be sensitized to the importance of good hygiene practices as a means of preventing the spread of waterborne diseases in their communities.

Education

US\$4,000,000

UNICEF will ensure access to a safe learning environment for 100,000 children whose education has been disrupted by the cyclones. The UNICEF-led Education Cluster will improve coordination and identification of gaps for a more informed response to education needs.

- Primary schoolchildren will be able to resume their lessons through the construction of temporary school structures and classroom tents and the provision of school-in-a-box kits, recreational kits and other essential school supplies such as notebooks, pencils and textbooks.
- Children will have access to safe and child-friendly learning environments as a result of the rehabilitation of sanitation facilities in schools and the training of teachers and education officials in emergency preparedness and response, child-friendly school environments, life skills and gender-sensitivity.
- Schools will be supported to ensure children complete the school year and have access to remedial education to make up for time lost to emergencies.

Child Protection

US\$450,000

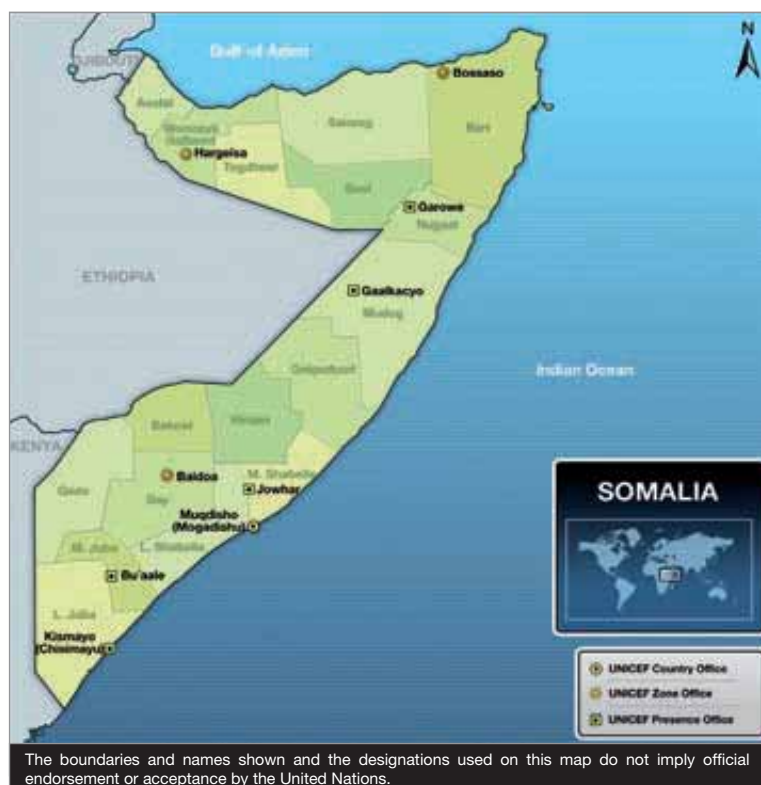
UNICEF as leader of the Child Protection Sub-Cluster will ensure, in collaboration with partners, that 50,000 children affected by cyclones and 60,000 children affected by the political crisis will benefit from child protection in emergencies.

- Children and women will have improved protection from gender-based violence, abuse and exploitation through support to and training of displaced camp managers, community members and local authorities in the affected areas in the protection of separated children, youth groups and survivors of violence and in HIV/AIDS prevention and site/camp management.
- Psychosocial support and recreational activities such as sports will be offered to children and their caregivers at 20 youth-friendly spaces. Behaviour change communications will also be distributed to raise awareness of the health risks associated with sexual exploitation and alcohol and drug abuse.
- Multi-cluster rapid assessments will be conducted every two months to monitor the overall situation of women and children in Antananarivo and other emergency-affected areas.

UNICEF Humanitarian Action 2010

SOMALIA

With half its population – an estimated 3.64 million people – in a state of humanitarian emergency¹ and over 1.5 million displaced people, Somalia is burdened by violence and instability, extreme poverty, food insecurity due to drought and a high prevalence of child protection violations, especially recruitment and use of children and youth in armed conflict as well as rape and other forms of sexual violence.



Of the population in need of urgent humanitarian assistance, 75 per cent are located in central and southern parts of Somalia, which are largely inaccessible because of recent escalations in violence. In Mogadishu, fighting has returned to levels unseen since the 1990s and has led to the displacement of more than 250,000 people since May 2009. Even in the two northern zones of Puntland and Somaliland, where greater security exists and development efforts to continue, children and women are facing the prospect of worsening drought, pockets of high levels of acute malnutrition, livestock losses and an increasingly strained resource base, as displaced populations from central and southern Somalia continue to pour into the region.

In 2010, UNICEF will work with the Government, United Nations agencies, NGO partners and communities to accelerate young child survival among 1.5 million children and to meet the humanitarian needs of over 1.2 million women throughout Somalia, especially those from displaced and conflict-affected communities, while ensuring access to essential primary health care for some 3 million vulnerable people. As cluster lead for water, sanitation and hygiene, nutrition and education, UNICEF will drive forward emergency nutrition interventions designed to reach over 60 per cent of the annual caseload of acutely malnourished children and pregnant and lactating women, and alongside partners such as the World Food Programme, provide blanket supplementation for over 50,000 of the most vulnerable children to prevent acute malnutrition. An estimated 1.2 million people will benefit from improved access to safe water, sanitation and hygiene facilities and over 100,000 children affected by emergencies will have improved access to basic education. Monitoring and reporting on grave child rights violations will continue across Somalia, and referral and response mechanisms will be strengthened to benefit child survivors.

1. This represents a 12 per cent increase since early 2009 and over a 100 per cent increase since early 2008 (Food Security and Nutrition Analysis Unit, Food and Agriculture Organization of the United Nations, unpublished data, September 2009).

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Health	12,320,000
Nutrition	18,850,000
Water, Sanitation and Hygiene	18,833,000
Education	8,101,500
Child Protection	6,216,500
Shelter and Non-food Items	1,188,100
Total	65,509,100

CRITICAL ISSUES FOR CHILDREN AND WOMEN

While significant progress was made in 2009 to improve access to essential health and nutrition services for women and children, the combination of a lack of sustainable and safe water sources, repeated illness in children (especially diarrhoea), limited access to food and poor child-care practices has meant that much of the Somali population remains chronically malnourished.

The failure of the 'Gu' rains in over 70 per cent of the country has only further exacerbated food insecurity, leaving a growing number of people dependent on humanitarian assistance. Moreover, acute malnutrition rates are increasing. As of August 2009, 19 per cent of children under five in Somalia were reported to be acutely malnourished (compared with 18 per cent in 2008) and 4.5 per cent severely acutely malnourished, with acute malnutrition rates in some displaced settlement areas reaching as high as 27 per cent.

The so-called 'Afgoye Corridor', which is located in southern Somalia and currently the world's most densely populated displaced persons settlement housing an estimated 524,000 people,² is in particular need of ongoing support to improve access to health and nutrition services, education and child protection.

As more and more schools close as a result of the conflict, especially in Mogadishu, children's education is suffering. Civilian casualties and injuries are also on the increase, while confirmed reports of widespread human rights violations, including the recruitment of children into armed forces, as well as rape, piracy and general criminality, continue to grow in number. UNICEF is concerned that the levels of psychological and physical distress children and women are experiencing as a result of the conflict, especially those who are displaced, is higher than reported.

KEY ACHIEVEMENTS IN 2009

Despite the targeting of aid workers and the looting of humanitarian supplies, which delayed the emergency response in central and southern Somalia, UNICEF together with over 100 national and international partners managed to achieve significant results for children and women – a testimony to the dedication of partners and national staff and their ability to seize opportunities within this volatile context to reach vulnerable populations.

CORE COUNTRY DATA

Population (thousands, 2008)	8,926
Child population (thousands, 2008)	4,562
U5 mortality rate (per 1,000 live births, 2008)	200
Infant (U1) mortality rate (per 1,000 live births, 2008)	119
Maternal mortality ratio (per 100,000 live births, 2005)	1,400
Primary school enrolment ratio* (net nationwide/female, 2003–2008**)	31/22.1
%U1 fully immunized (DPT3, 2008)	31
% population using improved drinking water sources (2006)	29
HIV prevalence rate (% 15–49 years, 2007)	1
%U5 suffering from moderate and severe wasting (2003–2008**)	13

* Source: United Nations Children's Fund, 'Somalia Primary School Survey', UNICEF, 2007.

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

As the lead provider of essential drugs and medical equipment nationwide, UNICEF helped to deliver essential health and nutrition services to 2.5 million people – including over 1.8 million in central and southern Somalia and the emergency-affected areas in the north – through a network of 250 maternal and child health centres and 540 health posts managed by over 50 partners.

Child Health Days, a new initiative in 2009 that brings a package of high impact health services directly to children and women every six months,³ benefited over 1 million children under five and 800,000 women of child-bearing age during round one, equating to an 80 per cent and 55 per cent coverage,⁴ respectively, and a doubling of the immunization coverage where Child Health Days took place. The second round covered the entire country, first in Somaliland and then in central and southern Somalia, where over 46,000 children under five and 37,000 women of child-bearing age in the Afgoye Corridor and Benadir were reached for the first time ever. By the end of December 2009, children and women in the remaining regions of central and southern Somalia and Puntland will have received immunization, including over 330,000 children under five and 380,000 women of child-bearing age in Mogadishu, the epicentre of the conflict. Such success was made possible through partnership with local health authorities, the World Health Organization, community-based organizations and NGOs. Somalia remains polio-free, with no new cases reported since March 2007.

The UNICEF-led Nutrition Cluster, comprising over 30 local and international partners, worked to treat an estimated 150,000 acutely malnourished children – 93,000 with moderate acute malnutrition⁵ and 57,000 with severe acute malnutrition – through the expansion of feeding programmes (up from 235 to 400, far exceeding the annual target of 280) and the training of partners in malnutrition case management. In addition, as of October 2009, 132,000 children aged 6–36 months received a lipid-based nutrient supplement called Plumpy'doz for periods of between four and eight months. This nutrition product is designed to prevent acute malnutrition among vulnerable children in high risk locations.⁶ In areas such as the Afgoye Corridor, acute malnutrition rates were either contained or improved during 2009 as a result of Nutrition, Health and Water, Sanitation and Hygiene WASH Cluster interventions.

2. United Nations High Commissioner for Refugees, unpublished data, September 2009.

3. Child Health Days provide immunization (measles; diphtheria, pertussis, tetanus; oral polio vaccine), vitamin A supplementation, de-worming tablets, oral rehydration salts, water disinfection tablets, nutritional screening and referral for children under five, and tetanus toxoid vaccination for women of child-bearing age.

4. Coverage refers to the percentage of the target population covered by one round of Child Health Days in Somaliland, Puntland and central and southern Somalia with the exception of the Kismayo District, and the Benadir and Lower Shabelle regions (not included due to insecurity and lack of access). Coverage is calculated using United Nations Development Programme population data as the denominator.

5. From March 2009 onwards, moderate acute malnutrition was treated in partnership with through food provisions, while UNICEF focused on providing anthropometric support, except in those areas where UNICEF provided a large-scale nutritional safety net, e.g., in Afgoye and in emergency areas in the north.

6. Due to the takeover and looting of the Jowhar compound and access constraints, only 50 per cent of children received Plumpy'doz for the planned full eight-month period.

Through the efforts UNICEF-led WASH Cluster, 908,000 displaced and/or drought-stricken people (including 181,000 children under five) continued to be provided with safe water. For over 40 per cent of this population, this meant the construction of new water systems and/or rehabilitation of existing systems. At least 423,000 people were reached with water trucking, including those in Afgoye, where UNICEF and partners were eventually able to phase out this expensive and unsustainable intervention with the new and rehabilitated water systems. In addition, 450,000 people benefited from lessons on safer hygiene practices which will ensure proper and sustained use of sanitary facilities and reduce vulnerability to disease.

As Education Cluster co-lead (with Save the Children) and with over 43 national and international education partners, UNICEF ensured that about 89,000 out-of-school and/or displaced children (49 per cent of whom were girls) in Puntland and central south Somalia gained access to education, while in Afgoye and northern Mogadishu enrolment was doubled (relative to 2008) among displaced children as a result of the establishment of temporary learning spaces.⁷ In addition, over 140,000 schoolchildren benefited from teacher training in emergency education and psychosocial support, and more than 157,000 emergency-affected children, nearly half of whom were girls, were helped to access to a quality education through the provision of school supplies and textbooks by UNICEF, currently the sole provider of school materials in Somalia.

Through local NGO partners, including Somalia Peace Line and Comprehensive Community-Based Rehabilitation in Somaliland, 590 communities nationwide – almost 100 per cent of the 2009 target – were mobilized to prevent and respond to violence, exploitation and abuse of children, benefiting some 800,000 children, women and other vulnerable people, half of whom are displaced.⁸ An estimated 2,000 emergency cases of gender-based violence were referred for medical or legal assistance through the UNICEF-led Child Protection Sub-Cluster network.⁹ Over 1,000 reports of grave child rights violations were documented through a UNICEF-supported network of 20 local human rights monitoring NGOs, with about 60 per cent of cases receiving referrals for medical, legal and/or psychosocial care and support services, as well as further advocacy and response from 12 UNICEF-supported regional child protection networks.¹⁰



CRITICAL HELP FROM PARTNERS MAKES LIFE-SAVING INTERVENTIONS FOR VULNERABLE SOMALI CHILDREN POSSIBLE

“Ali was so weak and sick when I first came here,” says Dahaba about bringing her one-year-old son who was suffering from severe malnutrition to the UNICEF-supported outpatient therapeutic centre. “He was very thin. I was so worried that he wasn’t going to make it. But he is now doing better and even looks totally different. The staff told me today that next week will be the last day for us to come here for a check-up.”

Ali was referred to this centre, which is run by the NGO International Medical Corps with UNICEF support, when he was found to be severely malnourished and in need of immediate treatment. Having provided Ali with weekly follow-ups, rations of Plumpy nut (a ready-to-use therapeutic food product especially formulated to treat severe acute malnutrition), vitamin A and other medicines, the staff decide that Ali is ready to be discharged. To prevent reversal of his condition, Ali will be transferred to a UNICEF-supported supplementary feeding programme run by partners where he will receive a monthly ration of blended foods and monitoring for at least three months.

UNICEF and at least 30 nutrition partners are responding to Somali children’s nutritional needs with a package of interventions that includes blanket feeding for the prevention of acute malnutrition among vulnerable children, treatment of severe and moderate acute malnutrition through outpatient therapeutic and inpatient stabilization centres, and nationwide supplementary feeding programmes. As a result, tens of thousands of Somali children have been treated and have fully recovered from severe acute malnutrition.

7. Emergency response had to be substantially supported by non-CAP/HAR funds. Some planned education activities were not implemented due to the shortfall in 2009 Education CAP/HAR funding (UNICEF was only 17 per cent funded as of end October 2009).

8. Protection interventions were implemented with emergency funds carried over from 2008 and UNICEF core non-emergency funding given the low funding against the 2009 CAP/HAR. The psychosocial programme was entirely funded by non-emergency thematic funds.

9. It is difficult to provide precise figures on gender-based violence at the community level. Figures reported are based on the population estimates provided by the Community Driven Recovery and Development basic profiles for rural communities in Bosasso whose population ranges from 900 to 1900 people.

10. Child protection networks are groups of human rights defenders and child protection organizations sharing a regional location for response at the community level and for joint advocacy with duty bearers.

PLANNED HUMANITARIAN ACTION FOR 2010

UNICEF will work closely with over 100 partners, including government partners, to provide immediate emergency relief in line with the Core Commitments for Children in Emergencies in the areas of health and nutrition, water, sanitation and hygiene, education, and child protection to reduce the vulnerabilities of over 3 million displaced and conflict-affected people throughout Somalia. Emergency preparedness and risk reduction measures are included as an integral part of the planned humanitarian action, alongside national capacity development where possible.

Health

US\$12,320,000

UNICEF will strengthen access to essential health services for up to 1.5 million children and 1.2 million women of child-bearing age who are living in displaced settlements or host communities.

- Child Health Days will ensure that 90 per cent of children under five and 70 per cent of women of child-bearing age in the target areas receive high impact and basic life-saving public health interventions.
- Over 3 million people will benefit from improved primary health-care services achieved through provision of supplies, training of health staff, and the development of health information management systems and behaviour change communication materials for distribution at health centres and mobile clinics and via outreach programmes nationwide.

Nutrition

US\$18,850,000

As Nutrition Cluster lead, UNICEF's primary goal is to improve the capacity of partners to respond to acute malnutrition in children and women in a coordinated manner.

- 270,000 acutely malnourished children and more than 360,000 pregnant and lactating women will benefit from curative and supplementary nutrition interventions that will be delivered via 250 outpatient therapeutic programmes, 20 stabilization centres and 150 supplementary feeding programmes, and which will include multiple micronutrient and zinc supplementation for women as well as the promotion of infant and young child feeding.
- About 50,000 children aged between 6 and 36 months will benefit from preventive measures against acute malnutrition.

Water, Sanitation and Hygiene

US\$18,833,000

UNICEF will focus on providing sustainable access to safe drinking water and sanitation facilities for more than 1.2 million vulnerable people nationwide including 243,000 children under five, as well as strengthening WASH cluster coordination and response.

- Over 200,000 people will benefit from sanitation clean-up campaigns and improved sanitation facilities, particularly, in schools and health clinics.
- Hygiene education will be provided for some 670,000 people to improve understanding and use of good hygiene practices, while 510,000 people will receive soap and jerry cans for safe water storage.

- Long-term management of adequate water and sanitation facilities will be addressed through training of local authorities and communities on the operation of water systems, methods of solid waste disposal and effective communication of hygiene messages.

Education

US\$8,101,500

As Education Cluster co-lead, UNICEF will work to improve access to a safe learning environment for displaced children and to increase the capacity of education partners in emergency preparedness and response.

- 100,000 children – 49 per cent girls – will have increased access to a high-quality and more equitable formal and non-formal education through the provision of rehabilitated learning spaces (equipped with gender-sensitive hand-washing and latrine facilities) and girls' education campaigns.
- 2,500 teachers, as well as community education committees, will be trained in good health and hygiene practices, a measure that will also provide students with better access to psychosocial support.

Child Protection

US\$6,216,500

Through community mobilization, psychosocial care and support services, advocacy and other emergency protection initiatives, at least 150,000 children from the most vulnerable communities will benefit from an enhanced protective environment.

- At least 300 vulnerable communities in central and southern Somalia and displaced communities in the north of the country will be mobilized to prevent and address child protection in emergency situations; at least 70,000 children in conflict or humanitarian crisis-affected areas will be reached with direct psychosocial care and support services.
- Child rights violations will continue to be monitored and reported, and as many as possible addressed through referral to services or advocacy actions at community level.
- At least 1,000 children either at risk or formerly involved with armed forces and groups will be supported.

Shelter and Non Food Items

US\$1,188,100

Together with partners, UNICEF will maintain emergency preparedness to provide basic survival items and shelter to meet the immediate needs of up to 90,000 newly-displaced people (or 15,000 households).

UNICEF Humanitarian Action 2010

UGANDA

At least 1.2 million people are in need of humanitarian assistance in Uganda. Drought and flooding in the northern, eastern and north-eastern regions, large-scale internal displacement and the return to original homesteads of at least an additional 300,000 extremely vulnerable, formerly displaced Ugandans following the cessation of Lord's Resistance Army activities, are leading to increases in undernutrition, gender-based violence, school drop-out rates and HIV prevalence.



Acute malnutrition rates among children under five hovers close to emergency thresholds in some areas. Already over 1 million people are receiving food aid from the World Food Programme. Maternal and under-five mortality rates are also unacceptably high. Refugees from the Democratic Republic of the Congo and the Sudan continue to seek shelter in Uganda, with children especially at risk as they make their way into Uganda in search of safe refuge. Periodic outbreaks of epidemic diseases, especially those linked to poor water, sanitation and hygiene and heavy rains and flooding associated with El Niño events, are also making life extremely challenging across large swathes of the country.

UNICEF will work with the Government of Uganda, United Nations agencies and international and local NGOs to respond to the humanitarian needs of approximately 1.2 million people living in displaced settlements, transit areas and refugee camps, and poorly-serviced areas in northern and western Uganda, as well as in locations affected by natural disasters and disease epidemics. At the same time, emphasis will be placed on helping the country to transition from emergency to recovery responses, and on strengthening capacity for leadership within existing governmental sectoral working groups. UNICEF is participating in, or leading, this transition in child protection, child and maternal health and nutrition, water, sanitation and hygiene and education, while also working to ensure that the Core Commitments for Children in Emergencies are being met in emergencies. Access to the areas in the north has only been guaranteed recently, following an agreement between the Government and the Lord's Resistance Army. The north-eastern sub-region remains a United Nations security-phased area because of insecurity caused by banditry, rape and violence precipitated by cattle-raiding.

UNICEF EMERGENCY NEEDS FOR 2010			
Sector	Humanitarian Actions (US\$)	Recovery Actions (US\$)	Total (US\$)
Health and Nutrition	6,000,000	15,000,000	21,000,000
Water, Sanitation and Hygiene	4,700,000	12,500,000	17,200,000
Education	7,100,000	12,500,000	19,600,000
Child Protection	1,500,000	2,000,000	3,500,000
HIV/AIDS	1,100,000	2,200,000	3,300,000
Total	20,400,000	44,200,000	64,600,000

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Much of northern, eastern and north-eastern Uganda experienced severe drought in 2009, during which time little to no crops were harvested and animals starved, leaving children and women vulnerable to disease and undernutrition. Recent child nutrition surveys, which found global acute malnutrition rates at above alert levels in these areas, confirm this vulnerability.¹ Further El Niño flooding, forecast for 2010 in these areas, will only exacerbate the situation.

In the north, approximately 411,300 people living in transition sites, up to 50,000 refugees in settlements and an estimated 300,000 returnees (approximately 30 per cent of the returnee population) have little or no access to basic services, their plight worsened by the ongoing closure of camp settlements for the internally displaced. At the same time, gender-based violence and other abuses are increasing among these transient communities. The prevalence of HIV is increasing across the northern region where the current rate, 8.3 per cent, is already significantly higher than the national average.

Access to safe water and sanitation in the northern areas of return and in the north-east remains poor; service coverage is less than 30 per cent in the north and less than 10 per cent in the north-east, making these areas significantly worse off than the national average of 63 per cent. Districts bordering the Democratic Republic of the Congo and the Sudan and recovering from conflict or receiving refugees also have below-average use of safe water and sanitation. Low levels of education and knowledge about disease transmission and hygiene compound the problem, leading to periodic epidemics of fatal diarrhoeal diseases and hepatitis.

Years of conflict and more recently, flooding, have taken their toll on basic infrastructure; indeed, many schools, health facilities and government offices have yet to be rebuilt. There are also major gaps in human resources and supply flows. It is estimated that in Uganda approximately 15–20 per cent of all primary-school-aged children are not enrolled in school and approximately 7 per cent of all 6–12 year olds have never attended school. Meeting the needs of these children remains a challenge, as does finding the means to support much-needed Early Childhood Development schemes and basic education for Congolese refugees of preschool and primary school age.

Children who live alone or with sick or elderly caregivers in refugee or displaced persons camps or transit sites are another cause for concern. These include orphans, child-headed households, disabled children and children temporarily separated from their families. In some

districts, it is estimated that 40 per cent of those left behind in camps are separated or orphaned and in need of dedicated support and protection. Work in areas such as prevention and response to gender-based and other forms of violence and removal of landmines is ongoing, within a broad protection partnership and set of recovery activities.

CORE COUNTRY DATA

Population (thousands, 2008)	31,657
Child population (thousands, 2008)	17,728
U5 mortality rate (per 1,000 live births, 2008)	135
Infant (U1) mortality rate (per 1,000 live births)	85
Maternal mortality ratio (per 100,000 live births, 2005)	550
Primary school enrolment ratio (net nationwide/female, 2003–2008 [*])	-/-
%U1 fully immunized (DPT3, 2008)	64
% population using improved drinking water sources (2006)	64
HIV prevalence rate (% 15–49 years, 2007)	5
%U5 suffering from moderate and severe wasting (2003–2008 [*])	6

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

KEY ACHIEVEMENTS IN 2009

In close association with the Government's Peace, Recovery and Development Plan and the United Nations Peace Recovery Action Plan, UNICEF together with partners carried out a full spectrum of health, nutrition, water, sanitation and hygiene, education and child protection interventions, which not only addressed the humanitarian needs of camp-based populations and returnees in northern districts and those of Congolese refugees in the border areas affected by typhoid and cholera outbreaks, but also successfully responded to an acute child survival crisis in the north-east. UNICEF's work also supported the re-integration of women and children living on the streets or recently returned to Uganda, as well as of children formerly associated with armed groups. In addition, UNICEF strengthened capacity of partnership mechanisms to help the country transition from crisis to recovery.

In 2009, Integrated Management of Childhood Illness initiatives and increased levels of support for national and district-level health system strengthening especially in terms of antenatal and newborn care, ensured the routine immunization of 548,000 children under five and 140,000 pregnant women and helped reduce the vulnerability of the population to epidemics. This was made possible through UNICEF's partnership with the Associazione Volontari per il Servizio Internazionale, the International Rescue Committee, the Red Cross and others. Improvements in the nutritional status of over 257,030 children followed the establishment of a nutrition surveillance system (implemented jointly with Action Contre la Faim and Médecins Sans Frontières) and the enhancement of community-based case management of acute malnutrition. Over 6,000 children received life-saving treatment for severe acute malnutrition. The percentage of antenatal care sites offering Preventing Mother-to-Child Transmission HIV services increased from 74 per cent in 2008 to 99 per cent in June 2009. Over the course of the year, 72,729 pregnant women, or 79 per cent of the target population in north and north-eastern Uganda, were tested for HIV. Of those found to be HIV positive, 54 per cent received antiretroviral treatment.

Partnerships with Action Contre la Faim, Médecins Sans Frontières and the International Medical Corps, among others, provided 29,500 children in primary schools and 30,000 households with access to safe water and improved sanitation facilities, reducing their risk of contracting hepatitis E, while around 500,000 people in return areas (57 per

1. 'Uganda Nutrition Brief', August 2009 (Ugandan Nutrition Cluster publication).

cent of the population) and 150 schools received information and advice on good hygiene practices. Rapid assessments of all early childhood centres and 224 primary schools in the displaced areas in the north were conducted to guide efforts to further improve access to a safe learning environment. Over 11,000 girls and boys benefited from the construction or rehabilitation of classrooms, teacher facilities and latrine stances in 16 primary schools in the northern region, measures which were undertaken in partnership with Lightforce International, Samaritan's Purse and other NGOs. UNICEF-supported training programmes targeted local and district government education officials and teachers in the areas of displacement who received training in the creation of child-friendly school environments, while nine District Disaster Management Committees received training in the development of emergency response plans.



By the end of 2009, 81 per cent of all sub-counties in the north, 69 per cent in the north-east and 56 per cent in the east had in place at least one community-based child protection structure. Between January and June 2009 in the north alone, over 8,077 instances of child protection violations were recorded by such structures, highlighting the need for a child protection response. Following a military operation in the Democratic Republic of the Congo in December 2008, 42 children and young mothers formerly associated with an armed group returned to Uganda; all but two were subsequently reunited with their families. Cross-border coordination mechanisms between the Democratic Republic of the Congo, the Sudan and Uganda and at refugee and returnee reception centres continued throughout 2009. With support from the Child Protection Sub-Cluster, the Government developed an Inter-Agency Child Protection Recovery Strategy (2009–2011), a process which engaged over 370 children and 250 stakeholders. UNICEF additionally assisted the Government with the development of its action plan to address grave violations against children, which led to the de-listing of Uganda from the United Nations Security Council Working Group on Children and Armed Conflict's work plan of countries with parties perpetrating grave violations against children in situations of armed conflict, in accordance with United Nations Security Council Resolution 1612.

SUPPORTING CHILDREN AND WOMEN FORMERLY ASSOCIATED WITH ARMED GROUPS

"I wanted to become a doctor, but when I was abducted, all was gone," says Hellen Auma, age 27, recalling the moment she was forcefully taken away by members of the Lord's Resistance Army in 1994 while she was working in the family garden near her home in northern Uganda's Amuru District.

Auma's life has since improved. She escaped and underwent three months of physical and psychosocial rehabilitation at the Gulu Support Centre. The Gulu Support the Children organization is a community-based group supported by UNICEF and other partners that provides immediate medical care, psychosocial counselling, family tracing and reunification services for children and women formerly associated with the fighting forces in northern Uganda.

UNICEF Uganda works with the Government and other partners to provide reintegration services and psychosocial support

for children affected by armed conflict. In addition, UNICEF collaborates with the Government and more than 50 NGO partners to create an efficient response to the humanitarian needs of children and women. UNICEF leads the Nutrition and Water, Sanitation and Hygiene Clusters and the Child Protection Sub-Cluster, co-leads the Education Cluster (with Save the Children), and actively works with the United Nations High Commissioner for Refugees on shelter and protection and with the World Health Organization in the health sector.

PLANNED HUMANITARIAN ACTION FOR 2010

Together with the Government, United Nations agencies and national and international NGO partners, UNICEF will ensure assistance for displaced children and women living in camps and transit sites, refugees, vulnerable returnees in the north and people in the disaster-prone north-east in line with the Core Commitments for Children in Emergencies. UNICEF will prepare for possible emergency situations emanating from civil unrest and politically-related violence preceding national elections in 2011, and will strengthen national capacity in emergency preparedness, which will include the pre-positioning of supply items.

Health and Nutrition**Humanitarian US\$600,000**
Recovery US\$15,000,000

UNICEF will respond to the need for preventive and curative health and nutrition services for 390,000 children under five and 95,000 pregnant women in displaced camps, areas of return, chronic emergency areas in the north-east, refugee settlements and among those affected by epidemics and natural disasters. Treatment will also be provided for nearly 12,000 severely acutely malnourished children under five.

- High impact and cost-effective child health interventions at district and community health levels will achieve at least an 80 per cent immunization coverage, and good levels of coverage in the case of vitamin A supplementation, de-worming and community-based case management for diarrhoea, malaria and pneumonia.
- Antenatal services will be strengthened and promoted to ensure that 40 per cent of pregnant women attend at least four check-up visits.
- Moderately and severely acutely malnourished children will be identified and treated, and simultaneously tested for HIV; referrals for caregivers' counselling and paediatric treatment will be given to those who test positive for HIV. HIV-positive mothers will be encouraged to enrol in Preventing Mother-to-Child Transmission services.
- A nutrition surveillance system in high risk areas, using mobile phone SMS messaging and other rapid technologies for real time access to data for decision-making and response, will be piloted and scale-up actions identified.
- Village health workers and health facility staff will receive training in infant and young child care, including growth monitoring.
- Pre-positioning of supplies and training will increase national and district capacity to detect and respond to health emergencies in a timely manner.

Water, Sanitation and Hygiene**Humanitarian US\$4,700,000**
Recovery US\$12,500,000

UNICEF will concentrate its efforts on providing reliable access to safe water supply and promoting proper sanitation and hygiene practices in areas of return, in drought- and flood-affected regions and places experiencing waterborne diseases (e.g., cholera, hepatitis E and typhoid), and among refugees.

- 500,000 people will have access to sufficient safe water supply within a distance of 1.5 kilometres through the construction and durable rehabilitation of water points (including boreholes, shallow wells, protected springs and gravity flow and rainwater harvesting systems) and water quality monitoring.
- 210,000 children in 500 primary schools in the northern areas of return and in the north-east will have access to safe sanitation facilities and hygiene.
- Access to safe water supply and proper sanitation, as per Sphere standards, will be supported for up to 80,000 people affected by floods, conflict or epidemic outbreaks through the provision of supplies, construction of facilities and hygiene promotion.

Education**Humanitarian US\$7,100,000**
Recovery US\$12,500,000

UNICEF and partners will improve access to quality education for up to 750,000 school-aged children in the north, the north-east and in other areas affected by emergencies.

- Access to a safe learning environment will expand through the scaling up and enhancement of safety and health in schools, community mobilization for timely enrolment and retention and the establishment of school clubs and systems that prevent, identify and address protection concerns, as well as through the provision of school supplies, improved infrastructure and the training of teachers.
- 3,000 children and young mothers, including those released by the Lord's Resistance Army, will be able to access accelerated learning programmes to help make the transition to primary school or to sustainable livelihoods.
- Transfer of coordination mechanisms, knowledge and tools from cluster partners to governmental sector working groups will facilitate the return of displaced children to school while strengthening local governments' capacity to manage, supervise and monitor delivery of education services.

Child Protection**Humanitarian US\$1,500,000**
Recovery US\$2,000,000

UNICEF's priority will be the well-being of approximately 230,000 vulnerable children in the north and in areas of potential displacement where protection mechanisms are either poor or non-existent.

- Children vulnerable to violence, exploitation and abuse because of displacement will be identified in a timely manner and receive adequate protection and support, especially in the urban areas of the Karamoja sub-region where there are significant numbers of children living on the streets.
- Negotiation is ongoing to secure the safe return and reintegration of approximately 1,500 Ugandan children formerly associated with armed groups and 1,000 unaccompanied minors from the Democratic Republic of the Congo.
- The 1612 monitoring and reporting mechanism Task Force will continue to produce reports of grave violations against children while other protection-related issues, including gender-based violence, will be monitored and addressed in partnership with the Government, United Nations agencies and NGOs.

HIV/AIDS**Humanitarian US\$1,100,000**
Recovery US\$2,200,000

In 2010, UNICEF with partners will scale up Preventing Mother-to-Child Transmission services, advocacy and communication efforts to reduce vulnerability and exposure to HIV.

- 80 per cent of HIV-positive children will realize their right to HIV and AIDS care and treatment through expansion of community health outreach programmes up from 66.3 per cent in 2009.
- Preventing Mother-to-Child Transmission services will be scaled up in health centres by providing HIV test kits, antiretroviral drugs and other consumables, by training district and sub-district health authorities in prevention of mother-to-child transmission and paediatric AIDS, and by supporting the Ministry of Health, the Ministry of Gender and the Uganda AIDS Commission.
- Communities in the areas of return and existing satellite displaced camps in the Acholi sub-region will have access to Preventing Mother-to-Child Transmission outreach care and treatment.

UNICEF Humanitarian Action 2010

ZIMBABWE

Despite the formation of the new All Inclusive Government in February 2009 and subsequent signs of a clear commitment to improving conditions for women, children and other vulnerable groups, the general situation remains fragile in Zimbabwe as the country seeks to transition out of a complex crisis to a political and economic recovery. In 2009, an 11-month nationwide cholera outbreak, a reduction in food security and a massive but silent HIV/AIDS pandemic further deepened the vulnerability of Zimbabwe's children and women.



These triggers came on top of ongoing suffering from events of recent years such as hyperinflation, political instability and collapse of basic social services. Within the vulnerable districts, the status of an estimated 5 million people is considered to be extremely vulnerable due to worsening levels of poverty, sporadic displacements and lack of provision of basic social services.

In 2010, UNICEF will work with the Government of Zimbabwe, international and local NGO partners, communities and other United Nations agencies to respond to the needs of at least 5 million people – including up to 3.5 million vulnerable children and women. UNICEF's focus will be on ensuring access to health and nutrition services, safe drinking water and appropriate sanitation and hygiene, as well as on creating educational opportunities and taking steps to build a stronger protective environment for children. Given the experience of multiple vulnerabilities faced by the population in Zimbabwe, UNICEF is working with the appropriate authorities and partners to ensure that preparedness is fully addressed within planning, and that support for early recovery is woven into all sectors of humanitarian response.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Health	38,100,000
Nutrition	7,000,000
Water, Sanitation and Hygiene	26,000,000
Education	24,000,000
Child Protection	1,300,000
HIV/AIDS	4,000,000
Total	100,400,000

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Deteriorating physical infrastructure, the public sector's inability to deliver basic social services, exceptionally high unemployment, and the severe impact of the HIV/AIDS pandemic has led to multiple and continuous threats to the health and nutrition status of children and women in Zimbabwe. The Food and Agriculture Organization of the United Nations and the World Food Programme estimate that in 2010, at the height of the 'hungry season', which falls between January and March, over 1.9 million people will be food insecure and in need of assistance. The nutrition situation of children is expected to be severely aggravated given that levels of global acute malnutrition have already reached 7 per cent and above in 5 out of 62 districts.

Zimbabwe still has one of the highest HIV prevalence rates in the world despite a nearly 9 per cent decline in HIV infection since 2003. Currently, an estimated 15.3 per cent of adults aged 15–49 years are living with HIV or AIDS¹ while every week nearly 1,300 adults and 180 children die from AIDS-related illnesses. To date, an estimated 1.4 million children have been orphaned as a result of AIDS, highlighting the urgent need to continue to focus on HIV prevention and treatment.

Access to safe water remains low, leaving the country under constant threat of waterborne disease outbreaks. The most recent cholera outbreak in 2009 proved to be the largest in the nation's history with 98,702 reported cases and 4,282 deaths, highlighting the devastating effect the lack of adequate water, sanitation facilities and hygiene can have. The education sector also witnessed further dramatic deterioration in 2009 due to the prolonged and violent election period, teacher strikes and the hyperinflationary economic environment.

A large number of schools remained closed for long periods, resulting in an estimated school attendance drop from over 85 per cent in 2007 to a mere 20 per cent in the third term of 2008, the latest data available. In addition, almost 50 per cent of primary schoolchildren do not go on to attend secondary school while the general quality of both primary and secondary education has declined significantly due to lack of learning materials, textbooks and supplies.

High levels of sexual and gender-based violence is another major challenge. According to Zimbabwe's Demographic Health Survey for 2005–2006, one in three women have suffered physical violence since 15 years of age, and 25 per cent reported having experienced sexual violence at some point in their lives. The problem worsened during the 2008 political violence which exposed families and youths to sexual exploitation, torture and abuse. A more recent assessment, conducted in May 2009, also revealed high incidence of gender-based violence. This particular assessment highlighted the inadequacy of services for survivors of gender-based violence, especially in terms of patient-friendly care, psychosocial support and post-exposure HIV prophylaxis. UNICEF is providing care and support services to child survivors of violence, exploitation and abuse in partnership with the Ministry of Labour and Social Welfare as part of a nationwide, multi-sector Programme of Support to vulnerable children. This programme was initially developed in response to the HIV/AIDS epidemic, and has since expanded to cover a range of child protection concerns.

KEY ACHIEVEMENTS IN 2009

In close collaboration with the Government, national and international NGO partners, United Nations agencies and the donor community, UNICEF continued throughout 2009 to focus on improving access to water, sanitation and hygiene, health and nutrition care, education, HIV/AIDS services and child protection. In addition, UNICEF's appointment as leader of the Water, Sanitation and Hygiene and Nutrition Clusters, and as co-leader of the Education cluster together with Save the Children, significantly enhanced overall humanitarian response in these sectors nationwide.

Throughout the year-long cholera outbreak, essential medical supplies were provided to cholera treatment centres and units across the country and national hygiene promotion campaigns were conducted through mass media and road shows. Several evaluations to secure data on the unacceptably high cholera case-fatality rate were also undertaken and used to improve the emergency response.

CORE COUNTRY DATA

Population (thousands, 2008)	12,463
Child population (thousands, 2008)	6,024
U5 mortality rate (per 1,000 live births, 2008)	96
Infant (U1) mortality rate (per 1,000 live births, 2008)	62
Maternal mortality ratio (per 100,000 live births, 2005)	880
Primary school enrolment ratio (net male/female, 2003–2008 ¹)	87/88
%U1 fully immunized (DPT3, 2008)	62
% population using improved drinking water sources (2006)	81
HIV prevalence rate (% 15–49 years, 2007)	15
%U5 suffering from moderate and severe wasting (2003–2008 ¹)	7

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

1. United Nations Children's Fund, *State of the World's Children 2009*, UNICEF, New York, 2009.

In June 2009, integrated National Immunization Days reached over 90 per cent of children nationwide with measles and polio vaccination, as well as with vitamin A supplementation. Through the donor pooled funding mechanism, 80 per cent of national needs for essential and vital medicines were used to address the severe gap in the procurement and distribution of these essential commodities. Supplies of ready-to-use therapeutic food and therapeutic feeding milk helped treat children suffering from acute malnutrition in the 320 sites offering community-based case management for acute malnutrition, while over 1,300 health workers received training in the management of acute malnutrition cases. In addition, over 2.5 million children, women and families benefited from water, sanitation and hygiene interventions, representing around 30 per cent of total need. This successful effort was part of a larger nationwide water, sanitation and hygiene emergency response by UNICEF, the Government of Zimbabwe and NGO partners to provide the most vulnerable with access to safe and clean water and tools to engage in safe hygiene practices. To support recovery of access and quality in education, UNICEF together with the Government established the Education Transition Fund, a large-scale programme that aims to reduce the pupil-to-textbook ratio in 5,300 primary schools by the end of 2010, and launched the revitalization of the Basic Education Assistance Module that will give 700,000 vulnerable children the chance to go to school.

Direct psychosocial support was provided to more than 100,000 children through play and recreational activities. In collaboration with relevant authorities and partners, UNICEF also helped to establish special court sessions

for juveniles at 17 existing courts to address the special needs of all children in contact with the law, whether as victims, witnesses or offenders. Other forms of support, which were provided jointly with Save the Children, included provision of specialized video equipment for child hearings, training and technical assistance. As a result, children in contact with the law have been able to access timely legal, welfare and other support for crimes committed against them. This programme has been successful throughout 2009, but will require significant scaling up for national coverage.



PARTNERING FOR CHILDREN: PROGRAMME OF SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN RESTORES HOPE

"I cannot do it on my own. I still have to work very hard, but I am thankful I have help. I am grateful that my grandchildren have school fees, they have birth certificates and uniforms and they are taught life skills regularly," says Granny Gomo.

In 2009, UNICEF in partnership with the Ministry of Labour and Social Welfare embarked on a massive Programme of Support to improve the health, education, protection and nutrition of orphans and vulnerable children across the country. Through a network of partners, UNICEF has enabled some 200,000 orphaned and vulnerable children to attend school through ongoing support for school fees and uniforms, as well as for birth certificates, psychosocial services and medical check-ups and treatment as required. In 2010, it is estimated

700,000 orphaned and vulnerable children will receive education assistance and go to school.

UNICEF leads the coordination of the Nutrition, and Water, Sanitation and Hygiene (WASH) Clusters and the Child Protection Working Group, and co-leads the Education Cluster (with Save the Children) while working closely with the Government of Zimbabwe, United Nations agencies, the International Committee of the Red Cross, NGOs and community-based stakeholders.

PLANNED HUMANITARIAN ACTION FOR 2010

As Zimbabwe continues to experience a highly challenging humanitarian situation in 2010, UNICEF will respond with a set of holistic emergency and transition interventions for nearly 5 million vulnerable women and children, focusing on the provision of essential medicines, education, home-based care supplies and antiretroviral therapy for people affected by HIV/AIDS, as well as safe water, sanitation services and hygiene to ease the burden of waterborne diseases, especially cholera.

Health US\$38,100,000

UNICEF will continue to support the work of the World Health Organization-led Health Cluster and provide access to essential medicines and supplies to benefit over 2 million women and children.

- National Child Health Days and supply of injection safety materials will ensure vaccination of 1.75 million children under five, while 1,400 health facilities will be stocked with enough essential medicines and midwifery kits to treat up to 375,000 mothers and their newborn babies.
- Children and women will be provided with key health and nutrition education and promotion messages as part of all health initiatives.

Nutrition US\$7,000,000

UNICEF will provide immediate response to the extremely high levels of acute malnutrition and the lack of access to adequate nutrition care.

- At least 13,200 children with severe acute malnutrition will receive treatment through community-based case management of acute malnutrition and the development of comprehensive nutrition packages that will also incorporate support for infant and young child feeding.
- As lead of the Nutrition Cluster, UNICEF will improve response coordination among nutrition partners, as well as conduct nationwide nutrition surveillance that will inform programming needs.

Water, Sanitation and Hygiene US\$26,000,000

For 2010, the overall goal is to provide reliable access to safe water supply and proper sanitation and hygiene facilities in cholera-prone locations, schools and for urban residents.

- Around 500,000 people in five of the most vulnerable areas in Harare, Midlands, Mashonaland West and Central will have improved access to safe water through the construction of boreholes while 200,000 pupils in 400 schools, or nearly 10 per cent of total need, will have access to safe water and sanitation through the rehabilitation of water points and sanitary facilities.
- More than 400,000 households in the most cholera-affected districts will receive essential items such as soap, water purification tablets and oral rehydration salts, while over 3 million schoolchildren will have access to soap for hand-washing.
- Over 1 million children, women and child caregivers will have culturally appropriate information on key hygiene practices through participatory hygiene education programmes and training of health workers.
- Up to 4 million people will have access to sufficient water sources through the distribution of essential water treatment chemicals in 20 urban locations and the emergency rehabilitation of water and sanitation systems in urban centres and selected rural areas.
- As leader of the WASH Cluster, UNICEF will work with partners to ensure coordination, preparedness and ongoing evaluation for improved impact in response.

Education US\$24,000,000

UNICEF will concentrate its efforts on providing access to a safe, secure and stimulating learning environment for over 3 million children, including those who have not attended school in the last two years.

- A Back-to-School Campaign will give up to 2.5 million primary schoolchildren the opportunity to go back to school in January 2010 while the establishment of a primary school teacher support programme will contribute to motivation of teachers and early recovery of the education sector.
- Children in at least 270 schools in areas most affected by violence and cholera will have access to a safe and protective school environment through a strengthened partnership with the WASH and Protection Clusters.
- UNICEF will co-lead the Education Cluster with Save the Children for improved preparedness and response.

Child Protection US\$1,300,000

UNICEF together with key partners will respond to a situation where 1.4 million orphans and vulnerable children are in need of basic social services and psychosocial support.

- The quality of assistance available to orphans and other vulnerable children will be enhanced by the development of a standardized package for support services at the district and community levels and as a result of training social welfare professionals and community-based volunteers in psychosocial support, life skills and basic social services.
- At least 10,000 vulnerable children will benefit from the scale up of special courts for children.
- UNICEF and critical government and community partners will together establish a Child Protection Sub-Cluster, as agreed with the Protection Cluster.

HIV/AIDS US\$4,000,000

For 2010, the overall goal is to prevent the transmission of HIV among 100,000 of the most vulnerable children and youth, and to support treatment for 75,000 people living with HIV/AIDS.

- 36,000 HIV-affected families, particularly children and young people living with HIV, will have improved care through the distribution of home-based care supplies, antiretroviral therapy and training of outreach health workers in the provision of palliative care and counselling.
- Identification of HIV-positive children needing care and treatment will expand through the Provider Initiative for Testing and Counselling and wider entry points for Preventing Mother-to-Child Transmission services.

UNICEF Humanitarian Action 2010

WEST AND CENTRAL AFRICA





UNICEF Humanitarian Action 2010

WEST AND CENTRAL AFRICA

In addition to the countries in West and Central Africa that appear separately in *Humanitarian Action Report 2010*¹ hereafter, additional funds are also requested within the region to address smaller-scale emergencies or post-conflict transitions in Benin, Cameroon, the Congo, Ghana, Guinea-Bissau, Liberia, Mali and Togo. The current global financial crisis coupled with higher food prices, seasonal shortages of crops and reduced demand for raw materials are exacerbating acute malnutrition rates and jeopardizing any gains in human development in the region, especially among the poorest and most vulnerable people.



Further, a number of West African countries are increasingly facing challenges posed by climatic hazards, in particular flooding. With flooding comes outbreaks of infectious diseases such as cholera, measles, meningitis and polio, to which children are extremely susceptible without immunization or sufficient safe water, sanitation and hygiene. In other areas, drought is pushing up the number of army worms (a pest that can wreak havoc in crops) and locust infestations, contributing to food shortages and consequently widespread undernutrition.

In 2010, the UNICEF West and Central African Regional Office will support country offices, governments and national and international partners in building emergency preparedness capacity and provide rapid response during humanitarian crises in line with the Core Commitments for Children in Emergencies. This will include furthering expertise in the UNICEF-led Water, Sanitation and Hygiene, Nutrition and Education Clusters, as well as the Child Protection Sub-Cluster. In addition to key programmatic areas, support will be provided to the human resources, telecommunications and supply and logistics components of the humanitarian response.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Health and Nutrition	12,968,300
Water, Sanitation and Hygiene	9,286,000
Education	4,350,000
Child Protection	3,699,000
HIV/AIDS	1,100,000
Emergency Preparedness and Response	8,622,000
Total	40,025,300

1. Central African Republic, Chad, Democratic Republic of the Congo, Guinea, Mauritania and Niger appear as separate chapters in the *Humanitarian Action Report 2010*.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

The West and Central African region as a whole has some of the worst indicators for child survival. Endemic conflict and chronic political instability as well as natural disasters are further threatening progress in provision of health and nutrition care, education, adequate water and sanitation facilities and a protective environment for children. Guinea, Guinea-Bissau and Mauritania are suffering from precarious political situations that are placing millions of children and women at risk of armed violence and dislocation from basic social services while open conflict continues in the Central African Republic, Chad and the Democratic Republic of the Congo. Côte d'Ivoire, Liberia and Sierra Leone have moved out of conflict but still are enduring difficult transitions due to high socioeconomic instability.

Furthermore, armed conflict and tension are creating cross-border and sub-regional displacement across the region, for instance, in the Mano River Union² countries. Although the majority of Chadian refugees returned home in 2009, Cameroon is facing mounting pressure in its northern and eastern regions because of an irregular influx of refugees from the Central African Republic. Chronic and acute malnutrition rates among Cameroonian children are on the rise, particularly in the two north and far north regions of the country, where the rate of global acute malnutrition is above the critical 10 per cent threshold. In these areas, a total of 120,000 children under five have acute malnutrition with 28,000 presenting with severe acute malnutrition. Both of these regions have epidemiology and mortality profiles similar to Sahelian countries such as Burkina Faso, Chad, Mali and Niger, which are mainly affected by structural nutritional crises.

Deteriorating health care services and the lack of safe water due to natural disasters, protracted conflict, neglect or economic shortages continue to increase the scale of waterborne disease outbreaks, threatening the lives of thousands of children, especially those who suffer from undernutrition and thus have weakened immune systems. Meningitis remains one of the major recurrent problems, and the region is known as the African 'meningitis belt'. In 2009, 12 countries in West and Central Africa recorded a total of 79,240 cases and 4,281 deaths from meningitis, mainly in Burkina Faso, Chad, Niger and Nigeria.

UNICEF is responding to measles outbreaks in Burkina Faso and Senegal, two countries that are also experiencing sociopolitical transitions. Given the occurrence of floods

in the region, support to cholera prevention and response remains a key priority alongside prevention and response to undernutrition. Sexual violence as a weapon of war has reached epidemic proportions in the Democratic Republic of the Congo and remains elevated in the post-conflict countries of Côte d'Ivoire, Liberia and Sierra Leone. Recruitment, trafficking and exploitation of children are also widespread. UNICEF is concerned that emergency response capacity in the area of child protection is weakening as a result of a lack of both resources and worldwide attention to the often silent practice of grave violations against children.

Benin, Ghana and Togo are also increasingly vulnerable to flooding, raising the risk of cholera outbreaks and the spread of the influenza A (H1N1) epidemic in 2010. In Togo, a potential complex humanitarian crisis could emerge during 2010 if the planned election degenerates in the same way as the previous one. If it does, this will almost certainly lead to civil unrest and displacement of thousands not just internally but also into neighbouring countries, resulting in further spreading of infectious diseases. In addition, the political situation in Benin – with the elections planned for 2011 – could also deteriorate and usher in sociopolitical tensions.

Despite encouraging progress in the last couple of decades, Mali still has one of the world's highest mortality rates for children under five.³ Acute malnutrition rates among children are reaching critical levels; the 2006 National Demographic Health Survey⁴ revealed that nationally acute malnutrition rates averaged 15 per cent and severe acute malnutrition rates averaged 6 per cent. In addition, during 2007 and 2008 the average price of rice, Mali's main staple food, increased by 33 per cent. UNICEF-sponsored studies have clearly demonstrated that poor urban women and children are particularly vulnerable to the food price crisis.⁵

In the Congo, waterborne diseases continue to infect thousands of people, especially in the area of Pool. With the 2010 rainy season, a resurgence of cholera is likely to occur as access to safe water and adequate sanitation remain low in this part of the country – only 13 per cent of localities are equipped with water supply facilities and a mere 4 per cent of population use improved sanitation facilities. According to a recent Standardized Monitoring and Assessment of Relief and Transitions (SMART)⁶ survey,⁷ the level of acute malnutrition increased from 9 per cent in 2007 to 16 per cent in 2008, revealing the severity of the food crisis in the country. A weak, inefficient education system combined with the deterioration of

2. Mano River Union countries include Guinea, Liberia and Sierra Leone.

3. In UNICEF's *The State of the World's Children* report for 2009, Mali ranks 6th highest in the world in terms of under-five child mortality rates.

4. Latest available official data.

5. Innocenti Research Centre, 'Etude sur l'Impact de la hausse des prix des produits alimentaires sur la pauvreté des enfants et les réponses politiques au Mali', UNICEF/Université de Bamako, 2009.

6. The SMART (Standardized Monitoring and Assessment of Relief and Transitions) method is a package of best practices for nutrition surveys. These methods help nutrition surveys to be rapid, simple and transparent in order to achieve high quality data and consensus on conditions that are measured.

7. 'Enquête sur l'état nutritionnel des enfants de 0 à 59 mois des départements de Brazzaville, Pointe-Noire, Bouenza, Pool, Plateaux, Likouala', UNICEF, March 2009.

school infrastructure is causing a high drop-out rate and poor attendance, especially for girls, who are also at high risk for, or have been subject to, sexual violence. The Congo is additionally at risk of importing the pandemic influenza A (H1N1) given that six confirmed human cases have been reported in neighbouring countries of Cameroon, the Democratic Republic of the Congo and Gabon.

In spite of a peaceful democratic election in 2009 and the declaration of the end of a widespread cholera epidemic that began in May 2008, Guinea-Bissau is still suffering as a post-conflict country. Strikes are continuing to limit the provision of basic social services while unexploded ordnance leftover from the war continues to maim and kill. In addition, the Nutrition SMART Survey conducted in December 2008 shows severe acute malnutrition running at 5.6 per cent at the national level and chronic malnutrition at 28 per cent, with an increased vulnerability in the two north-eastern regions of the country. Malaria remains the primary cause of death for children, followed by acute respiratory infections and diarrhoea.

Although Liberia is in post-conflict transition and the overall security situation remains calm, about half a million Liberians, or 14.3 per cent of the population are food insecure.⁸ Access to essential health, nutrition and education services is still largely inadequate – one out of every eight children dies from preventable or treatable diseases before his or her fifth birthday.⁹ One third of households lack access to safe water while 89 per cent of the population do not have sufficient sanitation facilities.¹⁰ Up to 80 per cent of schools that were destroyed during the years of conflict have not yet been fully repaired or replaced – a total of 370,000 children (5–17 year-olds) have thus never attended school.¹¹ A reported 39 per cent of girls aged 15–19 years have experienced some form of sexual violence.¹² The primary challenge will be to meet humanitarian needs at a time when a significant number of international NGOs and other partners have left the country following the country's transition from an emergency phase to one of development.

KEY ACHIEVEMENTS IN 2009

Together with national and international partners, UNICEF's West and Central African Regional Office is supporting country offices and governments in the region to strengthen national capacity in child rights before, during and after emergencies as well as to cope with seasonal food shortages, especially as drought and other climate changes are increasing in their nature and level of destruction.

In response to deadly meningitis outbreaks in the region, UNICEF and partners ensured timely vaccination of 1 million people in three countries at risk of seasonal

meningitis by pre-positioning a sufficient stock of vaccines. As Nutrition Cluster lead, UNICEF coordinated consensus among partners on nutrition surveillance and subsequent response to undernutrition in children. This resulted in an increase in the coverage of treatment programmes for severe acute malnutrition, improved supply management for nutrition products and expansion of outreach activities to strengthen prevention and treatment of acute malnutrition at the community level. The introduction of rapid, simple and transparent SMART nutrition survey methods throughout the region also dramatically improved data quality, leading to greater awareness among national health staff and within communities of the management and treatment options for acute malnutrition.



With funds received through the *Humanitarian Action Report 2009*, UNICEF Cameroon was able to ensure an uninterrupted pipeline of therapeutic and supplementary foods and provide anthropometric equipment and other nutrition monitoring and evaluation tools, as well as technical expertise. As a result, between January and August 2009, 6,414 Cameroonian children and Central African Republic refugee children under five suffering from acute malnutrition received care, equating to around 75 per cent coverage of the target group. Of this group of children, 42 per cent recovered through specialized feeding programmes in the most vulnerable eastern part of the country (Adamawa and East regions). This success was made possible due to joint partnership among UNICEF, the Government of Cameroon, the United Nations High Commissioner for Refugees, the World Food Programme and the International Federation of the Red Cross. Funds from other sources were used to provide assistance to additional Cameroonian children with severe acute malnutrition.

8. Liberia Food Security and Nutrition Survey, 2008.

9. United Nations Children's Fund, *State of the World's Children 2009*, UNICEF, New York, 2009.

10. Liberia Demographic and Health Survey 2007.

11. The 2008 Liberia Population and Housing Census.

12. Liberia Demographic and Health Survey 2007.

The UNICEF-led regional Water, Sanitation and Hygiene (WASH) Cluster began the roll out of a training package on new emergency response tools. Together with Oxfam, UNICEF conducted workshops in six out of eight emergency-affected countries in the region as part of a strategy to reduce waterborne and vectorial disease and increase access to safe water among displaced and refugee populations. Additionally, a French language training course to improve technical skills and coordination among both government and non-government partners from 10 countries for improved water, sanitation and hygiene emergency response was developed in partnership with the International Institute for Environment and Water, based in Ouagadougou and Bioforce, a humanitarian training NGO. The coursework was shaped by UNICEF and its partners including Action Contre la Faim, CARE, the International Federation of the Red Cross, Médecins Sans Frontières and Oxfam.

A training programme on cholera prevention and response was also executed in Guinea and Guinea-Bissau in collaboration with the London School of Tropical Health and Medicine, the University of Besançon and the humanitarian research group, Epicentre, the outcomes of which are being disseminated in the region.

In addition, at the regional level a cluster coordinator has been resourced to support the Burkina Faso country office response to ongoing flooding to reduce the risk of waterborne disease outbreaks. For other countries in the region suffering from flooding, UNICEF is continuing to serve as a resource for technical response information.

In partnership with Save the Children, UNICEF raised awareness about child protection issues in emergencies

and defined areas of collaboration among military leaders from Cameroon, the Central African Republic, Chad, the Congo and Gabon through a global workshop on United Nations Security Council Resolution 1612 for monitoring and reporting of grave violations against children in armed conflict. Other capacity building initiatives included family tracing in seven countries and training in psychosocial support and child-friendly spaces in the Central African Republic and Chad, while the Democratic Republic of the Congo initiated an evaluation of gender-based violence to lay the groundwork for expansion of protection networks. A global inter-agency database with a common list of indicators for child protection in emergencies also began as a pilot in Chad. Child protection sub-cluster coordination further strengthened in the Central African Republic, Chad, Côte d'Ivoire, the Democratic Republic of the Congo and Guinea through training, provision of assessment tools and status reviews.

Support for the updating of preparedness and response plans was provided in the case of the Central African Republic, Gabon, the Gambia and Liberia; these countries also benefited from UNICEF-led emergency preparedness training. Inter-agency emergency response simulations were also conducted in Benin and Togo. Initiatives to address gender-based issues in emergencies improved country office gender analysis and humanitarian programming in the Central African Republic, the Democratic Republic of the Congo and Guinea-Bissau, resulting in enhanced humanitarian assistance for vulnerable girls, boys and women. UNICEF's West and Central African Regional Office also contributed to emergency preparedness and contingency planning in Benin, Chad, Gabon and Guinea.

PLANNED HUMANITARIAN ACTION FOR 2010

While the impacts of the global food and financial crisis are expected to increase overall levels of undernutrition in the region, UNICEF's West and Central African Regional Office is also planning for further displacement and influxes of refugees following anticipated drought, flooding and other climate shocks throughout 2010. UNICEF will partner with governments, United Nations agencies, NGOs and academic and technical institutions for the prevention of disease outbreaks and acute malnutrition among children through technical support for UNICEF's cluster leadership accountabilities, emergency preparedness and response capacity building, and logistics and stockpiling of essential items.

Health and Nutrition	US\$12,968,300
Regional Preparedness and Response to Meningitis Epidemics	US\$1,700,000

Children and women who fall victim to yearly meningitis outbreaks will have improved access to prevention and treatment through the establishment of pre-positioned vaccine stocks and antibiotics for an estimated 1 million people in meningitis-prone countries. Supplies will be warehoused in three countries and technical support for epidemic investigations and management will also be provided, along with support for health communication activities before and during meningitis outbreaks.

Regional Emergency Nutrition Preparedness and Response for Child Survival	US\$3,500,000
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The annual peak of acute malnutrition among children in the region will be reduced through a prevention and treatment initiative, to be implemented in West and Central African countries with UNICEF presence a few months ahead of the seasonal shortage of food stocks. Preventive actions will include communication for behaviour change on infant and young child feeding, safe water and sanitation practices. Introduction of new lipid-based nutrient and micronutrient powder supplements into established programmes with strong monitoring systems will help to document the preventive impact of these interventions. Mobilization activities will additionally ensure that life-saving interventions are operating with

trained personnel, sufficient stocks of ready-to-use therapeutic foods and adequate monitoring with new technologies such as rapid SMS messaging or reporting with mobile phones. The UNICEF-led Nutrition Cluster will have strengthened inter-agency coordination through updated national nutrition protocols and guidelines and improved nutrition surveillance for timely and appropriate interventions.

Cameroon US\$1,400,000

Children under five will have improved chances of survival during emergencies as a result of immunization, vitamin A supplementation, de-worming and malaria control interventions, as well as better antenatal care and safer deliveries for pregnant women. Communication for behaviour change will also be provided through water, sanitation and hygiene activities. At least 20,000 children under five who suffer from acute malnutrition in the northern region will have improved access to appropriate treatment through the introduction of community-based case management of acute malnutrition in 10 additional health districts.

Congo US\$1,118,300

UNICEF will continue to support for enhanced community capacity in nutrition surveillance and management of acute malnutrition while ensuring linkages with child survival, water, sanitation and hygiene and food security interventions. Integrated measles campaigns at the national level will also ensure measles immunization, insecticide-treated mosquito net distribution, vitamin A supplementation and de-worming among children under five. Preparedness measures against a potential influenza A (H1N1) pandemic will be expanded through communication activities according to country contingency plans.

Ghana US\$250,000

Vulnerable children in disaster-prone areas will have access to child survival interventions, including provision of essential medical supplies and drugs at health facilities, malaria control activities, combined measles immunization and vitamin A supplementation campaigns, health promotion and the establishment of mobile health facilities and cholera camps. Children at risk of undernutrition and over 500 severely malnourished children, affected by the sharp increase in the cost of living, will have access to improved preventive and treatment services through the establishment of nutritional surveillance centres, training of health-care providers in case management of malnutrition and greater availability of therapeutic food.

Guinea-Bissau US\$1,000,000

To increase access to essential health services for the most vulnerable children and women, UNICEF will assist approximately 275,000 children and 40,000 pregnant women through two rounds of Child Health Days,¹³ training of health staff, support for 24 therapeutic feeding centres and the provision of essential drugs, micronutrient products and insecticide-treated mosquito nets to prevent malaria.

Liberia US\$2,000,000

UNICEF will concentrate its efforts on ensuring that up to 1 million children and women have improved access to health care through the provision of essential drugs and insecticide-treated mosquito nets and the training of health staff in integrated management of childhood diseases, treatment of acute malnutrition and emergency obstetrics and neonatal care. Two rounds of vitamin A supplementation and de-worming, as well as roll-out of an essential nutrition programme nationwide, will also be provided to improve the nutritional status of children and women.

Mali US\$2,000,000

To counter the deadly meningitis epidemics expected in 2010, and based on experience gained during similar outbreaks in 2009, a vaccination campaign and an additional expanded immunization programme will be launched to ensure protection for 2.34 million children aged between 1 and 5 years and 9.4 million people aged between 1 and 29 years, covering about 72 per cent of the country's population. Starting in late 2009, awareness-raising activities will be mainstreamed into the nutrition strategies of relevant national, nutrition sector and community-based development plans in addition to ongoing management, prevention and improved assessment tools for acute malnutrition. UNICEF will also continue to prepare for outbreaks of avian influenza and influenza A (H1N1).

Water, Sanitation and Hygiene US\$9,286,000

Regional and Country Office Rapid WASH Response for Child Survival US\$4,800,000

For 2010, regional-level WASH activities will continue to concentrate on ensuring a quick and coordinated response to rapid onset emergencies with a specific focus on cholera outbreak control. In addition, the cholera risk reduction activities started in 2008 and 2009 will continue with an emphasis on sharing the knowledge generated from ongoing cholera field research activities. The UNICEF-led WASH Cluster will also continue to ensure that WASH activities are properly integrated into the nutritional emergency response.

Benin US\$250,000

UNICEF will strengthen WASH sector coordination for improved emergency preparedness and response through communication campaigns to reduce cholera outbreaks and diarrhoeal disease after natural disasters, and strengthen capacity of local partners in disaster risk reduction. UNICEF will also ensure agreement, adoption and dissemination of WASH standards and tools as well as the use of the standard matrix for rapid needs assessments among all partners.

Congo US\$736,000

For 2010, the overall goal is to improve access to safe water through promoting low-cost strategies for treatment and storage of drinking water to benefit 5,000 vulnerable people. Prevention and control of waterborne

¹³ Child Health Days are conducted on a nationwide basis. A Child Health Day provides routine immunization, vitamin A supplementation, de-worming and other key basic health interventions for as many children under five and pregnant and lactating women as possible through health campaigns at the community level.

diseases, especially cholera, will also be improved through promotion of good hygiene and sanitation practices at the household and community level (e.g., the Life-Saver Behaviours campaign will target 42,000 individuals) and by the construction or rehabilitation of wells, latrines and community-led sanitation initiatives in the most affected rural areas.

Ghana US\$350,000

Sufficient safe water supply and sanitation adapted to Sphere standards will be available for up to 20,000 internally displaced persons in Ghana and/or refugees through chlorination of water sources, the commissioning and operation of mobile water purification systems, water tankering and quality testing, and installation of water distribution points. Ceramic jars will be provided for water storage. Safer sanitation and hygiene behaviours will be increasingly put into practice as a result of training of community volunteers and through the provision of soap and sensitization messages. In addition, UNICEF will activate coordination meetings and organize WASH assessments jointly with partners in emergency-affected areas.

Guinea-Bissau US\$650,000

UNICEF will support 500,000 vulnerable people living in the most cholera-prone areas by providing health information, water and sanitation facilities and supplies needed to prevent a new cholera epidemic, as well as by responding quickly to isolated cholera outbreaks to reduce suffering and deaths.

Liberia US\$1,500,000

Over 500,000 vulnerable people will have access to safe water and sanitation facilities as a result of the development of new and accessible technologies for household water treatment and storage, improved wells and sanitary facilities and hygiene-awareness campaigns.

Mali US\$1,000,000

Between 10,000 and 50,000 people in areas with annual cholera outbreaks, as well as 50,000 people in flood and landslide-prone regions will benefit from the establishment of basic WASH facilities provided jointly by UNICEF and its partners. This will also include increasing outreach on good hygiene practices through behaviour change activities in schools and host communities and the provision of hygiene kits.

Education US\$4,350,000

Regional Education Emergency Preparedness and Response US\$700,000

In 2010, all 24 countries covered by UNICEF in West and Central Africa will benefit from participation in training programmes for frontline emergency responders and government education officials, as developed by UNICEF in coordination with Save the Children and consultation with other partners. Five countries with Education Clusters (Central African Republic, Chad, Côte d'Ivoire, the Democratic Republic of the Congo and Guinea) will also benefit from cluster coordination training. Country offices will receive additional support for devising effective education in emergency preparedness and response strategies and plans. Existing training and

resource materials for education in emergencies preparedness, response and transition will be replicated and best practices and lessons learned documented and distributed within and outside the region.

Cameroon US\$800,000

Learning opportunities for refugee children will be complemented through training on the Convention on the Rights of the Child and the testing of a peace and rights-based education programme in schools in partnership with the Government to improve the integration of refugee and host communities in the east.

Congo US\$300,000

For 2010, UNICEF will put an emphasis on national capacity development in emergency preparedness through training of teachers and parent-teacher association members in education in emergencies in six pilot schools. Students will also have improved access to a quality learning space as a result of training of teachers in environment education, the introduction of pupil 'hygiene clubs' equipped with hygiene kits and social mobilization campaigns.

Ghana US\$700,000

Internally displaced children of school age will be given the opportunity to go to school through the construction of 150 temporary classrooms, provision of school furniture and learning materials, as well as identification and training of teachers from within the community. Psychosocial counselling services will be made available for both refugee students and teachers. Key messages on prevention and response to the influenza A (H1N1) pandemic will also be provided to some 5.5 million students in over 470,000 schools.

Guinea-Bissau US\$650,000

UNICEF will accelerate its emergency education project for about 6,000 out-of-school adolescents. This will be done through providing basic education, vocational skills and learning materials, training of 500 teachers and the rehabilitation of training centres. The children will have improved access to a safe learning space through the active participation of communities in the adolescents' social integration.

Liberia US\$1,000,000

Given Liberia's typical post-crisis situation, UNICEF will support the Government in its efforts to re-establish the war-affected education system and increase net primary enrolment, which at 40 per cent is the third lowest in the West and Central Africa region. Focus will be on vulnerability and disparity reduction among 375,000 vulnerable girls and boys, as well as out-of-school children and adolescents in 15 counties. Basic teaching and learning materials will be distributed to accelerate this process. In terms of emergency preparedness, UNICEF will pre-position education supplies (e.g., school-in-a-box kits, recreation kits, tarpaulins) for 10,000 children.

Mali US\$200,000

In coordination with the Ministry of Education, UNICEF will ensure effective coordination of education in emergencies through training of

partners in preparedness and the revision of the national contingency plan. Access to education will be made available for 10,000 emergency-affected children through the pre-positioning of school-in-a-box kits, recreation kits and early childhood development kits. An assessment will also be conducted to identify education partners and their potential roles in emergency interventions in Mali, from among others, the Government, United Nations agencies, NGOs and the Red Cross.

Child Protection **US\$3,699,000**

Regional Capacity Building for Child Protection in Emergency Preparedness and Response **US\$1,200,000**

Countries in the region will respond more effectively to child protection issues in protracted emergencies, post-conflict transition periods and emergency preparedness and response through improved coordination of the child protection sub-clusters (in the Central African Republic, Chad, Côte d'Ivoire, the Democratic Republic of the Congo and Guinea), training of armed forces in child protection as per United Nations Security Council Resolutions 1612 and 1882¹⁴ (in collaboration with Save the Children) and cross-border meetings to address gender-based violence. UNICEF will also guide and support effective programme design and implementation in post-conflict countries. An inter-agency database on child protection in emergencies will be functioning in at least four countries in the region. The database is designed to support management of individual child protection cases as well as track child protection trends.

Cameroon **US\$350,000**

Child protection interventions will focus on refugee children in the east and north of the country to identify the most vulnerable and subsequently to prevent sexual violence, abuse and exploitation and to encourage birth registration. Support and training on child rights will be provided to local NGO partners to establish community-based child protection groups in areas with large refugee populations and in schools and health centres.

Congo **US\$431,000**

At least 5,000 children will benefit from birth registration campaigns and over 10,000 vulnerable people will learn more about sexual violence and its prevention through social mobilization campaigns. Support will also be provided to the Government to strengthen its leadership and coordination of the response to gender-based violence.

Ghana **US\$150,000**

UNICEF will support the Government of Ghana's efforts to convene an emergency child protection coordination network through training and technical support and formation of community watchdog groups to prevent, monitor and report on child abuse. In addition, a family tracing and reunification database will be established in partnership with child protection agencies, and training provided. Psychosocial support services, including referral and follow-up, will be made available to internally displaced children.

Guinea-Bissau **US\$300,000**

About 30,000 children and at least an equivalent number of adults in areas contaminated by landmines will have more information on the prevention of injury from unexploded ordnance. This will be achieved through training of 100 school teachers and 200 community volunteers in injury prevention strategies and behaviour change communication, the development of communication materials and the use of local radio stations to share injury prevention messages in the affected areas in local languages.

Liberia **US\$1,268,000**

UNICEF will address the protection needs of an estimated 6,500 separated children in 15 urban centres in Liberia who are at risk of or exposed to sexual abuse and/or other forms of violence. Access to basic foodstuffs to improve the nutrition status of at least 2,500 most vulnerable households will be made available through support for the Government's efforts to provide safety nets for impoverished families.

HIV/AIDS **US\$1,100,000**

Cameroon **US\$350,000**

Refugee youth and pregnant women will have improved access to HIV prevention information, Preventing Mother-to-Child Transmission services and treatment of HIV/AIDS through mapping exercises and expansion of HIV counselling, testing and treatment services. Training on preventing and responding to gender-based violence in emergencies will also be provided for health centre staff and community volunteers.

Guinea-Bissau **US\$250,000**

UNICEF will support mass HIV prevention campaigns and peer life-skills education programmes to increase HIV awareness among adolescents and young people. Voluntary HIV testing, counselling and Preventing Mother-to-Child Transmission services will also be made available through health facilities at the community level. Post-exposure HIV prophylaxis kits will also be made available for survivors of rape at health centres.

Mali **US\$500,000**

HIV services for emergency-affected children, youth and women will be improved through the acceleration of HIV prevention activities, continuation of Preventing Mother-to-Child Transmission programmes, better care and treatment for those living with the virus, and counselling and HIV testing for survivors of sexual violence. Prevention interventions, including dissemination of HIV prevention messages and activities designed to improve negotiation skills (which help people protect themselves), will target vulnerable adolescents.

¹⁴As of 4 August 2009, Security Council Resolution (SCR) 1882 on Children on Armed Conflict is the updated version of SCR 1612 whereby killing, maiming, rape and sexual violence are new 'triggers' and there is stronger emphasis on national accountability through expansion of Action Plans and more links to Sanctions Committees and the denouncing of perpetrators to bring about justice.

Emergency Preparedness and Response	US\$8,622,000
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Regional Emergency Rapid Response Project	US\$300,000
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Countries undertaking contingency planning will have improved emergency preparedness and response mechanisms through development of a regional surge capacity for rapid deployment of experienced emergency staff and a Regional Emergency Rapid Response Fund to support the initial emergency response phase and planning.

Contingency Planning and Support for National Partners in Emergency Preparedness and Response	US\$2,600,000
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Capacity to support governments and local NGOs in emergencies in countries severely affected by natural disasters will be expanded through UNICEF-led inter-agency emergency simulation exercises and support for emergency response in the key areas of health and nutrition, water, sanitation and hygiene, education and child protection.

Supply and Logistic Response in Emergencies	US\$4,000,000
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To support humanitarian response using the cluster approach, timely delivery of humanitarian supplies is vital. UNICEF will enhance emergency response capacity for the Central Africa sub-region, particularly emergency operations in Cameroon, the Central African Republic and Chad, by maintaining a supply hub with essential stocks in Douala, Cameroon, and by providing substantial technical assistance to the supply and logistics needs of country offices. In addition, UNICEF will capitalize on the existing United Nations Humanitarian Response Depot in Ghana, where an emergency stockpile will also be maintained.

Operational Response in Emergencies	US\$400,000
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Through the Regional Rapid Response Mechanism, UNICEF will maintain a regional roster of qualified personnel available for surge capacity and

also contribute to the Global Web Roster of possible external candidates, resulting in the fast tracking of staffing needs for emergency response. UNICEF will also support emergency telecommunications operations in its country offices and the identification and implementation of appropriate communications systems for staff security. Additionally, UNICEF will support and coordinate on inter-agency telecommunications forums at the regional level.

Benin	US\$200,000
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In partnership with other United Nations agencies, UNICEF will support pre-positioning and rapid deployment of essential water, sanitation and hygiene and health supplies, the development of a local contingency plan and the establishment of an emergency information system for government officials and mayors in the most disaster-prone zones with a strong emphasis on disaster risk reduction.

Burkina Faso	US\$1,000,000
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In partnership with other United Nations agencies, UNICEF will support the operationalization of the national multi-risk contingency plan, finalized in 2008, by strengthening capacities of national rescue and rehabilitation councils and relevant sectoral ministries in emergency preparedness and response at both national and regional levels. UNICEF will also ensure pre-positioning of emergency supplies for water, sanitation and hygiene, health, nutrition and non-food items. In close cooperation with United Nations agencies and other humanitarian organizations, technical assistance and training will be provided for effective coordination and delivery mechanisms in all the above-mentioned areas of intervention.

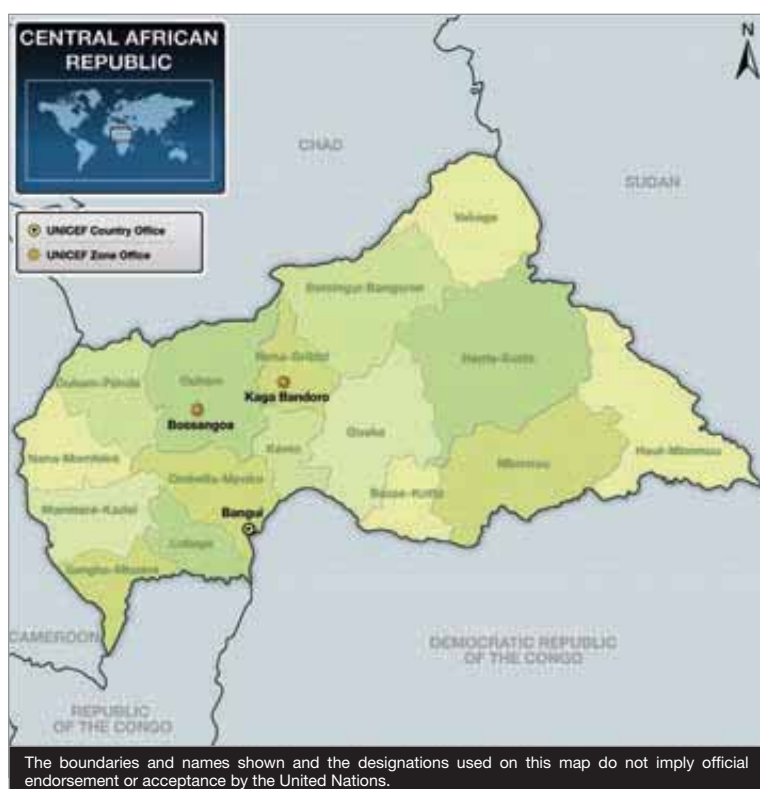
Togo	US\$122,000
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To avoid the exploitation of children and reduce the effects of post-election violence, UNICEF will focus on improving coordination of emergency management at all levels of government, pre-positioning essential emergency supplies and awareness-raising among children, key caregivers and others in authority to prevent utilization of children by political parties.

UNICEF Humanitarian Action 2010

CENTRAL AFRICAN REPUBLIC

It is estimated that, to date, at least a quarter of the population of the Central African Republic has been affected by over five consecutive years of armed clashes between government forces and rebel groups that have taken place mainly in the northern regions of the country. According to estimates as of May 2009, there are now approximately 122,600 displaced persons and 91,800 returnees who are in need of assistance.



Around 128,500 refugees from the Central African Republic are additionally seeking shelter in neighbouring countries, mainly in Cameroon and Chad, creating cross-border instability. Other major challenges facing the country are the frequent outbreaks of epidemic diseases which occur mainly in the northern zone, high prices of food and other essential commodities which are increasing food insecurity especially in the south, and limited resources to meet humanitarian needs of those affected by the conflict.

In 2010, in collaboration with the Government of the Central African Republic, local communities, NGO partners and other United Nations agencies, UNICEF will continue to respond to the needs of more than 600,000 conflict-affected people, including 240,000 children. As cluster lead in Water, Sanitation and Hygiene, Nutrition, Education, Shelter and Non-food Items and as leader of the Child Protection Sub-Cluster, UNICEF's focus will be on ensuring access to health and nutrition, safe drinking water, appropriate sanitation and hygiene, as well as creating child-friendly learning spaces, access to education and a protective environment for children. UNICEF will also continue to actively participate in the Health, Protection, Logistics and Food Security Clusters. Given the country's experience of multiple and frequent displacements due to years of conflict, UNICEF is also working to ensure that the issue of capacity for emergency preparedness and response is fully addressed. Access to the northern area will remain a challenge due to road bandits and clashes between armed groups and government forces.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Health	3,929,415
Nutrition	2,332,600
Water, Sanitation and Hygiene	1,003,125
Education	500,000
Child Protection	3,375,850
HIV/AIDS	299,600
Shelter/Non-food Items	877,000
Total	12,317,590

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Conflict and economic instability are ravaging social infrastructure in the Central African Republic, leaving large numbers of the population living in makeshift shelters without protection or access to health care. Although focus continues to be on the most conflict-affected area of the north, a deteriorating nutrition situation is emerging in the south-west of the country where rapid assessments conducted since June 2009 in three out of five affected prefectures revealed alarming results. Out of a total of 3,919 children aged between 6 and 59 months screened for acute malnutrition in six major towns, 6.3 per cent were severely malnourished while 9.7 per cent showed symptoms of moderate acute malnutrition, rates that are above average and thus warrant immediate attention.

Estimates show that only around 30 per cent of the population has access to safe drinking water, raising concern about the risk of the spread of waterborne diseases. Furthermore, open defecation is common practice among the vast majority of the population since less than 10 per cent has access to an appropriate family latrine. Access is even lower in conflict areas where, for security reasons, people are often forced to live away from their houses and water and sanitation facilities. The water and sanitation situation in community centres, including schools, health posts and hospitals, is also of serious concern. The combination of unsanitary conditions and poor infrastructure does not encourage people to go to a health centre for treatment, increasing further the likelihood of unnecessary deaths and outbreaks of infectious disease.

The lack of water and sanitation facilities also makes children less keen to go to school. The present 30 per cent school drop-out rate may further increase should education interventions fail to be made available in the conflict-affected zones. Although the

number of children newly-recruited by armed groups has significantly decreased in 2009, possibly due to a decrease in fighting following a temporary peace agreement, it is estimated that between 350 and 500 children are still associated with armed groups. Local self-defence militias also actively recruit children to their ranks, and UNICEF estimates that children comprise 20–30 per cent of these militias, making their release a priority in child protection.

KEY ACHIEVEMENTS IN 2009

In close collaboration with the Government, especially the Ministry of Public Health and 12 international NGOs, local partners and other United Nations agencies, UNICEF continued to respond to the humanitarian needs of the conflict-affected population throughout 2009.

Following the detection of 13 wild poliovirus cases in Ouham Pende in the north-east of the country, one localized and three nationwide rounds of polio immunization were conducted in 2009 to stop the circulation of polio. In response to the alarming undernutrition situation in the south-west, the UNICEF-led Nutrition Cluster conducted rapid assessments and established selective feeding programmes in the most affected areas. Health workers received training in the case management and treatment of acute malnutrition while health facilities integrated a nutrition component into their services, with the support of UNICEF and its partners. In total, four therapeutic feeding units and nine outpatient therapeutic programmes opened in 2009, helping children to recover from acute malnutrition. In the north, where five therapeutic nutrition units and 26 outpatient therapeutic programmes are in operation, on average 1,200 children per month were treated for severe acute malnutrition, the majority of whom recovered.

Improved access to safe drinking water was made available for 41,540 vulnerable people (including 20,770 children) through the construction and rehabilitation of water points in the five conflict-affected prefectures of Haut-Mbomou, Ouham, Ouham-Pende, Nana-Gribizi and Vakaga. An additional 38,000 children returned to school in 2009, bringing the total number of children back in education to 145,152 pupils in the crisis-affected areas. This was made possible by the partnering efforts of UNICEF, the Ministry of Education and NGOs, resulting in the provision of essential tools and equipment for learning and teaching, including textbooks, school-in-a-box kits, benches and blackboards. Training of parent-teacher associations on education in emergencies helped 4,438 parents and teachers learn more about creating a child-friendly environment at home and at school, as well as recognize the psychosocial needs of children who have experienced the trauma of displacement, conflict or recruitment into armed groups.

CORE COUNTRY DATA

Total population (thousands, 2008)	4,339
Child population (thousands, 2008)	2,061
U5 mortality rate (per 1,000 live births, 2008)	173
Infant (U1) mortality rate (per 1,000 live births, 2008)	115
Maternal mortality ratio (per 100,000 live births, 2005)	980
Primary school enrolment ratio (net male/female, 2003–2008*)	63/45
%U1 fully immunized (DPT3, 2008)	54
% population using improved drinking water sources (2006)	66
HIV prevalence rate (% 15–49 years, 2007)	6
%U5 suffering from moderate and severe wasting (2003–2008*)	12

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

Children recently separated from armed groups benefited from immediate counselling and reintegration support provided by two newly-established interim care centres. This extra support helped the demobilization process for 210 boys and 51 girls, who have since successfully been reunified with their families and integrated back into their communities. In addition, to prevent child recruitment or re-recruitment, psychosocial services, non-formal life-skills education and opportunities to participate in small income-generating activities were introduced for 3,344 boys and 1,807 vulnerable girls living in conflict areas in the northern zone as a means to increase their coping capacity and to reduce further exposure to abuse and exploitation. UNICEF also continued to co-chair the monitoring and reporting mechanism Task Force on grave violations against children in armed conflict, as per United Nations Security Council Resolutions 1612 and 1882, to increase compliance in the country.



PARTNERING FOR CONFLICT-AFFECTED CHILDREN: MALNOURISHED CHILDREN ARE CARED FOR AND TREATED FOR A BETTER FUTURE

"I feel so helpless. I see my children crying but there is nothing I can do. I wish I could help them but there is nothing to eat," says Marina Feiganazoui, 16, a young mother of three in the conflict-affected area in northern Central African Republic, holding her 10-month-old baby son.

Marina made it to the UNICEF-supported therapeutic nutrition centre in Bossangoa in time to get life-saving treatment for her severely acutely malnourished infant. It was an outreach health worker, who had recently been trained in the management of acute malnutrition as a part of a programme jointly operated by the Ministry of Public Health, UNICEF and international and national NGOs, who discovered during a home examination visit two and half weeks earlier that the infant needed to go immediately to the nutrition centre.

Bossangoa Centre is one of five therapeutic feeding units in the conflict-affected part of the Central African Republic which, along with 26 outpatient therapeutic programmes, treats children with severe acute malnutrition. In collaboration with the Government of the Central African Republic and other partners, UNICEF conducts assessments to ensure that severely and moderately acutely malnourished children are identified and treated in a timely manner, and that national health workers are adequately trained to provide vital nutrition care.

PLANNED HUMANITARIAN ACTION FOR 2010

With presidential elections scheduled in 2010 and the re-positioning of military groups in conflict areas, more armed clashes and subsequent displacements are expected in the coming months. In response, UNICEF together with the Government, NGOs and other United Nations agencies is planning to provide humanitarian assistance to reduce the vulnerabilities of 600,000 conflict-affected people, including 240,000 children and 255,000 displaced or returnees, in line with the Core Commitments for Children in Emergencies. Based on past experience, for example, of difficulties caused by the six-month long rainy season which blocks many roads, UNICEF will continue to pre-position emergency supplies in zonal offices and other strategic locations so as to be able to respond rapidly to critical needs in case of a high influx of internally displaced people or of refugees from neighbouring countries also suffering from political instability.

Health

US\$3,929,415

In 2010, UNICEF will focus on proactive response to disease outbreaks and nutrition crises by delivering high quality interventions, including emergency vaccination against measles and vitamin A supplementation to children under five and assistance to pregnant and lactating women, in the most affected areas.

- Vulnerable children and pregnant and lactating women will benefit

from improvements in health care; availability of essential emergency drugs and equipment at 55 health centres will be increased and, in the event of measles and yellow fever outbreaks, immunization campaigns will be initiated in the affected areas.

- Quality of care of pregnant women will be improved through the training of 100 matrons on safe delivery and the distribution of safe delivery kits to 100 health centres.
- Vulnerable families will have improved access to health care as a

result of the training of community volunteers in 130 villages in home-based management of diarrhoea, malaria and pneumonia.

Nutrition **US\$2,332,600**

UNICEF will provide immediate response to the undernutrition crisis with a special focus on children under five suffering from severe acute malnutrition.

- The UNICEF-led Nutrition Cluster will ensure that undernutrition will be monitored and treated more rapidly through ongoing nutrition surveys and assessments, the setting up of a nutrition surveillance mechanism in difficult-to-reach locations and the training of 300 health workers in treatment of severe acute malnutrition.
- Micronutrient supplementation supplies will be made available in 15 therapeutic feeding centres and 10 outpatient treatment centres.

Water, Sanitation and Hygiene **US\$1,003,125**

UNICEF will provide access to safe water and basic sanitation facilities for 120,000 people in displaced settlements and also improve coordination of the UNICEF-led WASH Cluster in terms of emergency preparedness and links to early recovery.

- Access to safe drinking water will be ensured for 120,000 displaced people and returnees as a result of the construction of 50 new water points in primary schools and health facilities and the rehabilitation of 300 existing water points.
- Sanitation facilities and hand-washing points will be improved in 50 schools and health facilities as well as for 4,000 vulnerable families through the construction of improved family latrines.

Education **US\$500,000**

UNICEF will focus on creating a safe learning environment in all conflict-affected areas; part of this effort will involve sensitizing communities to the need for parents to encourage their children to stay at school.

- More than 185,000 children will benefit from the rehabilitation of 30 classrooms, all of which will be equipped with basic sanitation facilities, essential school materials and early childhood development and recreational kits.
- 2,500 primary-school teachers will be able to respond more effectively to the special needs of children affected by conflict through training in HIV/AIDS, peace education and gender-based violence.
- Young children's access to an enabling developmental environment and readiness for school will be strengthened through the training of preschool teachers and caregivers in community-based early childhood development programmes.

- 1,700 members of parent-teacher associations will receive training in school management.

Child Protection **US\$3,375,850**

In 2010, UNICEF priorities are to prevent new child recruitment among some 40,000 at-risk children such as orphans, and to reintegrate some 1,000 children formerly associated with armed groups.

- Over 1,500 demobilized children formerly associated with armed groups, forces and militias will receive reintegration support at the two existing interim care centres that currently provide counselling, back-to-school campaigns, life-skills education, HIV/AIDS prevention lessons and access to small income-generating activities.
- Ongoing negotiation with armed forces and groups and self-defence militias will strive to secure the demobilization of nearly 500 children associated with armed conflict and to prevent the recruitment of others, while 12,000 children living in rebel-controlled areas will be protected from recruitment through the establishment of, and access to, 20 new child-friendly spaces.
- Child protection will be strengthened through the establishment of a data collection system and greater emphasis will be placed on tracing and reunification services, especially for those who suffer grave violations during armed conflict.

HIV/AIDS **US\$299,600**

In 2010, UNICEF and partners will strengthen vulnerable communities' ability to reduce the risks of exposure to HIV infection in conflict-affected areas.

- Some 200,000 children, young people and women will be informed about prevention, care and treatment of HIV/AIDS through the development of behaviour change communications.
- 10,000 children in 80 schools in emergency zones will have access to HIV prevention lessons as a result of the training of 120 peer educators and 80 trainers and teachers.
- Information about sexual and reproductive health and rights will be made available to at least 12,000 adolescents to protect themselves against HIV in emergency areas through focused programmes in youth centres.

Shelter and Non-food Items **US\$877,000**

Displaced children and their families will have the chances of their survival improved by the provision of essential shelter and household items, including blankets, plastic sheeting and cooking equipment.

UNICEF Humanitarian Action 2010

CHAD

Chad continues to face an acute emergency situation due to internal and cross-border violence, mass displacement and limited access to areas in humanitarian need. Widespread banditry is exacerbating an already difficult situation. The recent fighting has also intensified the widespread practice of recruitment of underage children into armed groups, as well as the dissemination of unexploded ordnance that continues to kill and maim civilians, most of them children. In addition, uneven and below-average rainfall is jeopardizing future crops and leading to higher food prices and undernutrition.



Coping strategies are threatening to collapse under the strain of over 171,000 internally displaced people and an increasingly depleted and harsh natural environment. Spillover from the conflict in Darfur and the deteriorating security in the Central African Republic is also contributing to the humanitarian crisis in Chad which is now home to approximately 312,000 refugees living in camps or host communities and all in need of resources. Critical interventions are additionally required to support Central African Republic refugees in the south and in Salamat, and to meet immediate needs of Chadian returnees in the east. Refugee, displaced and host community children also face other threats, including separation from their families, lack of access to education, trafficking and sexual exploitation.

In 2010, UNICEF will seek to meet immediate humanitarian needs of 750,000 people – including 360,000 children – in refugee, displaced and host communities in eastern and southern Chad. This response will also extend to newly-arrived refugees in south-eastern Chad and returnees in the east. Together with the Government of Chad, the United Nations Country Team, the United Nations Mission in the Central African Republic and Chad, as well as international and national NGOs, UNICEF will define key benchmarks for the transition from humanitarian crisis to early recovery and development, at which point the focus will shift towards delivery of more inclusive, quality and effective humanitarian action in the areas of health, nutrition, water, sanitation and hygiene, education, child protection and HIV/AIDS. UNICEF will continue to coordinate the Water, Sanitation and Hygiene, Nutrition and Education Clusters, as well as the Child Protection Sub-Cluster, for improved emergency preparedness and response.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Health	5,005,000
Nutrition	12,500,000
Water, Sanitation and Hygiene	11,557,500
Education	10,500,000
Child Protection	9,133,100
HIV/AIDS	1,700,000
Total	50,395,600

CRITICAL ISSUES FOR CHILDREN AND WOMEN

The situation for women and children within and beyond the conflict-affected areas is already dire as evidenced by the fact that Chad has the third highest rate of under-five child mortality in the world.¹ Acute malnutrition rates exceed 20 per cent in many communities, while up to 36 per cent of pregnant women suffer from anaemia. Both acute malnutrition and anaemia are serious undernutrition conditions that can lead to death if not treated in time. Children in returnee areas are particularly at risk as immunization drop-out rates exceed 60 per cent and outbreaks of measles continue to recur. In the south, an area host to Central African Republic refugees, HIV prevalence is three times higher than the national average. As the infection rate is twice as high in women as in men, HIV/AIDS represents a real threat to the survival and health of children and women.

In many remote areas, access to safe water and improved sanitation remains critically low, increasing the risk of diarrhoea and other waterborne diseases among children under five. In Goudiangu, Goungour and Sanour in eastern Chad and where water and situation needs are at their most acute, less than one third of the population can access the recommended minimum 15 litres of water per day. Nor is it uncommon for up to 120 people to be sharing the same latrine.

The ongoing fighting also means that an entire generation of children is at risk of losing the right to an education. This situation is also a consequence of the critical lack of school infrastructure, learning materials and qualified teachers in a country that is 60 per cent illiterate. The problems are most serious among host communities, the displaced and refugees from the Central African Republic, among whom girls make up more than half of the number of children who are missing out on an education.

CORE COUNTRY DATA

Total population (thousands, 2008)	10,914
Child population (thousands, 2008)	5,724
U5 mortality rate (per 1,000 live births, 2008)	209
Infant (U1) mortality rate (per 1,000 live births, 2008)	124
Maternal mortality ratio (per 100,000 live births, 2005)	1,500
Primary school enrolment ratio (net male/female, 2003–2008*)	71/50
%U1 fully immunized (DPT3, 2008)	20
% population using improved drinking water sources (2006)	48
HIV prevalence rate (% 15–49 years, 2007)	4
%U5 suffering from moderate and severe wasting (2003–2008*)	-

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

Although reliable data are lacking due to the volatility of the situation, it is likely that child recruitment into armed groups remains both widespread and greatly underestimated. In 2009, the release of a total of 190 children from armed groups indicated that there are significant numbers of children still associated with armed conflict. Furthermore, there is evidence to suggest that the prevalence of sexual and gender-based violence has also risen alarmingly, and that up to 53 per cent of children aged 5–14 years are exposed to child labour, while 72 per cent of children – notably girls – are being given up for forced marriages. Community protection mechanisms are already strained, a situation which is not helped by further displacements. Most children, typically those in refugee camps and displacement sites, are not registered at birth, endangering their access to adequate health, nutrition and education services and consequently their overall development and life chances.

KEY ACHIEVEMENTS IN 2009

Alongside a broad network of over 30 national, international and civil society partners, and in close partnership with the Government of Chad, UNICEF led efforts to respond to the humanitarian needs of approximately 750,000 people, including 360,000 children, throughout 2009. Although renewed fighting and a new influx of Central African Republic refugees led to a sharp increase in humanitarian needs, critical funding gaps also severely hampered UNICEF and partners' capacity to reach all populations.

Despite these challenges, the UNICEF-led Nutrition Cluster screened over 300,000 children under five for acute malnutrition, and subsequently treated 6,200 children with severe acute malnutrition and a further 12,300 moderately acutely malnourished children. In addition, ready-to-use therapeutic food supplied by UNICEF was used to successfully treat 22,000 undernourished pregnant women. Over 67,000 children received vitamin A supplementation and de-worming tablets. A polio eradication drive ensured immunization of 93,000 vulnerable children under five while thousands of other children and pregnant women benefited from routine vaccination campaigns. Also, some 24,500 insecticide-treated mosquito nets were distributed to pregnant and lactating women in an effort to protect them and their children from malaria.

In tandem with the health and nutrition interventions, UNICEF and its partners worked to ensure access to safe water and sanitation services for 140,000 people, including 10,000 returnees. Partnerships with the Chadian Government's Department of Hydraulics and Oxfam were notably instrumental in creating access to safe water up to Sphere standards in the Aradib and Goz Amir areas. Over

1. United Nations Children's Fund, *The State of the World's Children 2010*, UNICEF, New York, 2010. Basic Indicators.

120,000 people learned about good hygiene practices. With partners such as CARE International, Christian Outreach Relief and Development, INTERSOS and the International Rescue Committee, emergency educational interventions reached 64,816 Sudanese refugee children in the east – achieving over 100 per cent preschool enrolment, i.e., beyond the expected target number – and over 30,000 refugee children from the Central African Republic in the south.

Through working closely with the Ministries of Defence and Social Affairs, CARE International and Jesuit Refugee Services, UNICEF secured the unconditional release of 164 children associated with armed groups, bringing the total number of children released since 2007 to 719. UNICEF partners Africare, INTERSOS, CARE International and Secours Catholique et Développement, also expanded access to psychosocial care and counselling services for 7,800 vulnerable children by increasing the number of child-friendly spaces. In response to new contamination by unexploded ordnance following fresh fighting, UNICEF also launched mass sensitization campaigns, targeting more than 35,000 children living in unexploded ordnance-affected areas using radio broadcasts in Arabic and French.



“SO THAT CHILDREN CAN BE CHILDREN AGAIN”: PARTNERING TO OFFER CONFLICT-AFFECTED CHILDREN A CHANCE TO START ANEW

“It has been a long journey,” whispers 16-year-old Ali. “Sometimes I still have very bad nightmares. I remember when we were so lost in the fighting... but when I wake up here at the centre, I know it is over.”

Ali is one of 83 children associated with armed groups during the May 2009 conflict between government forces and rebel groups, and later released to UNICEF. At the UNICEF-supported transit centre in Chad’s capital of N’Djaména, Ali and other children formerly associated with armed groups receive food, clothing, medical care and psychosocial counselling to help them make the

transition back into civilian life. The centres operate in partnership with CARE International and Jesuit Refugee Services.

In Chad, UNICEF works with a total 33 international and national NGOs to deliver quality and timely humanitarian support in health, nutrition, water, sanitation and hygiene, education and child protection.

PLANNED HUMANITARIAN ACTION FOR 2010

Working alongside partners including United Nations agencies, international and national NGOs and local authorities, UNICEF will direct its efforts towards the needs of 750,000 displaced people, refugees and those living in host communities in eastern and southern Chad, including returnees and newly-arrived Central African Republic refugees, who will benefit from multiple interventions in line with the Core Commitments for Children in Emergencies. Interventions aligned with national strategies will also guide efforts in water, sanitation and hygiene, education and child protection.

Health

US\$5,005,000

UNICEF will respond to the immediate need for preventive and curative care for 120,000 children under five and 50,000 pregnant women living in refugee, displaced and host communities. Response will include the roll out of the Accelerated Child Survival and Development strategy which combines catch-up immunization, malaria prevention, vitamin A supplementation and de-worming.

- Routine immunization will aim to achieve a 90 per cent coverage

among children under one year and pregnant women through outreach of the expanded programme on immunization.

- Around 73,000 children under five will benefit from two rounds of vitamin A supplementation and de-worming while all families in affected areas will receive insecticide-treated mosquito nets for malaria prevention.
- UNICEF will ensure supply of essential drugs for newborn, antenatal and essential and emergency obstetric care and access to at least one emergency obstetric care facility per 100,000 people.

Nutrition**US\$12,500,000**

UNICEF will concentrate on securing access to nutrition services for up to 180,000 people, and as coordinator of the Nutrition Cluster, work to improve surveillance and monitoring of nutritional security with a view to improving emergency responses and preparedness.

- A nutritional surveillance system that covers all 12 refugee camps in eastern Chad will benefit vulnerable children and women, while a comprehensive mapping exercise will identify appropriate early preventive responses to emerging nutrition gaps and vulnerabilities.
- Increased availability of therapeutic foods, essential drugs and other medical supplies will facilitate prompt treatment of severe acute malnutrition and save more lives.
- Case management of acute malnutrition will improve as a result of training health workers and community networks in treatment of severe acute malnutrition and appropriate infant and young child feeding practices in emergencies.

Water, Sanitation and Hygiene**US\$11,557,500**

UNICEF will ensure access to safe water, sanitation and improved hygiene for several hundred thousand displaced people, returnees, newly-arrived Central African Republic refugees and those living in host communities in the east and south of the country. As leader of the Water, Sanitation and Hygiene Cluster, UNICEF will work to improve the coverage and coordination of responses between the 12-plus national and international partners delivering water, sanitation and hygiene support.

- Around 290,000 people will have access to safe water as per Sphere standards through the rehabilitation and maintenance of existing water and sanitation facilities and efforts to build capacity locally for water quality testing.
- 50 schools and 50 health centres in conflict-affected communities will regain and/or consolidate sustainable access to sanitation facilities; pupils and patients will benefit from hygiene promotion activities at the household level.
- Response to quick-onset disasters, displacement and new influxes of refugees will be improved with additional preparedness training of partners, further development of contingency plans and stock pre-positioning.
- UNICEF will support early recovery, including in returnee areas, through community appropriation strategies for water and sanitation facilities and through partnerships with local water management committees aimed at developing ownership in management and maintenance of facilities.

Education**US\$10,500,000**

In coordination with more than 13 education partners, UNICEF as leader of the Education Cluster will seek to expand access to education while simultaneously upgrading and improving learning environments for over 170,000 refugee children, as well as children who are displaced or living in host communities.

- Construction of 200 new semi-permanent schools will provide up to 20,000 children with access to school and will contribute to an increase in enrolment and retention overall.
- Over 170,000 children and their teachers will benefit from the

distribution of educational materials including textbooks, furniture, and 'school-in-a-box', early childhood development and recreational kits.

- Communities will be mobilized to promote education and enrolment in schools, especially for girls, and community support to schools and community teachers will be encouraged.
- 400 preschool animators and 2,200 primary schoolteachers will see their abilities in child-centred teaching techniques reinforced through training on education in emergencies, child-friendly school standards, and hygiene promotion in schools.

Child Protection**US\$9,133,100**

As leader of the Child Protection Sub-Cluster, UNICEF will scale up prevention, release and reintegration efforts to benefit children associated with armed forces and groups and continue to address protection challenges facing vulnerable and separated children.

- The creation of 40 new child-friendly spaces will not only provide some 10,000 minors at risk of recruitment with recreational opportunities to help them overcome the trauma of displacement but also a platform for delivering key messages on health, education and good hygiene practices to mothers and women's groups through targeted forums.
- The protective environment for children will be enhanced through the further development of community-based child protection mechanisms such as Child Well-being Committees and Youth Groups, the improvement of legal frameworks for issues like birth registration and the training of 3,000 military personnel in child rights (in partnership with Save the Children).
- With partners, UNICEF will work to secure the release of children associated with armed groups and subsequently provide reintegration, family tracing and reunification services. UNICEF will also continue to support the monitoring and reporting mechanism for grave violations of child rights on a nationwide basis.

HIV/AIDS**US\$1,700,000**

In partnership with the Government as well as CARE International, Cooperazione Internazionale, the International Federation of the Red Cross and the International Medical Corps, UNICEF will support HIV/AIDS awareness and prevention activities among youth, voluntary counselling and testing services for up to 10,000 pregnant women and care for 1,500 HIV-positive mothers and 250 infected children.

- Some 500 youth peer educators and 150 primary and secondary schoolteachers will be equipped with the necessary skills to teach HIV/AIDS and other sexually transmitted diseases prevention as a result of training in the life-skills curriculum.
- Access to information on life skills, sexual and reproductive health, and HIV prevention will improve for over 150,000 young people through the opening of three new youth centres and through support provided by UNICEF and partners to the existing network of 22 youth centres in refugee camps, displaced sites and host communities.
- Paediatric care and Preventing Mother-to-Child Transmission services will be improved as a result of training of health workers and increased screening and care capacity in at least three hospitals.
- Health facilities will be provided with sufficient supplies of the HIV/AIDS test kits (including rapid, CD4 and polymerase chain reaction tests), along with laboratory equipment and essential drugs for the treatment of opportunistic infections.

UNICEF Humanitarian Action 2010

DEMOCRATIC REPUBLIC OF THE CONGO

In 2009, the humanitarian community in the Democratic Republic of the Congo has been simultaneously confronting displacement and acute humanitarian needs in five main locations: Ituri, North Kivu, South Kivu, the Uélé districts and the area along the Angolan border where Congolese citizens have been forcibly expelled from Angola. The Office for the Coordination of Humanitarian Affairs estimates that in total there are still more than 2 million displaced people living in the eastern part of the country, despite some 300,000 returns in North Kivu. Over half of the displaced are believed to be children. Add to this the chronic cholera and the seasonal flooding, and the country qualifies as one of the world's largest humanitarian crises in modern times.



Although a peace accord was signed in March 2009 between the Government and several rebel groups in North Kivu, military operations in other parts of North and South Kivu sparked new violence and displacement. Civilians are caught in the middle of such exactions by both rebels and government forces. Violations include sexual and gender-based violence against women and children, looting, forced labour, recruitment of children into armed groups, and destruction of farms, homes, schools, churches and health centres.

Together with the Government of the Democratic Republic of the Congo, NGOs, other United Nations agencies and local communities, UNICEF will work to reduce the vulnerabilities of an estimated 1.8 million displaced, returnee and other disaster-affected people, of whom some 990,000 are children. UNICEF's two flagship humanitarian aid programmes in the country – the Rapid Response Mechanism and the Programme of Expanded Assistance for Returnees – will be deployed through three of the UNICEF-led Clusters: Water, Sanitation and Hygiene; Education; and Non-Food Items/Emergency Shelter. The UNICEF-led Nutrition Cluster will provide similar national-level standby response capacity for nutritional surveys and initial response. These interventions will be complemented by large-scale emergency response within UNICEF's other core areas of responsibility, including health, child protection, mine risk education and gender-based violence. UNICEF will further support the Government's 2009 Stabilization and Reconstruction Plan in Conflict-affected Areas of Eastern Democratic Republic of the Congo. The primary challenge will be humanitarian access, especially in the eastern part where conflict continues.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Rapid Response Mechanism (RRM)	28,500,000
Programme of Expanded Assistance for Returnees (PEAR)	21,500,000
Health	12,000,000
Nutrition	24,700,000
Water, Sanitation and Hygiene	18,000,000
Education	13,000,000
Child Protection	15,800,000
Total	133,500,000

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Decades of neglect of social services during the Mobutu regime and more than a decade of armed conflict, have led to a public health crisis in the Democratic Republic of the Congo that continues to threaten the lives of thousands of children and their families. According to UNICEF's State of the World's Children report for 2010, the Democratic Republic of the Congo has the fifth highest rate of under-five mortality in the world. Approximately 200,000 deaths are attributed to malaria alone each year, with the majority among children under five.

Undernutrition remains a direct or indirect cause of 35 per cent of all deaths in children under five. Chronic malnutrition affects 38 per cent of this age group, with over 13 per cent suffering from acute malnutrition.¹ In absolute terms, this translates into more than 6 million stunted children and 1.7 million wasted children. Around 1.1 million children under five are affected by severe acute malnutrition – more than in all the Sahel countries put together. The provinces most affected are Equateur, the two Kasais and Katanga – with prevalences of between 13 and 16 per cent. In the two eastern provinces of North Kivu and South Kivu, prevalence is lower; however, insecurity and population displacement still prevail, making monitoring of nutritional status more difficult. In total, the above provinces are host to about 750,000 children affected by severe acute malnutrition. Micronutrient deficiencies are also common among women and children – 71 per cent of boys and girls under five and 53 per cent of women of child-bearing age suffer from anaemia.

Only 46 per cent of the total population has access to safe drinking water while just 3 out of 10 people in rural areas have access to adequate sanitation facilities.

CORE COUNTRY DATA

Total population (thousands, 2008)	64,257
Child population (thousands, 2008)	34,575
U5 mortality rate (per 1,000 live births, 2008)	199
Infant (U1) mortality rate (per 1,000 live births, 2008)	126
Maternal mortality ratio (per 100,000 live births, 2005)	1,100
Primary school enrolment ratio (net male/female, 2003–2008 [*])	-/-
%U1 fully immunized (DPT3, 2008)	69
% population using improved drinking water sources (2006)	46
HIV prevalence rate (% 15–49 years, 2007)	-
%U5 suffering from moderate and severe wasting (2003–2008 [*])	10

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

As a result, diarrhoea is very common, and is estimated to be responsible for a quarter of all deaths in children under five. Cholera remains endemic in multiple regions, including the Katanga and North Kivu provinces. Access to a primary education is also a major challenge. Approximately 4.4 million children of school age (2.5 million girls) and 400,000 displaced children do not attend school as their access is severely constrained by a combination of high levels of poverty, a factor which is exacerbated in periods of crisis and displacement, and poorly maintained and damaged infrastructure.

Reports of new recruitment of children to armed groups on all sides of the conflict have emerged following recent military campaigns, particularly against the Democratic Forces for the Liberation of Rwanda rebel group. Despite this, the Forces Armées de la République Démocratique du Congo and their Ugandan army allies continue to play an important role in securing the release of children from the Lord's Resistance Army in the Bas – and Haut – Uélé districts. Since January 2009, a total of 2,813 children, including 360 girls, have been released from armed groups, although many more still remain. Girls in particular continue to suffer adversity in armed groups; some are made to serve as military 'wives', others are the target of sexual violence. Between January and April 2009, more than half of the reported rapes in the eastern part of the country were committed against girls under 18 years. While rebel groups continue to use rape as a weapon of war, the national armed forces and police have also been repeatedly implicated in cases of sexual violence, leading the Government to declare a 'zero tolerance' policy for sexual violence in July 2009.

KEY ACHIEVEMENTS IN 2009

UNICEF continued to work with its network of United Nations, NGO and government partners to mount the country's largest integrated humanitarian response programme to meet the needs for essential health and nutrition care, safe water and sanitation, education, child protection and to provide access to basic household relief materials of more than 1.8 million emergency-affected people. All UNICEF-supported work is implemented within the framework of the country's Humanitarian Action Plan.²

Rapid Response Mechanism (RRM)

With the Office for the Coordination of Humanitarian Affairs as co-lead, and in partnership with Solidarités and the International Rescue Committee, UNICEF's Rapid Response Mechanism (RRM) programme delivered essential household supplies and shelter materials, safe drinking water, appropriate sanitation facilities and hygiene, as well as safe formal and non-formal learning

1. United Nations Children's Fund, *State of the World's Children 2009*, UNICEF, New York, 2009.

2. The Democratic Republic of the Congo operates a Humanitarian Action Plan (HAP) rather than a Consolidated Appeal Process (CAP). This document is a roadmap for humanitarian action for the year, but does not list individual projects for agencies. It is oriented around clusters, not organizations.

environments, to displaced children and families, and to victims of natural disasters and epidemics throughout the eastern part of the country. RRM also supported the NGO, Caritas Mbandaka in its response to flooding in Equateur Province, and Catholic Relief Services in its response to respond to the needs of Congolese children and families forcibly expelled from Angola into Kasai Occidentale Province. Between January 2009 and September 2009, RRM completed 136 multi-sector rapid evaluations which were shared with the humanitarian community for improved cluster coordination and prioritization of interventions. As a result, during 2009 RRM partners provided over 500,000 displaced people with emergency family kits containing blankets, sleeping mats, soap, water containers, cooking utensils, plastic tarpaulin, clothing and insecticide-treated mosquito nets. Personal hygiene kits for women and girls were introduced into the standard assistance package at the end of 2009.

RRM partners also ensured access to drinking water for nearly 700,000 people displaced by emergencies; latrines and shower facilities were also constructed for 346,950 displaced people. For some of the same displaced communities, UNICEF and its partners set up water chlorination points and water-trucking services to provide emergency drinking-water, and also established or rehabilitated drinking-water sources. In conflict-affected towns, emergency classrooms were constructed and student and teacher kits made available, affording children the chance to resume their schooling.

Programme of Expanded Assistance for Returnees (PEAR)

Thanks to a successful partnership of UNICEF and four international NGOs—Associazione Volontari per il Servizio Internazionale, the International Rescue Committee, the Norwegian Refugee Council and Solidarités – The Programme of Expanded Assistance for Returnees (PEAR) met the immediate needs of Congolese returnees during 2009. Furthermore, from January–August 2009, PEAR partners generated and shared a total of 70 multi-sectoral assessment reports of vulnerable return areas, continuing to represent the primary source of information about the humanitarian situation in displaced return areas for the international aid community. A recent online user survey revealed that 95 per cent of respondents found the PEAR assessments to be ‘useful’ or ‘very useful.’

The multi-sectoral assessments were used by UNICEF and partners to guide the provision of appropriate assistance to those returning to their homes after long-term displacement. Approximately 35 per cent of all returnees³ received family return kits of essential household non-food items (NFI) either through direct distribution or a local ‘NFI fair’; the fairs allow beneficiary families to purchase items of their choice using cash-based vouchers. Post-distribution

monitoring showed that 90 per cent of the items were still being used after three months. In coordination with PEAR, UNICEF partners often collaborate with the Food and Agricultural Organization of the United Nations to provide families with agricultural supplies. PEAR also includes the rehabilitation of classrooms and distribution of education materials to allow returnee children to return to school. In addition, an early recovery programme, PEAR Plus, was initiated in the most vulnerable return areas and now assists more than 80,000 people with an integrated package of health, education, water, sanitation and hygiene support and child protection activities.

Additional Humanitarian Assistance

During 2009, UNICEF and partners facilitated access to primary health care for over 330,600 children, including 224,900 children under five, and over 105,000 women in nine designated health zones in the eastern and southern parts of the country. As part of this programme, children aged between 6 months and 14 years in conflict-affected areas of North Kivu (89 per cent of the target group) received vaccination against measles. UNICEF provided essential medicines and supplies to treat 780 cholera cases in the health zone of Kalemie and 500 cholera cases in the city of Goma.

UNICEF continued to support 54 NGOs who mobilize community networks for the management of acute malnutrition in 143 health zones. This network of international and local NGO partners treated 27,700 children for moderate or severe acute malnutrition in 361 UNICEF-supported therapeutic feeding facilities. UNICEF also supports the government’s nutrition programme through the training of government health workers in the surveillance and management of undernutrition in all provinces.

In addition to the RRM initiative, other UNICEF water, sanitation and hygiene programmes provided more than 100,000 displaced or cholera-affected people with access to safe water and adequate latrine facilities. These interventions strongly contributed to the mitigation of cholera outbreaks in areas of displacement, especially in Katanga and North Kivu provinces. Together with nine partners, UNICEF also improved educational opportunities for boys and girls affected by conflict or natural disasters through the construction of classrooms and informal learning spaces in Orientale and South Kivu provinces and the provision of notebooks, pens/pencils, slates and other materials. Teachers in Orientale, North Kivu and South Kivu provinces received training in basic education and accelerated learning curricula, peace education, child-centred teaching methods, psychosocial support and classroom management. UNICEF and partners also provided teaching kits, containing exercise books, pens/pencils and a copy of the national manual for teachers.

3. Based on estimates of the 2009 returnee population provided by the Office for the Coordination of Humanitarian Affairs.

Since January 2009, 1,758 children,⁴ including 105 girls, have been released from armed groups in North Kivu and South Kivu and cared for in transit centres supported by UNICEF. With Save the Children, UNICEF is engaged in ongoing efforts to reintegrate these children, and many more like them, 8,627 in total, with their families and communities. In addition, a partnership with Associazione Volontari per il Servizio Internazionale and World Vision has allowed 26,668 displaced girls and 23,584 displaced

boys to participate in recreational and psychosocial activities in 25 UNICEF-supported child-friendly spaces in displaced camps and spontaneous sites. These activities include innovative adolescent girl discussion groups in recognition of gender-sensitive needs. Displaced children who had been sexually assaulted, separated from their families or were at risk of forced recruitment into armed groups were also offered referrals for other forms of support and/or reintegration services.

PARTNERING FOR SAFE SPACES FOR CONFLICT – AFFECTED CHILDREN

“Two weeks ago, a girl revealed to me that she had been raped. This was the first time for me to detect such a situation,” says a World Vision social worker, Odette. “Before, it would not have been possible. There was just no time for girls to share their problems.”

UNICEF’s Child-friendly Spaces project aims to give displaced children in camps and host communities in North Kivu province a safe environment in which to express themselves, play and be creative. Jointly operated by UNICEF and its partners, the child-friendly spaces are staffed by trained social workers who organize not only recreational activities, but also help children discuss and resolve their problems, including the sensitive issues of sexual violence, the threat of child recruitment by armed groups and family separation. As of October 2007, and with funding and technical support from UNICEF, partner organizations such as Associazione Volontari per il Servizio Internazionale and World Vision have set up 24 child-friendly spaces.

Since the introduction of the cluster approach in the Democratic Republic of the Congo in 2006, UNICEF has worked with international and national NGO co-facilitators at national, provincial and sub-provincial levels to ensure nationwide response coverage, especially in locations where UNICEF does not have a presence. The UNICEF-led Clusters are: Water, Sanitation and Hygiene; Education; Nutrition and Non-Food Items/Emergency Shelter. These interventions are complemented by large-scale emergency response within UNICEF’s other core areas of responsibility, including health, child protection, mine risk education and gender-based violence.



PLANNED HUMANITARIAN ACTION FOR 2010

While beginning to phase out humanitarian programmes in areas such as Ituri where the return process is coming to an end, UNICEF will expand its efforts in areas like North Kivu where the return process is expected to accelerate while also responding to the needs created by additional population displacement that is anticipated in 2010. Support for both the provision of emergency relief and multi-sectoral assessments will be provided in partnership with the Government, United Nations agencies and NGOs in line with the Core Commitments for Children in Emergencies. Results of evaluations of humanitarian action in vulnerable displaced return areas will continue to be shared widely with all humanitarian groups to ensure an appropriate response in these areas. In addition, UNICEF and partners will place a greater emphasis on timely evaluations and provision of immediate humanitarian assistance in less stable return areas.

Rapid Response Mechanism

US\$28,500,000

In 2010, the primary aim of UNICEF’s Rapid Response Mechanism (RRM) is to provide rapid multi-sectoral assessment information to

the humanitarian assistance community and emergency response to over 1 million emergency-affected people in the Democratic Republic of the Congo.

4. Data collected by the Agence de Protection de l’Enfant, a group of child protection organizations working on risk reduction in the Democratic Republic of the Congo.

- 900,000 displaced people, vulnerable host families and natural disaster survivors will have access to essential household and personal non-food items and emergency shelter materials via direct distributions or using cash-based vouchers at NFI/Shelter fairs.
- In collaboration with provincial Water, Sanitation and Hygiene cluster partners, 650,000 emergency-affected people will have access to safe water, sanitation facilities and hygiene education.
- Over 82,500 primary school students and their teachers will have access to a safe learning environment through the construction or improvement of classrooms and the provision of recreational, learning and teaching materials.

Programme of Expanded Assistance US\$21,500,000

While taking more of an emergency response focus, UNICEF's Programme of Expanded Assistance for Returnees (PEAR) will also retain the link to the PEAR Plus recovery programme which targets those areas already assessed and assisted by PEAR and delivers a package of early recovery measures focused on the rehabilitation of basic social services.

- 108 multi-sectoral assessments in areas of return will be undertaken and the results shared with humanitarian agencies through the PEAR database.
- Non-food items will be provided to 500,000 displaced people returning to their homes, either through direct distribution or using cash-based vouchers at NFI/Shelter fairs; at least 20 per cent of the beneficiaries will also receive agricultural inputs, supplied by the Food and Agriculture Organization of the United Nations.
- 9,500 emergency-affected children will have access to a safe learning environment as a result of the rehabilitation of classrooms and the supply of education materials; the Healthy School project, a joint initiative with the Water, Sanitation and Hygiene Cluster will improve access to safe water and sanitation for about 120,000 children in the targeted schools.

Health US\$12,000,000

In collaboration with partners in the Health Cluster, UNICEF will mobilize immediate response interventions in emergency-affected areas to reduce maternal mortality inside hospitals to below 1 per cent and the death rate among children under five to less than 2 per 10,000 per day. Capacity to save lives will be further strengthened through the establishment of a mechanism to respond to at least 70 per cent of reported epidemic outbreaks within 30 days.

- Vaccination campaigns in conflict-affected areas will immunize 168,000 children aged between 6 months and 14 years against measles.
- An estimated 500,000 displaced and vulnerable women will have access to essential primary health care services, including clean birth delivery support and neonatal care; 40,000 pregnant women will be offered vaccination against maternal and neonatal tetanus.
- Support to survivors of gender-based violence and sexual abuse will increase through the supply of post-exposure prophylactic HIV kits and/or home care rape kits to at least 30 health centres in conflict-affected communities, and also through training of health care workers in the clinical management of rape and sexual violence cases.

Nutrition US\$24,700,000

The UNICEF-led Nutrition Cluster will provide immediate response to the extremely high levels of acute malnutrition among children in the most affected provinces. Over 300,000 children, or 40 per cent of all affected children in these areas, will be targeted, thereby increasing national service coverage from 5 to 27 per cent.⁵

- Children in conflict-affected areas in the east will benefit from measures to rehabilitate and strengthen nutritional service departments in all health centres.
- Some 300,000 severely malnourished children in all territories in which the prevalence of global acute malnutrition exceeds 10 per cent will have access to treatment at 750 nutritional feeding centres; training of 5,000 health staff and 10,000 community workers in detection and case management of acute malnutrition will improve the quality of service provision across the network of feeding centres.
- All children, and their mothers, admitted to health centres for treatment of acute malnutrition will receive individual and/or group counselling and advice on age-appropriate infant and young child feeding to reduce the caseload of severe acute malnutrition.
- Nutritional surveillance and monitoring will be expanded through deployment of trained technical partners for surveying at-risk areas in the four most-affected provinces and four additional at-risk provinces,⁶ the completion of 25 rapid nutritional assessments and rapid screenings in health zones with high malnutrition alerts.
- Children and women will have improved access to essential medical supplies and equipment, including ready-to-use therapeutic foods, therapeutic milk, essential drugs (vitamin A supplements, deworming tablets and antibiotics), and anthropometric equipment, which will be made available at all therapeutic and supplementary feeding centres throughout the country.

Water, Sanitation and Hygiene US\$18,000,000

In 2010, UNICEF will focus on providing access to safe water for displaced people and returnees in the eastern provinces, who are especially vulnerable to cholera and waterborne diseases due to the poor sanitary conditions and limited access to safe water.

- Rapid installation of water supplies followed by sustainable interventions to prevent and treat cholera epidemics and other water-related diseases will be provided for 100,000 people, mainly in Katanga, North Kivu and South Kivu.
- At least 100,000 displaced people and returnees will be served by safe water and sanitation facilities, adapted to ensure the privacy and security of women and girls, including the construction of emergency latrines and improvements to water sources as per Sphere standards.
- Over 300,000 people in return and resettlement areas will benefit from multi-sectoral interventions based on the Healthy Village and Healthy School concepts.

Education US\$13,000,000

UNICEF's priority will be to ensure that 300,000 conflict-affected boys and girls have access to quality education in a safe and protective environment. Attention will also be paid to reducing gender inequalities

5. The current coverage of services for the case management of severe acute malnutrition is 5 per cent, which equates to the treatment of about 60,000 children each year.

6. The four most-affected provinces are: Kasai Occidentale, Kasai Orientale, Katanga and Equateur. The four additional provinces targeted for expansion of nutrition surveillances are: Bandundu, Bas Congo, Kinshasa and Maniema.

in education, psychosocial distress and the risk of recruitment into armed groups or forced labour.

- Over 130,000 young children will have access to a safe learning environment through the rehabilitation of 2,600 learning spaces equipped with sufficient latrines and student kits. UNICEF will support community-initiated early childhood centres and accelerated learning programmes both technically and materially by offering training to educators and by providing equipment such as tables and chairs.
- 2,600 teachers, as well as 800 parent committee members and community leaders, will be trained in primary school education, peace resolution, classroom management, HIV prevention and psychosocial support for conflict-related stress, which will in turn improve the quality of education and support that schoolchildren receive.
- Emergency-affected children will have increased opportunities to attend school through the launch of an innovative pilot programme designed to alleviate the school fee burden for low-income families.
- Children attending school will simultaneously benefit from nutrition and essential health care interventions, including de-worming and routine immunization, through the introduction of school-based feeding programmes in partnership with the World Food Programme.

Child Protection

US\$15,800,000

UNICEF's work will support 7,000 children formerly associated with armed groups and a further 20,000 children affected by conflict. Thousands of children are expected to be released from armed groups by the end of 2009, which will require a scaling up of NGO capacity in reintegration services in 2010.

- UNICEF will continue to support the Government in its efforts to prevent the recruitment of children into the national armed forces and the myriad of armed groups, to secure the release of children from armed groups and to provide community-based reintegration services.
- The capacity of 6 international NGOs, 15 national NGOs, 300 social workers, 250 teachers and 100 community leaders to provide child protection activities at the community level will be enhanced.
- All children released from armed forces or groups, as well as other vulnerable children, will be offered psychosocial support and reintegration services while residing in displaced camps or host communities through child-friendly spaces that provide child-centred activities for learning and play.
- Separated children and unaccompanied minors will be assisted in their attempts to find their families through the establishment of an identification coordination mechanism, operated by UNICEF, its partners and other child protection networks.

UNICEF Humanitarian Action 2010

GUINEA

Political instability and socioeconomic hardship in Guinea deepened in 2009, leading to further waves of anti-government demonstrations and general strikes. This fragile situation was further aggravated by the 28 September 2009 killings and widespread incidence of sexual violence against anti-government protesters during a rally in Conakry, the capital. A military crackdown on civilians following the fatal demonstration additionally resulted in a reported 150 deaths and thousands wounded.



Disasters, including widespread flooding in 2009, are destroying subsistence crops as well as water systems, leading to an increase in both food insecurity and cholera epidemics. Further, prices of rice, sugar, oil and other basic foods are on the rise in Guinea, creating more tension in urban areas as a result of the steady decline in living standards and lack of sufficient access to social services. The combination of poverty and constant hunger is also driving young boys and girls to succumb to child trafficking and child labour, often resulting in physical abuse, forced sexual intercourse and other forms of sexual violence which is depriving them of their chance to an education and harming their overall well-being and development.

UNICEF will partner with the Government of Guinea, United Nations agencies and international and national NGOs for the provision of emergency relief in line with the Core Commitments for Children in Emergencies to reduce vulnerabilities among more than 2.2 million food-insecure children and who are most at risk of exploitation, especially in urban areas. UNICEF's focus will be on ensuring access to health and nutrition, safe drinking water and appropriate sanitation and hygiene with a view to reducing the incidence of cholera and other waterborne diseases and improving the overall nutritional status of children. Throughout 2010, UNICEF will also continue to reinforce government and civil society capacities in emergency preparedness and response in the education and child protection sectors.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Health	1,500,000
Nutrition	700,000
Water, Sanitation and Hygiene	1,270,000
Education	1,000,000
Child Protection	850,000
Total	5,320,000

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Children and women throughout the country are subject to escalating insecurity, urban violence, poor nutrition, very limited access to basic commodities and high levels of poverty.¹ According to the latest nutrition surveys, which were carried out between November 2007 and January 2008,² undernutrition remains at a critical level, especially among children aged 10–23 months. Results indicate an average global acute malnutrition rate of 8.3 per cent among children under five, of whom nearly one third are suffering from severe acute malnutrition. Regional variations in the prevalence of undernutrition were also noted, with some districts presenting acute malnutrition rates as high as 15 per cent.³

Alarming, less than 10 per cent of the population has reliable access to essential health services, making preventable or easily treatable disease like malaria, measles, acute respiratory infections and undernutrition, leading causes of death among Guinean children and women. Cholera is still endemic, too. HIV remains a threat with approximately 2 per cent of the adult population reported as HIV-positive.

While up to 70 per cent of the total population is reported as using safe drinking water sources, the corresponding figure in rural areas is as low as 59 per cent. Indeed, only 12 per cent of households in rural areas have access to basic sanitation and a further 38 per cent resort to open defecation. UNICEF has concerns that this inadequate access to potable water combined with poor hygiene is continuing to put large sectors of the population at high risk for outbreaks of cholera, diarrhoea and other waterborne diseases.

CORE COUNTRY DATA

Population (thousands, 2008)	9,833
Child population (thousands, 2008)	4,872
U5 mortality rate (per 1,000 live births, 2008)	146
Infant (U1) mortality rate (per 1,000 live births, 2008)	90
Maternal mortality ratio (per 100,000 live births, 2005)	910
Primary school enrolment ratio (net male/female, 2003–2008*)	79/69
%U1 fully immunized (DPT3, 2008)	66
% population using improved drinking water sources (2006)	70
HIV prevalence rate (% 15–49 years, 2007)	2
%U5 suffering from moderate and severe wasting (2003–2008*)	8

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

KEY ACHIEVEMENTS IN 2009

UNICEF worked closely with the Government and other partners to meet the basic humanitarian needs of the most vulnerable children throughout 2009.

In 2009, UNICEF support to the Ministry of Health enabled the development of a national protocol for the management of children suffering from severe acute malnutrition, as part of an overall strategy to reduce undernutrition. Within this framework and together with health authorities and the World Food Programme, UNICEF trained 168 health workers in the most vulnerable districts in the identification, referral and clinical management of acute malnutrition. A large number of children suffering from severe acute malnutrition were thus able to access both outpatient and inpatient nutrition services provided by a network of 103 therapeutic feeding centres across the country operated by the Ministry of Health and NGOs, with UNICEF technical and material support. Through these combined efforts, 85.3 per cent (23,799 children) fully recovered from severe acute malnutrition, well above the Sphere standards for a recommended cure rate of at least 75 per cent.

UNICEF additionally provided essential drugs for 210 health facilities and 10 rural hospitals. Two national polio immunization campaign days, which combined vitamin A supplementation and de-worming, resulted in vaccination coverage among children under five ranging from 97 per cent to 109 per cent, i.e., beyond the original target number. A further 70 per cent of postpartum women received vitamin A supplementation.

As the Water, Sanitation and Hygiene Cluster lead, UNICEF coordinated activities for the prevention and risk management of cholera. The combined effect of humanitarian actions such as the provision of safe water supply, hygiene promotion, radio broadcasting on cholera prevention and mobilization of political, local government and religious authorities, drastically reduced the annual incidence of cholera, from 8,546 cases registered in 2007 to just 41 cases as of October 2009. A total of 350,000 people living in prefectures with the greatest risk of waterborne disease outbreaks benefited from door-to-door hygiene promotion as well as distribution of chlorine tablets for home sanitation, thanks to UNICEF collaboration with the Ministry of Health and NGOs. This effort was complemented by the disinfection of

1. It is estimated that more than half of the population is currently living under the poverty line.

2. 'Rapport Enquête nationale sur l'état nutritionnel et le suivi des principaux indicateurs de survie de l'enfant', May 2009.

3. Districts with high levels of malnutrition are Nzerekore (11 per cent), Gaoual (13.5 per cent), Telimele (13.8 per cent) and Koundara (15.1 per cent).

800 open wells in the households of cholera patients, the rehabilitation of public toilets and the training of community health workers in cholera prevention.

In terms of child protection, key achievements included the strengthening of legislation and social policy mechanisms and improvements to psychosocial support

services and rehabilitation care for child and women survivors of sexual and gender-based violence and abuse. In addition, UNICEF played an influential role in the promulgation of the Code of the Child (Code de L'Enfant) in August 2009 by the country's national parliament. The Code was originally adopted in May 2008, following strong advocacy by UNICEF with the Government.

PARTNERING TO PREPARE CHILDREN TO GO BACK TO SCHOOL DURING EMERGENCIES

As co-lead of the Education Cluster, in 2009 UNICEF worked with partners to ensure that children would still be able to receive an education should an emergency, such as a disaster or conflict, disrupt their school lessons. In practice, this entailed taking emergency preparedness measures, such as creating an Education in Emergencies contingency plan and pre-positioning school tents, recreational and school-in-a-box kits in Faranah, which is located in the centre of the country. Faranah is the most appropriate zone in the emergency-prone eastern and southern regions from which

to reach internally displaced people and to manage logistics during an emergency.

During the year, HIV/AIDS prevention lessons were added to the curriculum in 400 schools in the two regions with the highest HIV prevalence, namely Kindia and N'Zérékoré. This was done by the inclusion of key behaviour change messages in school-in-the-box kits and manuals provided to these schools. UNICEF also supported the development of an emergency and post-crisis education guide for school teachers.

PLANNED HUMANITARIAN ACTION FOR 2010

While responding to the deteriorating social, political and economic situation that is affecting the health and nutritional status of children and women, UNICEF will continue to partner with the Government of Guinea, United Nations agencies and international and national NGOs for the provision of emergency relief in line with the Core Commitments for Children in Emergencies to reduce vulnerabilities of more than 2.2 million children. UNICEF will lead the Water, Sanitation and Hygiene, and Education Clusters and co-lead the Food Security/Nutrition Cluster with the Food and Agriculture Organization of the United Nations and the World Food Programme. Active collaboration will continue with the other agencies leading the Health and Protection Clusters. Emergency preparedness will be further strengthened to improve emergency response.

Health

US\$1,500,000

UNICEF will reinforce national and local preparedness through sensitization initiatives as well as the pre-positioning of sufficient medical supplies and drugs to cover the needs of up to 10,000 women and children in high-risk districts. This response will be guided and facilitated by the results of recent risk analyses and evaluations conducted jointly by the London School of Tropical Hygiene and Medicine and Besançon University.

- Cholera outbreaks will be contained through hygiene promotion and communication activities on cholera prevention as well as through the mobilization of political, local government and religious authorities. Supplies will also be provided for the treatment of up to 5,000 cholera patients.
- At least 200 persons suffering from meningitis will be treated through the provision of sufficient medication.
- Emergency health preparedness and response measures will be put in place to respond to potential outbreaks of other infectious diseases such as influenza A (H1N1).

Nutrition

US\$700,000

UNICEF will provide immediate response to the high prevalence of severe acute malnutrition among children under five and will collaborate



with the World Food Programme to reduce the rate of severe acute malnutrition to below 10 per cent and to improve the overall nutritional well-being of children.

- At least 30,000 children suffering from severe acute malnutrition will receive treatment through both inpatient and outpatient care.
- An integrated community-based child survival package with five key

behaviours⁴ and eight essential services⁵ will be implemented in 38 districts. Community health workers will be given information on the five key care practices through consultation with health professionals during visits to health facilities. Caregivers will receive the same information by community health workers if their child is referred to a nutrition rehabilitation centre.

- As a co-leader of the Nutrition Cluster, UNICEF will support the Government of Guinea to coordinate the nutrition response in an emergency.

Water, Sanitation and Hygiene

US\$1,270,000

For 2010, the overall goal is to reduce the incidence of cholera and other waterborne diseases among 300,000 vulnerable people through the provision of reliable access to safe water and proper sanitation and hygiene. The following key results are expected to be achieved through support to the Government and partners such as the Action Contre la Faim, Centre Régional pour L'eau Pot et l'Assainissement à Faible Coût (CREPA), the Red Cross and the University of Conakry among others:

- 300,000 vulnerable persons will have improved access to sufficient safe water sources and sanitation through the immediate provision of safe water equipment and supply, disinfection of wells and treatment of polluted water and the construction and rehabilitation of water supply systems in communities and health centres.
- Access to adapted sanitary facilities, which ensure privacy and security of women and girls while meeting Sphere standards, will be made available through the construction of 6,000 latrines and 500 washing spaces in schools; potential sites for the installation of similar facilities in health centres and other public infrastructure will be identified by risk mapping and analysis.
- Early warning on water contamination will be strengthened through risk mapping, training of government and public institution focal points in charge of hygiene and surveillance mechanisms in districts at highest risk of waterborne disease outbreaks.
- A regional multi-sectoral contingency plan for cholera and diarrhoea control will be designed and implemented with partners and include

UNICEF technical and financial assistance to the Ministry of Health and Public Hygiene.

Education

US\$1,000,000

UNICEF will ensure that displaced and other vulnerable children gain access to a safe learning environment.

- As Education Cluster lead, UNICEF will ensure the development of an education in emergencies plan and coordination and gap coverage among education partners.
- At least 35,000 currently displaced and vulnerable children will be able to go to school in a safe learning environment through the distribution of sufficient education supplies and the creation of 700 temporary classrooms. Of these, approximately 16,000 younger children aged between three and six years old will have access to early childhood development activities within these same structures.
- 80 education staff at the prefecture level will be trained to prepare local contingency plans for education in emergencies and to coordinate and develop relevant response in crisis situations.
- Primary school teachers will be trained in HIV/AIDS prevention and peace education.

Child Protection

US\$850,000

UNICEF will continue to reinforce government and civil society capacities in emergency preparedness and response to child protection related issues.

- Survivors of sexual and gender-based violence will have improved access to support services through the provision of legal assistance, psychosocial support and rehabilitation care.
- Up to 300 government authority staff, NGO social workers and members of the security forces at the national and local levels will be trained in issues relating to child protection in emergencies, including the implementation of the United Nations Code of Conduct against Sexual Exploitation and Abuse in Humanitarian Settings.
- Psychosocial support will be provided to at least 10,000 children affected by emergencies.

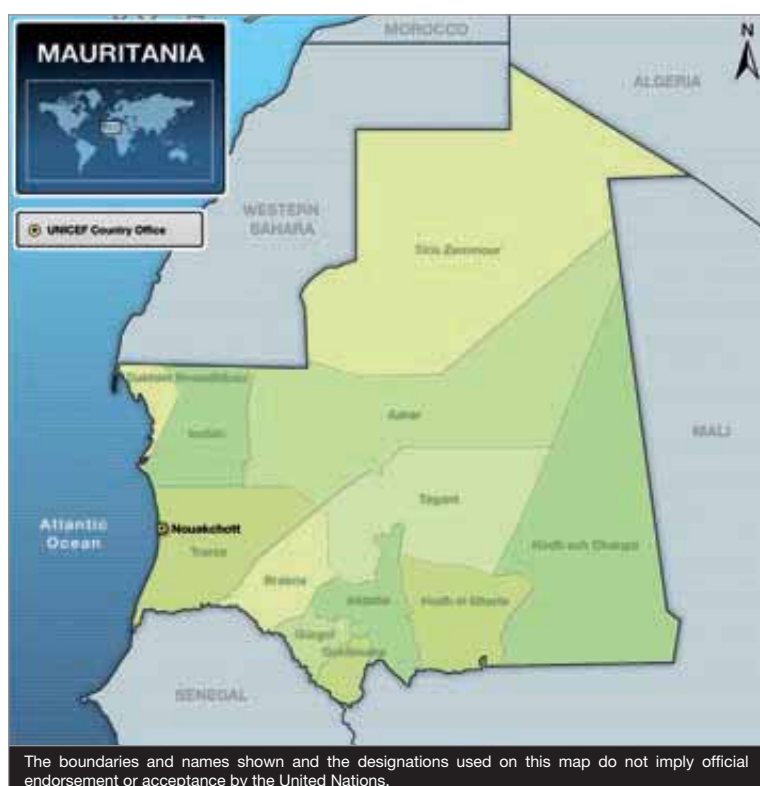
4. The five key behaviours are: exclusive breastfeeding, use of insecticide-treated mosquito nets for pregnant women and children under five, use of oral rehydration salts, hand-washing and appropriate weaning and complementary food.

5. The eight essential services are: Integrated Management of Childhood Illnesses, vitamin A supplementation in children aged 6–59 months, quality antenatal care, growth monitoring, malnutrition case management, complete vaccination of children, low cost boreholes and birthing delivery assisted by trained staff.

UNICEF Humanitarian Action 2010

MAURITANIA

Unusually heavy rains in August and September of 2009 along with several hikes in food prices are exacerbating chronic food shortages in almost half of Mauritania. Already the country suffers from high levels of poverty as well as food insecurity as agricultural production covers less than half of national food consumption. Furthermore, the flow of international aid has slowed down following Mauritania's latest political crisis, which erupted in August 2008, straining already limited resources yet further. Current estimates put the number of people at risk of undernutrition in the five most food-insecure regions at around 220,000, a figure which includes 165,000 children under five and 9,000 pregnant and lactating women.¹



One of the challenges will be to keep global acute malnutrition rates below 10 per cent in all the vulnerable regions by linking management of acute malnutrition with the prevention of stunting in children.

In 2010, UNICEF will work with the Government of Mauritania, United Nations agencies and international and national NGOs to respond to the needs of 30,000 children with acute malnutrition in five food-insecure regions, as well as 10,000 people in flood-affected communities. Early recovery interventions for up to 20,000 returnees from Senegal and Mali, located mainly in the Brakna, Gorgol, Guidimakha and Trarza regions, will also be a priority. As technical leader of the Water, Sanitation and Hygiene, Nutrition and Education Clusters, and the Child Protection Sub-Cluster, UNICEF will work with partners to provide access to health and nutrition services, safe drinking water and sanitation, primary education for displaced children and a protective environment for all children. UNICEF will also work with local partners to build emergency preparedness to respond to national emergencies, which among other activities will include the development of a national emergency plan and managerial capacity to handle future emergency situations in line with the inter-agency contingency plan and the national early response and recovery plan.

1. CERF allocates US\$ 2.2 million for emergency nutritional assistance in Mauritania', Office for the Coordination of Humanitarian Affairs, Press Release, 8 October 2009.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Health	500,000
Nutrition	1,000,000
Water, Sanitation and Hygiene	200,000
Education	350,000
Child Protection	350,000
HIV/AIDS	50,000
Total	2,450,000

CRITICAL ISSUES FOR CHILDREN AND WOMEN

The latest national nutrition survey² reported that during the post-harvest period in the five most food-insecure regions, global acute malnutrition rates among children aged between 6 and 59 months exceeded 10 per cent. A follow-up survey, conducted in July 2009 during the lean season, revealed a worrying increase in the prevalence of undernutrition in the same regions, recording rates of global acute malnutrition in excess of 15 per cent. In absolute terms this translates into an estimated 56,000 children aged between 6 and 59 months who are malnourished nationwide, of which 5,000 are considered to be severely acutely malnourished. A similar assessment carried out by the World Food Programme and the Government in May 2009 confirmed this sharp downward trend in household food security. The exposed population at risk of undernutrition was estimated to be around 217, 173 people of whom 164,290 are children under five and 9,103 pregnant and lactating women.

Since the coup d'état in August 2008, the flow of international aid has subsided and only some regular assistance programmes and spot government food distributions continue to support communities affected by food insecurity. Unfortunately, due to the Government's lack of investment in the preparation for the 2009–2010 agricultural campaign, low food production yields are expected in 2010, adding further to the vulnerability of women and children. Responding to the latest flooding in Rosso (Trarza region) and the ongoing nutritional emergency in the worst-affected regions remain the priority for UNICEF and other partner agencies.

In addition, a total of 65 districts in two northern regions of the country along the Moroccan border are contaminated with landmines, placing the 150,000 nomadic inhabitants who live in these locations at risk of injury or death from

unexploded landmines and unmarked mine fields. In order to prevent accidents from unexploded ordnance, and to assist those injured, UNICEF and the United Nations Development Programme are working closely together to bring landmine education programmes to the affected regions.

KEY ACHIEVEMENTS IN 2009

UNICEF and partners worked to respond to an ongoing nutritional crisis that is affecting 33,000 children aged between 6 and 59 months in five food-insecure regions, and to meet the humanitarian needs of 2,000 families who were displaced due to unusually severe seasonal flooding.

Through a UNICEF and World Food Programme partnership, by the end of 2009, 1,877 children with severe acute malnutrition and 21,000 children with moderate acute malnutrition received treatment and supplementary feeding, achieving a 70 per cent coverage. Preventive and emergency health campaigns also ensured two rounds of tetanus vaccination covering 26 out of 53 health districts during April and May 2009. Furthermore, nationwide promotion of exclusive breastfeeding for women of child-bearing age reached 393,501 women, or more than half of all women in the country. This success was accomplished in partnership with the Ministry of Health and five NGO partners (Action Contre la Faim, Counterpart International, the Red Cross, Santé Sud and World Vision), using mass media and home visits by community volunteers.

In addition, vitamin A supplementation and de-worming campaigns targeted vulnerable children aged between 6 and 59 months, resulting in 97 per cent coverage. Partnering with the World Food Programme in surveillance and early warning work, UNICEF organized two annual nutrition SMART surveys and strengthened routine health information systems to include a nutrition component. UNICEF also provided support to the Ministry of Health's Accelerated Child Survival and Development programme. Coordination among United Nations agencies, NGOs and the Government made it possible to mount an integrated emergency response to the 2009 flash floods and subsequent displacement of families. The response included support for access to safe water, sanitation and hygiene, sufficient nutrition and safe learning environments, as well as for child protection systems.

CORE COUNTRY DATA

Total population (thousands, 2008)	3,215
Child population (thousands, 2008)	1,489
U5 mortality rate (per 1,000 live births, 2008)	118
Infant (U1) mortality rate (per 1,000 live births, 2008)	75
Maternal mortality ratio (per 100,000 live births, 2005)	820
Primary school enrolment ratio (net, male/female 2003–2008 [*])	78/83
%U1 fully immunized (DPT3, 2008)	74
% population using improved drinking water sources (2006)	60
HIV prevalence rate (% 15–49 years, 2007)	1
%U5 suffering from moderate and severe wasting (2003–2008 [*])	12

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

2. 'Mauritania National Health Survey', December 2008.

PARTNERING FOR HYGIENE PROMOTION AMONG FLOOD-DISPLACED COMMUNITIES IN ROSSO

On 28 September 2008, heavy rains flooded the town of Rosso, uprooting 2,000 families. Within 24 hours, UNICEF together with its United Nations partner agencies, the Food and Agricultural Organization, the World Food Programme and the United Nations Population Fund carried out an initial rapid assessment to map out the situation and define the emergency response needed. Since then, UNICEF has been working with the local directorates of the Ministry of Hydraulics and Sanitation, the Ministry of Health, the Mayor of Rosso and with Médecins Sans Frontières, Medicos del Mundo (Spain) and national NGOs to respond to the humanitarian needs of the flood-affected families by providing access to safe drinking water and adequate sanitation.

Communication messages and materials on topics such as hand-washing, treatment and conservation of water, safe disposal of excreta and exclusive breastfeeding were developed by UNICEF and Médecins Sans Frontières, providing families with useful information about how to prevent waterborne diseases.

In addition to leading the Water, Sanitation and Hygiene Cluster, UNICEF coordinates the Nutrition and Education Working Groups in collaboration with the Government of Mauritania, United Nations agencies and international and national NGOs. UNICEF also actively collaborates with the United Nations High Commissioner for Refugees and UNFPA on protection issues to prevent abuse, exploitation and HIV/AIDS.

PLANNED HUMANITARIAN ACTION FOR 2010

UNICEF will partner with the Government of Mauritania, other United Nations agencies and national and international NGOs, such as Action Contre la Faim, Counterpart International, the Red Cross and Santé Sud, for the provision of emergency relief in line with the Core Commitments for Children in Emergencies in the areas of health and nutrition, water, sanitation and hygiene, education and child protection to reduce the vulnerabilities of at least 30,000 children in five food-insecure regions, as well as 10,000 people in flood-affected communities. UNICEF will also pre-position supplies so as to be able to rapidly respond to critical needs in the case of additional flooding that could potentially result in an influx of displaced people and thus a need to establish temporary camps. Further emergency preparedness and risk reduction measures will form an integral part of the inter-agency contingency plan, which will adopt national capacity development as a central approach.

Health	US\$500,000	Nutrition	US\$1,000,000
<p>UNICEF will concentrate its efforts on ensuring access to health care for children and women living in food-insecure and flood-prone regions.</p> <ul style="list-style-type: none"> ● Vulnerable children and women will benefit from improvements to essential health services achieved through the training of national health personnel in 50 health districts in immunization and cold-chain management and the promotion of optimal infant and young child feeding practices in health centres and communities. ● Rounds of vitamin A supplementation will reduce the risk of micronutrient deficiencies in children under five while the distribution of mebendazole will help reduce iron-deficiency anaemia in emergency-affected regions. ● 200,000 children under five living in flood-prone areas will be given insecticide-treated mosquito nets to reduce their vulnerability to malaria. ● Maternal and neonatal care will improve in the affected regions through the strengthening of existing structures, in collaboration with the World Health Organization and the United Nations Population Fund. ● Communication for development-related activities and materials will be provided for those affected by emergencies by trained social workers and community agents as part of targeted health campaigns. 		<p>For 2010, the priorities are to reduce acute malnutrition rates in children under five and to provide micronutrient supplementation and de-worming to pregnant women in food-insecure areas.</p> <ul style="list-style-type: none"> ● As leader of the Nutrition Working Group, UNICEF will coordinate and support nutrition surveillance; at least two nutritional surveys, as well as monitoring assessments and follow-up evaluations, will be undertaken. ● Up to 9,000 children with severe acute malnutrition will have access to life-saving treatment through technical and material support of existing therapeutic feeding centres, both mobile and fixed, and additional training of health personnel in severe acute malnutrition case management. 	
		Water, Sanitation and Hygiene	US\$200,000
		<p>UNICEF will respond to the needs of at least 20,000 displaced people, the majority of whom are children and women, for safe water and adequate sanitation and hygiene facilities.</p> <ul style="list-style-type: none"> ● 20,000 displaced people will have improved access to safe water and sanitation as a result of the 	



rehabilitation of 25 wells and boreholes fitted with hand pumps and the construction of appropriate sanitation facilities in 25 schools and at least 500 household latrines.

- Awareness among children and women of the importance of safe hygiene practices will be raised through education programmes in 25 schools and in 25 communities.
- 15 collapsible water tanks, with capacities of 1,000 and 5,000 litres, as well as jerry cans and chlorine tablets will be pre-positioned in flood-prone areas as part of an emergency preparedness plan; these measures will provide sufficient water to serve up to 10,000 inhabitants.

Education

US\$350,000

UNICEF will concentrate its efforts on providing access to a safe learning environment for children who are displaced or recently returned to resettlement areas.

- The learning environment of 3,000 primary schoolchildren will improve through the provision of school-in-a-box kits and recreational kits in 50 primary schools and the construction of 40 temporary classrooms and 20 temporary classroom tents.
- Children and teachers will benefit from measures to improve sanitation and hygiene, including the construction of 50 latrine blocks along with squatting plates and the establishment of 50 school sanitation committees and cooperatives to promote good hygiene practices in schools.

Child Protection

US\$350,000

UNICEF together with partners will respond to the needs of flood-affected children who have been displaced and are thus subject to increased risk of abuse, exploitation and domestic violence, and also to those of children living in areas of unexploded ordnance.

- Children subject to abuse, exploitation or separation from their parents because of flooding or food insecurity will be given access to psychosocial support, basic social services and reunification assistance through an ongoing monitoring system.
- In collaboration with the United Nations Development Programme, the Government and national international NGOs, UNICEF will conduct mine risk education programmes in 65 districts in the two regions most affected by landmines, reaching up to 150,000 inhabitants, in order to prevent accidents from unexploded ordnance. Assistance to accident survivors will also be provided.

HIV/AIDS

US\$50,000

In 2010, UNICEF and the Ministry of Health, the Executive Secretariat for HIV/AIDS, the Red Cross, national NGOs and local associations will strengthen vulnerable communities' ability to reduce their risk of exposure to HIV infection in the flooded regions and in returnee camps.

- 10,000 vulnerable children, young people and women will have greater access to information on HIV/AIDS prevention through the development of behaviour change communications.

UNICEF Humanitarian Action 2010

NIGER

Niger continues to suffer a plethora of acute emergencies, including heavy flooding, seasonal cholera and meningitis outbreaks. In addition, although peace talks in May 2009 calmed a two-year insurgency in the northern part of the country leading to some resettlement, tensions remain. Another challenge will be the rehabilitation of infrastructure in a region hit by heavy flooding in September 2009 which displaced over 100,000 people. Acute malnutrition rates in children under five exceed 10 per cent in all but one region of the country. Such widespread and critical levels of acute malnutrition require constant, large-scale humanitarian aid responses, particularly during the agriculturally 'lean season', when food is harder to find.



Stunting currently afflicts almost one in every two children. Low nutrient intakes contribute directly to this largely irreversible condition that renders low-height-for-age and delayed motor or cognitive development in children under five. Infectious and waterborne diseases also continue to undermine the health and nutrition status of women and children.

In 2010, UNICEF will work with the Government of Niger, United Nations agencies, and international and national NGOs, as well as local communities to respond to the health and nutrition needs of up to 300,000 children suffering from moderate or severe acute malnutrition. UNICEF's focus will be on ensuring access to health care and nutrition services, reinforcement of national and local preparedness and response to waterborne and infectious disease outbreaks, and on securing reliable access to safe water supply, proper sanitation and hygiene facilities for those living in vulnerable areas. Creating access to safe learning environments and strengthening child protection networks, especially for those separated from their parents or caregivers will also remain a priority. UNICEF will lead the Water, Sanitation and Hygiene Cluster and help coordinate the Health, Nutrition, Education and Child Protection Thematic Working Groups.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Health	2,475,000
Nutrition	14,723,200
Water, Sanitation and Hygiene	800,000
Education	700,000
Child Protection	550,000
Total	19,248,200

CRITICAL ISSUES FOR CHILDREN AND WOMEN

An alarming cycle of undernutrition, flooding that destroys crops and livelihoods and disease outbreaks in both the rainy and cold seasons continue to affect the health and development of children and women. A 2009 nutrition survey showed stunting in 46.3 per cent of children and a global acute malnutrition rate of 12.3 per cent – levels that justify an immediate global humanitarian response of public health interventions and improved access to essential health services.

The first half of 2009 also saw two major – and deadly – disease outbreaks in more than 35 of Niger's 42 districts. Over 13,000 cases of meningitis were reported with 511 deaths, which compares with 3,851 cases and 218 deaths for the same period in 2008. By June 2009, 6,098 cases of measles, and 32 deaths, had been reported since the beginning of the year. To date, no cases of influenza A (H1N1) have been notified in Niger.

In September, an estimated 100,000 people in the northern town of Agadez and surrounding villages suffered heavy rains and a broken dyke which washed away or destroyed more than 3,500 houses, a health centre, 6 schools, more than 400 acres of crops and cut off two main access roads. This led to wells being destroyed and polluted, poor water supply and consequently a heightened risk of waterborne disease, as well as to food shortages. The town of Zinder was also hit by floods, affecting another 1,200 people.

CORE COUNTRY DATA

Population (millions, 2008*)	14
Child population (millions, 2008*)	8.5
U5 mortality rate (per 1,000 live births, 2006)	198
Infant (U1) mortality rate (per 1,000 live births, 2006)	81
Maternal mortality ratio (per 100,000 live births, 2006)	648
Primary school enrolment ratio** (net male/female, 2008–2009)	77/59
%U1 fully immunized (DPT3, 2006)	39
% population using improved drinking water sources (2006)	46
HIV prevalence rate (% 15–49 years, 2006)	0.7
%U5 suffering from moderate and severe wasting*** (2003–2008)	12

All sources from Demographic Health Survey-Multiple Indicator Cluster Survey 2006 except:

* Updated Niger Population Forecast for 2005–2050, National Institute of Statistics, 2008

** Ministry of Education, Direction of Statistics, August 2009

*** United Nations Children's Fund, *The State of the World's Children: Special Edition 2010*. UNICEF, New York, 2010.

KEY ACHIEVEMENTS IN 2009

In 2009, UNICEF supported the Government of Niger and 19 NGOs in managing acute malnutrition in both outpatient and inpatient services through a network of 503 therapeutic feeding centres across the country. As of 30 August 2009, more than 96,000 malnourished children under five were admitted into the feeding programme and received treatment, including over 50,000 with severe acute malnutrition.

Although the total number of children receiving treatment for acute malnutrition is expected to increase by the end of 2009, the departure of two NGO partners hampered efforts to achieve the goal of reaching all of the estimated 225,000 malnourished children. In response to the 2008 Comprehensive Food Security Vulnerability Analysis, which revealed that selected districts in the Zinder region remained at risk of severe food insecurity, in 2009 UNICEF together with the Ministry of Health, the World Food Programme and NGO partners supported a blanket feeding operation¹ in the affected area, benefiting more than 145,000 children. An additional blanket feeding operation targeted 52,000 children in the Diffa region when preliminary data from the same above-mentioned nutritional survey² revealed that the area had the highest global acute malnutrition rate (17.4 per cent) in the country. UNICEF is also supporting a network of four NGOs to promote adequate infant and young child feeding, along with other key family nutrition practices.

In response to the meningitis outbreak, UNICEF made available 957,800 doses of vaccines for an emergency vaccination campaign in the 35 affected districts. A coverage rate of 60.3 per cent of the target population, those aged 1–30 years, was achieved. The Ministry of Health, UNICEF and other partners also developed a national contingency plan and budget should influenza A (H1N1) cross into Niger from the bordering countries where at least one case has been reported in 2009.

To assist government response to the heavy flooding in the region of Agadez, UNICEF participated in a rapid assessment of water and sanitation needs and provided 35,000 packets of chlorine tablets for cleaning water, calcium hypochlorite treatment for wells, hygiene kits, insecticide-treated mosquito nets, de-worming tablets and enough measles vaccines to immunize all 8,200 flood-affected children under five. The rehabilitation of school latrine blocks for use by internally displaced children continues, as does the construction of paving stones and cesspools for water infiltration. Some 42,000 displaced children and their families are also benefiting from the development of communication tools and awareness

1. A blanket feeding operation is a specific food distribution (corn soya blend, oil and sugar) for children aged six months to three years old. Five months of blanket feeding was completed during the lean season to prevent further deterioration of the nutritional status of children under three and living more than 10 kilometres away from nutritional centres or in areas identified as particularly vulnerable.

2. Jointly undertaken by UNICEF, the World Food Programme and the Ministry of Health in June–July 2008.

campaigns that promote good hygiene and sanitation practices. In the other flood-affected area of Zinder, rapid response included the draining and disinfection of wells and the distribution of water purification tablets and soap in an effort to prevent outbreaks of waterborne diseases.

To reinforce the need for education in emergencies and bolster the country's response system, UNICEF trained members of the National Pilot Education Committee in standards³ for delivering education to children

during emergencies. UNICEF provided training to some 1,700 parents through parental education sessions on early childhood care. UNICEF further supported the northern region in its effort to create 15 community day-care centres for 600 young children (50 per cent girls) while primary schools in Agadez benefited from teacher training and equipment to help absorb displaced children into their classrooms. More than 250 displaced children (103 girls) received additional assistance through the supply of temporary shelters and textbooks.

SCHOOL MATTERS: UNICEF AND THE GOVERNMENT OF NIGER GET DISPLACED CHILDREN QUICKLY BACK INTO THE CLASSROOM

"Some time ago, I had to leave our village with my mother. Everyone was going to Agadez. We also had to. I could hear war-like noises and shooting – I was scared. Now I have been studying in Agadez for the past two months. I am happy, as I missed going to school a lot. What I like most is the reading class," Asmaou says.

Between January and July 2009, UNICEF and the Ministry of Education supported a total of 256 internally displaced children (among them 103 girls), enabling them to continue their primary education in northern Niger. UNICEF supplied enough corrugated iron sheets and floor mats to build eight temporary classrooms and also various teaching materials such as school manuals and blackboards, specifically designed for use during emergencies. For its part, the government provided tables and chairs for the students.

UNICEF Niger currently partners with the Government of Niger and 19 local and international NGOs in the areas of health, nutrition, water, sanitation and hygiene, education and child protection. More broadly, UNICEF continues to participate in the emergency preparedness and response coordination mechanism, through a joint consultation committee that includes government partners, United Nations agencies, the donor community and a network of NGOs.

PLANNED HUMANITARIAN ACTION FOR 2010

UNICEF will work with the Ministry of Health and other partners to treat 50,000 children across the country who are currently suffering from severe acute malnutrition and prevent undernutrition in a further 250,000 children through blanket feeding.⁴ Interventions will include the promotion of adequate health, nutrition and hygiene practices. As an immediate measure, UNICEF will increase its emergency preparedness to respond to infectious disease outbreaks, floods and the subsequent displacement of people, through pre-positioning of supplies and preparedness training at the national and regional level.

Health

US\$2,475,000

UNICEF will respond to a situation where thousands are affected each year by seasonal outbreaks of cholera and meningitis by enhancing national emergency preparedness and response systems and by pre-positioning medical supplies and drugs in high-risk health districts.

- Up to 1.3 million children under five will be vaccinated against meningitis, and 170,000 meningitis cases will receive appropriate treatment.
- In the event of a cholera epidemic, the affected children and women will be sensitized on the prevention of cholera and more than 15,000 cases will be treated.
- 10,000 women and children displaced by floods or conflicts in the northern area will have their medical needs met through sufficient supply and pre-placement of a contingency stock.

- In case of an influenza A (H1N1) outbreak, communication tools will be created and disseminated to affected populations, as outlined in the national emergency preparedness and response plan.

Nutrition

US\$14,723,200

UNICEF will focus its efforts on reducing child mortality, bringing the rate of acute malnutrition below 10 per cent and lowering the prevalence of stunting among children under five.

- UNICEF will lead the inter-agency Nutrition Thematic Working Group, in coordination with the Ministry of Health, to ensure coverage of gaps in the identification and treatment of acute malnutrition and also to ensure complementary nutrition services, which will include blanket feeding for 250,000 children under three and vitamin A supplementation for all children under five affected by floods or displacement.

3. According to the Inter-Agency Network for Education in Emergencies.

4. Whereas treatment will be available nationwide, blanket feeding will probably target Diffa, Maradi, Tahoua and Zinder depending on results of the June 2010 nutritional survey and vulnerability assessment.

- 50,000 children with severe acute malnutrition – 60 per cent coverage of the estimated number of cases – will benefit from improved provision of both inpatient and outpatient services at health facilities and feeding centres.
- The onset of new cases of acute malnutrition will lessen as a result of the introduction of a tailored integrated community-based child survival package consisting of seven key behaviours⁵ and eight essential services,⁶ the undertaking of a child survival and nutrition survey and the establishment of an effective nutritional surveillance system and the provision of nutritional supplements such as Nutributter and Sprinkles that improve complementary feeding practices.

Water, Sanitation and Hygiene

US\$800,000

The overall goal for 2010 is to provide reliable access to a safe water supply and proper sanitation and hygiene facilities for up to 50,000 persons affected by floods or cholera outbreaks. The UNICEF-led Water, Sanitation and Hygiene Cluster will also actively link with early recovery efforts to ensure access to clean water and appropriate sanitation for all persons in resettlement areas.

- 50,000 displaced persons will have access to sufficient safe water supplies through the disinfection and treatment of polluted water, the rehabilitation of water supply systems and the distribution of hygiene kits and chlorine tablets; sanitation facilities that ensure the privacy and security of women and girls, according to Sphere standards, will also be made available.
- Cholera outbreaks will be brought quickly under control and lives saved through a combination of drug therapy and spraying of infested household and public areas to destroy embryonic shelters; anti-vectorial spraying will also help reduce prevalence of other diseases such as malaria and diarrhoea.

Education

US\$700,000

UNICEF will focus on getting children back to school in the flood-prone region of Agadez, especially those displaced by the two-year conflict and who are now returning to their home villages.

- Children in the affected areas of the Agadez region will benefit from access to a safe learning environment through a scheme to 'build



back better' the five primary schools and one middle school destroyed in the September 2009 floods.

- In the event of floods or other disasters, disruption of schooling will be minimized in 2010 by supporting schools that accept displaced children, through measures such as providing school kits and materials to build temporary learning spaces.

Child Protection

US\$550,000

UNICEF will continue supporting the Government of Niger and other partners in order to reinforce their capacity to respond to child protection issues during emergencies.

- Some 8,000 children and youth made vulnerable through displacement will benefit from the creation of safe spaces and access to psychosocial support and mine risk education; 10,000 vulnerable women and children will be assisted through provision of non-food items.
- Training of humanitarian and government partners in the adoption and use of the code of conduct against sexual exploitation and abuse will further protect vulnerable children and women.

5. The seven key behaviours are: exclusive breastfeeding; use of insecticide-treated mosquito nets by pregnant women and children under five; use of oral rehydration salts; hand-washing; recognition of early signs of danger of illnesses; use of health services; and appropriate weaning and complementary food for infants.

6. The eight essential services are: Integrated Management of Childhood Illnesses; vitamin A supplementation in children aged 6–59 months; quality antenatal care; growth monitoring; malnutrition case management; complete vaccination of children, low cost boreholes; and birthing delivery assisted by trained staff.

UNICEF Humanitarian Action 2010

ASIA-PACIFIC





UNICEF Humanitarian Action 2010

ASIA-PACIFIC

The Asia-Pacific region has an emergency profile that is characterized by natural disasters and civil/political unrest with pockets of armed conflict, straining access to and timely provision of humanitarian assistance and delivery of basic services for vulnerable children and women. In 2009, the region saw the situation in war-torn and politically unstable countries worsen, further increasing the number of internally displaced people and disruption to social stability.



Flooding, which is often associated with the annual typhoon and cyclone season, was unusually severe in 2009 and has also devastated the lives of millions of people in the region. At the same time, paradoxically, the shortage of rainfall in other areas has led to severe droughts and food insecurity, especially in India. In addition, the Asia-Pacific region is being affected by global events, such as food and fuel price shocks and the threat of pandemic influenza, in addition to the presence of endemic diseases like cholera and dengue.

In 2010, UNICEF's Asia and Pacific Shared Services Centre (APSSC) will continue to provide technical support to country offices for emergency preparedness and response planning as well as for capacity building activities, specifically in the four cluster areas for which UNICEF has global leadership, in order to meet the challenges of securing reliable access to essential services for women and children in the region. As a member of the regional Inter-Agency Standing Committee network, APSSC will further advocate for a special focus on children and vulnerable groups in all sectors. This will require actively partnering with regional governments bodies, United Nations agencies, NGOs and institutions to promote the cluster approach through awareness-raising workshops and inter-cluster missions at the country level, in addition to leading or co-leading the established regional cluster networks in the areas of Water, sanitation and hygiene, nutrition and education (with Save the Children) and establishing a regional sub-cluster network for child protection in emergencies.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Emergency Preparedness and Response	400,000
Support for Capacity Building in Cluster Areas	1,500,000
Nutrition	300,000
Water, Sanitation and Hygiene	300,000
Education	400,000
Child Protection	500,000
Total	1,900,000

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Throughout 2009, the Asia-Pacific region has witnessed a deteriorating humanitarian situation due to conflict and climate hazards. By early May, Pakistan suffered from one of the worst crises in its history, as more than 2 million people – with more than half believed to be children and women – were forcibly displaced from their homes into camps and host communities following a sudden intensification of military operations in the Buner, Dir and Swat regions. Subsequently, military incursions began in Southern Waziristan, triggering an additional wave of displacement and leaving thousands of children and women with little to no access to essential health services, safe water or a primary education. In Sri Lanka, the escalation of conflict in 2009 generated more than 280,000 internally displaced people, who endured months of physical hardship and suffering. On top of the rapid onset of these conflicts, during the months of July and August, both Pakistan and Sri Lanka were subject to heavy monsoon rains that flooded areas in and around the camps sheltering the displaced people, leading to yet another humanitarian crisis.

Afghanistan fared little better with security plummeting during and after national elections, which further restricted access for the humanitarian community trying to reach those caught in the crossfire. In addition, despite the July announcement in the Philippines of the suspension of military operations in a decade-long internal conflict by the Government and by the Moro Islamic Liberation Front two days later, the situation on the ground remains fragile and volatile. Restrictions on access to affected areas and insecurity are making conditions extremely challenging and are hindering the delivery of basic social services to the most vulnerable women and children. Cholera outbreaks have also been registered in Afghanistan, Nepal and Papua New Guinea.

The cyclone and typhoon season was particularly fierce in 2009 and created devastating consequences for many people in the region. In Bangladesh and West Bengal, approximately 10 million people were affected by Cyclone Aila while in the eastern part of Asia, Typhoons Ketsana, Morakot and Parma left more than 10 million people across Cambodia, China, the Lao People's Democratic Republic, the Philippines and Viet Nam with shattered livelihoods and homes, not to mention physical and emotional distress from displacement. A typhoon and a tropical storm also hit the Philippines in the same week, affecting more than 8.4 million people, of whom 220,000 mainly children and women, continue to live in evacuation centres.¹ Paradoxically, rainfall triggered by the monsoon season in the region has been low. As a consequence, India is facing one of the biggest droughts in decades with 247 out of 625 districts officially

declared as drought-affected areas as of August 2009. If not monitored adequately, this could increasingly worsen the nutritional status of children and women.

In addition to floods and droughts, the Pacific seismic belt puts a number of nations across the region at risk of major earthquakes. In the last quarter of the year, three major earthquakes struck the region displacing more than 220,000 families. On 21 September 2009, an earthquake measuring 6.3 on the Richter scale hit Eastern Bhutan. Less than one week later, an 8.3 Richter-scale earthquake struck the Pacific region, triggering a tsunami that left more than 100 people dead and caused major destruction on the islands of Samoa and Tonga. One day later, a 7.9 intensity earthquake hit the eastern part of Sumatra in Indonesia.

KEY ACHIEVEMENTS IN 2009

As part of its support to country offices, APSSC strengthened emergency preparedness in Afghanistan, Indonesia, the Lao People's Democratic Republic, the Philippines and Sri Lanka by planning response mechanisms to the growing impact of the global financial crisis and by adopting the latest thinking in appropriate humanitarian response. Furthermore, a simulation exercise package to test country office capacity to carry out cluster leadership in the areas of nutrition, water, sanitation and hygiene, education and child protection was developed by APSSC and piloted in Thailand. Prior to the yearly monsoon and cyclone season, APSSC also established and maintained regular dialogue with country offices, ensuring effective operations were in place to respond to the immediate needs of women and children, particularly in Bangladesh, the Democratic People's Republic of Korea, Myanmar, Nepal and the Philippines. When emergencies hit Pakistan, the Philippines and Sri Lanka, APSSC set up systems for monitoring response performance in line with the Core Commitments for Children in Emergencies as additional support.

Under the broader scope of information management and improved coordination, APSSC took the lead in organizing a workshop on multi-cluster rapid assessment, an initiative developed by the inter-agency group in Pakistan. The objectives were to identify and share key lessons with governments and a wider audience at the regional and country levels for use as best practice. One major outcome was a guidance booklet on rapid assessment and sample methodologies. The booklet has since been shared with all country offices in the region while Bhutan and Myanmar have used it as resource material for training partners in rapid assessments in their respective countries.

Inter-agency partnerships and UNICEF cluster responsibilities were additionally strengthened through

1. Office for the Coordination of Humanitarian Affairs, 'Situation Report', No. 11, 20 October 2009.

the organization of a regional network for each UNICEF-led cluster: Nutrition, Water, Sanitation and Hygiene and Education. APSSC also assisted in the global revision of the Sphere standards by collecting input from each of the clusters and from an inter-country consultation in water, sanitation and hygiene attended by representatives from Bangladesh, India, Indonesia and Nepal with support from RedR India. Furthermore, the UNICEF Regional Emergency Unit facilitated an earthquake simulation exercise for the Inter-Agency Standing Committee in Nepal and joined a diagnostic mission in Pakistan to support the Water, Sanitation and Hygiene and Nutrition Clusters in defining plans to be implemented before the end of 2009.

APSSC tested a new nutrition in emergencies training module to further strengthen country office technical knowledge and understanding of best practice in nutrition emergency response. Additionally, a capacity mapping exercise was conducted using pre-crisis nutritional data and guidelines for the management of acute malnutrition and human resources. This resulted in the formulation of an action plan for strengthening country office preparedness for response to nutrition issues in emergencies. Cambodia, the Democratic People's Republic of Korea, Indonesia, Pakistan, the Philippines and Sri Lanka also benefited from APSSC technical support for community-based Management of acute malnutrition. In addition, in Bhutan, the Ministry of Health, the National Disaster Management Committee, UNICEF staff and the World Food Programme were trained by APSSC in nutrition in emergencies.

New global water, sanitation and hygiene (WASH) training packages, in line with the revised Core Commitments for Children in Emergencies, were also introduced through three regional workshops for water experts working at the country office level. In Indonesia, APSSC trained the Government, UNICEF, other United Nations agencies and NGOs in WASH cluster coordination and introduced a new information management tool. APSSC also facilitated WASH contingency and preparedness plans for

Afghanistan, Indonesia and Timor-Leste while Indonesia, Mongolia, Nepal and the Philippines developed extra capacity for improved response with APSSC technical support.

Acknowledging the critical role of early childhood learning for later child development, a workshop to address the often neglected areas of advocacy and national strategies and plans for early childhood development in emergencies was held by APSSC for all respective agencies and governments in the region. This successful training was made possible jointly by UNICEF, Save the Children and the Inter-Agency Network for Education in Emergencies. In Bhutan, Myanmar and the Philippines, APSSC also tested a new education in emergencies training package for frontline emergency responders with more than 110 participants from governments and other partner organizations. APSSC also supported Indonesia in piloting the Education Cluster Needs Assessment Toolkit and Knowledge Management Strategy and developed Timor-Leste's first education Cluster work plan. In Bhutan, APSSC helped draft student textbooks and teacher guides for non-formal education in disasters. Together with Save the Children, APSSC additionally assisted in emergencies in Indonesia, the Philippines, Samoa and Viet Nam with the deployment of education cluster coordinators.

APSSC training in key elements of protecting children from additional harm during and after emergencies resulted in the development of preparedness plans for child protection in emergencies in Bangladesh, Bhutan, Cambodia, the Lao People's Democratic Republic, the Maldives, Nepal, Pakistan, Sri Lanka and Timor-Leste. Bangladesh reviewed their emergency response to Cyclone Aila with a focus on optimizing existing child-friendly spaces while Pakistan strengthened its emergency response by refining its child protection plan for dealing with the armed conflict crisis in the North-West Frontier Province. Following the earthquake in Indonesia, APSSC provided capacity building training on psychosocial support to the country's Child Protection Sub-Cluster.

PLANNED HUMANITARIAN ACTION FOR 2010

In 2010, UNICEF's Asia-Pacific Shared Services Centre will emphasize improved emergency preparedness and response, the development and field-testing of new cluster tools, the creation of a pool of national cluster coordinators and strengthening of sector-specific risk reduction strategies. To ensure successful coordination at the onset of an emergency, selection and training of cluster coordinators will be conducted, with mentoring of new potential coordinators. In addition, formalized feedback mechanisms will be established to capture best practices.

Emergency Preparedness and Response **US\$400,000**

APSSC will provide technical support to country offices to formulate and/or review and update existing emergency preparedness and response plans through training,

workshops, simulation exercises and harmonization with UNICEF's business continuity and security plans to prepare for responding to the needs of children and women in emergencies.

- At the onset of an emergency, direct support will be made available to country offices to ensure a coordinated



response to meeting the needs of children and women.

- Pandemic preparedness and response will be expanded through the enhancement of the role of programme communication to build capacity in the broader context of emerging diseases.

Support for Capacity Building in Cluster Areas **US\$1,500,000**

Working with partners, APSSC will provide support to country offices for emergency response through UNICEF's increasingly recognized inter-agency cluster responsibilities. The following are the expected key results of such partnerships:

Nutrition **US\$300,000**

In 2010, APSSC will concentrate its efforts on strengthening staff capacity at the country office level in community-based Management of acute malnutrition, cluster coordination and nutrition survey methods.

- Community-based Management of acute malnutrition in ongoing and future emergencies will have improved sustainability through advocacy – by APSSC in the Asia-Pacific region and in coordination with UNICEF at the global and regional levels – for local production of ready-to-use therapeutic foods.
- The UNICEF-led Nutrition Cluster response will have improved coordination through the development of cluster contingency plans and ongoing capacity

mapping, gap analysis, creation of humanitarian action plans and monitoring.

Water, Sanitation and Hygiene **US\$300,000**

Together with WASH cluster partners, UNICEF will focus its efforts on the preparedness of country offices to provide rapid access to safe water during emergencies as well as on creating linkages for early recovery.

- The UNICEF-led WASH Cluster at the regional and country level will deliver an improved response in emergencies through the development of inter-agency contingency plans and roll out of WASH packages, as developed by the global WASH Cluster.
- WASH partners will have greater understanding of WASH capacity mapping and contingency planning through refinement of extensive mapping exercises already undertaken in 2007 and 2008.

Education **US\$400,000**

APSSC will strengthen the capacity of country offices and partner agencies to create access to a safe learning environment in emergencies.

- The Education Cluster response will have improved capacity through mapping and gap analysis for education in emergencies, development, piloting and sharing of education tools, standards and protocols and on-site and distance technical assistance, as well as capacity building workshops and regular follow-up with cluster coordinators, emergency education specialists and government partners.

Child Protection **US\$500,000**

UNICEF will respond to the specific child protection concerns in the region, which include trafficking, sexual abuse, gender-based violence, exclusion and recruitment of children for armed conflict and gender disparities.

- Special support will be provided to countries (Afghanistan, Myanmar, Nepal, the Philippines, Sri Lanka and Thailand) reporting on United Nations Security Council's Resolutions 1612 and 1882 on grave violations against children.
- The UNICEF-led Child Protection Sub-Cluster will have improved coordination with the Protection Cluster through the facilitation of lessons-learned exercises on how to overcome operational constraints where the United Nations High Commissioner for Refugees is not present.

UNICEF Humanitarian Action 2010

AFGHANISTAN

One third of Afghanistan's population is considered food insecure. This is due to years of ongoing conflict, increased fighting between government forces and rebel groups, floods in the Western and Northern Provinces and an earthquake in the Eastern province in 2009. The combination of the food, fuel and financial crises are also putting an estimated 1.2 million children under five and 550,000 pregnant and lactating women at further risk of undernutrition, infectious diseases and worsening livelihoods.



Currently around 235,000 people are living in displacement, either in makeshift camps or host communities. These difficult living conditions are made even more so because of little or no access to essential health care, safe water, a basic education or child protection services. In addition, another 2.6 million Afghans remain registered as refugees in neighbouring countries. Despite the urgency to meet the basic humanitarian needs of Afghan disaster – and conflict-affected children and women, nearly 44 per cent of the country remains inaccessible to the humanitarian community because of armed fighting and concomitant lack of security.

In 2010, UNICEF will work with the Government of Afghanistan, United Nations agencies, national and international NGOs and communities to respond to the humanitarian needs of an estimated 2 million people, particularly women and children, who have been affected and/or displaced by ongoing armed conflict and a series of disasters. As lead of the Water, Sanitation and Hygiene and Nutrition Clusters, and co-lead of the Education Cluster, UNICEF with its partners will focus on providing access to essential health and nutrition care, safe drinking water and sufficient sanitation and hygiene facilities, a safe learning environment and stronger psychosocial support and protection networks for children. UNICEF will seek to ensure that preparedness is fully addressed within planning, and that support for lasting recovery is woven into all sectors of humanitarian response. The primary challenge to the humanitarian response is the extremely limited and often unpredictable access to affected populations, mainly to the south of the country.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Health	5,419,050
Nutrition	3,980,950
Water, Sanitation and Hygiene	9,951,000
Education	7,500,000
Child Protection	1,070,000
Total	27,921,000

CRITICAL ISSUES FOR CHILDREN AND WOMEN

The vulnerability of children and women in Afghanistan is exacerbated in the current situation of conflict and increasing frequency and impact of climate hazards. One in four children dies before his or her fifth birthday, while 2 in 100 women die during childbirth, a rate that is three times the average in South Asia.¹ Nearly 90 per cent of all births occur without trained attendants, and more than half of all children under five are chronically malnourished.

Recurrent drought and floods in the last few years, as well as displacement by the conflict, have put more than 2 million people (60 per cent of whom are women and children) at risk of serious shortages of safe drinking water. Outbreaks of cholera and diarrhoea also occur frequently because of poor sanitation and unsafe hygiene practices. Nationwide, only 31 per cent have access to safe drinking water and 12 per cent to household sanitary toilets – extremely low rates when compared with other countries. It is estimated that more than 30 per cent of children under five suffer from diarrhoea, often an underlying cause of other health problems and sometimes even death.

More than half of all school-aged children, of whom 65 per cent are estimated to be girls, are not in school because of a combination of inadequate school infrastructure, poverty, armed conflict and climate-related disasters. In 2009 alone, floods prevented 100,000 children, mostly girls, from attending school. Violence related to national elections in 2009 also caused disruption in learning as the majority of polling centres were located in the schools themselves. Acute shortages of teaching and learning materials, especially for poor and conflict-affected children, are also contributing to the country's low primary school attendance rate and consequently low levels of literacy.

Children continue to face multiple risks to their personal safety, especially as community support mechanisms remain weak and there are few government services to protect them and their families from gender-based violence, domestic abuse and exploitation. Armed groups also continue to recruit children to be used as spies and informants or transport explosives and conduct suicide attacks. These children are subject to arrest, capture and detention without due process by Afghan and international military forces for their alleged association with armed groups.

CORE COUNTRY DATA

Population (thousands, 2008)	27,208
Child population (thousands, 2008)	14,445
U5 mortality rate (per 1,000 live births, 2008)	257
Infant (U1) mortality rate (per 1,000 live births, 2008)	165
Maternal mortality ratio (per 100,000 live births, 2005)	1,800
Primary school enrolment ratio (net male/female, 2003–2008*)	74/46
%U1 fully immunized (DPT3, 2008)	85
% population using improved drinking water sources (2006)	22
HIV prevalence rate (% , 15–49 years, 2007)	-
%U5 suffering from moderate and severe wasting (2003–2008*)	9

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

KEY ACHIEVEMENTS IN 2009

Working with national and international partners, and ensuring the cooperation of the Government of Afghanistan, UNICEF was able to respond to the humanitarian needs of 2 million people, including children and women throughout 2009.

Although the total number of reported measles cases came down from 8,762 in 2001 to 349 in 2005, due to the accumulation of vulnerable children, more cases focals were reported in 2009 (897 cases). In response, a mass measles immunization campaign, with three phases of supplementary immunization activities, resulted in the vaccination of over 3 million children aged between 9 and 36 months, representing a 110 per cent coverage rate as the campaign reached more children than originally expected. In addition, approximately 5,000 malnourished children under five without medical complications were successfully treated in UNICEF-supported outpatient clinics and centres across the eight provinces most affected by drought and high food prices. The distribution of 9.7 million multiple micronutrient supplements helped to improve the nutritional status of 322,500 pregnant and lactating women while about 428,000 children under five received micronutrient supplements in the form of Sprinkle sachets. Combined vitamin A supplementation and polio vaccination campaigns reached 98 per cent of all children under five, benefiting some 6.7 million children.²

Access to sustainable safe drinking water and sanitation was made available to nearly one third of the estimated 1 million people affected by drought through the construction of water systems and installation of hand-pumps and sanitary facilities according to Sphere standards. Another 200,000 families in the four provinces most affected by drought and floods had their immediate needs met by water tankering and received lessons in good hygiene to prevent waterborne diseases. In addition, water purification materials, including tablets and chlorine as well as jerry cans and collapsible storage tanks, were pre-positioned across the country to facilitate rapid response in the event of an emergency. Emergency assistance was also provided for 200,000 displaced families in the eastern, southern and western regions; this included essential health and nutrition services, family kits, warm clothes and blankets, as well as information on how to prevent cholera and diarrhoea.

Together with the Ministry of Education, Save the Children and other partners, UNICEF supported the re-opening of 214 schools, or nearly one third of the 651 schools (as of November 2008) due to threats and violence. In addition, UNICEF and partners established community-based schools equipped with safe water sources and sanitation facilities

1. United Nations Children's Fund, *The State of the World's Children 2009*, UNICEF, New York, 2009.

2. The figure of 6.7 million children under five is based on a head count by vaccination teams.

in 29 out of the country's 34 provinces where there are few, if any, formal education opportunities. Further, in all five regions of the country one teacher each from over 75 per cent of schools in 11 conflict-affected provinces received training in psychosocial support. UNICEF also enabled more than 1.5 million vulnerable children to return to a more normal way of life through the provision of recreational kits. Rapid response for education in emergencies included supply of tents, seating mats and blackboards.

UNICEF continued to co-lead the country task force charged with monitoring and reporting grave violations committed against children in armed conflict, in line with United Nations Security Council Resolutions 1612 and 1882. With technical support from the United Nations Office on

Drugs and Crime, UNICEF designed an inter-agency database to analyse the patterns of violations, principally for advocacy and programming purposes in the central, western and eastern regions of the country, with plans for expansion to three conflict-affected areas. As a measure to improve case management and referral systems, institution-based care workers, members of the provincial Child Protection Action Networks and community volunteers received further training in social work skills. In addition, UNICEF-assisted legal aid services for vulnerable children and women were expanded; service coverage now extends to 20 provinces, or more than half the country, and represents the interests of more than 500 children, including 76 children detained on grounds of national security concerns.

PARTNERING FOR HYGIENE IN AFGHANISTAN: LATRINES IN SCHOOLS IN NIMROZ PROVINCE

"Latrines in schools have started to change students' behaviour. Many of them have become much more cautious in taking care of their body health and cleanliness," says Malalai, a teacher from a newly rehabilitated school in the flood-affected western province of Nimroz.

In 2009, UNICEF partnered with the Government in the construction of new and adapted toilet facilities in all flood-damaged schools in Zaranj District, Nimroz Province; these facilities are designed to Sphere standards to ensure the privacy and security of women and girls. UNICEF is working with relevant government ministries, school authorities and local NGOs on the one hand and the community on the other to develop and ensure sustainability of the new water, sanitation and hygiene infrastructure. These emergency measures also include hygiene education, which will be conducted in partnership with the Department of Education at the provincial level.

UNICEF in Afghanistan is coordinating the Water, Sanitation and Hygiene (WASH) Cluster with the Danish Committee for Aid to Afghan Refugees (as co-lead) with the active participation of the Government, national and international NGOs and other United Nations agencies. The WASH Cluster is one of eight humanitarian aid clusters operating in the country, of which four are led or co-led by UNICEF.

PLANNED HUMANITARIAN ACTION FOR 2010

Together with the Government, international and local NGOs and other United Nations agencies, UNICEF will provide emergency relief in line with the Core Commitments for Children in Emergencies to meet the basic humanitarian needs of an estimated 2 million people, including children and women, who have been affected by conflict, drought, floods and earthquakes. UNICEF will also continue to pre-position emergency supply items so as to be able to respond rapidly to critical needs in case of additional internal displacement. Further emergency preparedness and risk reduction measures are to be included as an integral part of planned humanitarian action, with national capacity development ongoing in all sectors.

Health US\$5,419,050

UNICEF will provide immediate response to the lack of access to adequate health care among over 175,000 children aged between 6 and 59 months and 90,000 pregnant and lactating women.

- Children, women and communities displaced by emergencies will have improved access to maternal, infant and child health and nutrition services through capacity building at the health facility level.
- Insecticide-treated mosquito nets will be provided to 70,000 children under five and 25,000 pregnant women to prevent and reduce the incidence of malaria among displaced and returnee communities.
- Up to 40,000 displaced people and returnees will be supplied with basic household items, including warm clothes, blankets, and family kits and cooking stoves, to aid survival both during and after weather-related health hazards.

Nutrition US\$3,980,950

Together with the Ministry of Health, UNICEF will provide immediate response to the high level of acute malnutrition among children under five and pregnant and lactating women in food-insecure and displaced communities. As in 2009, interventions will include behavioural change communication to increase community and health-care provider awareness of appropriate infant and young child feeding practices.

- An estimated 175,000 children aged between 6 and 59 months will receive micronutrient supplements (including vitamin A), multiple micronutrient powders and vaccination against measles while 90,000 pregnant and lactating women will have access to multiple micronutrient supplements and essential drugs through health centres and mobile clinics.
- 4,500 children with severe acute malnutrition but without medical

complications will receive treatment through community-based therapeutic feeding programmes while treatment will be made available at health facilities for acutely malnourished children with medical complications.

- Life-saving nutrition information will be made available to the public as a result of training health staff in raising awareness about detection, prevention and treatment of acute malnutrition as well as infant and young child feeding in emergencies.
- The UNICEF-led Nutrition Cluster will improve its coordination of emergency preparedness and response by training partners in rapid nutrition assessments, nutrition surveillance, monitoring and evaluation for early warning and nutrition programming.

Water, Sanitation and Hygiene

US\$9,951,000

For 2010, the overall goal is to provide reliable access to safe drinking water, sanitation and hygiene facilities for 1 million people, especially women and children and those affected by conflict and natural disasters, in coordination with provincial Rural Rehabilitation and Development authorities.

- Access to safe water, in accordance with Sphere standards, will be provided in the most drought-affected areas through the construction of 10 strategic water points, the installation of deep bore-wells fitted with power pumps, generators, overhead tanks and a minimum 3 kilometres of distribution pipes, as well as the creation of an additional 500 community water points with bore-wells and hand-pumps.
- 500,000 emergency-affected people in 34 provinces will be served by improved sanitation services through the construction of household latrines; hygiene and health education will also be provided to ensure maximum benefit of the newly installed infrastructure.
- Safe water supply for 200,000 people living in returnee townships and communities affected by drought and floods will be ensured through the provision of water purification tablets, chlorine powder/ other disinfectants, collapsible storage tanks, water containers and latrine slabs, and the construction of water tanks and 2,000 water points fitted with piped water schemes.
- UNICEF (as lead) and the Danish Committee for Aid to Afghan Refugees (as co-lead) will lead the WASH Cluster and provide technical support to local and international NGOs, United Nations agencies and the Ministry of Rural Rehabilitation.

Education

US\$7,500,000

UNICEF will focus on providing access to a safe learning environment and basic education for 100,000 children and out-of-school youth in all provinces affected by the conflict and other emergencies.

- UNICEF and Save the Children, as co-leads of the Education Cluster, will improve coordination among the 25 member NGOs, United Nations agencies and the Ministry of Education in undertaking joint rapid assessments and emergency response.
- Teachers in conflict – or emergency-affected areas will be supported in their efforts to respond to psychological distress among their students through training in psychosocial interventions and the provision of recreational kits and appropriate teaching materials.
- About 500 schools forced to close because of the conflict will re-open as



a result of support for community mobilization and awareness-raising on school protection. Temporary learning spaces and child-friendly sanitation facilities will also be provided at the affected schools.

Child Protection

US\$1,070,000

UNICEF will respond to a situation where children are at high risk of gender-based violence or exploitation, either because of their association with armed groups or because of displacement; this is especially true of unaccompanied minors and separated children working/living in border areas of Herat, Nangarhar and Nimroz Provinces.

- Children formerly associated with armed groups will have improved access to reintegration services through strengthened information collection, monitoring and response at the regional level and links with 28 provincial Child Protection Action Networks, in collaboration with the Ministry of Labour, Ministry of Social Affairs, the Ministry of Martyrs and Disabled and the Afghanistan National Disaster Management Authority.
- Children in detention and those in conflict with the law will have improved access to legal and social assistance through the expansion of the child protection monitoring system to 24 provinces (up from 20).

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA (DPRK)

CHINA

RUSSIA

Pyongyang

SOUTH KOREA

UNICEF Country Office

Hamgyong-Sukho

Hamgyong-Namdo

Yanggang-do

Chagang-do

Pyongan-Sukho

Pyongan-Namdo

Pyongyang

Hwanghae-Sukho

Kangwon-do

Chollima-Namdo

Chollima-Sukho

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

In 2010, UNICEF will work with the Government, NGO partners and other United Nations agencies to respond to the needs of 3.5 million children and women. UNICEF's focus will be on health and nutrition, safe drinking water supply, appropriate sanitation and hygiene services, and education for children. Particular attention will be paid to the prevention of severe acute malnutrition through vitamin A supplementation for children and multiple micronutrient supplementation for women of child-bearing age, as well as to the strengthening of the efficacy of community – and institutional-based interventions. Improved access to safe water supplies and sanitation services, coupled with the promotion of good hygiene practices, will continue to be an integral part of supporting better nutrition and health, especially through the school system. Lack of data and limited access to some parts of the country will remain key challenges to the response.

UNICEF EMERGENCY NEEDS FOR 2010	
Sector	US\$
Health	4,000,000
Nutrition	2,000,000
Water, Sanitation and Hygiene	3,000,000
Education	1,000,000
Total	10,000,000

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Each year some 40,000 children under five are becoming acutely malnourished, out of which 25,000 are admitted to hospitals for treatment. The lack of maintenance of water and sanitation systems is increasing rates of diarrhoea and acute respiratory infections among children; both of these health conditions are leading causes of child deaths. In addition, one third of women of child-bearing age in the country suffer from anaemia, a nutrition deficiency that is also a major cause of maternal deaths.

Although primary and secondary schooling is free and compulsory, persistent shortages of textbooks, school materials and fuel for heating during the long sub-zero winters, as well as poor school infrastructure, translate into children missing out on a basic, quality education. Also, teaching methods have not evolved in line with international standards, another factor that is lowering the quality of education.

CORE COUNTRY DATA

Population (thousands, 2008)	23,819
Child population (thousands, 2008)	6,496
U5 mortality rate (per 1,000 live births, 2008)	55
Infant (U1) mortality rate (per 1,000 live births, 2008)	42
Maternal mortality ratio (per 100,000 live births, 2005)	370
Primary school enrolment ratio (net male/female, 2003–2008*)	-/-
%U1 fully immunized (DPT3, 2008)	92
% population using improved drinking water sources (2006)	100
HIV prevalence rate (% , 15–49 years, 2007)	-
%U5 suffering from moderate and severe wasting (2003–2008*)	9

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

KEY ACHIEVEMENTS IN 2009

In 2009, 12,000 or just over 50 per cent of children under five who were suffering from severe acute malnutrition and were admitted to hospitals as a result, made a full recovery, thanks to training in case management and facility support in 105 provincial paediatric and county hospitals. In addition, multiple micronutrient supplements prevented and/or treated anaemia in 350,000 out of 400,000 pregnant women, meeting 88 per cent of needs. These efforts need to be sustained in 2010 by building on and further supporting existing national capacities.

An independent immunization coverage evaluation survey showed that immunization services reach virtually all children – without gender discrimination – throughout all regions of the Democratic People's Republic of Korea. Indeed the findings confirm that the country has one of the highest immunization coverage rates in the region. The survey, which was conducted in partnership with the Ministry of Public Health with technical and financial assistance from UNICEF, found broadly similar levels of immunization coverage (antigen-wise) to those quoted in official government reports. Pyongyang Province recorded the highest coverage (92 per cent fully immunized) and Ryanggang Province the lowest (83 per cent fully immunized).¹ UNICEF has since shared the survey results with all provincial-level health and immunization managers, who together have developed an action plan to implement the survey report's recommendations. The action plan targets the lower-performing provinces.

During 2009, UNICEF not only led the coordination of water, sanitation and hygiene inter-agency efforts, which resulted in the rehabilitation of water supplies and sanitation facilities for approximately 120,000 persons affected by natural disasters, but also organized hygiene education training in affected communities. At least 10 new communal latrines and 4 gravity-fed water supply systems were installed as part of the emergency response. The hygiene and health promotion activities, coupled with the construction of latrine blocks in schools, increased the practice of healthy behaviours and improved conditions for around 25,000 children.

In view of the acute shortage of resources for learning materials, UNICEF provided consumables for the printing of around 7 million textbooks for use in both primary and secondary schools. As a result, all primary-school children up to the 4th grade level, and all students in their first two years of secondary schooling, received new learning materials. Another 140,000 primary-school-aged children benefited from the production and distribution of 3,500 mathematics kits. A revision of the mathematics curriculum is currently in the pilot phase and results will be analysed in early 2010.

1. The slightly lower coverage may be in part explained by the fact that United Nations agencies are not allowed to conduct routine physical monitoring in Ryanggang Province.

TEACHER TRAINING BUILDS FUTURES – EVEN DURING HUMANITARIAN EMERGENCIES

“With all the help we received, I felt that the county is not lost and that people still care for us”, says Mr. Choe Jin Hyok, the director of the Teacher Training Centre in Jongpyong County, South Hamyong Province.

Mr. Choe and all the teachers in Jongpyong moved into a new teacher training building in 2009, following a massive flood in August 2007 that hit almost the entire country. Mr. Choe worried that the loss of the school's books, furniture and teaching materials could never be replaced – and the best quality education available would be lost. But help came quickly. The Government promised to construct a new building and UNICEF, in partnership with the People's Committee, came forward to re-build the teacher training centre. UNICEF provided tools, construction materials and new furniture as well as the resources to set up a library. Teachers all over the county will benefit from the refurbished facilities.

UNICEF in the Democratic People's Republic of Korea has been working to build strong partnerships with the Ministry of Education, the Academy of Education and local People's Committees to improve the quality of education nationwide. The main areas of intervention are: curricula revision, life-skills education, teacher training, early learning development standards and hygiene promotion in schools.

**PLANNED HUMANITARIAN ACTION FOR 2010**

UNICEF will focus on reducing vulnerabilities among children under five, and women of child-bearing age, particularly pregnant and lactating women. UNICEF will also support a number of interventions at the national level, such as immunization, the distribution of nutritional supplements and the management of severe malnutrition cases. As an immediate measure, UNICEF will pre-position supply items for 100,000 people in order to facilitate a rapid response to critical needs in the event of a flood. Further emergency preparedness and risk reduction measures will be implemented as part of a package of planned humanitarian activities, alongside the development of national capacity in emergency management.

Health**US\$4,000,000**

Together with the Ministry of Public Health, UNICEF will respond to the lack of access to adequate health care among 900,000 children under five, as well as 2.6 million women of reproductive age.

- The Health and Nutrition Theme Group, led by UNICEF and comprising three United Nations agencies, three NGOs and the Government, will update its inter-agency contingency plan and develop a joint health and nutrition preparedness plan to be introduced in disaster-affected areas; status reports for children under five will be generated periodically.
- Children under five will be protected from the main childhood diseases as immunization coverage rates reach the target 95 per cent.
- Access to essential health services will be expanded

through the supply of essential drugs and midwifery kits/equipment.

- The provision of 12,500 essential medicines kits will ensure that children receive appropriate and effective treatment for diseases such as diarrhoea and pneumonia, which rank among the leading causes of death in the under-fives.
- Support for the twice-yearly delivery of Child Health Days will be continued, providing children with regular vitamin A supplementation and de-worming tablets.

Nutrition**US\$2,000,000**

UNICEF will respond to the high prevalence of severe acute malnutrition, currently running at 2 per cent in more than half of the country's 206 counties.

- 15,000 severely malnourished children will be treated as part of a therapeutic feeding programme (70 per cent coverage), to include the supply of 100 tons of F-100 and 20 tons of ready-to-use therapeutic food packets and the expansion of community-based case management of acute malnutrition.
- Moderately malnourished children will benefit from the distribution of Sprinkles (a multiple micronutrient dietary supplement) at Baby Homes and selected nurseries, and the promotion of exclusive breastfeeding, complementary feeding and hand-washing practices.
- 400,000 pregnant and 400,000 lactating women will benefit from micronutrient supplementation for six months and three months, respectively, while adolescent girls (16 and 17 year-olds) will have access to iron and folic acid supplements.
- Behaviour change communications will continue to promote key messages about caring practices (i.e., exclusive breastfeeding, complementary feeding and hand-washing) through a linking of community-based Integrated Management of Childhood Illness projects and community-based management of severe acute malnutrition, and also via a network of nurseries at the community level.
- 11,000 newly-wed couples (90 per cent) in 10 counties will be better informed about a wide range of topics such as nutrition in pregnancy, pre-natal care and HIV/AIDS as a result of the creation and dissemination of a special health-awareness package. Distribution will be through household doctors or upon registration of the marriage or ceremony. The pilot phase will be evaluated in 2010 prior to potential expansion to the rest of the country.

Water, Sanitation and Hygiene

US\$3,000,000

In 2010, UNICEF and its partners will put in place measures to respond to the needs of up to 120,000 emergency-affected people, including 40,000 children, for safe water and sanitation in the event of a future emergency.

- The UNICEF-led WASH Theme Group will ensure provision of adequate safe water and sanitation services for emergency-affected children and their

families; sanitation facilities will be designed with the privacy and dignity of women and girls in mind, in accordance with Sphere standards.

- Up to 120,000 persons will receive hygiene promotion lessons in communities, health institutions and schools.
- The emergency response capacity of the Ministry of City Management and the Provincial City Management Committees will be strengthened as a result of staff training in the areas of rapid assessment, design, and cost and quantity estimation; in addition, engineers and technicians will receive training in the construction and installation of water systems.
- Access to clean water and appropriate sanitation will be restored in all education facilities and health centres affected by an emergency, benefiting an estimated 40,000 children; in addition, hygiene promotion sessions will be organized in the affected communities and institutions in order to ensure better utilization of the rehabilitated facilities.

Education

US\$1,000,000

As the Ministry of Education has extremely limited resources, UNICEF will concentrate its efforts on providing nationwide access to quality education. UNICEF is the only resident agency working in the education sector and is therefore heavily relied upon for the necessary support.

- Learning environments for all children will be enhanced through the training of an estimated 10,000 teachers and headmasters in child-friendly teaching methodologies.
- Primary and secondary schools will have access up-to-date textbooks as a result of the provision of printing consumables.
- Sanitation facilities in teacher training centres (dedicated to in-service teachers' training) will be improved.
- At least 250,000 children will benefit from participation in extra curricula activities that focus on the development of life skills and good health and hygiene practices; these will be piloted in health and hygiene clubs in selected schools, and supported by new classroom materials designed to promote traffic accident prevention and interpersonal communication.

UNICEF Humanitarian Action 2010

MYANMAR

After Cyclone Nargis devastated parts of Myanmar in May 2008, some 1.2 million people in nine affected townships are still in need of humanitarian assistance. Although progress has been made during 2009 in addressing the needs of the estimated total 2.4 million people displaced by the disaster, economic hardship in the cyclone-stricken areas has further decreased access to basic education, health and nutrition services in the underserved areas in affected townships. Securing sustainable livelihoods and improved shelter remains a challenge. In addition, reconstruction of schools and health facilities has so far remained inadequate, causing children in the affected areas at best to attend school in temporary structures or at worst drop out of school altogether.



In July 2009, a second post-Cyclone Nargis assessment,¹ which was jointly conducted by a tripartite group comprising United Nations agencies, the Association of Southeast Asian Nations and the Government of Myanmar, highlighted the need for a sustainable humanitarian response to build on the gains made in the aftermath of the disaster. The assessment revealed that 13 per cent of disaster-affected children under five are still at risk of undernutrition. As Myanmar is prone to various natural disasters, such as cyclones, floods and earthquakes, developing national capacity in disaster risk reduction strategies and emergency preparedness was identified as crucial to delivering an effective and efficient emergency response.

In 2010, UNICEF will work with the Government of Myanmar, United Nations agencies and other international and national partners for long-term recovery. The focus will be on enhancing national and provincial capacity to achieve key high impact results for children and communities affected by Cyclone Nargis – including 156,000 cyclone-affected children under five in the nine worst-affected townships. UNICEF will additionally support all schoolchildren aged 6–11 years, some 200,000 boys and girls, in five selected townships. This support will take the form of measures to secure reliable access to health and nutrition services, safe drinking water and appropriate sanitation and hygiene, to create a safe learning environment thereby increasing school attendance and to strengthen community support groups in order to build a stronger protective environment for children. UNICEF is also collaborating with government authorities and partners to ensure emergency preparedness is fully addressed within recovery plans and practical risk reduction measures are being put in place in affected communities.

1. Tripartite Core Group, 'Post-Nargis Periodic Review II', ASEAN/United Nations/Government of the Union of Myanmar, Yangon, 2009 (<http://www.aseanhtf.org/periodicreview.html>, – accessed 12 November 2009).

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Health and Nutrition	6,000,000
Water, Sanitation and Hygiene	5,000,000
Education	5,500,000
Child Protection	1,500,000
Total	18,000,000

CRITICAL ISSUES FOR CHILDREN AND WOMEN

With nearly 12 per cent of its population aged under five, and 40 per cent below the age of 18,² the lack of sufficient access to health care in the cyclone-affected areas of the Ayeyarwaddy Delta is leaving hundreds of thousands of children vulnerable to disease, undernutrition and death. Although 87 per cent of deliveries take place at home, according to the latest post-cyclone review, in 2009 only 32 per cent of births were attended by skilled health personnel, increasing the risk of unnecessary complications for both mother and child.³ The same review also revealed a high incidence of diarrhoea, 14 per cent, among children in the disaster-affected zone. Getting to the many hard-to-reach villages and the limited quantity and quality of the health workforce in the country remain two of the main impediments to providing adequate health and nutrition services.

During the cyclone, most household water storage containers were lost and community ponds badly damaged. Furthermore, currently only an estimated 24 per cent of 240,000 households have access to 'improved' clean water sources during the dry season,⁴ which is a time when water is especially scarce in the delta plains. Thus, meeting minimum standards of access and quality to safe drinking water and sanitation for longer-term prevention of water shortages and disease outbreaks given the existing conditions is another major challenge.

Securing access to a safe water source is, however, often only part of the problem. Some households despite

being served by safe water supply, do not practice adequate hygiene methods. For instance, 43 per cent of families have access to appropriate sanitation facilities but only 59 per cent use adequate disposal methods of child faeces and only 39 per cent wash their hands before preparing food. The low availability and use of soap are also contributing factors to the high incidence of diarrhoea among children under five in the cyclone-affected areas.

Although school attendance among children aged 5–10 years remains high at 85 per cent, the majority of the schools in the cyclone-affected areas are still operating in temporary structures. In disaster-stricken communities, the rebuilding of schools and the restoring of the formal education system serve not only to help children regain a sense of normalcy and security in the aftermath of a disaster but also provide vital psychosocial support that children need to overcome an unpleasant or traumatic experience.⁵

KEY ACHIEVEMENTS IN 2009

UNICEF has assisted Myanmar's Ministry of Health in the delivery of a package of high impact child and maternal health and nutrition services, including micronutrient supplementation, distribution of insecticide-treated mosquito nets, antenatal/postnatal care, health education and routine immunization campaigns, which have since benefited about 80 per cent of the 210,000 children under five affected by the cyclone. In high risk areas, nutritional surveillance was conducted on all children under five, resulting in the recovery of 907 children with severe acute malnourishment and 6,170 with moderate acute malnourishment and achieving coverage within Sphere standards. This success was achieved through the establishment of community and hospital-based therapeutic feeding programmes by UNICEF and its partners, which also distributed micronutrient supplements to about 80,000 pregnant and lactating women and de-worming tablets and vitamin A supplements to over 90 per cent of cyclone-affected children under five. It is likely that these efforts helped to stabilize rates of acute malnutrition in the affected areas.⁶

Water, sanitation and safe hygiene recovery efforts comprised an integrated package of interventions such as the rehabilitation of village ponds, construction of shallow boreholes equipped with hand-pumps and the distribution of 70,000 earthen jars in which to store clean water. As a result of these measures, about

CORE COUNTRY DATA

Population (thousands, 2008)	49,563
Child Population (thousands, 2008)	16,161
U5 mortality rate (per 1,000 live births, 2008)	98
Infant (U1) mortality rate (per 1,000 live births, 2008)	71
Maternal mortality ratio (per 100,000 live births, 2005)	380
Primary school enrolment ratio (net male/female, 2003–2008*)	-/-
%U1 fully immunized (DPT3, 2008)	85
% population using improved drinking water sources (2006)	80
HIV prevalence rate (% 15–49 years, 2007)	1
%U5 suffering from moderate and severe acute wasting (2003–2008*)	11

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

2. Tripartite Core Group, 'Post-Nargis Periodic Review II', ASEAN/United Nations/Government of the Union of Myanmar, Yangon, 2009 (<http://www.aseanhtf.org/periodicreview.html>, accessed 12 November 2009).

3. Ibid.

4. Improved water source means the rainwater is collected during the monsoon season and stored in the house. River and pond water are not considered as improved sources.

5. Tripartite Core Group, 'Post-Nargis Periodic Review II', ASEAN/United Nations/Government of the Union of Myanmar, Yangon, 2009 (<http://www.aseanhtf.org/periodicreview.html>, accessed 12 November 2009).

6. A UNICEF-supported nutrition survey undertaken by Myanmar's National Nutrition Centre in 2009 reported no significant increase in malnutrition in the cyclone-affected areas.

20 per cent of the disaster-affected population, or around 100,000 families, gained access to reliable water sources. Furthermore, by distributing 21.8 million litres of drinking water by boat to 86,000 people in 160 villages in the most cyclone-damaged areas, the worst effects of water shortages during the dry season months in 2009 were largely ameliorated. In particular, this emergency intervention successfully prevented any outbreak of waterborne diseases such as diarrhoea to which children under five are especially vulnerable. Rehabilitation of school water supplies and sanitation facilities was completed in nearly half of the planned areas.

By the end of 2009, the Child-Friendly School programme, started by UNICEF and the Ministry of Education a year earlier in five of the most severely cyclone-affected townships had benefited more than 190,500 children in 1,500 schools. As part of this initiative to secure an improved learning environment, nearly 3,000 teachers were trained in child-centred teaching methods. In addition, provision of textbooks and essential learning packages for the 2009/2010 school year made it possible for 164,000 children whose families could not afford to pay for learning materials to return or go to school for the first time. Construction work on 19 child-friendly model schools reached completion or near completion and was commenced on 32 others in cyclone-affected areas.



Several community-based child protection interventions in 122 villages, covering around 6,700 children in the delta, have been successful in supporting vulnerable children and their families. Around 880 children have been united with either their parents or extended family members through joint partnerships with UNICEF. In addition, 48 child-friendly centres established to meet the psychosocial needs of children during the emergency response phase have been upgraded to community child protection centres, while another 32 have been integrated into Early Childhood Development centres.

PARTNERING FOR POSITIVE CHANGE: BUILDING SAFE WATER STORAGE FOR CHILDREN IN CYCLONE-TORN MYANMAR

"Reaching families and children living in many remote and hard-to-reach villages in the delta to restore water and sanitation infrastructure for them after the deadly cyclone pose human, logistical and financial challenges," said UNICEF Myanmar Emergency Water Specialist, U Nyunt Lwin. "It involves huge work and a large amount of resources. But more importantly accomplishing such large-scale operations relies on finding new and dynamic partners. Partnership that is based on vision, commitment capacity and action can contribute significantly to ensuring access to, and the quality of, safe drinking water and sanitation to prevent water shortage and disease outbreaks."

On one hot day in September 2009, a boat carrying thousands of glazed earthen storage jars docks on the bank of the Ma-Bay River in Ma-bay village in the Ayeyarwaddy Delta. The cargo loaders are met by a team from Noble Compassionate Volunteers, a local NGO that partners with UNICEF. The team, all of whom are wearing blue shirts and caps, had walked for nearly five hours,

over a fragile bamboo bridge, to reach the village, which had suffered severe destruction from 2008's Cyclone Nargis. As the volunteers reach the village, they are welcomed and cheered by the waiting crowd. The cargo loaders soon begin to unload the jars from the boat while the volunteers manage the distribution session. NGO representatives had previously issued each head of household with a bamboo stick, as a form of tally, which on presentation could be exchanged for one storage jar. The storage jars are intended to be used as a safe place to collect and store rainwater for household use.

To date, this joint partnership has facilitated the distribution of 50,000 jars in the Bogalay, Laputta and Mawlamyinegyun Townships in Ayeyarwaddy, benefiting about 25,000 families in 227 cyclone-affected villages. Apart from the jar distribution, Noble Compassionate Volunteers is also working with UNICEF Myanmar on the construction of 50 new ponds to serve as additional water sources for those affected by Cyclone Nargis.

PLANNED HUMANITARIAN ACTION FOR 2010

In 2010, UNICEF will partner with the Government, United Nations agencies and township authorities for recovery efforts in line with the Core Commitments for Children in Emergencies in the areas of health and nutrition, water, sanitation and hygiene, education and child protection to reduce vulnerabilities among the estimated 1.2 million people in the nine remaining cyclone-affected townships. A national gap analysis will also be undertaken by UNICEF to assess the level of emergency preparedness in these key sectors. As the leader of the inter-agency Water, Sanitation and Hygiene, Nutrition and Education Thematic Groups, as well as of the Working Group for Child Protection, UNICEF will work with partners to ensure improved coordination of humanitarian action and with the Government to develop national capacity for emergency preparedness and disaster risk reduction.

Health and Nutrition **US\$6,000,000**

UNICEF will provide immediate response to the lack of access to essential maternal and child health and nutrition services in around 200 hard-to-reach villages and other cyclone-affected areas.

- The Nutrition Thematic Group, led by UNICEF, will continue to monitor malnutrition rates and to support identification and treatment of malnourished children.
- Around 156,000 children under five will receive routine vaccinations, vitamin A supplementation and de-worming tablets and up to 100,000 pregnant and lactating women will be able to access health and nutrition care through the delivery of a basic package of maternal and child health services, health education and improved supply of essential drugs.
- Health centre staff and community health workers will be better equipped to respond to health and nutrition needs in nine townships as a result of training in infant and young child feeding and the repair or reconstruction of 500 health facilities.

Water, Sanitation and Hygiene **US\$5,000,000**

In 2010, UNICEF will target home hygiene education and the needs of 200,000 people in cyclone-affected communities who are vulnerable to acute water shortages during the dry season.

- The UNICEF-led WASH Thematic Group will continue to monitor and evaluate the gaps in water supply and in sanitation and hygiene services throughout the delta, and also in the rest of the country, through regular monthly meetings.
- 40,000 families will be sensitized to the importance of good hygiene practices in the home as a result of hygiene campaigns and dissemination of WASH educational materials.
- At least 100 communities in the delta region will be served by newly-constructed rainwater ponds that will help reduce water shortages in the dry season while at the household level, a further 50,000 families will be supplied with earthen jars for rainwater collection and storage.

Education **US\$5,500,000**

In terms of education, UNICEF aims are firstly to reduce the school-drop-out rate among children in cyclone-affected areas and secondly, to work with government counterparts and other partners to secure overall education recovery efforts.

- 200,000 disaster-affected schoolchildren will have improved access to a better learning environment through the provision of teaching and learning materials and the reconstruction and equipping of 30 schools.
- 5,000 teachers will receive training in child-friendly teaching techniques and 6,200 members of parent-teacher associations will be given the opportunity to participate in child-friendly school workshops.
- Early Childhood Development services will be made available for 2,500 children under five.
- 2,000 out-of-school adolescents will have access to non-formal life-skills education programmes.

Child Protection **US\$1,500,000**

UNICEF will respond to the need to strengthen community-based child protection capacity and systems in the delta area affected by Cyclone Nargis.

- Over 7,000 vulnerable children and families will benefit from measures designed to help prevent family separation, exploitation and domestic abuse including distribution of communication materials, vocational training and the strengthening of 158 community child protection support groups.
- All 158 disaster-affected localities will be equipped to report, monitor and respond to violations against women and children through strengthened mechanisms.
- About 6,000 community members, local NGO partners and government officials will receive information on, and training in, community-based management of child protection.

UNICEF Humanitarian Action 2010

NEPAL

Approximately 3 million people – including 1 million children – are estimated to be directly affected by Nepal's increasingly volatile security environment, unusually severe flooding and recent wave of diarrhoea epidemics. This is particularly true in the terai, or the country's southern plains, where armed groups are instigating political unrest and violence, leaving thousands of children at risk of recruitment into the newly emerging armed groups. Those formerly associated with armed groups or forces are in particular danger of being re-recruited.



Already the health status of children in Nepal is described as extremely vulnerable, given that nearly half of all children under five in the country are estimated to be suffering from chronic malnutrition. Of these, around 500,000 children are considered moderately acutely malnourished while up to 90,000 children have severe acute malnutrition. Seasonal flooding in the last three years has uprooted 500,000 people, creating displacement camps and additional stress on host communities. Drought, crop losses, food, fuel and financial crises and the ever-present earthquake threat to the Kathmandu Valley are also adding to the overall vulnerability of Nepal's population which will require ongoing humanitarian support and sustained pre-positioning of emergency supplies for the foreseeable future.

In 2010, UNICEF as leader of the Water, Sanitation and Hygiene, Education and Nutrition Clusters, and co-chair of the Emergency Health and Nutrition Working Group, will work with the Government of Nepal, NGO partners and other United Nations agencies to respond to the needs of more than 3 million people – including 1 million children – in displacement camps or in their home communities. UNICEF's focus will be on ensuring access to health and nutrition support, safe drinking water, appropriate sanitation and hygiene and a quality education, as well as strengthening reintegration services and protection networks for emergency-affected children. Together with partners, UNICEF will reinforce preparedness within sector response planning as well as linkages to lasting recovery. The principal challenge to the response will be the limited and unpredictable access to affected populations in southern parts of the country.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Health	350,000
Nutrition	2,040,000
Water, Sanitation and Hygiene	3,000,000
Education	500,000
Child Protection	1,000,000
HIV/AIDS	300,000
Total	7,190,000

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Latest available data suggest that 13 per cent of Nepal's children are suffering from acute malnutrition (or wasting).¹ The nutrition situation is however likely to have been further exacerbated by the 2008–2009 winter drought, which affected 60 per cent of rural households already experiencing food shortages across the mid-west and far western regions.

Conditions of poor hygiene and sanitation and contaminated water sources, especially during the monsoon season, continue to result in deadly outbreaks of diarrhoea in one quarter of the country. In July and August of 2009, diarrhoea and cholera claimed more than 330 lives, a significant increase over previous years. As a result, pre-positioning of essential drugs to treat waterborne diseases and items to secure safe drinking water supplies in several locations across the country is a priority for improving the health status of those affected both during and following emergencies.

Although UNICEF and partners have successfully expanded the Schools as Zones of Peace initiative to help children in conflict areas access education, many families are taking their children out of school so that they can work and/or to reduce expenditure on educational materials. Other children are missing out on their school lessons because of waterborne disease, undernutrition, the national economic downturn and sporadic flooding events that lead to displacement.

Children account for 73 per cent of injuries and deaths caused improvised explosive devices. This high child-casualty trend is creating an atmosphere of distress and fear in many areas. Further, despite guarantees made in Nepal's 2006 Comprehensive Peace Agreement, 2,973

children – identified as minors associated with armed groups during United Nations verification – have yet to be formally released from the People's Liberation Army. The emergency-prone districts of the terai also have the country's highest HIV prevalence rates; therefore, emergency response in these areas needs to include measures to prevent and treat HIV infection.

KEY ACHIEVEMENTS IN 2009

Working with 39 national and international partners and in cooperation with the Government of Nepal, UNICEF was able to respond to the humanitarian needs of 3 million people, including 700,000 children, throughout 2009.

Community-based Management of acute malnutrition was initiated in three districts in 2009. As of June 2009, this resulted in treatment for over 589 children with severe acute malnutrition, or almost one quarter of the most serious cases in those areas, with recovery rates of at least 60 per cent. Micronutrient supplementation campaigns undertaken in partnership with the World Food Programme helped to improve the nutritional status of nearly 10,000 vulnerable children under five in the Dolpa, Jumla and Rolpa districts. In addition, emergency supplementary feeding was provided for a further 4,200 children and pregnant and lactating women displaced by the floods. Around 3.9 million children under five were reached by routine vaccination programmes while 3.7 million children of the same age group received vitamin A supplements and de-worming tablets. UNICEF support also helped over 40,000 families affected by a diarrhoea epidemic and 150 families affected by floods.

A diarrhoea outbreak affecting over 1 million people in 17 districts was brought under control through a mass campaign jointly managed by UNICEF as lead of the Water, Sanitation and Hygiene Cluster and its partners. Support also continued for 4,000 families displaced by flooding in 2008 until April 2009, when those affected were again able to access safe water and sanitation in their own community. The potential to improve the behaviours of 3.5 million people became a reality as a result of the training of 400 staff from 15 local NGOs and 4,000 local volunteers in tools and techniques for communicating messages about good sanitation and hygiene practices. Preparedness for emergencies improved through the replenishment of water, sanitation and hygiene supplies for at least 100,000 people in four locations, and the development of projections of needs in 11 flood-prone districts and 4 districts prone to acute gastroenteritis.

As a result of advocacy, major political parties signed commitments in 2009 relating to the designation of schools as zones of peace, a measure that made it

CORE COUNTRY DATA

Population (thousands, 2008)	28,810
Child population (thousands, 2008)	12,666
U5 mortality rate (per 1,000 live births, 2008)	51
Infant (U1) mortality rate (per 1,000 live births, 2008)	41
Maternal mortality ratio (per 100,000 live births, 2005)**	281
Primary school enrolment ratio (net male/female, 2003–2008*)	91/87.4
%U1 fully immunized (DPT3, 2008)	82
% population using improved drinking water sources (2006)	89
HIV/AIDS prevalence rate (% , 15–49 years, 2007***)	0.5
%U5 suffering from moderate and severe wasting (2003–2008*)	13

* Source: Education Management Information System, Ministry of Education, November 2008.

** Source: Government of Nepal Demographic and Health Survey, 2006.

***Source: National Estimates of HIV Infections, National Centre for AIDS and STD Control, 2007.

1. National Demographic Health Survey, 2006.

easier for children in conflict areas to attend school. This success was made possible by the joint efforts of UNICEF and its Education Cluster partners. Access to a learning environment was restored for 27,000 children displaced by flooding in 2008 while major repairs to infrastructure and provision of education materials allowed another 15,000 primary schoolchildren and several hundred preschool children in the poorest and most flood-prone districts in the Eastern and Far Western Development regions to resume their schooling. The Education Cluster also established a monitoring mechanism to track the impact of the food, fuel and financial crises on education provision.

Over 30,000 children displaced by flooding benefited from being given recreational kits and improved access to psychosocial support, the latter made possible in part through the training of community psychosocial workers

and counsellors. Approximately 7,500 children associated with armed forces and armed groups and 2,500 other vulnerable children were supported through community-based reintegration services and a newly established referral mechanism (in 24 districts). Furthermore, UNICEF together with NGO partners organized peace and reconciliation initiatives in 34 districts, while members of the Child Protection Sub-Cluster in 20 districts received training in child protection in emergencies. Mine risk education interventions were also strengthened through training, in this case of some 1,000 teachers in the 20 most-affected districts and the Government designed a national strategic framework for delivering assistance to those injured by explosive devices. In addition, UNICEF partnered with the United Nations Population Fund to ensure that all displaced adolescents and young people received education materials about HIV prevention.



PARTNERING FOR CHILDREN AFFECTED BY THE DIARRHOEA OUTBREAK: THE WASH RESPONSE SAVES LIVES

"If only we had known enough about the connection between defecation and contamination, my niece and others like her would still be alive," laments Purna Bahadur B.K. about the death of his niece Sita during a diarrhoeal epidemic that swept across 15 districts of Nepal during July and August 2009.

To provide potentially life-saving measures to combat diarrhoeal outbreaks in Nepal, in 2009 at least 365 trained volunteers from UNICEF-supported agencies trekked to affected villages along steep and narrow pathways to distribute oral rehydration salts and water treatment supplies, as well as to promote safer hygiene practices. The Ministry of Health and Population coordinated the overall response while UNICEF led preventive water, sanitation and hygiene campaign activities, and provided 85 per cent of the water, sanitation and hygiene supplies to its humanitarian partners.

Standard messages on sanitation, hygiene promotion and nutrition were also developed and shared with affected populations via information booklets, local radio and television broadcasts, while hundreds of trained volunteers and members of youth groups assisted in the cleaning up of water sources and chlorination of water systems, wherever possible.

UNICEF Nepal is currently working with 30 local and 9 international NGO partners across the priority areas of health, nutrition, water, sanitation and hygiene, education and child protection, as well as in more informal collaborative relationships.

PLANNED HUMANITARIAN ACTION FOR 2010

In 2010, UNICEF will plan for emergency responses related to flooding, earthquakes and civil unrest. UNICEF and its partners will also provide emergency relief in line with the Core Commitments for Children in Emergencies in the areas of health and nutrition, water, sanitation and hygiene, education and protection to reduce vulnerabilities among an estimated 3 million people – including 1 million children – in 30 districts. As an immediate measure, UNICEF will pre-position supply items in order to respond rapidly to critical needs. Emergency preparedness and risk reduction measures will continue to be an integral part of planned humanitarian action, with national capacity development as a central theme.

Health US\$350,000

UNICEF will work to prevent excessive mortality during humanitarian crises and to improve the quality of health care for over 3.9 million vulnerable children and women.

- Introduction of the pentavalent vaccine (DTP-hepatitis B-*Haemophilus influenzae* type b) in routine immunization rounds will ensure universal vaccination of 800,000 children while the use of newborn care packages and improved neonatal care will benefit around 20,000 children in the most vulnerable districts.
- More than 95 per cent of children under five all over the country as well as during emergencies will be vaccinated against measles.
- Insecticide-treated mosquito nets will be distributed to at-risk women in malaria-prone areas.
- Essential drugs, including oral rehydration salts, zinc and cotrimoxazole (paediatric formulation), will be readily available to treat up to 100,000 people in the event of an emergency.

Nutrition US\$2,040,000

UNICEF will assist in preventing an increase in morbidity and mortality associated with acute malnutrition during humanitarian crises.

- UNICEF's coordination of the Nutrition Cluster and nutrition surveillance will be strengthened to respond more effectively during humanitarian crises and to increase the capacity among health workers to provide infant and young child feeding support.
- 3.7 million children under five will receive two rounds of vitamin A supplementation and de-worming tablets.
- Approximately 70 per cent of children with severe acute malnutrition will have improved access to care through the widespread adoption of the community-based Management approach to the treatment of acute malnutrition in five of the most food-insecure regions.

Water, Sanitation and Hygiene US\$3,000,000

UNICEF will strengthen access to safe water supply and sanitation and hygiene facilities for 2.5 million displaced and flood-vulnerable people.

- In close collaboration with the Health and Education Clusters, suitable evacuation sites in 20 flood-prone districts will be identified and hand-pumps and latrines installed for use by displaced populations.
- Access to reliable and safe water will be reinstated through the rehabilitation of water supply systems damaged by floods and landslides.
- Preparedness levels will be increased through seismic vulnerability testing of existing water supply infrastructure in Kathmandu Valley and installation of alternative seismic-resistant emergency water supply systems/options.
- Preparedness capacity will be strengthened further in the 20 flood-prone districts and 25 acute gastroenteritis-prone districts through the pre-positioning of WASH relief items.

Education US\$500,000

UNICEF will focus effort on improving access to a safe learning environment for more than 50,000 out-of-school children and on increasing preparedness for education in emergencies in disaster-prone areas.

- 50,000 conflict-affected children will have access to child-friendly learning spaces equipped with restored or new WASH facilities in line with the WASH and Education Cluster emergency planning.
- The UNICEF-led Education Cluster will ensure that plans for education in emergencies can be activated in a timely manner through the pre-positioning of education materials and supplies and to provision of preparedness training to Education Cluster partners in 20 vulnerable districts.
- 300 schools participating in the Schools as Zones of Peace project will have improved governance through the promotion of Codes of Conduct in schools.

Child Protection US\$1,000,000

UNICEF will strengthen protection networks to respond to the needs of 260,000 people affected by violence, abuse and exploitation during humanitarian crises.

- Government and civil society partners will be better equipped to monitor, document and report violations of child rights through support for the prevention of recruitment of children into armed forces or groups and preparation for the discharge of minors from cantonments associated with armed groups.
- Psychosocial support will be provided to vulnerable children and youth through community-based reintegration services, training of national NGOs in child protection during emergencies and pre-positioned child protection kits.

HIV/AIDS US\$300,000

UNICEF will work to reduce the vulnerability of 120,000 children and 30,000 women to HIV infection during emergencies and to meet HIV-related care needs.

- All pregnant women will be referred to health service centres for HIV counselling and testing and treatment of sexually transmitted infections; HIV post-exposure prophylaxis (PEP), cotrimoxazole and drugs to treat opportunistic infections will be made readily available in health facilities.
- Follow-up and tracing of HIV-positive women, as well as children affected by AIDS, will be supported through strengthened outreach services and improved access to antiretroviral therapy.
- Children and women will have improved access to information on prevention, care and treatment of HIV in emergencies through the development of communication materials and messages.

UNICEF Humanitarian Action 2010

PAKISTAN

It is estimated that more than 2.7 million people have been adversely affected by armed conflict in Pakistan during 2009. This includes the displacement of more than 1.4 million people due to fierce fighting between militants and government forces in the north-western part of the country. Those that have since been able to return home – once the Government regained control of the area – face badly damaged infrastructure and have little or no access to basic social services; significant numbers are still living in temporary shelters. Elsewhere, in the Federally Administered Tribal Areas which is one of the poorest regions in Pakistan, ongoing conflict is leaving around 500,000 people vulnerable to crossfire and without sufficient health care, nutrition or education.



The majority of those who remain displaced from their homes are staying in overstretched host communities, where they remain vulnerable to undernutrition, disease and abuse or exploitation. It is estimated that, as of early October 2009, more than 130,000 displaced people are living in 19 camps, which UNICEF supports in collaboration with the Government and other partners. Pre-conflict food scarcities, almost non-existent health services and poor water and sanitation facilities have also contributed to high rates of acute malnutrition, currently affecting 1 out of 10 children under five. Diarrhoea and acute respiratory infections among children in both camps and host communities are also ongoing challenges.

In 2010, UNICEF will work with the Government of Pakistan, NGOs and United Nations agencies to provide humanitarian relief to the 1.2 million displaced people remaining in camps and host communities. UNICEF will also support community-based early recovery interventions for 1.7 million people affected by the conflict, which will benefit an additional 1 million people in areas of return. As lead of the Water, Sanitation and Hygiene, Nutrition and Education Clusters, and the Child Protection Sub-Cluster, and working with the Government, UNICEF's focus will be on ensuring access to health and nutrition care, safe drinking water, adequate sanitation facilities, a safe learning environment and strengthened child protection networks, especially for children at risk of recruitment or released by armed groups. The principal challenge to the response will be the limited and unpredictable access to affected populations in the North West Frontier Province and the Federally Administered Tribal Areas, where fighting is ongoing.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Health	22,000,000
Nutrition	15,300,000
Water, Sanitation and Hygiene	28,000,000
Education	25,000,000
Child Protection	10,000,000
HIV/AIDS	100,000
Coordination	500,000
Total	100,900,000

CRITICAL ISSUES FOR CHILDREN AND WOMEN

According to a May 2009 UNICEF nutrition survey, the vast majority of displaced children in camps in Pakistan are consuming less food than the recommended standards. Further, the latest available United Nations inter-agency food security assessment of June 2008 shows a decline in the quantity and quality of food intake and lower frequency of infant breastfeeding among both displaced and returnee populations. Moreover, in the conflict-affected rural areas of the North West Frontier Province, the proportion of the population experiencing severe food insecurity, or who consume less than 1,700 Kcal per day, has increased by 56 per cent.

All evidence points to the fact that Buner, Lower and Upper Dir, Shangla and Swat Districts, where much of the fighting has occurred, remain the most food-insecure areas in the country. UNICEF continues to have concerns about the increasing risk of widespread undernutrition and micronutrient deficiency disorders among the hundreds of thousands of conflict-affected people, but especially among vulnerable children under five, pregnant and lactating women, and the elderly.

Access rates to drinking water and sanitation remain low, as low as 25 per cent in some conflict-affected communities, increasing the risk of waterborne disease outbreaks. Even where access does exist, water quality and adequacy of available sanitation facilities continue to be questionable, given that pre-conflict supply systems were already insufficient.

Conflict in 2009 in the Swat District left more than 480,000 primary-aged schoolchildren without access to education for almost an entire year, with 231 primary and secondary schools, including 147 girls' schools, completely destroyed and another 416 damaged. In adjacent districts, approximately 4,800 schools were converted into shelters for the displaced during the year. Although by the end of 2009, all of these were vacated, many still require repair and rehabilitation to make them useable again for students. UNICEF is leading this effort at the request of the North West Frontier Province Education Department, and will rehabilitate 3,656 school buildings damaged by the conflict.

Most children forced to flee the conflict areas in 2009 have shown, and continue to show signs of emotional and physical distress. In particular, children continue to suffer from the climate of fear and uncertainty caused by the aftermath of the 2009 conflict, as well as from the ongoing fighting in other areas. Many still live with extremely restricted movement due to the political situation or risk of crossfire. In addition, the risk of recruitment into armed groups remains a concern. Although only limited data on adult or child HIV prevalence in the emergency-affected North West Frontier Province and the Federally

CORE COUNTRY DATA

Population (thousands, 2008)	176,952
Child population (thousands, 2008)	77,987
U5 mortality rate (per 1,000 live births, 2008)	89
Infant (U1) mortality rate (per 1,000 live births, 2008)	72
Maternal mortality ratio (per 1,000 live births, 2005)	320
Primary school enrolment ratio (net male/female, 2003–2008*)	74/57
%U1 fully immunized (DPT3, 2008)	73
% population using improved drinking water sources (2006)	90
HIV prevalence rate (% 15–49 years, 2007)	-
%U5 suffering from moderate and severe wasting (2003–2008*)	14

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

Administered Tribal Areas are available at the present time, there is evidence to suggest that over 20 per cent of registered cases of HIV treatment and care in health centres comes from these two regions, requiring attention as a result.

KEY ACHIEVEMENTS IN 2009

By working with the Government of Pakistan and more than 70 national and international NGOs, UNICEF has been able to respond to the basic humanitarian needs of more than 1.3 million women and children. With UNICEF support, the Department of Health established a Provincial Emergency Preparedness and Response Unit in the Office and District Emergency Preparedness and Response Unit in the Swat District.

A major achievement was the containment of a measles outbreak among the conflict-affected population. Mass immunization campaigns ensured that more than 1.3 million children aged between 9 months and 13 years living in displaced camps, host communities and the flood-affected parts of the north-west region received the measles vaccine. In addition, around 850,000 displaced people benefited from improved access to essential health services, while an additional 21,000 ill children were able to seek treatment at two new specialized paediatric units which were opened in the most vulnerable districts.

In partnership with the Department of Health and the World Health Organization, UNICEF also ensured that emergency health kits were made available in areas of return and continues to monitor health interventions in displaced camps and to conduct needs assessments in health facilities in the Swat District, one of the most conflict-affected areas.

Improved nutrition screening in 2009 for tens of thousands of children and pregnant and lactating women resulted in identification and treatment of 22,000 children with moderate acute malnutrition and around 4,500 children with severe acute malnutrition. This was made possible through the training of 700 health staff and 'lady health workers' in community-based case management of acute malnutrition, as well as other forms of technical support. In addition, 30,000 pregnant and lactating women in the displaced camps and in the six districts hosting displaced people received information about the importance of breastfeeding and appropriate infant and young child feeding practices.

UNICEF support also ensured that nearly 500,000 displaced people residing in camps and host communities were able to access safe water and adequate sanitation. The installation of infrastructure, including over 10,000 emergency latrines, tube wells, water systems and hand-pumps, was backed by hygiene campaigns featuring best practice messages and the distribution of 100,000 hygiene kits. The rehabilitation of around

1,200 conflict-affected schools, the development of learning materials and back-to-school campaigns ensured that around 163,000 displaced and vulnerable children resumed their education or enrolled in school for the first time. National NGO partners played a key role in this education success as most international NGOs had limited access to the conflict-affected area for security reasons.

Tens of thousands of children directly affected by conflict benefited from psychosocial support and recreational activities through the provision of 85 child protection spaces and child protection committees in displaced camps, host communities and areas of return. UNICEF support also enabled the Social Welfare Department to create day-care centres for vulnerable children, provide reintegration services for children formerly associated with armed groups, conduct mine risk education activities, and establish

a referral, monitoring and reporting system for child rights violations. The UNICEF-led Child Protection Sub-Cluster developed information materials on the dangers of explosive remnants of war and conducted a safe behaviour campaign, partnering with schools and health centres. To reduce the risk of exposure to HIV among the population in the conflict-affected north-west region, the capacity of prevention, counselling and treatment facilities at the community level was expanded through, among other interventions, the training of more than 150 medical professionals in Preventing Mother-to-Child Transmission of HIV.

SUPPORTED BY STRONG PARTNERSHIPS, CHILDREN AFFECTED BY CONFLICT RETURN TO SCHOOL

"I was so happy to see my teacher and some of my friends!" says 12-year old Maryam, who had been out of school for six months due to the conflict. She stayed behind in Swat to help her father look after his elderly parents while the rest of the family left. "Now I can play with my friends again and we can study together."

With education disrupted by conflict and displacement, UNICEF works in partnership with the Department of Education, United Nations agencies and some 27 NGOs to ensure that 1 million boys and girls in north-western Pakistan complete a full course of high quality primary education. Second-shift schooling, training for teachers in education in emergencies and provision of school supplies collectively benefited about 14,000 students. In displaced camps, thousands of boys and girls enrolled in school thanks to 'mobilizers' to help children resume their education and attract many who had never attended school before. Through such partnerships, more children are able to access education and begin the process of rebuilding their lives.

UNICEF Pakistan collaborates with the Government, United Nations agencies, the International Committee of the Red Cross and more than 70 NGO partners to create an efficient coordinated humanitarian aid response for those displaced by conflict. UNICEF leads the Nutrition, and Water, Sanitation and Hygiene (WASH) Clusters, co-leads the Education Cluster with Save the Children and actively collaborates with the World Health Organization on health matters and the United Nations High Commissioner for Refugees on shelter and protection issues. UNICEF additionally coordinates the Child Protection Sub-Cluster.

PLANNED HUMANITARIAN ACTION FOR 2010

While responding to immediate humanitarian needs of the 1.2 million people displaced by recent conflict, UNICEF will work with the Government and other partners to provide community-based early recovery activities for 1.7 million people, which will be of benefit to another 1 million people in return areas. The focus will be on ensuring adequate access to health and nutrition, safe drinking water, appropriate sanitation and hygiene, increased access to education and a strengthened protective environment for children. Emergency preparedness will also be integrated into capacity development programmes of national and international partners.

Health	US\$22,000,000	Nutrition	US\$15,300,000
<p>UNICEF's emergency health programme will concentrate its efforts on immediate response to the lack of access to adequate health care among children and women displaced by the conflict.</p> <ul style="list-style-type: none"> • Vaccination campaigns will ensure immunization of 1.7 million children aged between 9 months and 13 years against measles in five vulnerable districts and vaccination of more than 1 million women of child-bearing age against tetanus. • An additional 20 health facilities in four locations in the Swat District will provide returnee children and women improved access to maternal and child health-care services and will raise awareness of health issues through regular Mother and Child Health Days. 		<p>As coordinator of the Nutrition Cluster, UNICEF will support the introduction of inter-agency nutrition surveys and nutrition surveillance systems in conflict-affected areas to monitor acute malnutrition and the nutritional status of children under five.</p> <ul style="list-style-type: none"> • Community-based management of acute malnutrition will be expanded to reach around 211,000 children under five and 80,000 pregnant and lactating women with therapeutic and supplementary nutritional care at outpatient therapeutic and stabilization centres in the affected districts. • Around 500,000 mothers and caregivers will be given information and advice on infant and young child feeding and safe hygiene and sanitation practices. 	

Water, Sanitation and Hygiene**US\$28,000,000**

At least 200,000 conflict-affected persons in displaced camps and 1 million people in areas of return where restored safe to WASH facilities has been highlighted as a pre-requisite for return are the primary targets for UNICEF's support in this sector; the goal is to improve drinking water and sanitation provision through both investment in infrastructure and education to promote better hygiene practices.

- UNICEF will lead the WASH Cluster to actively link early recovery interventions to reconstruction and long-term development initiatives.
- Returnees and those in areas of temporary displacement or camps will have improved access to safe drinking water and sanitation facilities as per Sphere standards through the installation and maintenance of water systems, latrines, tube and dug wells, the distribution of hygiene kits, the promotion of household-level water treatment techniques and adaptations to sanitary facilities which ensure the privacy and security of women and girls.
- Some 40,000 primary-school-aged children and 500,000 community members will benefit from access to WASH facilities in schools and health facilities, respectively.

Education**US\$25,000,000**

In collaboration with the Department of Education, school directors, NGOs and parent-teacher associations, UNICEF will work to develop an environment conducive to learning, with a focus on getting girls into education.

- 500,000 children will be re-enrolled and all out-of-school children enrolled for the first time in schools in returnee and host community districts through rehabilitation of 5,000 primary schools, distribution of learning materials, and establishment of clean water and sanitation facilities.
- Parents and teachers in returnee areas and host communities will be trained in school safety and disaster management techniques which will help them manage the operation and maintenance of their rehabilitated schools more effectively.
- Education-in-emergency techniques to improve learning environments during crises and the quality of psychosocial support to children will be expanded through the training of 11,000 male and female teachers.

Child Protection**US\$10,000,000**

UNICEF will work to protect more than 130,000 children from abuse, exploitation, trafficking, more effectively separation and institutionalization by facilitating access to protective services.



- Access to basic social services will be formalized for more than 100,000 girls and boys who will receive birth certificates, while 200,000 vulnerable children and women and 2,000 children recruited by armed groups will have improved access to psychosocial support, reintegration services and legal counselling through training of staff at community-based child protection centres and from NGOs.
- The establishment of a monitoring mechanism on child rights violations will be expanded to conflict and emergency-affected areas.

HIV/AIDS**US\$100,000**

In 2010, UNICEF and partners will help reduce vulnerability and exposure to HIV infection in the displaced camps, settlements and areas of return.

- At least 30 women per day will have the opportunity to attend screening for HIV as a result of the opening of three sites for Preventing Mother-to-Child Transmission programmes; partner tracing will be an inherent part of counselling and identification services.

UNICEF Humanitarian Action 2010

PHILIPPINES

Of the 90 million plus people who live in the Philippines, over 48 million live in areas prone to either disasters or conflict.¹ Further, during the last five years an estimated 850,000 people have been displaced on a yearly basis² by both natural disasters and conflict. An average of 20 tropical cyclones hit the country each year with five to six causing significant to major damage.³ Additionally, there are four ongoing conflicts in the Philippines, the most alarming of which is that between government forces and renegade commandos of the Moro Islamic Liberation Front in Mindanao.



In 2009, UNICEF responded to the needs of more than a million displaced people. Several tropical depressions and typhoons caused damaging floods, adversely affecting over 6 million people and physically displacing almost 700,000 people into more than 720 evacuation centres. In addition, UNICEF continued its response throughout 2009 to the 300,000 people who have been in displacement for more than a year as a result of the conflict in Mindanao.

In 2010, UNICEF will respond to the needs of women and children affected by conflict and natural disasters, capitalizing on lessons learned during emergency operations carried out in 2009. In partnership with the Government of the Philippines, NGO partners, communities and United Nations agencies, UNICEF will continue to provide emergency relief and recovery for the more than 700,000 people displaced as a result of natural disasters in 2009 and the more than 300,000 people displaced by conflict in Mindanao. The preparedness and responses in 2010 will be guided by the Core Commitments for Children in Emergencies and will focus on the ongoing humanitarian needs of internally displaced people living in evacuation centres. UNICEF will also pay attention to ensuring coordinated preparedness for a more predictable response to disasters or conflict.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Health	4,000,000
Nutrition	1,000,000
Water, Sanitation and Hygiene	6,000,000
Education	3,200,000
Child Protection	3,500,000
HIV/AIDS	190,000
Total	17,890,000

1. Estimate based on a compilation of reports submitted to UNICEF (<http://www.observatory.ph/vm/maps.html>, http://newsinfo.inquirer.net/breakingnews/regions/view/20070712-76257/DENR_lists_calamity-prone_areas, <http://www.census.gov.ph/data/pressrelease/2008/pr0830tx.html>, accessed 5 December 2009).

2. 'Guidelines on the coordination of the delivery of humanitarian services to disaster victims and internally displaced persons'. Joint Memorandum Circular, No. 17, Series 2008.

3. Briefing prepared by the Philippines Disaster Management System (<http://www.pdms.gov.ph/updates/tpdms.htm>, accessed 5 December 2009).

CRITICAL ISSUES FOR CHILDREN AND WOMEN

During 2009, a series of tropical storms and typhoons wreaked havoc in the country's northern areas and the National Capital Region, displacing women and children and destroying homes and livelihoods. In the aftermath, many children were left without access to safe water, food, blankets and clothing. Their experience – exposed to the elements, some for as long as 48 hours on roof tops waiting to be rescued and then displaced to congested schools and town halls to sleep only on school benches or on cold floors – left many children extremely vulnerable to communicable diseases. The conditions at the congested evacuation centres, having limited or no access to water or soap, added to the disease risk, additionally exposing children to a range of waterborne diseases. Furthermore, hospitals and clinics were flooded in many areas, resulting in loss of vital supplies and equipment.

On top of these climate-related disasters, in Mindanao conflict alone has displaced more than 300,000 people – half of whom are children. Currently, critical public health interventions only reach 50–60 per cent of those affected, a significant drop in service coverage compared with the 80 per cent or higher nationally. A nutrition survey conducted by the Department of Health, UNICEF and the World Food Programme in February and March 2009 found a global acute malnutrition rate of 10 per cent among this conflict-affected group. This equates to a total of 7,228 acutely malnourished children.

In Mindanao, a UNICEF-led cluster assessment conducted at the end of July 2009 in evacuation centres catering for those displaced by conflict revealed that only around 20 per cent of safe water and hygiene needs are being met. In some cases, up to 8,390 displaced families are sharing 61 water points and 165 latrines, provision that is well below Sphere standards. Many of the existing water points and sanitation facilities constructed in 2008 as part of the initial relief efforts now require urgent maintenance. Further to this, while problems associated with infrastructure are hindering appropriate sanitation interventions, the lack of available funds to provide immediate relief and to sustain services through to the recovery phase is a key challenge in this area, without which the spread of waterborne diseases, especially given the flood risk, could create a further humanitarian disaster.

Conflict and climate-related disasters are also negatively impacting on the education of children in Mindanao, where, on average, 44 per cent⁴ of school-aged boys and girls are out of school. More than 4,000 Mindanao schools have been damaged or destroyed by natural disasters and conflict, and hundreds more have been turned into evacuation centres, preventing the continuation of schooling for disaster-

CORE COUNTRY DATA

Population (thousands, 2008)	90,348
Child population (thousands, 2008)	36,793
U5 mortality rate (per 1,000 live births, 2008)	32
Infant (U1) mortality rate (per 1,000 live births, 2008)	26
Maternal mortality ratio (per 1,000 live births, 2005)	230
Primary school enrolment ratio (net male/female, 2003–2008*)	91/93
%U1 fully immunized (DPT3, 2008)	91
% population using improved drinking water sources (2006)	93
HIV prevalence rate (% 15–49 years, 2007)	-
%U5 suffering from moderate and severe wasting (2003–2008*)	6

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

affected children or those in host communities. Reports indicate that in some cases, a single school has had to host students from up to as many as nine other schools.

Initial reports indicate that those children left separated or unaccompanied by the conflict are at risk of being placed in institutions far from their homes or are susceptible to trafficking or recruitment into armed groups. Elsewhere, many disaster-affected parents have abandoned their children in evacuation centres to salvage family items from their damaged homes and to care for their siblings. Unexploded ordnance and crossfire also continue to pose threat; in Mindanao, 12 children have been killed and 36 others maimed as a result of incidents involving unexploded ordnance or crossfire. To address these issues, UNICEF and its partners are committed to creating a protective environment for children.

KEY ACHIEVEMENTS IN 2009

In partnership with the Government of the Philippines, as well as over 80 national and international partners, UNICEF was able to respond to the humanitarian needs of over 1 million conflict – or disaster-affected people, more than half of them children. UNICEF led the Education, Nutrition and Water, Sanitation and Hygiene Clusters, and the Child Protection Sub-Cluster, in all of the emergencies experienced in 2009, a role which helped to ensure a coordinated and holistic humanitarian programming response.

Together with the Department of Health and the World Food Programme, UNICEF carried out an emergency nutrition and food security assessment of those displaced by conflict in Central Mindanao, incorporating the outcomes into improved response for emergency-affected children. As a result, 5,000 acutely malnourished children were admitted to therapeutic and supplementary feeding programmes and fully recovered, while critical health and nutrition interventions helped around 60,000 children aged between 6 and 59 months and 14,000 pregnant women. A combined immunization and vitamin A supplementation campaign also helped to improve the health status of children under five, achieving a 65 per cent coverage among a target population. In typhoon-affected areas, access to health services was restored through the re-establishment of health services in 100 health facilities and by UNICEF-support for NGO mobile medical teams. The nutrition response also supported NGOs and the Government in advocacy for breastfeeding even during displacement.

Access to drinking water for displaced families was improved through construction of emergency shallow wells and deep wells; hygiene kits were also distributed to address

4. Includes both primary – and secondary-school-aged children.

the immediate need for sanitation in an environment which has proved difficult to service because of a lack of access and resources.⁵ As a result, the Water, Sanitation and Hygiene (WASH) Cluster emphasized the importance of hygiene promotion and the availability of soap as a preventive measure against waterborne diseases. More than 500,000 people, including an estimated 300,000 children, benefited from improved sanitation through the distribution of water and hygiene kits and technical support from UNICEF to the Government and local NGOs.

More than 39,700 preschool and school-aged children were able to access a safe learning environment through the construction of new facilities and support for existing day-care centres, home-based Early Childhood Care and Development sites, temporary learning spaces and schools, covering more than 21 per cent of the total enrolment for the area. Learning opportunities for these children also improved as a result of training of day-care and home-based workers and teachers in alternative delivery modes for early childhood development and basic education, basic psychosocial techniques and education in emergencies minimum standards. UNICEF additionally assisted the Government in ensuring continuity of schooling for over 150,000 children through the provision of education materials and tailored learning programmes.

In the immediate aftermath of the tropical storm, Ketsana, which struck on 26 September 2009, approximately 50,000 disaster-affected children participated in daily psychosocial activities while child protection interventions reached more than 60,000 children⁶ in 61 displaced camps and host communities through the establishment of child-friendly spaces, youth and children's clubs and community-based child protection networks. Separated and unaccompanied minors also received rapid assistance through the mobilization of volunteers, establishment of family tracing services and a case-management information system (in collaboration with the Government), and training of community welfare volunteers and youth focal points. On behalf of the United Nations, UNICEF continued negotiations with the Moro Islamic Liberation Front on an action plan to stop the use of children in armed conflict and to pave the way for demobilization and reintegration of children associated with armed groups.

PARTNERING FOR EDUCATION EVEN IN EVACUATION CENTRES

"When it's time to go to class, the sun is just above the trees," says Neneng, a studious nine-year-old originally from Tugal but now living in Lumpong Internally Displaced Persons Evacuation Centre. "The teacher says we start at 8:30 a.m. We collect our things and brush our teeth and head off to the classroom."

Neneng used to study in the elementary school in Tugal, a town in Mindanao until conflict arrived in her hometown, forcing her and thousands of others into displacement. Recognizing the need for children to restore a sense of normalcy as soon as possible, UNICEF and its long-standing partner, Community and Family Services International, quickly established child-friendly spaces and temporary classrooms. This coordinated effort paid off. Today, more than 8,000 children daily go to school in Lumpong and 59 other evacuation centres.

UNICEF in the Philippines works with over 80 international and national partners and in close collaboration with the Government of the Philippines. UNICEF leads or co-leads the Education, Nutrition, and Water, Sanitation and Hygiene Clusters, and the Child Protection Sub-Cluster, a role which helps to ensure a coordinated and holistic humanitarian programming response.

PLANNED HUMANITARIAN ACTION FOR 2010

While hopeful that the environment will be conducive to a of those displaced in 2009, UNICEF is preparing for durable solutions to longer-term displacement. To achieve this, throughout 2010 UNICEF will work with key partners within the cluster system in order to accelerate gains and increase the sustainability of emergency response that is still under way in areas of high risk to disasters and or conflict, linking wherever possible to development programmes. UNICEF will also continue to maintain preparedness supply stocks and contingency planning for all scenarios.

Health

US\$4,000,000

UNICEF will provide immediate response to ensure access to sufficient health care for over 150,000 children and pregnant and lactating women in displaced camps and host communities.

- UNICEF will play an active role within the Health Cluster ensuring appropriate, effective and timely health interventions, including provision of essential emergency care and midwifery kits for safe delivery.

- Support for immunization programmes will ensure routine vaccination of all children under five in both displaced camps and host communities and vaccination against measles in conflict and disaster-affected areas.
- The capacity of health facilities to meet the immediate needs of the affected population will be enhanced through continuous training to improve skills and material support when needed, as well as through the expansion of outreach mobile clinics.

5. Due to environmental constraints, the 300 latrines built within the areas of displacement were permanent, expensive infrastructure interventions to avoid contamination of water supplies.

6. Out of a total of 150,000 children estimated to be in more than 130 evacuation sites.

- In an emergency, mobile health clinics will be supported by both Government and NGO partners.

Nutrition**US\$1,000,000**

UNICEF will provide immediate response to high levels of acute malnutrition among over 150,000 children as well as nutrition screening for pregnant and lactating women in displaced camps and host communities.

- The Nutrition Cluster, co-led by UNICEF with the Department of Health, will ensure coordination of appropriate, effective and timely nutrition interventions to improve response and preparedness across the sector.
- Children under five in conflict-affected areas will benefit from improved nutrition monitoring and follow-up through the introduction of a nutrition surveillance system.
- Treatment for disaster- and conflict-affected children with severe acute malnutrition will be improved through the establishment of community- and facility-based approaches to nutrition management.
- Appropriate infant and young child feeding practices will be supported through health education sessions and breastfeeding centres in displaced camps.
- Children aged between 6 and 59 months and pregnant and lactating women will have access to appropriate micronutrient interventions, through the efforts of UNICEF partners, the Government and NGOs working in the area.

Water, Sanitation and Hygiene**US\$6,000,000**

Working with its WASH Cluster co-lead, the Department of Health, UNICEF will concentrate its efforts on ensuring reliable access to safe water supply and proper sanitation and hygiene facilities for up to 120,000 conflict-affected people in displaced camps as well as in areas of return, and in the event of an emergency.

- The UNICEF co-led WASH Cluster will actively pursue the cost-effective standardization of responses, linking wherever possible with early recovery actors to ensure access to safe water supply for all persons in displacement, return or resettlement.
- UNICEF will target its WASH responses at key facilities where children congregate, for example, schools and child-friendly spaces, as a means of maximizing exposure to hygiene promotion activities.

Education**US\$3,200,000**

Together with the Department of Education, Save the Children and other partners, UNICEF will continue to focus on meeting the educational needs of over 54,000 disaster-affected children.

- As co-lead of the Education Cluster, UNICEF will work on expanding educational coverage and establishing and maintaining temporary learning spaces, providing training to teachers and teaching and learning materials for use in displaced camps, host communities and areas of return.
- Formal education will be re-established for 54,000 displaced and returnee children through training and expansion of alternative delivery methods for multi-grade classes.
- 1,500 day-care workers and teachers will be better equipped to respond to the holistic needs of disaster-affected children as a result of training in standards of education in emergencies, alternative models of early childhood development and catch-up education to facilitate integration of displaced children.



- Increased coordination between WASH and Child Protection cluster partners will improve integration of key education, hygiene, sanitation and psychosocial interventions, to holistically meet the needs of affected children and their teachers.

Child Protection**US\$3,500,000**

UNICEF and partners will build community-based systems to respond to a situation where over 150,000 children remain exposed to potential risks associated with recruitment into armed groups, unexploded ordnances and trafficking.

- The UNICEF-led Child Protection Sub-Cluster will coordinate a quality child protection response for disaster- and conflict-affected communities and increase capacity among local and international NGOs to prevent and respond to gender-based violence, exploitation and abuse of children and women.
- Community-based child protection systems will be established through awareness sessions, child protection training for parents and community workers and outreach to children via child-friendly spaces.
- Special assistance will be provided to separated and unaccompanied children through the development of a database for family tracing, the establishment of reunification teams, advocacy for family-based care and equal access to basic services and reintegration support for children who reunite with their families.
- Prevention activities in conflict areas will be provided for children at risk of recruitment by armed groups, while those already associated with armed groups will be supported with reintegration services.

HIV/AIDS**US\$190,000**

In 2010, UNICEF and partners will strengthen vulnerable communities' ability to reduce their risk of exposure to HIV infection in displaced camps.

- In close collaboration with the Health Cluster and the Child Protection Sub-Cluster, information about HIV prevention and treatment will be disseminated among those living in displaced camps through integration of HIV messages into health and child protection activities and increasing awareness among medical staff in health centres of the options for both HIV testing and counselling and the management of sexually-transmitted infections.

UNICEF Humanitarian Action 2010

SRI LANKA

In May 2009, the Sri Lankan Government announced the defeat of the Liberation Tigers of Tamil Eelam, ending the military phase of the country's 26-year long internal conflict. In 2009 alone, over 280,000 people suffered displacements, almost as many as the estimated 300,000 displaced during the entire course of protracted conflict. Between mid-October and mid-December 2009, over 190,000 internally displaced people were able to return to their district of origin, but many of the areas of return remain heavily contaminated by landmines, and offer little in the way of functioning infrastructure or basic social services. The situation of the returnees is thus one of acute humanitarian need; many have already faced multiple cycles of displacement, loss of livelihoods and steady erosion of already stretched coping mechanisms.



In Sri Lanka, support is required to facilitate safe resettlement of internally displaced children and their families, and also to meet the needs of the population remaining in the displaced camps. UNICEF's mission is to support the reintegration of all conflict-affected people in Sri Lanka and to assist in the rebuilding of lives and communities, thereby building the foundations for lasting recovery, social cohesion and peace.

In 2010, UNICEF will work with the Government of Sri Lanka, NGO partners, communities, and other United Nations agencies to respond to the needs of 190,000 recent returnees residing either with host families or in their own homes in their districts of origin. Support will also be provided to approximately 90,000 displaced people unable to return home and who thus remain in camps. UNICEF's response will be determined by the pace of the return process and the ease of access to resettled areas in the Northern and Eastern Provinces in Sri Lanka. UNICEF's focus will be on ensuring adequate access to safe drinking water, appropriate sanitation and hygiene, quality basic education and essential health and nutrition services, as well as on building a stronger protective environment for children, both in temporary displaced sites and in returnee communities. In addition to leading the Nutrition and Water, Sanitation and Hygiene Clusters and the Child Protection Sub-Cluster, and co-leading the Education Cluster (with Save the Children in Sri Lanka), UNICEF is working with authorities and partners to ensure that lasting recovery is an overarching goal in all sectors of the humanitarian response.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Health	2,000,000
Nutrition	2,942,500
Water, Sanitation and Hygiene	10,432,500
Education	3,200,000
Child Protection	5,000,000
Total	23,575,000

CRITICAL ISSUES FOR CHILDREN AND WOMEN

A nutrition assessment¹ revealed alarmingly high rates of acute malnutrition among newly-arrived populations to camps for the displaced; 26.8 per cent of children under five were reported as suffering from moderate acute malnutrition and 8.8 per cent of children under five from severe acute malnutrition. With the nutritional support provided in these sites, the prevalence of moderate and severe acute malnutrition has been reduced to 19.9 and 4.0 per cent,² respectively. However, now that these children and women are moving back to areas that have few basic social services and limited economic prospects, there is concern that acute malnutrition rates will increase once more, jeopardizing any gains made.

An estimated 120,000 children have had their education disrupted by the prolonged period of conflict. Teachers have been displaced and schools occupied by displaced persons, problems which are heightened in areas of return, where the existing infrastructure is in very poor condition and education services are stretched to near breaking point.

Internally displaced and returnee children are exposed to environments dominated by insecurity. Many have had to flee more than once from areas of intense fighting, while those residing in displaced camps are at high risk of abuse and exploitation. The presence of landmines and unexploded ordnance poses a real danger to returnee populations, as well as retarding the resettlement process and economic regeneration. Some 1,800 children have been reported as separated, unaccompanied or orphaned due to the recent conflict and over 560 children formerly associated with armed groups are now residing in UNICEF-supported rehabilitation centres. The psychosocial and overall well-being of these children, and indeed all conflict-affected children, remain as major protection concerns.

CORE COUNTRY DATA

Population (thousands, 2008)	20,061
Child population (thousands, 2008)	5,836
U5 mortality rate (per 1,000 live births, 2008)	15
Infant (U1) mortality rate (per 1,000 live births, 2008)	13
Maternal mortality ratio (per 1,000 live births, 2005)	58
Primary school enrolment ratio (net male/female, 2003–2008*)	98/97
%U1 fully immunized (DPT3, 2008)	98
% population using improved drinking water sources (2006)	82
HIV prevalence rate (% 15–49 years, 2007)	-
%U5 suffering from moderate and severe wasting (2003–2008*)	15

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

KEY ACHIEVEMENTS IN 2009

UNICEF in cooperation with the Government of Sri Lanka and national and international partners, responded quickly to the conflict and displacement situation which unfolded in 2009, providing humanitarian assistance to more than 280,000 newly-displaced people, including over 120,000 children.

The UNICEF-led Water, Sanitation and Hygiene (WASH) Cluster provided access to safe water and adequate sanitation and hygiene facilities for some 180,000 displaced people by constructing emergency toilets, drilling hand-pumped tube wells, water trucking, repairing water distribution systems and distributing water storage tanks, buckets, water containers, and hygiene kits. Monthly hygiene promotion activities ensured safer hygiene practices among displaced populations and helped reduce the spread of infectious diseases. UNICEF also continued to support maintenance work in camps to make sure that services remained operational.

The combined efforts of UNICEF, Save the Children and partners in the Education Cluster, gave displaced children, as well as host community children, new opportunities to resume their schooling and educational development. Over 200 UNICEF-funded temporary learning spaces of varying size, equipped with learning materials and kits, were constructed in cooperation with local authorities and partners, providing safe learning environments in settlement areas.

To reduce the high levels of acute malnutrition among displaced children, over 3,500 children under five with severe acute malnutrition and 8,500 children under five with moderate acute malnutrition were treated at 21 UNICEF-supported nutrition rehabilitation centres, operated in cooperation with local partners. In total, some 30,000 internally displaced women and children benefited from a package of UNICEF-funded health and nutrition interventions, providing infant kits, expectant mothers' kits, emergency health kits, cold chain equipment, insecticide-treated mosquito nets, oral rehydration solutions and de-worming tablets. A further 27,000 children in camps in Vavuniya, were the target of a UNICEF-supported Child Health Campaign, which ensured measles and polio vaccination, vitamin A supplementation, and de-worming in this vulnerable group.

Responding to the surge in numbers of displaced people in 2009, UNICEF and its Child Protection Sub-Cluster partners were successful in their efforts to rapidly scale up protection-related interventions. Up to 50,000 children were provided with psychosocial and recreational activities in 124 UNICEF-funded child-friendly spaces, while 90,000 children received emergency supplies,

1. Jointly undertaken by the Ministry of Health, the Medical Research Institute and UNICEF in May 2009.

2. Unpublished results of Sept 2009 Nutrition Survey jointly undertaken by the Ministry of Health, the Medical Research Institute and UNICEF in May 2009.

including clothing and recreation kits. A further 1,800 vulnerable children in camps and hospitals, including separated and unaccompanied children, child-headed households, and children with special needs, severe injuries and disabilities were also supported. Over

570 children formerly associated with armed groups were cared for in two UNICEF-supported centres and 30,000 community members in resettlement areas benefited from mine risk education.

PARTNERING FOR A SAFER FUTURE

Amutha, 14, was recently released from two years of forced service with an armed group. She is now staying at a UNICEF-supported rehabilitation centre where she receives vocational training and participates in cultural and sports activities; she especially enjoys her courses on plumbing and cookery. After the hardship of the previous two years, Amutha says she is getting opportunities she only dreamed of and believes she is closer to putting her nightmare years as a child associated with an armed group behind her.

When Sri Lanka's conflict ended in May 2009, hundreds of children formerly associated with armed groups were transferred to rehabilitation centres, jointly supported by UNICEF and the Office of the Commissioner General for Rehabilitation. Through this partnership, the protective environment for children previously associated with armed groups in Sri Lanka has been strengthened, giving them the chance to resume normal lives and, more importantly, to recapture their childhood.

PLANNED HUMANITARIAN ACTION FOR 2010

In 2010, UNICEF will focus on the resettlement process in the Northern and Eastern Provinces of Sri Lanka, while continuing to provide basic services to the internally displaced people temporarily remaining in camps and with host communities. UNICEF will partner with the Government of Sri Lanka and other United Nations agencies, as well as international and local NGOs, in the provision of emergency relief to reduce vulnerabilities among the displaced, host communities and resettled families. Resettlement to the districts of Jaffna, Mannar and Vavuniya South, as well as to the Eastern Province, is now almost complete, and has been initiated in the districts of Kilinochchi and Mullaitivu, from where the majority of displaced people originated. Nevertheless, approximately 20,000–30,000 people are expected to remain in the camps for the foreseeable future.

As an immediate measure, UNICEF and partners are redeploying resources from decommissioned displaced camps to those areas of return where needs are greatest. One month's worth of supplementary food is being supplied to malnourished returnee children to cover their needs until they can be absorbed into the nutrition programmes in their district of origin. Various non-food items, such as sleeping mats, buckets for dry ration storage, children's clothing and hygiene kits are also being provided. Mine risk education has been scaled up (achieving a 90 per cent coverage among those who have returned home so far) and community wells are being cleaned and disinfected to improve access to safe water. In the longer term, the focus will shift to recovery measures, with national capacity development as a central approach in all sectors.

Health

US\$2,000,000

UNICEF will work to ensure sufficient health care provision for 148,000 returnee and displaced children and women, including pregnant and lactating mothers.

- To reduce the risk of maternal and neonatal deaths, 100 health professionals will be trained in emergency obstetric care and newborn life support; in addition, labour rooms and maternity wards will be refurbished and/or constructed and equipped accordingly.
- Routine and catch-up immunization services will be improved through the construction of cold rooms, provision of refrigerators and the creation of vaccine storage centres.
- 30 rural health assistants and health volunteers will be trained to provide interim support in vacant areas until such time as public health midwives can be recruited and trained.
- Grass roots health workers and mobile teams will be given mopeds so that outreach services can be provided in those areas where currently there are no facilities for health care.



- An estimated 148,000 returnees will benefit from refurbishment of damaged health facilities, as well as sanitation facilities, in the areas of return.

Nutrition **US\$2,942,500**

UNICEF will continue to respond to the needs of nutritionally vulnerable children and women living in resettlement areas and in camps.

- Continued coordination of the UNICEF-led Nutrition Cluster will ensure effective response planning and service delivery, as well as an improved nutrition surveillance system, in conflict-affected areas.
- Up to 15,000 returnee and displaced children under five will receive treatment for severe and moderate acute malnutrition through the Nutrition Rehabilitation Programme.
- Over 148,000 children and women in areas of resettlement will benefit from implementation of an Integrated Nutrition Programme, which will provide a comprehensive package of nutrition interventions, including micronutrient supplementation and support for appropriate infant feeding, as well as nutrition support for young children, adolescents and pregnant and lactating women.

Water, Sanitation and Hygiene **US\$10,432,500**

UNICEF aims to provide reliable access to safe water supply and proper sanitation and hygiene facilities for up to 280,000 conflict-affected persons.

- Support to the Government and implementing partners will ensure provision of safe water supply and related water quality monitoring activities for all those residing in areas of resettlement and camps; strengthened links between UNICEF-led WASH cluster members and early recovery actors will ensure that the benefits are sustainable.
- 280,000 displaced persons and returnees will gain access to sufficient safe water supplies through the immediate construction and durable rehabilitation of 1,500 water supply systems, comprising dug wells, tube wells/boreholes and rainwater harvesting tanks serving camps, schools, temporary learning spaces and health facilities.
- Adapted sanitary facilities meeting Sphere standards in relation to the privacy and security of women and girls will be available for 90,000 displaced people as a result of the rehabilitation of 1,500 emergency toilets and 500 washing spaces and the construction of 500 permanent toilets; hygiene promotion and behavioural change communications will target 190,000 returnees.

Education **US\$3,200,000**

UNICEF will concentrate its efforts on providing access to a safe and secure education environment for approximately 90,000 children to the north and east of the country who have had their education disrupted because of the conflict and ensuing displacement. UNICEF, together with its Education Cluster co-lead, Save the Children, will also further pave the way for early recovery action through educational support for all children in resettlement areas.

- Formal education will be re-established for returnee children through the rehabilitation of at least 50 permanent schools damaged by the conflict and the creation of 80 needs-based semi-permanent learning spaces in areas of return, equipped with a total of 3,700 teaching kits, 90,000 learning kits and 300 recreation kits.
- Approximately 70,000 returnee children will attain age appropriate learning competencies through the implementation of an Accelerated Learning Programme.
- The human resource capacity in education will be improved to benefit both returnee and host community children through the training of 150 in-service advisors in supervisory practices, 2,700 teachers in accelerated learning methodologies and approximately 1,000 untrained teachers in basic teaching practice.

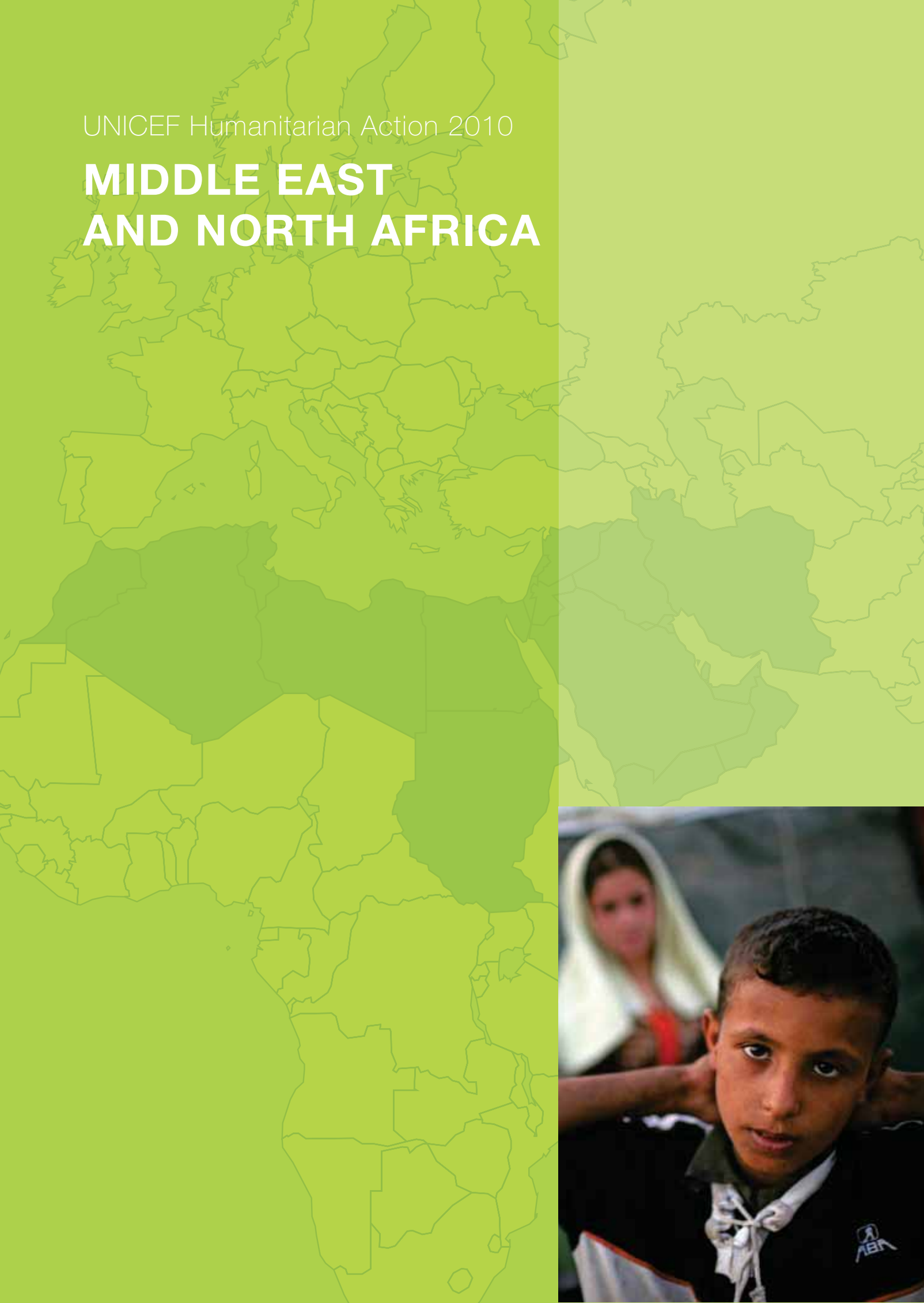
Child Protection **US\$5,000,000**

As leader of the Child Protection Sub-Cluster, UNICEF will work together with key national and international NGO partners and the Government of Sri Lanka in providing a safe, protective environment for all children affected by the conflict and displacement.

- An estimated 25,000 children will benefit from psychosocial support provided through established child-friendly spaces and children's clubs in both camps and return communities.
- In collaboration with Government and community-based organizations, 150 protection mechanisms and structures will be strengthened to support vulnerable children during the resettlement process.
- Vulnerable children, including orphaned/separated, war-injured and disabled children will be supported until long-lasting alternative family or community-based care providers can be found.
- The reintegration of at least 570 children released from armed groups back into their communities/families will be assisted by family support interventions and psychosocial and education programmes.
- All community members returning to a former conflict-affected area will receive community – and school-based mine-risk education in order to reduce the risk of injury from mines and other explosive devices.

UNICEF Humanitarian Action 2010

MIDDLE EAST AND NORTH AFRICA

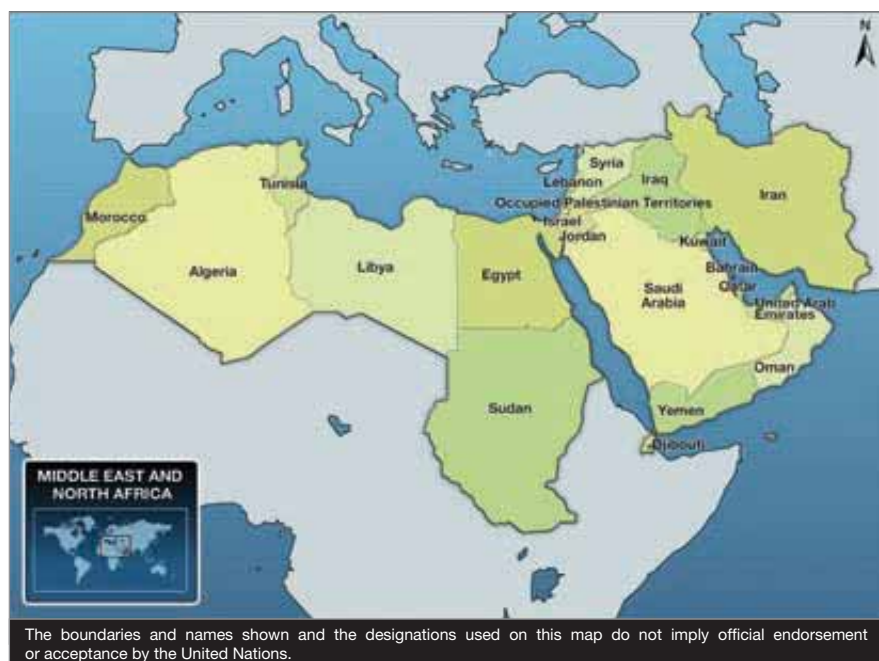




UNICEF Humanitarian Action 2010

MIDDLE EAST AND NORTH AFRICA

The Middle East and North Africa region faces a range of humanitarian concerns affecting children due to the combination of sharp economic disparities, increasing hardship and a number of protracted conflict situations – including those in Iraq, the Occupied Palestinian Territory and the Sudan – as well as several emerging conflicts, such as that which has recently affected parts of northern Yemen.



Extremely high levels of internal displacement associated with these complex emergencies, for example, approximately 2.2 million people in Iraq and 4.9 million people in the Sudan present a range of challenges. While the region as a whole suffered only a limited number of natural disasters in 2009, severe drought has led to a nutrition crisis in Djibouti where 16.8 per cent of children under five currently suffer from acute malnutrition a stark reminder that emergency preparedness for rapid response remains essential in this region.

In 2010, UNICEF's Middle East and North African Regional Office will continue to strengthen both regional and in-country capacity to prevent, prepare for and respond to crises affecting children in the region. Through ongoing and strengthened partnerships at the regional and global level, the Middle East and North African Regional Office will focus on facilitating immediate resource mobilization (supply, human and financial) for emergency response, as well as training and development of in-country capacity. This will include supporting country offices in meeting their commitments to the Inter-Agency Standing Committee global cluster lead accountabilities in the Water, Sanitation and Hygiene, Nutrition and Education Clusters and the Child Protection Sub-Cluster, in addition to participating in the Health, Information and Communication Technology and Protection Clusters. The Middle East and North African Regional Office will also continue to develop performance and knowledge management systems, sharing lessons learned with the humanitarian community and governments to improve programming in the region, and to advocate for the rights of children in emergencies. The Middle East and North African Regional Office will also provide support to the Djibouti Country Office in its efforts to address a nutrition crisis.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Emergency Preparedness and Response for UNICEF Country Offices	500,000
Emergency Preparedness and Response for National Partners	400,000
Analysis Tools for Advocacy	100,000
Emergency Response in Djibouti	3,000,000
Total	4,000,000

CRITICAL ISSUES FOR CHILDREN AND WOMEN

While the impacts are difficult to measure, lower levels of exports and aid, the decline in oil and gas prices,¹ and smaller and less frequent remittances, have all undoubtedly added strain in 2009, further eroding the coping mechanisms of the most vulnerable people in all countries in the Middle East and North Africa region, but particularly among refugees and the internally displaced. The International Monetary Fund is predicting that the area will experience a significant decline in GDP growth as a result of the global financial crisis, causing further concern with regard to the often volatile mix of the region's stable and unstable countries.

Although food prices temporarily dipped with oil prices in 2009, in March 2008, wheat and maize prices were 130 per cent and 30 per cent higher, respectively, than they were at the same time the year before, i.e., in March 2007, forcing food riots in Algeria, Egypt and Lebanon. In early 2009, the cost of seeds increased, affecting short-term planting and diminishing harvests, while the predicted decline in overall financing for farmers in the region is expected to negatively impact longer-term outcomes. These and other factors mean that a food crisis is growing among the more vulnerable countries in the region.

Since economic recessions usually go hand-in-hand with social unrest, 2010 could be characterized not just by deepening poverty and rising youth unemployment, but also by more visible political turbulence and sectarian divisions as opposition groups seek to exploit the economic downturn. Economic triggers, and their outcomes, are also known to inspire increased support for militant religious activism. At the start of 2010, it is the ongoing violent conflicts that will likely continue to dominate UNICEF's emergency response in this region.

Iraq, source of the world's second largest refugee crisis, experienced a modest improvement in its humanitarian situation in 2009, with sectarian violence continuing to fall below previous peaks. However, the higher level of humanitarian access has revealed pockets of acute vulnerability across the country that were previously hidden, confirming that security improvements alone do not lead to improved conditions for children. Although the situation remains unpredictable, it is clear that what is needed now is a shift in investment from relief towards early recovery and capacity development for communities in Iraq. This implies the attainment of durable solutions for more than 2.2 million internally displaced people and between 0.5 and 1 million asylum-seekers taking shelter in Egypt, Jordan, Lebanon and the Syrian Arab Republic, all countries that are keenly feeling the burden of growing hardship.

In the Sudan, key aspects of the Comprehensive Peace Agreement (the population census, disaster risk reduction and the Interim Abyei Administration), advanced the recovery trend for this country in 2009. However, each of these benchmarks was offset by continued insecurity, conflict, displacement and grave protection concerns. Access to vulnerable people to ensure delivery of basic and life-saving services also remained a challenge for rural and isolated communities, particularly in Darfur and Southern Sudan, where Lord's Resistance Army incursions are again increasing. In Southern Sudan, there are an estimated 1.3 million displaced people, while in Darfur the complex emergency situation continues to affect over 4.7 million people, including 2.7 million internally displaced people. Adding a new level of challenge, in March 2009, 16 leading NGOs working in Darfur were expelled by the Government with the result that UNICEF and other remaining partners were faced with greater security restrictions, further constraining the delivery of humanitarian assistance. Children in all regions of the Sudan remain particularly vulnerable to the impact of natural disasters, outbreaks of epidemic diseases and political and environmental shocks.

In Gaza, scene of one of the longest-running crises in the world, the latest military incursion left some 1,440 people dead (431 or nearly one quarter of them children), 5,300 wounded and over 90,000 homeless.² With widespread destruction of government offices, schools, hospitals and other critical community infrastructure such as water and power systems, the political, social and economic fallout continued to cause concern throughout the year. Psychosocial challenges, combined with a lack of access to basic social services and reconstruction materials will remain a critical concern in 2010. With recovery efforts frustrated and stalled, there is a growing sense of outrage and loss of hope for the future among children and youth, which, if left unchecked is likely to fuel a resumption of violence.

Meanwhile, in Yemen, fighting between government forces and rebels in the northern environs of Sa'ada, escalated in the middle of 2009, reaching the city and forcing thousands to flee. Children in this northern region are experiencing direct exposure to violence, the crippling effect of displacement and/or the disruptive impact of shortages in essential foods and commodities and loss of access to critical infrastructure and services. While the exact number of those displaced is difficult to gauge, it could be as high as 175,000. Gaining humanitarian access to these people is extremely difficult. It is important to note that with six camps already established and three more scheduled to open, this most recent outbreak of violence is only exacerbating an already difficult situation for Yemeni children. Even prior to the escalation of conflict in 2009, under-five mortality rates in Yemen

1. According to information available in October 2009, oil and gas prices continued to drop until the end of the second quarter of 2009 at least.

2. As of the ceasefire in January 2009, following the intensification of a military incursion that began at the end of 2008. Figures are based on estimates of the Palestinian Ministry of Health, produced in February 2009.

were among the highest in the Middle East and North Africa region, with on average, 69 out of 1,000 children dying before reaching his or her fifth birthday.

Children in Djibouti remain acutely vulnerable to the impacts of the country's environmental shocks, largely drought and floods, which in recent years have been compounded by sharply rising food prices. According to rapid assessments of Middle Upper Arm Circumference (MUAC) conducted during the first half of 2009, global acute malnutrition (GAM) rates among children under five in Djibouti are reaching critical levels of 28.8 per cent, with 23.6 per cent of children affected by moderate acute malnutrition (MAM) and 5.2 per cent experiencing severe acute malnutrition (SAM) in the most affected areas. More than 30,000 children under five are estimated to be acutely malnourished nationwide. Water shortages are frequent, mainly due to poor quality water. More than 70 per cent of water points are polluted. Djibouti is also dealing with the challenges posed by the arrival of asylum-seekers from Eritrea, Ethiopia and Somalia as well as the common threats of porous borders, for example the spread of communicable diseases such as polio and cholera. Although Djibouti is not appearing as a separate chapter in this report, the country continues to face ongoing emergency response requirements due to the chronic nature of undernutrition, volatility of food prices (as more than 90 per cent of goods are imported), threats of epidemics (especially cholera), the political situation in neighbouring countries and extreme weather-related events. Therefore, a portion of Djibouti's emergency funding needs is included in this regional chapter and will be revised as further assessment data become available.

Post-election violence in the Islamic Republic of Iran in 2009, while short-lived, underlined the potential for social upheaval in the state. At the same time, several low intensity earthquakes served to remind the country of its propensity for natural disaster. Meanwhile, sanctions continue to strain the general economic situation, impacting children and families. On the other side of the region in Western Sahara, it is too early to determine if the nomination of new United Nations envoy will prompt a change in diplomatic attitudes towards Western Sahara and/or an improvement in the situation for refugees near Tindouf in Algeria. Regardless of the new envoy's efforts to attain a final status for the disputed territory, addressing the protracted needs of this vulnerable population will be a priority.

KEY ACHIEVEMENTS IN 2009

Country-level response capacity for countries in emergency (Djibouti, Iraq, the Occupied Palestinian Territory, the Sudan and Yemen) was enhanced throughout 2009 through technical assistance from the Middle East and North African Regional Office. Technical experts worked with partners such as other United Nations agencies, governments, NGOs and other groups not only to increase preparedness capacity but also to reduce vulnerabilities of children and women during emergency response efforts.

All but two country offices updated their emergency preparedness and response plans in line with the cluster approach requirements, with 70 per cent of these countries also pre-positioning essential health, nutrition, water, sanitation and hygiene, education and other non-food items and mobilizing in-country partners and governments for further preparedness and response interventions.

Potential coordinators of the Information and Communication Technology, Nutrition, Water, Sanitation and Hygiene and Education Clusters gained further understanding of cluster/sector leadership roles and accountabilities through training, while cluster preparedness and response in the health and child protection sectors was improved with thematic trainings.

Strengthening of regional capacity to provide adequate guidance for emergency preparedness and response resulted in approximately 80 per cent of country office requests for support being responded to in a timely manner. The Middle East and

North African Regional Office made progress in rolling out early warning assessments, clarification of early warning indicators exercises and linkage of these to global and regional Early Warning/Early Action systems. Preparedness measures also involved training of Information, Technology and Communication first-responders and procurement of related equipment for emergency cluster response in five countries in the region and establishment of a regional warehouse for sub-regional rapid supply response capacity.

In addition, a comprehensive analysis was undertaken to define the requirements, in terms of curriculum development, partnership and running costs, for the start up of a regional humanitarian training centre, aimed at building national partnership capacities in emergency preparedness and response. A regional Rapid Response Mechanism was also established throughout the region, to facilitate effective human resources sourcing in emergencies at the country office level. Meanwhile, UNICEF's planning, monitoring and evaluation system during emergencies was improved and a process for integrating lessons learned across countries in the region was initiated, influencing regional and global policy.

Systems and procedures to increase strategic risk assessment were also established in 2009, ensuring improved monitoring of security-related regional events or trends, early warning on potential conflict situations and dissemination of analysis results to relevant focal points. The Middle East and North African Regional Office further supported programmes to reduce office and staff vulnerability through appropriate security enhancement measures which were absolutely critical to ensuring continuity in humanitarian operations. Monitoring of security-related risks through the extension of partnerships is ongoing.

UNICEF Djibouti supported the Ministry of Health to improve health facility- and community-based case management of moderate and severe acute malnutrition, providing more than 60 per cent of children suffering from severe acute malnutrition with access to treatment. Using 156 trained peer educators, a parallel community-based programme was launched to promote exclusive breastfeeding among young mothers, and in May 2009 a series of Child Health Days delivered high impact health interventions, including immunization, vitamin A supplementation and de-worming, to help further improve the nutritional status of vulnerable children. Also UNICEF pursued its efforts to strengthen the provision of safe drinking water and water retention networks through water trucking operations for about 25,000 people in remote rural areas, promoting household water treatment and water storage at points of use.

PLANNED HUMANITARIAN ACTION FOR 2010

UNICEF in the Middle East and North Africa region collaborates with other United Nations agencies and NGOs on emergency preparedness and response through the regional Inter-Agency Standing Committee network, for which UNICEF is both a co-founder and active stakeholder. The Middle East and North African Regional Office provides technical and financial support to the Water, Sanitation and Hygiene Cluster (WASH), which is coordinated by a designated emergency specialist. In 2009, cluster coordination was active in Iraq, the Occupied Palestinian Territory (with two dedicated persons serving as cluster leads), Sudan and Yemen. Funds are being requested to ensure additional dedicated cluster leads in 2010.

Emergency Preparedness and Response for UNICEF Country Offices US\$500,000

- **Critical Capacity Development for Preparedness:** The capacity of country offices in the region to provide immediate and efficient humanitarian response will be improved through support to the emergency response and preparedness and contingency planning process, provision of training in cluster coordination, emergency simulation exercises and the rapid deployment of experienced staff, particularly in sectors where UNICEF has sector/cluster leadership (i.e., in water, sanitation and hygiene, nutrition, education and child protection), as well as the roll out of performance monitoring tools in at least two countries in the region.
- **Improved Analysis for Early Warning:** UNICEF's capacity to identify possible threats to women and children and to accurately define trends and opportunities to conduct more effective advocacy and action will be expanded through collaboration with an external think-tank for production of analytical reports which are integrated into Early Warning-Early Action systems.
- **Sub-Regional Warehouse:** Emergency preparedness and response capacity will be increased through the establishment of a road-accessible warehouse in a host country in the region with the capability to store enough humanitarian supplies for an initial response to 50,000 persons.



Emergency Preparedness and Response for National Partners US\$400,000

- **Regional Training Centre:** Opportunities for national partners (civil servants and staff of national organizations) to build their capacity for emergencies will be enhanced through the establishment of a Humanitarian Training Centre, located in a host country in the region. The Middle East and North African Regional Office will complete the business plan and mobilize partnerships and stakeholders in preparation for the opening of the centre in 2011.
- **Disaster Risk Reduction:** Counterpart capacity to identify, assess and react to disaster risks will be expanded through strategic partnership with the League of Arab states, support to innovative programmes focused on risk reduction in schools and technical assistance to ensure integration of this critical approach in national plans and priorities in the region.

Analysis Tools for Advocacy US\$100,000

- **The Children in Conflict Monitor:** Reliable data about the impact of conflict on children and women's rights will be increasingly available for use in advocacy as a result of clarifying indicators and improving data collection tools and methods for tracking changes over time.

Emergency Response in Djibouti US\$3,000,000

- **Health and Nutrition:** Targeted health interventions, including immunization, vitamin A supplementation and de-worming, will aim to contain and mitigate epidemics, illness and death. Therapeutic feeding programmes will be expanded to meet growing needs.
- **Water, Sanitation and Hygiene:** Considering the country's erratic and insufficient rainfall, water, sanitation and hygiene emergency assistance will expand to limit mortality and morbidity due to water-related diseases and epidemics, especially cholera.
- **Child Protection:** Child protection issues addressing children living and working on the streets and other vulnerable children will be integrated into a variety of cross-sectoral programmes, including education.

UNICEF Humanitarian Action 2010

IRAQ AND VULNERABLE IRAQIS IN THE SYRIAN ARAB REPUBLIC, JORDAN, EGYPT AND LEBANON

While improvements in security and the political landscape in 2009 have been welcome, this alone has not led to improved living conditions for children in Iraq. Greater humanitarian access has uncovered further pockets of extreme vulnerability across the country, caused by the cumulative effects of years of conflict and deprivation. Large numbers of displaced people remain unwilling or unable to return home, but equally important are the many millions more who have remained in communities where access to basic social services continues to be unpredictable.



The situation for the estimated 500,000–1,000,000 Iraqis sheltering in neighbouring states also remains precarious. All four countries of asylum, Egypt, Jordan, Lebanon and the Syrian Arab Republic have experienced challenges in coping with the influx, and with growing economic hardship and the legal status of many families uncertain, Iraqi refugee communities are showing signs of distress as they increasingly find themselves unable to access productive livelihood opportunities and/or basic social services.

In 2010, UNICEF will accelerate its efforts in partnership with government counterparts, civil society organizations, national and international NGOs and communities to respond to the acute vulnerabilities of 4.5 million Iraqis, including over 2 million children, as well as the needs of the estimated 500,000–1,000,000 Iraqis who are living in temporary shelters and host communities as refugees in four neighbouring countries. Inside Iraq this will be undertaken through 1) rapid response to the immediate needs of children created by a sudden-onset crisis such as a disease epidemic, a natural disaster or displacement; and 2) through a comprehensive area-based approach that seeks to develop durable solutions to issues that have led to chronic vulnerability and deprivation. It is anticipated that in the current Iraqi context, the need for international agencies to respond to sudden-onset crises will continue to decline. UNICEF has been actively supporting the establishment of field-based coordination structures to maximize common humanitarian efforts, and is leading the Water, Sanitation and Hygiene and Education Teams as well as acting as deputy team leader of the inter-agency response in protection and health.

UNICEF EMERGENCY NEEDS FOR 2010						
Sector	IRAQ (US\$)	SYRIAN ARAB REPUBLIC (US\$)	JORDAN (US\$)	EGYPT (US\$)	LEBANON (US\$)	Total (US\$)
Health and Nutrition	6,901,000	2,000,000	650,000	250,000	-	9,801,000
Water, Sanitation and Hygiene	9,056,500					9,056,500
Education	4,246,800	6,800,000	5,950,000	250,000	150,000	17,396,800
Child Protection	4,777,600	5,000,000	1,760,000		200,000	11,737,600
Total	24,981,900	13,800,000	8,360,000	500,000	350,000	47,991,900

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Although the last six years of violence have adversely affected the health and well-being of Iraq's 14.4 million children and young people, events preceding the current conflict have had an equally devastating effect. While the security situation improved in 2009, many communities remain displaced and/or acutely vulnerable and unable to reliably access basic social services. In most cases, the depth of their poverty and vulnerability is masked by regionally and nationally aggregated statistics.

Iraq is uniquely vulnerable to oil price fluctuations because of a weak private sector and a population that continues to rely on the state to provide employment. The need to create employment post-2003 led Iraq to double its public sector, but with unemployment currently running at 28 per cent among young people, the state can no longer afford to absorb additional employees. An estimated 450,000 young people enter the job market each year, but many face an uncertain future – an obvious threat to reconciliation and stability.

After a period of inflated oil prices in 2008, the dramatic drop in prices in 2009 has had a marked impact on Iraq's GDP. In 2009, oil-related revenues fell by 54 per cent relative to 2008. Any budget implications for 2010 are likely to affect the operational revenues required to sustain essential social services, including safety nets such as the Public Distribution System. Moreover, the continued limitations of many governorate-level authorities to effectively plan and spend in favour of children remain an impediment to children's access to the full range of essential services to which they are entitled. In this context, it will be even more critical to ensure investments in children are not just maintained, but increased.

CORE COUNTRY DATA

Population (thousands, 2008)	30,096
Child population (thousands, 2008)	14,432
U5 mortality rate (per 1,000 live births, 2008)	44
Infant (U1) mortality rate (per 1,000 live births, 2008)	36
Maternal mortality ratio (per 100,000 live births, 2005)	300
Primary school enrolment ratio (net nationwide/female, 2003–2008*)	87/82
%U1 fully immunized (DPT3, 2008)	62
% population using improved drinking water sources (2006)	77
HIV prevalence rate (% 15–49 years, 2007)	-
%U5 suffering from moderate and severe wasting (2003–2008*)	6

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

Iraqis taking shelter in neighbouring countries are also showing signs of distress. Although some arrived with resources and have succeeded in obtaining residency, many have fallen into an illegal status or are unable to attain status, and are therefore excluded from the labour market. In the Syrian Arab Republic, for example, access to labour for non-Syrians is simply not possible. The resulting erosion of livelihoods, combined with increased difficulties in accessing basic social services – national health and education sectors in all hosting countries have expressed difficulties in coping with the burden – is exacerbating an already difficult situation which is further aggravated by the global economic crisis. It is clear that Iraqi children and families, as well as the vulnerable host communities, are in dire need of protective social networks in 2010.

KEY ACHIEVEMENTS IN 2009

IN IRAQ

Working with dozens of national and international partners, and in cooperation with the Government of Iraq, by the end August 2009, UNICEF helped 310,000 families gain access to essential health and nutrition services, a figure that includes an estimated 901,000 children. Over 660,000 children were vaccinated through a multi-governorate emergency response to contain a measles outbreak. UNICEF provided large quantities of emergency medical supplies, including 2 million measles vaccines and 8 million auto-disable syringes to the Ministry of Health. Partnered assistance on this scale resulted in the immunization of over 1.5 million children, far exceeding the target number for 2009.

IN THE SYRIAN ARAB REPUBLIC

Two rounds of National Immunization Days ensured vaccination of all children under five (including Iraqi children) while the establishment of a revised protocol for the treatment of severe acute malnutrition was made possible through partnership with the World Health Organization and the Syrian Paediatric Association. In partnership with the Ministry of Health, Damascus University, the World Health Organization and Johns Hopkins University, UNICEF organized public health surveys in locations of high concentration of Iraq refugees to monitor the health and nutritional status of Iraqi children throughout the year. In education, improvements were made to the physical environment of over 140 schools; educational supplies, including school furniture, were also provided and school safety guidelines and standards were adopted by the Ministry of Education. In addition, approximately 500 out-of-school Iraqi refugee children were supported with vocational skills training in preparation for a potential return to Iraq while learners at risk of dropping out of school received a remedial

education. An evaluation conducted by UNICEF and partners in 140 schools accommodating a high influx of Iraqi refugee children revealed a high level of satisfaction among administrators and the achievement of expected results.

The protective environment for children improved with the establishment of child-friendly spaces, mothers' support groups and adolescent empowerment groups. UNICEF continued efforts to prevent and respond to gender-based violence through capacity development and awareness-raising among local partners. Children in detention or who are unaccompanied or separated also received psychosocial support through improved coordination of a referral system by NGO partners and other care providers. Meanwhile, more than 50 youth workers and 2,500 Iraqi adolescents received training as a part of UNICEF's Adolescent Development and Participation scheme to expand community-based youth activities; 30 Syrian Youth Union members also participated in the training to enhance the follow-up system for youth activities.

IN JORDAN

In close cooperation with the Government of Jordan, the Ministry of Planning and International Cooperation, the Ministry of Education and the Ministry of Health, as well as seven NGOs and several community-based

groups, UNICEF helped 27,000 Iraqi children back into lessons by offering access to a safe learning environment in some 20 double-shift schools and 72 rented schools. Special education was also provided for children with disabilities. The training of 1,700 Jordanian educational counsellors, 6,000 school principals and deputy principals and focal points in the Ministry of Education in the latest psychosocial support techniques afforded these children access to quality psychosocial support and a protective environment. Remedial and vocational classes were also supported in areas with a high concentration of Iraqi children. The capacity of primary health care clinics and community-based organizations to identify and address the mental and psychosocial needs of Iraqi refugees also increased through training and coordination support.

IN EGYPT

In 2009, UNICEF supported the Government to ensure that 10,000 Iraqi refugees and asylum-seekers could access comprehensive health care through well-baby clinics that also provide additional services, including rehabilitation of malnourished children. Support to affected Iraqi refugee children and their mothers was enhanced through capacity building and training for social and health workers in psychosocial support, developmental screening, and early child health and nutrition programmes.

PARTNERING FOR SAFE WATER AND SANITATION IMPROVES QUALITY OF EDUCATION TO IRAQI SCHOOLCHILDREN

Muthanna, 10, who lives in the deprived Latifiya sub-district of Baghdad, agrees. "Now I'm not embarrassed about using the latrine. There is water to flush the toilets and to wash our hands. We don't have to worry about getting dirty when we use them!" she says with glee.

In response to the deterioration in water and sanitation infrastructure as a result of decades of conflict and neglect, UNICEF is partnering with the Ministries of Municipalities and Public Works, Education and Health, as well as the International Medical Corps and other NGOs, to ensure that children receive access to safe water and adequate sanitation services and hygiene education. These efforts promote risk reduction of waterborne diseases such as acute watery diarrhoea – currently the number two killer of children in Iraq.

UNICEF in Iraq has consistently 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 of interventions. This mechanism, implemented in collaboration with NGO partners, has since assisted over 1.5 million acutely vulnerable children in 2009 through linkage to the Sector Outcome Teams, Humanitarian Country Team and the Office for the Coordination of the Humanitarian Affairs coordination structures. UNICEF has also been actively supporting the establishment of field-based coordination structures to maximize the impact of common humanitarian efforts. UNICEF heads the Education and Water, Sanitation and Hygiene (WASH) Teams and is deputy team leader of the inter-agency response in protection and health.

PLANNED HUMANITARIAN ACTION FOR 2010

IN IRAQ

UNICEF will continue its area-based approach to reduce vulnerability and increase access to all services for Iraqi children. Further, a total of 18 area-based responses will be implemented to identify durable solutions for 4.5 million Iraqis, including over 2 million children. These will be implemented in partnership with a range of local co-investors and counterparts.

Health and Nutrition **US\$6,901,000**

UNICEF will support the Ministry of Health counterparts to increase access to quality primary health care and nutrition programmes for over 2 million children and their families in the most vulnerable communities of every governorate.

- Sufficient rounds of measles vaccines and vitamin A supplements will ensure immunization and micronutrient fortification of 2 million children under five while provision of tetanus vaccination will protect pregnant women against maternal and neonatal tetanus.
- Malnourished children will have improved access to therapeutic and supplementary feeding through technical and logistical support, nutrition surveillance and provision of fortified food supplies.
- Health facilities that deal with mass casualty attacks and disease outbreaks will be supplied with adequate stocks of emergency medical supplies to ensure a rapid and effective response.
- The capacity of government health counterparts and other partners to expand the scope of outreach services will be enhanced through logistical support and facilitation of health education campaigns.
- Up to 2 million children, young people and women in vulnerable communities will be the target of behaviour change communications and campaigns as part of an effort to reduce individuals' exposure to HIV infection.

Water, Sanitation and Hygiene **US\$9,056,500**

UNICEF will support key national and local authorities, including the Ministry of Municipalities and Public Works, to address the immediate needs of over 2 million children and their families for safe water and sanitation.

- Acutely vulnerable communities will have access to safe water through emergency water tankering, drought response, distribution of water purification materials and/or the repair and extension of water supply networks.
- Access to appropriate sanitation will improve as a result of the rehabilitation of existing sewage lines and networks and improvements to systems for the disposal of solid wastes.

- Children and their families will be equipped with the knowledge and tools to practice good hygiene through awareness-raising campaigns, provision of hygiene supplies and better water storage.

Education **US\$4,246,800**

The overall goal in 2010 is to meet the basic education needs of over 900,000 children in the most vulnerable communities in every governorate of the country.

- Access to education will be re-established through the creation of learning spaces and the rehabilitation of existing facilities, along with the supply of basic materials and furniture; sanitation and hygiene facilities in schools will also be improved and good hygiene practices promoted.
- Psychosocial assistance will be provided to support the re-integration of students and teachers.
- Primary school enrolment will increase and drop-out rates decrease as a result of back-to-school campaigns such as the expanded Accelerated Learning Programme and improved early childhood development activities.

Child Protection **US\$4,777,600**

UNICEF and partners will strengthen monitoring, reporting, prevention and response services for up to 3 million children, youth and women who are at risk of extreme forms of abuse and exploitation.

- Life-skills education will be provided to children and young people while family members, teachers and social workers will benefit from training in child protection issues (including gender-based violence) and the development and dissemination of a directory of services for referrals for survivors of violence.
- Access to community-based psychosocial care activities will be available in youth and child-friendly centres.
- Community protection teams will be established to monitor, report and respond to abuse and exploitation; the response will include access to immediate medical care, legal aid and psychosocial support.
- Capacity at the national and governorate levels to monitor, report and respond to grave child rights violations will be strengthened through the establishment of specialized teams and an improved database for documentation of cases.

IN THE SYRIAN ARAB REPUBLIC

In 2010, UNICEF will focus on securing access to adequate health and nutrition services and to education for Iraqi refugees and asylum-seekers, as well as on creating a more protective environment for children in emergencies.

Health and Nutrition US\$2,000,000

- The nutritional status of all children will be improved through the supply and distribution of vitamin A and other nutritional supplements, anthropometric equipment and other items such as growth monitoring cards, as well the establishment of systems for nutrition surveillance. Training will be provided for health facility staff as well as immunization workers in vitamin A dissemination.
- Sufficient rounds of vaccines will ensure 100 per cent immunization coverage in children under five; adoption of appropriate vaccination practices will also be ensured through supervisory visits to vaccination sites, direct technical support to the Ministry of Health for the Expanded Programme on Immunization and capacity development for mid-level health workers in safe injections and assessment of coverage.
- Uptake of breastfeeding, complementary feeding and other infant and young child feeding practices among pregnant and lactating women will be improved by health education activities, production of a manual and the training of health workers and community volunteers in outreach activities.

Education US\$6,800,000

- An estimated 50,000 Iraqi children will have improved access to a quality education through the implementation of the Child-friendly School initiative in 500 selected schools and training of approximately 2,500 teachers on child-centred teaching techniques.
- 145 schools and 10 Early Childhood Development centres will be upgraded to offer children a safer learning environment; improvements will include rehabilitation of water, sanitation and hygiene facilities according to Sphere standards and provision of essential educational supplies and basic classroom furniture.
- Local education partners, school communities and parent-teacher associations will be equipped with appropriate tools to prevent school drop-out, including training in community mobilization techniques; support to facilitate vocational training and remedial education for approximately 1,000 out-of-school children in preparation for their return to Iraq will also be provided.

Child Protection/Adolescent Development and Participation US\$5,000,000

- 24,000 children, 2,000 mothers and 800 adolescents will have access to a more protective environment through the establishment of child-friendly spaces, mother support groups and adolescent empowerment groups, as well as training of members of the National Network of Trainers in adolescent development and participation.
- The incidence of gender-based violence will be reduced through empowerment and prevention projects for



vulnerable Iraqi adolescent boys and girls.

- Support for a referral system for receiving and treating approximately 1,800 of the most vulnerable child survivors of violence or abuse will be continued.
- In coordination with the United Nations High Commissioner for Refugees and the International Organization for Migration, UNICEF will provide psychosocial support to children in detention and to unaccompanied and separated children.
- The Syrian Arab Red Crescent will improve child protection by providing training in mental health care and psychosocial support in community centres.

IN JORDAN

UNICEF will focus on access to health, education and protection services for all vulnerable Iraqi children living as refugees or asylum-seekers in Jordan.

Nutrition US\$650,000

- A nutrition surveillance system will identify faltering of early growth and allow health and community workers to provide nutrition counselling where needed.

Education US\$5,950,000

- Approximately 25,000 Iraqi children will have improved access to education through support to the Ministry of Education to accommodate the increased number of children in public schools, especially in areas with a high concentration of Iraqis, the monitoring of the quality of education using performance indicators, and the deployment of cutting edge computer technology to help education and social integration of vulnerable children into 14 additional public schools.
- UNICEF and Save the Children will continue to co-lead

the Education Cluster Coordination Group to ensure that the education needs of Iraqi children are being met.

Child Protection	US\$1,760,000
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- UNICEF will continue working with the Government of Jordan and NGOs to improve the well-being and resilience of approximately 3,000 Iraqi children by building the capacity of the Ministry of Education and national NGOs and civil society to identify, monitor, refer and care for children in need of psychosocial support.

IN EGYPT

UNICEF will concentrate its efforts on providing access to essential health services and the sharing of best practices in infant care and young child feeding, psychosocial support and enrolment and retention in schools.

Health and Nutrition	US\$250,000
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- Access to health care for 12,000 Iraqi refugees and asylum-seekers will be improved through a network of health care providers in areas with high numbers of Iraqis, as well as distribution of information materials on the importance of immunization, family care and breastfeeding.
- 200 households with children under five will have greater access to well-baby clinics offering antenatal and postnatal care, nutrition support and outreach programmes.
- Psychosocial support will be available for affected Iraqi refugee children and mothers.

Education	US\$250,000
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- School attendance rates among 4,000 children will improve as a result of an increased availability of learning materials, training of school managers and teachers to better meet children's specific educational and psychosocial needs and support

for the establishment of 'catch-up' classes for at-risk children.

IN LEBANON

In 2010, UNICEF will focus on the needs of approximately 2,000 Iraqi children for education and a more protective environment through community outreach programmes and partnerships with the Ministry of Education, the Ministry of Social Affairs, the United Nations High Commissioner for Refugees, NGOs and local authorities and municipalities.

Education	US\$150,000
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- Iraqi children will be able to access formal Lebanese education services in a comprehensive and sustainable manner as a result of support to the Ministry of Education which will facilitate the coordination of the sector, the mobilization of the national network of school counsellors, the development of a guide for action to be used by education counsellors, and the roll out of the successful approach for other vulnerable groups.

Child Protection	US\$200,000
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- 2,000 Iraqis and vulnerable Lebanese from host communities will have improved access to social support for dealing with child labour and other forms of exploitation through community-based outreach programmes.
- The Ministry of Social Affairs, in coordination with the Ministry of Education, will activate social development centres to provide follow-up and psychosocial care to Iraqi children, with the support of UNICEF and other agencies. Iraqi refugee children living in proximity to these centres will also be supported with identification, periodic follow-up, and referral to competent service providers (e.g., health, other social services, education, local authorities, municipalities, police and the judiciary), as required.

UNICEF Humanitarian Action 2010

OCCUPIED PALESTINIAN TERRITORY

The Occupied Palestinian Territory is still reeling from the spillover effects of years of conflict and from multiple political and economic crises in 2009, particularly in Gaza where January's military incursions destroyed social services infrastructure and homes. Fighting continues to flare up throughout the territory. This unrest, together with the ongoing demolition of homes and the illegal expansion of settlements in the West Bank, is impacting adversely on the physical and emotional well-being of children across the territory.



Due to an Israeli blockade and an increase in restrictions on the movement of goods and people in and out of the Gaza Strip, families are increasingly finding themselves without reliable access to essential health and nutrition services, safe drinking water or sufficient sanitation facilities, all of which are on the verge of collapse. The humanitarian needs of those living in vulnerable areas of East Jerusalem and the West Bank are also becoming more acute, especially in terms of water supply as sources have been closed off to establish settlements and military zones. A primary challenge is that despite the growing needs across the territory, almost 80 per cent of CAP funds in 2009 were earmarked for Gaza, resulting in less support for urgent humanitarian action in the West Bank.

In 2010, UNICEF will work with the Palestinian Authority, NGO partners, communities and other United Nations agencies to respond to the increasing humanitarian needs of the Palestinian population, currently estimated at 4 million, of whom 2 million are children.¹ UNICEF will focus effort on facilitating access to essential health and nutrition services, safe drinking water and appropriate sanitation and education, as well as on reducing psychosocial distress and strengthening child protection networks. UNICEF leadership of the Water, Sanitation and Hygiene and Education Clusters, and the Nutrition and Child Protection Sub-Clusters as well as the Mental Health and Psychosocial Support Working Group, will reinforce a coordinated approach to emergency preparedness and response and high level advocacy. Given the limited and often unpredictable access to affected populations in Gaza, UNICEF and its partners will concentrate on building the emergency contingency and response capacity of the Palestinian Authority through the Palestinian Civil Defense and Ministry of Planning and the inter-agency contingency planning process.

1. According to UNICEF's 2009 State of the World's Children report, over 50 per cent of the population in Gaza is under 18 years.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Health	1,300,000
Nutrition	1,450,000
Water, Sanitation and Hygiene	3,690,000
Education	8,300,000
Child Protection	8,000,000
Adolescents	5,500,000
Total	28,240,000

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Overall, restrictions on access and movement continue to isolate families and to threaten the health and nutrition of children and women in the Occupied Palestinian Territory. Micronutrient deficiency is a major concern with high levels of anaemia, as well as vitamin A and D deficiencies, recorded in children and pregnant women. Lack of these essential micronutrients can compromise immune systems in children under five, reduce physical and intellectual development and in the case of women who have iron deficiency, can even lead to death. Securing access for women and children to essential health and nutrition services is thus a priority intervention for UNICEF.

Due to its high salinity, 80 per cent of the water supply in Gaza is not fit for human consumption. This exacerbates problems of water supply in the region, such that some 10,000 people, including 5,000 children, still lack adequate access to safe water, hygiene and sanitation facilities. In East Jerusalem and the West Bank, over 144 communities (220,000 people, of whom half are estimated to be children) are without piped water because traditional water sources, such as springs and wells, have been depleted. More disconcertingly, around 240,000 people in the West Bank live on less than 30 litres per capita per day.²

Access to a safe learning environment as well as to a quality education remains limited, especially in the aftermath of the late 2008/early 2009 military incursions in which at least 280 schools were damaged and 18 completely destroyed. The ensuing blockade, which prohibited attempts to get construction materials into the area, meant that by the end of 2009, none of the schools had been rebuilt. Latest surveys in Gaza show that 66–90 per cent of children failed mathematics in Grades 4 through 9, while 61 per cent in Grade 8 failed Arabic.

Given the distressing events of 2009, the ongoing conflict and the omnipresent threat of injury or death from landmines and unexploded ordnance, it is not surprising that acute levels of stress and insecurity are evident in many children. Since the end of the conflict in January 2009, six children in Gaza have died from injuries sustained from unexploded ordnance while at least four children have been injured.

CORE COUNTRY DATA

Population (thousands, 2008)	4,147
Child population (thousands, 2008)	2,150
U5 mortality rate (per 1,000 live births, 2008)	27
Infant (U1) mortality rate (per 1,000 live births, 2008)	24
Maternal mortality ratio (per 100,000 live births, 2005)	-
Primary school enrolment ratio (net nationwide/female, 2003–2008*)	73/74
%U1 fully immunized (DPT3, 2008)	96
% population using improved drinking water sources (2006)	89
HIV prevalence rate (% 15–49 years, 2007)	-
%U5 suffering from moderate and severe wasting (2003–2008*)	1

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

KEY ACHIEVEMENTS IN 2009

Working in partnership with the Palestinian Authority and national and international partners, in 2009 UNICEF responded to the humanitarian needs of more than 500,000 Palestinian children, including 400,000 who received educational support and an additional 100,000 who received health and nutrition support. The year also saw the adoption of the cluster approach, with UNICEF leading the Water, Sanitation and Hygiene (WASH) and Education Clusters, the Child Protection and Nutrition Sub-Clusters, and the Mental Health and Psychosocial Support Working Group.

As a result of the collective efforts of the Ministry of Health, the United Nations Relief and Works Agency for Palestine Refugees in the Near East and UNICEF, Gaza's measles-free status was maintained by immunizing the 115,758 schoolchildren who had missed out on previous measles, mumps and rubella vaccination campaigns; a vitamin A supplementation campaign was equally successful, reaching 99.9 per cent of the target group. Furthermore, to provide quality care to 4,000 high-risk neonates and 7,500 pregnant women, 13 neonatal units were equipped with essential newborn and basic obstetric equipment. Nutritional support included treatment of 15,000 preschoolers in 114 kindergartens and 900 severely malnourished children through outreach community therapeutic feeding centres while health workers received training in appropriate breastfeeding practices and nutrition protocols for the case management of severe acute malnutrition.

As a result of UNICEF collaboration with partners in the construction of water wells, repair of water systems and installation of desalination plants, access to safe drinking water and sanitation facilities in 23 schools and communities has been improved, benefiting over 92,000 conflict-affected people including more than 10,000 students. UNICEF and its network of NGOs, United Nations agencies and government authorities also distributed education supplies, such as tents and school-in-a-box kits, to over 200,000 schoolchildren in Gaza, covering about 60 per cent of all emergency education needs. In addition, preschool children in 206 kindergartens across Gaza and the West Bank received early childhood development kits while 227,840 students in the West Bank were supplied with maths and science kits.

With the Gaza-based Palestinian Centre for Democracy and Conflict Resolution, UNICEF provided psychosocial services to over 40,000 children and families, and with Save the Children, United Nations agencies and national NGOs, established seven pilot family centres. Each of these centres provides a comprehensive package of support,

2. The Sphere standard for humanitarian assistance in emergencies is 15 litres per capita per day. However, during the CAP process it was considered that in the case of the Occupied Palestinian Territory, communities with less than 60 litres per capita per day and paying more than NIS 20 per cubic meter are considered especially vulnerable, and thus require humanitarian assistance to provide safe water for drinking and domestic purposes.

including remedial education, mine awareness education and health care. UNICEF continues to support adolescent-friendly learning spaces and youth clubs in the Gaza Strip and the West Bank, where to date around 56,700 adolescents have participated in remedial education and recreational activities. Through partnering with the United Nations Development Programme, the United Nations Mine Action Service and local

and international NGOs, UNICEF has also distributed 100,000 leaflets, 100,000 child-friendly board games and 100,000 colouring books, as well as creating radio and TV spots, all with life-saving messages about how to recognize and avoid unexploded ordnance.

BACK TO SCHOOL IN GAZA: CHILDREN WELCOME CHANCE TO RESUME NORMAL LIVES

In response to the decline in the quality and availability of education in Gaza and the West Bank, UNICEF is partnering with the Ministry of Education and Higher Education and local and international NGOs to ensure that at least 90 per cent of the 1 million children in these territories have access to quality education based on the Child-friendly School framework. This framework highlights the importance of building the capacity of teachers and school management systems, and also that of psychosocial activities for conflict-affected children.

Remedial education programmes for children who have missed out on school for longer periods of time are jointly supported

by the Ministry of Youth and Sports, local NGOs and UNICEF. This collaboration has allowed UNICEF to reach a large number of children and to help them increase their confidence and thus contribute to the well-being of their communities.

The Education Cluster, jointly led by UNICEF and Save the Children, was activated shortly after the end of the 2009 military operations in Gaza. It plays a major role in advocating for education as an integral part of the humanitarian response and for access of essential goods and personnel in and out of the Gaza Strip.

PLANNED HUMANITARIAN ACTION FOR 2010

Recovery and rehabilitation activities will increase in 2010 to reduce further the vulnerabilities of an estimated 4 million people – including more than 2 million children – in East Jerusalem, Gaza and the West Bank. UNICEF will continue its partnership with the Palestinian Authority, and take a lead role in the coordination of the response in the areas of nutrition, water, sanitation and hygiene, education and child protection. This will include provision of training in emergency response and the development of joint monitoring mechanisms. Pre-positioning and preparedness capacity will also be enhanced to improve the response to sudden-onset emergencies.

Health

US\$1,300,000

UNICEF will respond to the health care needs of neonates, high-risk pregnant and lactating women as well as children under five, by building stronger national health systems which deliver improved essential maternal health-care services.

- Access to essential newborn and obstetric care, including delivery and postnatal care, will be improved through the operation of 20 newborn units and improvements to maternal and child health care services.
- Health care for 600,000 children under five and 60,000 pregnant and lactating women will be improved as a result of the training of health providers and community volunteers in child and maternal assessments and in clinical practice based on the Integrated Management of Childhood Illness strategy.

Nutrition

US\$1,450,000

UNICEF will concentrate its efforts on providing immediate response to the high levels of micronutrient deficiencies in children and the nutrition needs of neonates and high-risk pregnant and lactating women.

- Micronutrient supplementation with breastfeeding support will be provided to all pregnant and lactating women.

- Community therapeutic feeding programmes will be expanded to meet the needs of 1,200 children with severe acute malnutrition, representing 100 per cent of the total estimated need.
- Coverage of the nutritional surveillance system will be expanded in all districts.

Water, Sanitation and Hygiene

US\$3,690,000

For 2010, the priorities are to increase access to reliable safe water supply and to improve sanitation facilities and hygiene practices.

- An estimated 26,500 students in Gaza and the West Bank will have improved access to water and sanitation through the rehabilitation of water and sanitation facilities at 45 schools.
- 10,000 people in water-scarce areas will be provided with new water sources, either through water tankering or improvements to rainwater harvesting systems; the reconstruction of two war-damaged water storage tanks/reservoirs will provide access to water for a further 70,000 people.
- Up to 30,000 people in vulnerable semi-urban and rural areas will have their access to safe water and adequate sanitation reinstated as a result of emergency repairs to water networks while emergency upgrading of sewage networks in areas with high levels of pollution will benefit an additional 20,000 people.

- Hygiene education – to complement the advocacy campaigns for safe WASH practices and global hand-washing – will be provided in schools in Gaza and the West Bank.
- The quality of drinking water supplies of 40,000 people will be assured by the installation of two reverse osmosis plants in areas where water quality is known to be poor and by routine monitoring of water quality delivered by private water tankers.

Education

US\$8,300,000

UNICEF will address the challenges faced by students and teachers in the most vulnerable and marginalized areas to ensure access to quality basic education services in their communities. In partnership with the Ministry of Education and Higher Education, UNICEF will work to strengthen national systems for basic education services.

- Educational opportunities and learning environments for an estimated 50,000 children in the most vulnerable and marginalized areas of the Occupied Palestinian Territory will be made available through school rehabilitation programmes, provision of educational supplies and remedial activities designed to address problems of low attainment, high drop-out rates and life-risk issues.
- An estimated 5,000 teachers will be furnished with skills to support their students more effectively through training in innovative pedagogical methods and improved learning spaces in target schools.
- An estimated 30,000 preschool-aged children will benefit from early childhood development activities.

Child Protection

US\$8,000,000

UNICEF together with the Ministry of Social Affairs and NGO partners will respond to the needs of over 626,000 children and caregivers who are either survivors of, or are vulnerable to, gender-based or armed violence, abuse and exploitation.

- Emergency response in mental health and psychosocial support will be strengthened through the development of national technical capacity and the roll out of global standards and guidelines and resource mapping.
- Psychosocial support will be provided to 50,000 children and 20,000 parents/caregivers will be sensitized to their children's needs through awareness-raising campaigns.
- 15 teams of professional social workers and psychologists will be on 'standby' to provide immediate support to children and families following distressing and violent events.
- At least 205,000 children and adolescents and 110,000 caregivers who have suffered the effects of conflict will be able to access a range of services, including child protection, remedial education, mine risk awareness and health and psychosocial support, at any one of 30 family centres across Gaza.



- Over 241,000 children and their parents will be informed about the dangers of unexploded ordnance through mine risk education and behaviour change interventions in government-supported schools.
- UNICEF will continue to provide inter-agency leadership on United Nations Security Council Resolutions 1612 and 1882 by strengthening monitoring, referral and reporting of grave violations of children affected by armed conflict.

Adolescents

US\$5,500,000

For 2010, the goals are to improve secondary school retention, reduce violence, enhance adolescent participation and raise awareness of healthy lifestyles among around 200,000 vulnerable adolescents (girls and boys aged 13–18 years) and to improve national youth policy in the Gaza Strip and the West Bank and through activities coordinated by UNICEF, the Ministry of Youth and Sports, the Ministry of Social Affairs and NGO partners.

- Adolescents will be able to access an integrated package of services, including child protection, remedial and recreational education, mine risk education and psychosocial support, at 30 family centres across Gaza.
- Catch-up programmes will be provided through the creation of 70 adolescent-friendly learning spaces offering courses in literacy, mathematics, information technology, music, sports, drama and life skills.
- Adolescents will have greater access to secure play environments through the provision of sports, recreational activities and psychosocial support in 50 safe play areas.

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SUDAN

There are currently an estimated 4.7 million people in the Sudan who have been affected by the ongoing conflict in Darfur and approximately 2.7 million living in displacement, including 137,000 who have been newly– or re-displaced in the first half of 2009 alone.¹ Overall, the Sudan continues to face the daunting challenge of recovery and development while the crisis in Darfur persists with fewer partners on the ground.



Apart from the high profile situation in Darfur, flooding and drought are increasing the vulnerability of children and women in other areas of the country, especially in the east where there is food insecurity, high rates of acute malnutrition, disease outbreaks and inadequate social services. Localized conflicts have also flared up, exacerbating the security situation in Southern Sudan. Elections in February 2010 and the border demarcation in transitional areas remain potential triggers for insecurity.

In 2010, UNICEF will work with the Government, NGOs, community-based organizations and United Nations agencies to respond to the needs of an estimated 6 million displaced people while preparing for additional displacements and returns to transitional areas. This will include provision of essential health and nutrition services, non-food items, safe drinking water, adequate sanitation and hygiene facilities, access to early childhood development and education opportunities and strengthened child protection networks. To sustain key humanitarian interventions, the United Nations and partners plan to implement the cluster approach in Darfur in 2010. UNICEF will lead the Water, Sanitation and Hygiene as well as the Child Protection Sub-Cluster, and co-lead the Education (with Save the Children) and Nutrition (with the World Health Organization) Clusters, for improved coordination in emergency response. Challenges continue to be posed by the limited access and insecurity caused by armed conflict, weak physical infrastructure and limited government capacity.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	North Sudan (US\$)	Southern Sudan (US\$)	Total (US\$)
Health and Nutrition	25,706,300	12,267,000	37,973,300
Water, Sanitation and Hygiene	31,748,100	12,621,000	44,369,100
Education	25,874,100	17,469,000	43,343,100
Child Protection	14,116,000	4,500,000	18,616,000
Mine Risk Education	700,000	500,000	1,200,000
HIV/AIDS	3,239,500	1,950,000	5,189,500
Non-Food Items	9,817,200	4,000,000	13,817,200
Communication and Advocacy	1,365,000	500,000	1,865,000
Total	112,566,200	53,807,000	166,373,200

1. Data provided by the United Nations Office for the Coordination of Humanitarian Affairs in July 2009.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Half of those affected by the ongoing fighting in Darfur are children. Of these, nearly 700,000 of the under-five population have grown up knowing nothing but conflict. The lack of regular access to essential health and nutrition services, safe water, sanitation and hygiene, early childhood development activities and a primary education is of serious concern. Furthermore, in March 2009 the Government of the Sudan revoked the licenses of 16 NGO partners, significantly affecting humanitarian operations in Darfur. While advocating for the return of the expelled NGOs, remaining humanitarian actors have strived to meet the most urgent needs that were identified in a joint United Nations/Government assessment.

In Southern Sudan, the intensification of localized conflicts and continuous disruption by Lords Resistance Army attacks from early 2009 onwards has led to acute humanitarian need, with over 235,000 people displaced. The situation is expected to worsen in 2010. Women and children have been targeted and killed during these recent outbreaks of violence and there are numerous reports of child abduction in relation to rebel armed group attacks in Central Equatoria, Jonglei and Western Equatoria States. Consequently, the need to improve child protection networks and access to psychosocial support remain priority intervention areas for UNICEF in Sudan.

Recovery activities have been severely hindered in the southern and eastern part of the country in Jonglei, Lakes, Upper Nile and Warrap States due to the scale and intensity of conflicts. Food insecurities and nutrition crises, made worse by delayed rainfalls in 2009, are widespread in several states and have directly contributed to the rise in global acute malnutrition rates beyond the emergency threshold of 15 per cent. In addition, there are concerns that the Government of Southern Sudan's ongoing fiscal crisis, which has already

reduced the provision of basic services, will only add to the volatility of the region.

The humanitarian community, including UNICEF, will need to ensure that interventions support the consolidation of peace and that key milestones in the Comprehensive Peace Agreement process are reached in 2010 in order to reduce the overall vulnerability of children and women. Meanwhile, UNICEF and partners will continue to promote needs-based assistance by advocating for those states that report equally poor, or worse, indicators than Darfur. Flexible funding, with less earmarking by the donors, will be key to addressing these under-resourced emergencies.

KEY ACHIEVEMENTS IN 2009

Working together with partners, UNICEF responded to humanitarian needs of vulnerable children and women in North Sudan and Southern Sudan who have been displaced or affected by ongoing conflict throughout 2009.

Child Health Weeks ensured high impact interventions – polio immunization, vitamin A supplementation and the distribution of anti-malarial insecticide-treated mosquito nets – for an estimated 6.4 million children under five across all 15 states in the north of Sudan. Immunization campaigns also successfully contained meningitis outbreaks in Blue Nile, North Darfur and West Darfur States. In addition, 95 per cent of the target population in North Sudan and 87 per cent in Southern Sudan were immunized against polio as a result of a series of National Immunization Days. More than 120 health facilities in North Sudan were equipped to provide emergency obstetric and neonatal care services to pregnant women who present with complications.

Routine nutrition surveillance was conducted in the three Darfur states and state level nutrition surveys were conducted in Gedaref, Kassala, Red Sea and South Kordofan, providing reliable information on nutritional status to inform responses. As a result, halfway through 2009, over 6,500 children (50 per cent in Darfur) were treated for severe acute malnutrition through a mix of new community-based services and traditional inpatient care. In Southern Sudan, 8,000 children also directly benefited from improved clinical and therapeutic management of severe cases of acute malnutrition achieved by increasing support to therapeutic feeding programmes and the capacity of community-based organizations and mother support groups.

In the north, UNICEF and its partners ensured sustainable access to a safe water supply for an estimated 1.1 million people living in displaced, returnee and host communities through the establishment or rehabilitation of water sources. Additionally, adequate water, sanitation and hygiene facilities were made available for over

CORE COUNTRY DATA

Population (thousands, 2008)	41,348
Child population (thousands, 2008)	19,098
U5 mortality rate (per 1,000 live births, 2008)	109
Infant (U1) mortality rate (per 1,000 live births, 2008)	70
Maternal mortality ratio (per 100,000 live births, 2005)	450
Primary school enrolment ratio (net nationwide/female, 2003–2008*)	45/37
%U1 fully immunized (DPT3, 2008)	86
% population using improved drinking water sources (2006)	70
HIV prevalence rate (% 15–49 years, 2007)	1
%U5 suffering from moderate and severe wasting (2003–2008*)	16

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

75,000 displaced people, including 60,000 refugees from the Democratic Republic of the Congo. Other emergency-affected people in the Jonglei and Upper Nile States also received appropriate sanitation facilities.

Together with key partners, UNICEF provided psychosocial assistance to 128,124 war-affected and other vulnerable displaced children living in temporary camps and host communities. Over 1,000 children without primary caregivers in five states in North Sudan were provided with alternative family-based care, reducing traditional reliance on institutional care. In July 2009, the first 140 children were demobilized from the six armed groups signatory to the Darfur peace agreement, while 634 children released from armed forces or groups in nine states received reintegration support, in the form of counselling sessions with trained social workers, recreational activities, vocational training and access to accelerated learning programmes. In Jonglei State, child registration systems instigated by UNICEF and partners have since facilitated the return of 60 children abducted during localized fighting to their families. Furthermore, social workers benefited from UNICEF-supported training in child protection and gender-based violence, enabling them to respond more effectively to the psychosocial needs of children. Monitoring and reporting on grave violations against children in armed conflict continued in 2009 in line with the United Nations Security Council Resolutions 1612 and 1882.

In the north of Sudan, the construction and rehabilitation of classrooms allowed approximately 41,400 children in Darfur to continue their schooling in a safer and more conducive learning environment. Basic education supplies, such as pupils' kits, recreational kits, textbooks and seating mats were also made available to 366,000 children as of August 2009, further contributing to the improved learning environment. In Southern Sudan, 1.6 million schoolchildren received essential learning materials while their 17,000 teachers received teaching materials. Furthermore, an education in emergencies workshop was completed and the related training package adjusted for use throughout Southern Sudan.

In 2009, over 300,000 young people in displaced camps in Darfur and Khartoum acquired relevant skills and information to reduce their risk of acquiring HIV/AIDS through peer-

education and awareness-raising sessions. Although pregnant women and infants gained access to Preventing Mother-to-Child Transmission services in Darfur, delivery of these same services remains a challenge in Southern Sudan due to the lack of trained maternal health workers. Nevertheless, over 4,000 pregnant women were able to access HIV testing services at nine antenatal clinics, out of which 31 tested positive for HIV (1 per cent). Of these, 17 women received antiretroviral prophylaxis, a success when compared with 2008 when no HIV-positive pregnant women received treatment.

Approximately 500,000 displaced people and returnees – including some 50,000 children – and 200,000 people in host and receiving communities and other vulnerable groups in Khartoum received information about their return options through the development of materials about conditions prevailing in areas of possible return, such as availability of health and social services, livelihood opportunities and security. This was made possible through UNICEF's partnership with the Sudan Information Campaign for Returns for more effective reintegration. A total of 1.5 million non-food items, including blankets, sleeping mats, plastic sheets, cooking sets and jerry cans, were also provided to more than 348,300 conflict- and flood-affected households in Darfur and other areas in the north of Sudan through the Non-Food Item Common Pipeline jointly run by UNICEF, CARE International and the United Nations Joint Logistics Centre. Approximately 42,000 people who were displaced in Southern Sudan also received shelter and non-food items.

PARTNERSHIPS THAT BRING CLEAN WATER HOME IN SUDAN

"Many, many people were sick and ten people died," says Asha Mohammed Nhasroot, a member of Kunena's sanitation committee, as she recalls a 2007 outbreak of acute watery diarrhoea, a term often used to describe possible cholera, a devastating waterborne disease.

But that was before the well was covered and fitted with a submersible pump that pushes water up into a bright blue chlorinated tank that can be seen from the road, standing among the village's trees. Kunena is just one of 10 village water yards that have been funded by the European Commission's Humanitarian Aid Office in cholera-prone Gedaref State. Chlorination has been crucial in the reduction of cholera cases, as well as hard-working advocates like Nhasroot and her nine sanitation team members who persuade families to build and use latrines rather than go to the toilet in the open air.

UNICEF in Sudan is currently working with 3 private sector companies and 9 local and 40 international NGOs in the

water, sanitation and hygiene sector, and is also engaging in a broad range of more informal collaborative partnerships. UNICEF coordinates the Water, Sanitation and Hygiene (WASH) Cluster and the Child Protection Sub-Cluster and co-leads the Education Cluster (with Save the Children) and the Nutrition Cluster (with the World Health Organization), working closely with government ministries, United Nations agencies, the International Committee of the Red Cross, NGOs and community-based stakeholders. UNICEF also works with United Nations High Commissioner for Refugees on shelter and protection and the World Food Programme on food security and logistics.

PLANNED HUMANITARIAN ACTION FOR 2010

In a continually volatile and challenging environment across the Sudan, UNICEF is preparing to respond to high levels of acute malnutrition, potential conflict and displacements, disease outbreaks, threats from HIV and food insecurity. This preparation takes place in close coordination with government counterparts, United Nations agencies, NGOs and other partners, as well as with host communities and resettled families. As an immediate measure, UNICEF will pre-position emergency supply items in order to respond rapidly to urgent needs, while emergency preparedness and risk reduction plans will be included as part of national capacity development in all sectors. The overall goal is to build strategic partnerships at the national, state and community level to play a leading role in creating sustainable peace and to make communities more conducive for return.

Health and Nutrition

US\$37,973,300

UNICEF will provide immediate response to the extremely high levels of acute malnutrition, the lack of access to adequate health care among conflict-affected children and pregnant and lactating women and to disease outbreaks such as polio, meningitis and acute watery diarrhoea. In the **north of Sudan**:

- Two rounds of Child Health Weeks will immunize 6.4 million children under five (95 per cent coverage) and 1 million infants (91 per cent coverage) against measles.
- An estimated 33,000 children in displaced camps with severe acute malnutrition will benefit from improved nutrition care (>70 per cent coverage) achieved through provision of supplies, technical and financial support to health facilities and the development of evidence-based action nutrition surveillance systems.
- Antenatal iron/folate supplements will be provided for 50 per cent of pregnant women and vitamin A supplements for 50 per cent of women who have just given birth.
- Legislative support for the use of iodized salt and the appropriate use of breast-milk substitutes will be secured as part of wider social mobilization campaigns.
- Children and women will have improved nutrition protection through the expanded use of an essential nutrition package in 40 per cent of operational health centres.

In **Southern Sudan** (3 million vulnerable women and children in all 10 states):

- Immunization campaigns will protect 90 per cent of children under five against measles and polio while three doses of tetanus will protect 80 per cent of women of child-bearing age.
- The nutritional status of 2 million children aged 6-59 months will be improved through the distribution of vitamin A supplementation (during polio immunization campaigns) and the promotion of multivitamin and mineral powders at the health facility level for all under-fives.
- 25,000 severely acutely malnourished children will benefit from the creation of additional screening, monitoring and referral facilities, improved supply of supplementary feeding products, therapeutic foods and other medical supplies to health facilities and community-based acute malnutrition management.

- Promotion and support of breastfeeding will increase through the training of health workers and mother support groups and the integration of neonatal care.
- A comprehensive package of maternal and neonatal health and nutrition care will be made available for 6,000 children and pregnant women in the focus states with a high risk of acute malnutrition.
- Around 150 midwives in the targeted primary health-care centres and hospitals will receive training in essential emergency obstetric care.

Water, Sanitation and Hygiene

US\$44,369,100

In 2010, the UNICEF-led WASH Cluster will actively link with early recovery partners to ensure access to a safe water supply for all people in resettlement and returnee areas. In the **north of Sudan**, UNICEF's focus will be on the reduction of children's morbidity and mortality caused by water- and sanitation-related diseases, particularly diarrhoea and cholera.

- 450,000 displaced people and returnees will have access to adequate water supply (15 litres per person a day) through the construction and durable rehabilitation of 2,500 water supply systems, dug wells, tube wells and boreholes in schools, temporary learning spaces and health facilities.
- 2.5 million people will have a chlorinated water supply as a result of improved operation and maintenance of water systems, as well as information about appropriate hygiene and sanitation practices through radio and television campaigns and community hygiene promotion activities at schools and health centres.
- Around 150,000 displaced people in camps and returnee locations will gain access to appropriate sanitary facilities, adapted to ensure privacy and security of women and girls while meeting Sphere standards, as a result of the construction of emergency toilets and washing spaces.
- 100 government and implementing partner staff will have more information on water management as a result of training on different aspects of safe water supply, sanitation and hygiene facilities while 10,000 community members will have improved capacity to help sustain services following training in masonry, hygiene promotion, water yards operation, hand-pump mechanics and water supply management.

Southern Sudan will respond to the need for reliable access to water, sanitation and of hygiene for 400,000 people affected by flooding and/or conflict, and who are living in displaced camps or areas of return.

- Access to safe water for 400,000 emergency-affected refugees, displaced people and returnees will be ensured through the construction and sustainable rehabilitation of water supply systems.
- Displaced people living in camps will have improved access to adequate sanitation through the construction of emergency latrines and hand-washing spaces while 245,000 returnees and 96,000 schoolchildren and users of health facilities will benefit from the construction of permanent latrines.
- 1.5 million emergency-affected people will have more information about good hygiene practices through the development and promotion of key sanitation and hygiene messages.

Education

US\$43,343,100

UNICEF will concentrate its efforts on providing a safer learning environment and also on improving the quality of education. In the **north of Sudan**, UNICEF and partners will continue to support children who are most disadvantaged, conflict-affected and/or living in difficult-to-reach areas.

- The construction and/or rehabilitation of 4,500 classrooms and learning spaces will give an additional 425,000 children access to school; attendance will be improved through enrolment campaigns and community mobilization and sensitization to girls' education and education for disadvantaged children.
- Up to 625 schools will be transformed into safe, effective, healthy and protective child-friendly schools.
- The coordination of the UNICEF-led Darfur Education Cluster will be strengthened to improve gap identification and sector capacity mapping, as well as planning and reporting and emergency preparedness within the context of the United Nations Humanitarian Framework and the United Nations and Partners Work Plan.

In **Southern Sudan**, the focus will be on improving access for some 2 million children (40 per cent girls) to primary school and accelerated learning programmes.

- Children and their teachers will benefit from the provision of 35,000 student and 35,000 teacher kits, 1.5 million schoolbags, 3,500 recreational kits and 6 million exercise books.
- Children will have better access to a safe and quality education in emergencies through the pre-positioning of educational materials, as well as the development of a practical guide for teachers on education in emergencies.

Child Protection

US\$18,616,000

Together with partners UNICEF will respond to a situation where tens of thousands of children are in need



of protection from violence, abuse, exploitation and the effects of armed conflict and natural disasters. In the **north of Sudan**:

- 250,000 children and adolescents will have access to psychosocial support through child-friendly spaces and strengthened community-based protection networks.
- In coordination with the North Sudan Demobilization and Reintegration Commission and other partners, 700 children released from armed forces or groups in all states in the north of Sudan will be given reintegration support to help them find their families and to create sustainable livelihoods.
- Survivors of gender-based violence and children without parental care will have access to counselling and psychosocial services as a result of strengthening family and community-based support mechanisms.
- As Child Protection Sub-Cluster lead, UNICEF will ensure commonly accepted standards for timely, adequate and effective humanitarian action to achieve required impact as well as a systematic approach for monitoring, reporting and responding to grave violations against children, with a view to prevention.

In **Southern Sudan**, the overall goal is to meet the protection and psychosocial support needs of children exposed to armed conflict and gender-based violence, abuse and exploitation, as well as those of abducted children, unaccompanied and separated children (such as those associated with Sudan People's Liberation Army) and orphans.

- 1,000 children affected by emergency and conflict, including survivors of rape and separated and unaccompanied children will have their immediate needs met more rapidly through the pre-positioning of child protection emergency supplies.
- Children who have been released from Sudan People's Liberation Army and other children affected by conflict, including orphans and abducted children, will have

access to expanded reintegration services, providing identification, registration, family tracing and reunification assistance as well as psychosocial support.

- 5,000 children who are survivors of violence, abuse and exploitation or vulnerable to such harm will have improved access to protection and reintegration services through additional support for community-based organizations and NGOs.

Mine Action	US\$1,200,000
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In the **north of Sudan**, up to 300,000 persons will benefit from mine risk education activities designed to encourage behaviours that minimize risks of mine accidents. The interventions are similar to listed below for those in **Southern Sudan** where interventions will be provided for over 250,000 individuals including children.

- Over 150,000 people will learn about the risks of mines through mine risk education in communities.
- Over 50,000 schoolchildren will have a better understanding of the risks of unexploded ordnance as a result of training 2,000 teachers in mine risk education and distribution of appropriate educational materials.
- National authorities and NGOs will assume greater responsibility for managing, coordinating and implementing mine risk education through systematic training and provision of equipment, as well as the establishment of surveillance and data collection systems to strengthen support for mine and unexploded ordnance survivors.

Non-Food Items and Emergency Coordination	US\$13,817,200
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In 2010, UNICEF will respond to the basic non-food item emergency needs of an estimated 1.5 million people affected by conflict and/or natural disasters. In the **north of Sudan**:

- Collaboration with the Non-Food Items Common Pipeline partners will ensure provision of timely and adequate essential items to displaced people, returnees and disaster-affected populations, sufficient to cover the needs of at least 250,000 households.

In **Southern Sudan** the goals are to respond to sudden-onset emergencies within 30 days of their occurrence and to increase access to basic services for 125,000 emergency-affected people and host communities.

- 25,000 households will have their basic household needs met through the pre-positioning of non-food item kits and support to a centralized non-food item supply line in the Jonglei and Upper Nile States to ease procurement and transport of the items to central hubs.
- 125,000 displaced and vulnerable populations will have improved protection from infectious diseases such as malaria, waterborne diseases and acute respiratory infection through supply of non-food item kits which contain prevention supplies such as plastic sheeting, mosquito nets, buckets, floor mats and soap.

- 50,000 people will benefit from rapid response in the distribution of non-food items and the establishment of on-site basic social services during an emergency.

HIV/AIDS	US\$5,189,500
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In 2010, UNICEF and partners will strengthen individuals' ability to reduce their exposure to HIV infection, with a focus on young people and pregnant women in displaced camps and communities. In **North Sudan**:

- An estimated 500,000 children, young people and women will have more information on HIV prevention, care and treatment through the development and dissemination of behaviour change materials.
- An estimated 50,000 pregnant women will be able to access to HIV testing, counselling services and treatment following the expansion of Preventing Mother-to-Child Transmission services in displaced camps.
- 100,000 children in school environments will have more information about HIV prevention as a result of training 500 teachers in a HIV life-skills curriculum.

In **Southern Sudan**:

- 800,000 young people will be better equipped to make informed decisions regarding safe sexual behaviours through the development of awareness-raising materials on HIV/AIDS and life skills.
- 60,000 pregnant women will have access to improved HIV services, which will be able to provide antiretroviral prophylaxis to at least 80 per cent of patients who test positive for HIV.
- 30,000 sexually active persons, including youth and women in vulnerable communities, will gain access to HIV testing services through the creation of 30 volunteer counselling and testing sites.

Communication and Advocacy	US\$1,865,000
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In 2010, UNICEF and partners will address the poor availability of vital and life-saving information for displaced people, returnees and host communities throughout Sudan.

- 250,000 displaced people and returnees in Blue Nile, Khartoum, South Darfur and South Kordofan States will be given information which will enable them to make informed decisions about their return and which will encourage the adoption of healthier and safer practices through the Sudan Information Campaign for Returns.
- An additional 500,000 displaced people in **Southern Sudan** will be given accurate and timely information so they too can make informed decisions about their return options.
- 23 million people in the **North Sudan** will have more information on safe and healthy behaviours and peace initiatives through the promotion of messages in the mass media and via community mobilization channels.

UNICEF Humanitarian Action 2010

YEMEN

A resurgence and intensification of conflict between the Government and rebel forces in the northern governorate of Sa'ada in mid-August 2009 has led to situation of acute humanitarian need that is expected to become more pronounced in early 2010 due to multiple cycles of displacement, loss of livelihoods and erosion of already stretched coping mechanisms. Women and children account for about 80 per cent of those affected. Although estimates put the number of temporarily displaced people in Sa'ada itself at 75,000, the escalation of violence caused second and third waves of displacement to the neighbouring governorates of Hajjah (host to 40,000 displaced), Aman (host to 28,000 displaced) and Al-Jawf (host to 12,500 displaced).



Families are either living in camps, in scattered isolated settlements or with host families. In addition, some 20,000 people have moved to governorates even further away. The escalation of the Sa'ada conflict has added to the general political instability and economic hardship in Yemen. Tensions in the southern governorates of Abyan, Al-Dhale and Lhadj where opposition to the current regime is strongest, has led to interruptions in the provision of health and education services, increasing the vulnerability of children in particular. Terrorist attacks by Al-Qaeda in the Arabian Peninsula and other splinter groups additionally complicate delivery of humanitarian aid, with the result that incoming refugees, mainly from the Horn of Africa, received less assistance in 2009. At the same time, insecurity and tribal tensions are impeding access to affected Yemeni populations.

In 2010, UNICEF will work with the Government of Yemen, NGO partners, communities and other United Nations agencies to respond to the needs of more than 175,000 people displaced by the ongoing armed conflict in the north, as well as the hundreds of thousands of Yemeni people indirectly affected by conflict, including host communities who now have reduced access to basic services such as water, food and health care. As leader of the Water, Sanitation and Hygiene and Nutrition Clusters and Child Protection Sub-Cluster, and co-leader of the Education Cluster, UNICEF's focus will be on ensuring access to health and nutrition, safe drinking water and appropriate sanitation and hygiene, as well as on creating educational opportunities and a stronger protective environment for children. The principal challenge to the response will be the limited and unpredictable access to populations in the conflict-affected areas.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Health	2,257,000
Nutrition	5,050,000
Water, Sanitation and Hygiene	6,376,000
Education	3,300,000
Child Protection	2,026,000
Total	19,009,000

CRITICAL ISSUES FOR CHILDREN AND WOMEN

A 75 per cent drop in oil revenues during the first half of 2009,¹ has compromised the ability of the Government to deliver basic social services to its population. Rising poverty levels and deprivation are also fuelling discontent and social unrest. The withdrawal of humanitarian personnel and the interruption of basic social services are resulting in what now are being described as acute health needs in children under five in the Sa'ada governorate.

Severe acute malnutrition rates among children under five reached 11 per cent and moderate acute malnutrition rates rose to nearly 20 per cent among children living in Al-Mazrak camp as of November 2009, which compares with rates of 4 and 15 per cent, respectively in early 2009.² With infrastructure and facilities heavily damaged, access to essential health and nutrition care, appropriate water and sanitation facilities, and education has become extremely limited. Further, while government control is assured in Sa'ada city, the inability to reach other districts due to the conflict situation within the governorate is limiting the opportunities for providing essential services to vulnerable women and children.

The majority of those affected by the resurgence in the conflict were already suffering from high levels of poverty and poor access to basic social services. Furthermore, food, fuel and financial crises have all hit Yemen hard in 2009, reversing gains in poverty reduction made between 1996 and 2006. Overall food insecurity has resulted in disrupted feeding practices and reduced energy intake, exacerbating already nationwide chronic undernutrition. High fuel prices, inflation, the fall in remittances, low wages and low social security payments when provided, are estimated to have resulted in a 6 per cent increase

in the number of people living below the poverty line, bringing the total to just under a third of the country's population, or around 7 million people.

UNICEF is also concerned about the toll the conflict is taking on the psychosocial well-being of children and women. A rapid assessment conducted by the Yemeni Medical Charitable Association and the Ministry of Social Affairs and Labour among displaced people in Al-Mazrak camp in northern Yemen indicated the extent to which families, and particularly children and adolescents have been affected by the conflict. An estimated 53 per cent are suffering from anxiety and depression, 32 per cent are demonstrating behavioural difficulties and 27 per cent are at risk of learning problems – all rates that are above average even for normal circumstances.

KEY ACHIEVEMENTS IN 2009

In close collaboration with national authorities, local NGOs and international partners, UNICEF responded to the humanitarian needs of those affected by the Sa'ada conflict throughout 2009. Three joint United Nations, government and NGO rapid assessments undertaken in the conflict-affected areas of the Sa'ada and Harad governorates informed actions in the priority areas of health, nutrition, water, sanitation and hygiene, education and child protection. However, the implementation of these interventions in the various conflict-affected areas of the country was often hampered by insecurity, allowing humanitarian response only for those internally displaced people living in accessible locations.

Despite the difficulties, Yemen was declared free of polio in 2009. Further gains were made in raising immunization coverage up to over 87 per cent nationwide and in reducing the number of reported measles cases, down from 500 in 2005 to less than 20 in 2009. Although access remained difficult, by March 2009 a total of 9,742 displaced children in conflict-affected Sa'ada had been screened for acute malnutrition, compared with only 1,238 in 2008. As a result, 1,500 children identified as acutely malnourished received treatment either at one of the newly-established inpatient therapeutic feeding centres or at one of 16 existing outpatient therapeutic programme sites, located in 5 five camps and 11 districts across Sa'ada. This success was made possible through partnership with the Ministry of Health and the Charitable Society for Social Welfare.

Together with the Yemeni Red Cross, UNICEF provided safe water and sanitation facilities in the main affected areas of Sa'ada governorate. Access to safe water and sanitation facilities according to Sphere standards was also made available in other areas of displacement,

CORE COUNTRY DATA

Population (thousands, 2008)	22,917
Child population (thousands, 2008)	11,836
U5 mortality rate (per 1,000 live births, 2008)	69
Infant (U1) mortality rate (per 1,000 live births, 2008)	53
Maternal mortality ratio (per 100,000 live births, 2005)	430
Primary school enrolment ratio (net nationwide/female, 2003–2008*)	85/65
%U1 fully immunized (DPT3, 2008)	69
% population using improved drinking water sources (2006)	66
HIV prevalence rate (% 15–49 years, 2007)	-
%U5 suffering from moderate and severe wasting (2003–2008*)	15

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

1. According to the Oxford Analytica Yemen Country Report produced for UNICEF Middle East and North African Regional Office, August 2009.
2. According to rapid assessments conducted by UNICEF and the NGO, Charitable Society for Social Welfare, 2009.

when and where the conflict allowed. This was done, depending on the specific needs in the varying camps, through the provision of water storage facilities, water tankering, disinfection of wells and the distribution of chlorine tablets and water filters to households. In addition, 650 family latrines were constructed in the Al-Mazrak displaced camp to ensure the safety of women and girls as per Sphere standards, and over 6,400 displaced families in Amran, Harad and Sa'ada benefited from the receipt of hygiene kits and awareness-raising communications designed to improve knowledge and understanding of good hygiene practise.

In anticipation of the 2009/2010 academic year, UNICEF in partnership with local authorities set up temporary classroom tents, provided appropriate school materials and conducted sensitization campaigns within host communities which enabled 55,000 displaced children of school age to resume their learning in a safe environment. Working with Save the Children, UNICEF also established child-friendly learning spaces in the Al-Mazrak displaced camp, which offered recreational activities and other forms of psychosocial support to children who had been displaced by conflict. In other areas, displaced children and women were supported by psychosocial health workers and by ongoing development of family and community-based coping mechanisms.

In 2009, UNICEF also collaborated with the United Nations High Commissioner for Refugees to meet the humanitarian needs of the 140,000 displaced people living in the Haraz camp and in urban settlements around Aden in the southern governorate of Lhadj. In addition, support was provided to those still struggling to cope in the aftermath of a tropical storm that raged across the two south-east governorates of Al-Mahrah

and Hadramout in October 2008. Affected children received ready-to-use therapeutic foods to combat acute malnutrition, vaccination against measles and vitamin A supplementation. Tents provided temporary learning spaces for school-aged children while mobile latrines and hygiene promotion campaigns supported the sanitation needs of families whose homes had been damaged by the storm. In 2009, assistance shifted into a recovery phase with the repair of public infrastructure and restoration of social services. As part of the link to long-term recovery, 3,294 children received a birth certificate for the first time and another 344 who lost their certificates in the post-storm flooding received a replacement, a measure which helps to ensure access to basic social services and also to secure rights to protection for minors.



MEASURING FOR MALNUTRITION AMONG CONFLICT-AFFECTED CHILDREN THROUGH PARTNERSHIP

The outpatient therapeutic programme has come at the right time as there are many, many problems in the displaced camp," says Junaa Ali Assad, a health volunteer. Junaa is measuring the circumference of 14-month-old Ghonia Jaber's middle upper arm. The tape reveals the toddler has a severe case of acute malnutrition.

As new families arrive at the Al-Mazrak displaced camp in northern Yemen, health workers as well as volunteers from among the conflict-affected population screen all children under five for acute malnutrition. Children are then either treated for acute malnutrition as outpatients or referred to the camp's newly-established Therapeutic Feeding Centre. This rapid response is made possible through a partnership between UNICEF and Yemen's Ministry of Health. At the same time, UNICEF is supporting its NGO partners to continue an outreach programme in the camp to address the long-term nutrition needs of children

with an emphasis on breastfeeding, appropriate complementary feeding and dietary requirements.

UNICEF in Yemen is leading the Water, Sanitation and Hygiene (WASH) and Nutrition Clusters as well as the Child Protection Sub-Cluster, and is co-leading the Education Cluster with Save the Children. UNICEF also actively collaborates with United Nations High Commissioner for Refugees on protection issues and with the World Health Organization on health matters.

PLANNED HUMANITARIAN ACTION FOR 2010

While continuing its life-saving and immediate response in affected areas, UNICEF will support early recovery related interventions as soon as access is possible in Sa'ada to support the return and reintegration of displaced populations. As there is no clear sign yet of a peace agreement between the Government and rebel forces, UNICEF and its partners are also pre-positioning supply items so as to be able to respond rapidly to critical humanitarian needs in case of a further influx of displaced people into the camps and host communities, or in the case of improved access to conflict-affected areas. Further emergency preparedness and risk reduction measures are included as an integral part of the planned humanitarian action, which has national capacity development as a core theme.

Health

US\$2,257,000

UNICEF will focus on creating access to adequate health care for children under five and pregnant and lactating women in displaced camps and host communities.

- Up to 180,000 children and 300,000 women in camps and host communities will benefit from essential health services, including vaccination programmes (the target is 95 per cent coverage in the case of measles), micronutrient supplementation (vitamin A and folic acid for children) and emergency obstetric care, delivered mainly through mobile clinics.

Nutrition

US\$5,050,000

UNICEF will provide immediate response to extremely high rates of Global Acute Malnutrition – which are as high as 20.9 per cent in some areas – among conflict-affected children.

- The UNICEF-led Nutrition Cluster will develop a nutrition monitoring system and improve cluster coordination to ensure a timely and effective response to nutrition needs.
- Community-based management of acute malnutrition programmes will provide effective therapeutic and supplementary feeding to an estimated 13,000 children with severe acute malnutrition and at least 18,100 children with moderate acute malnutrition, covering an estimated 70 per cent of the need.

Water, Sanitation and Hygiene

US\$6,376,000

For 2010, the overall goal is to provide reliable access to safe water supply and proper sanitation and hygiene facilities for up to 70,000 displaced people living in camps or temporary accommodation and 60,000 people in host communities, with a focus on the needs children and women.

- The UNICEF-led WASH Cluster will work to ensure access to safe water supply in displaced camps and in 20 host schools and 5 clinics that are used by conflict-affected populations.
- The need for sanitary facilities conforming to Sphere standards will be met through the construction of family and communal latrines, and the expansion and improvement of sanitation facilities in 10 schools and 5 health clinics in the target areas.
- The occurrence of waterborne diseases will be reduced in displaced camps through the provision of emergency hygiene kits and ongoing promotion of good hygiene practices.

- WASH cluster sub-committees and working groups will provide support and advice on technical issues and standards to ensure timely and effective response to water and sanitation needs.

Education

US\$3,300,000

UNICEF will concentrate its efforts on providing access to safe and secure learning environments to 55,000 displaced children. Education support to 250,000 vulnerable children in host communities will also be assured to mitigate tensions in areas where school enrolment is traditionally low and resource availability is limited.

- A total of 305,000 children and their teachers will benefit from the combined efforts of UNICEF and Save the Children, as co-leads of the Education Cluster, to expand coverage of educational opportunities in displaced camps and host communities through the creation of temporary learning spaces and distribution of essential learning materials.
- Students and teachers in 20 schools in Sa'ada will have access to a quality education through the rehabilitation of a child-friendly school environment, in anticipation of improved access and recovery in the Sa'ada governorate.
- Training of over 500 Ministry of Education directors, school supervisors and teachers in psychosocial techniques and catch-up education will enhance capacity to respond holistically to the needs of children affected by conflict.

Child Protection

US\$2,026,000

UNICEF will respond to the needs of around 70,000 children who are high-risk for trafficking, violence and other forms of exploitation as a result of displacement in conflict-affected areas.

- Access to a more protective environment for 2,000 separated children and unaccompanied minors will be ensured through the provision of safe-guarded shelters, child-friendly spaces and family tracing and re-unification services. Birth certificates will also be issued for 50,000 affected children.
- Psychosocial support will be accessible to around 30,000 children via child-friendly spaces and children's clubs in camps and communities and as a result of training of social workers and teachers in areas affected by displacement.
- 110,000 community members and professionals will be sensitized to the psychosocial needs of conflict-affected children through communication materials and awareness-raising campaigns.

UNICEF Humanitarian Action 2010

LATIN AMERICA AND THE CARIBBEAN



Humanitarian Action Report 2010 is going to press a few days after the devastating earthquake measuring 7.0 magnitude on the Richter scale struck Haiti on 12 January. This disaster, affecting an estimated 3 million people, has severe consequences for children and women already struggling for their right to the basic necessities of water, sanitation, education and protection from violence.

UNICEF anticipates that the emergency requirements for Haiti and the region detailed in this report will be significantly revised and increased as the scale of the devastation caused by the earthquake and its impact on children and women becomes clearer.



UNICEF Humanitarian Action 2010

LATIN AMERICA AND THE CARIBBEAN

The region of Latin America and the Caribbean is extremely prone to natural hazards which affect up to 10 million people yearly.¹ In 2009, the effects of the El Niño phenomenon led to a severe drought in Central America (Guatemala, Honduras, Nicaragua) and the Chaco region (Bolivia, Paraguay), resulting in serious food and nutrition emergencies. Argentina, Bolivia, Brazil, Chile, Colombia, Guatemala, Haiti, Nicaragua, Peru and Uruguay were subjected to torrential rains and flooding while seismic activity along the so-called 'Ring of Fire'² affected Costa Rica and Honduras.



Hurricanes occurred along the Pacific coastline and in the Caribbean region affecting El Salvador, Mexico and Nicaragua. Concerns remain about the expected return of El Niño, an event that could lead to an intense hurricane season in 2010. The region also has significant numbers of reported cases of influenza A (H1N1), a situation which warrants close monitoring.

Colombia and Haiti are still dealing with complex emergency situations, while political instability and civil unrest in several other countries, especially Honduras, will require ongoing attention. Although Haiti is recovering from a series of intense hurricanes that occurred in 2008, efforts are hampered by the impact of the global economic and food crises which is creating greater dependency on external aid. In Colombia, the conflict between armed groups intensified in 2009, leading to further population displacement along with increased concern over human right abuses and assassinations perpetrated against indigenous communities, including women and children.

In 2010, the Regional Office in Latin America and the Caribbean will continue to play a central role in the region, especially when large-scale emergencies overtake local capacities to respond to the need for humanitarian action, through the provision of immediate operational support and technical assistance. This support remains vital in a region where intense natural hazards appear to be becoming not just more frequent but also more destructive.

The Regional Office will work with UNICEF country offices, governments, United Nations agencies and NGOs on preparedness to deliver adequate response to the humanitarian needs of children and women in emergencies. In addition, the Regional Office will increase its advocacy for disaster risk reduction measures, targeting governments and partners throughout the region but especially those in the most emergency-prone countries.

1. OFDA/CRED International Disaster Database (EM-DAT), Université Catholique de Louvain, Brussels, Belgium.
2. The Pacific Ring of Fire is an area where large numbers of earthquakes and volcanic eruptions occur in the basin of the Pacific Ocean. It is associated with a nearly continuous series of oceanic trenches, volcanic arcs, and volcanic belts and/or plate movements. About 90 per cent of all the world's earthquakes occur along the Pacific Ring of Fire.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Emergency Preparedness and Response	800,000
Operational and Technical Emergency Support	500,000
Disaster Risk Reduction	500,000
Total	1,800,000

CRITICAL ISSUES FOR CHILDREN AND WOMEN

About 2 million people were affected by disasters in Latin America and the Caribbean in 2009, mainly floods, epidemics, drought and seismic events. The occurrence of hydro-meteorological emergencies is highly dependent on the El Niño and La Niña phenomena, both of which can increase the intensity of drought or rainfall, or the severity of the hurricane season.

As a result of the recent El Niño episode, there have been serious water shortages in the Chaco regions of Bolivia and Paraguay, as well as a food and nutrition emergency in Guatemala, forcing the Government of Guatemala to declare a 'State of Public Calamity'. Some 54,000 families were directly affected while another 400,000 families remain at high risk of undernutrition. In several food-insecure regions, 45 per cent of children under five suffered some form of malnutrition and around 3 per cent became acutely malnourished.

In the first part of the year, floods plunged the already precarious livelihoods of thousands of people into further vulnerability and destroyed infrastructure in many countries, especially Argentina, Bolivia, Brazil, Chile, Colombia, Guatemala, Haiti, Nicaragua, Peru and Uruguay. Dengue outbreaks emerged at the end of 2008 in Bolivia; similar outbreaks followed in Argentina, Brazil, and Paraguay in 2009. Between July and September, a seasonal cold weather wave in Peru affected more than 85,000 people and resulted in hundreds of deaths from pneumonia among children under five.

Hurricanes occurred at the tail end of the hurricane season along the Pacific coastline and in the Caribbean region, affecting Mexico and especially El Salvador and Nicaragua. Haiti is still recovering from the combined impact of the four successive hurricanes which hit the country between August and September 2008 – displacing and disrupting the livelihoods of more than 800,000 people. Reconstruction is currently hampered by the effects of the global economic and food crises, and there is growing concern about increased prevalence of acute malnutrition, school drop out rates and child exploitation.

Nor has the region been exempt from seismic activity. In early 2009, an earthquake struck Costa Rica and another hit Honduras in May, destroying thousands of homes and public infrastructure, including hundreds of schools. Colombia has been on a state of high alert because of signs of increasing activity of the Galeras volcano.

In 2009, Latin American countries were also affected by the pandemic influenza A (H1N1) outbreak, with about 125,000 confirmed cases registered in 35 countries and more than 4,000 related deaths in 22 countries. The South American cone and the Andean region have been the most affected.

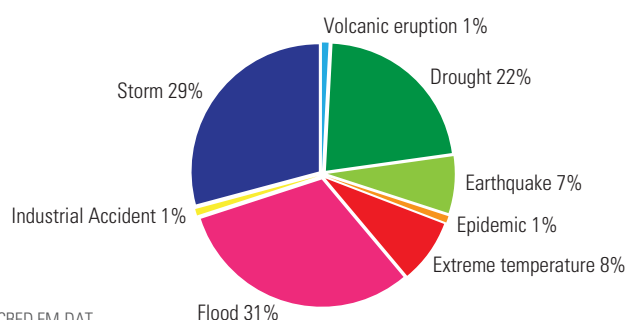
In Colombia, massacres perpetrated against indigenous communities in 2009 rose by an estimated 72 per cent in comparison with the previous year; assassinations of women and young children in the Awá communities are worrying. In addition, thousands of people are displaced every month due to the fighting, adding to the region's estimated total of 3 million internally displaced people, of whom 48 per cent are women and 36 per cent are children. The deteriorating health and nutritional status of indigenous children in Chocó, as well as their exposure to and risk of injury from unexploded ordnance, are also of concern. The political crisis in Honduras and polarization within its society warrant continued monitoring of the situation of children and women with regard to potential child rights violations.

KEY ACHIEVEMENTS IN 2009

In 2009, the Regional Office in Latin America and the Caribbean focused its efforts on developing a more coherent and coordinated response to emergencies within the framework of humanitarian reform and the regional Inter-Agency Standing Committee's Risk, Emergency and Disaster Task Force for Latin America and the Caribbean (REDLAC). Together with REDLAC partners, the UNICEF Regional Office developed an annual work plan and undertook inter-agency missions in emergency areas. The Regional Office in Latin America and the Caribbean also helped organize an earthquake simulation exercise in Colombia in cooperation with UNICEF's Country Office in Colombia, the United Nations Country Team, the Office for the Coordination of Humanitarian Affairs and other REDLAC members.

The Regional Office in Latin America and the Caribbean supported country offices in further developing capacities related to inter-agency and cluster coordination in the sectors where UNICEF is the cluster lead, namely in water, sanitation and hygiene, education and child protection. Plans to develop a nutrition cluster and to hold a regional workshop on nutrition in emergencies were also advanced during the course of the year. Support was additionally provided to country offices

Latin America and the Caribbean Disaster Affected People 1999 - 2009



Source: CRED EM-DAT

for updating national emergency preparedness and response plans and business continuity plans, including inter-agency coordination mechanisms. As a result, over three quarters of countries in the region, which are all prone to hurricanes, produced new or updated emergency preparedness and response plans in 2009 while all countries in the region updated their business continuity plans.

Capacity building for disaster risk reduction was reinforced, especially in the field of education. Workshops have been organized in order to advocate for the integration of the right to education in emergencies into the agenda of intergovernmental sub-regional disaster management bodies. Alliances for disaster risk reduction in the education sector have been strengthened among partners, including the Christian Children's Fund, the International Federation of the Red Cross, the Office of US Foreign Disaster Assistance/USAID, the Organisation of American States, Plan International, Save the Children, UNICEF and ministries of education at the country level. The UNICEF regional office also collaborated with the United Nations International Strategy for Disaster Reduction to produce a range of guidance documents, such as *Safe School in Safe Territory*, *Best Education Practices for Disaster Risk Reduction in Central America* and *Schools as Shelters*. Support was provided to country offices in El Salvador and Nicaragua to adapt the 'Risk Land' game and in Nicaragua and Panama to produce national school emergency plan guidelines.

The Regional Office in Latin America and the Caribbean has strengthened the inter-agency Water, Sanitation and Hygiene (WASH) Cluster at the regional level through the training of UNICEF staff, partners and WASH cluster coordinators in emergency response, the stockpiling of regional supplies for use in emergencies and the production of technical material and guidance. In addition, national response capacity development in water, sanitation and hygiene was undertaken through training courses in the Dominican Republic, El Salvador and Guatemala; capacity mapping was conducted in Colombia, the Dominican Republic and Ecuador. Training and mapping will continue into 2010.



A lessons-learned exercise involving 12 country offices was organized to find ways to ensure a more predictable response and preparedness to emergencies in Latin America and the Caribbean. The main identified needs were as follows: improved pre-positioning of supplies before emergencies arise; better mechanisms to identify qualified personnel; more frequent in-country simulation exercises; and greater availability and predictability of funding. Since then, several studies have been commissioned, drawing on the knowledge of experts in UNICEF Headquarters in human resources, supplies and logistics, to generate a set of recommendations for developing a regional emergency roster, enhanced supply delivery and rapid funds disbursement for use in emergencies. The recommendations will be put into action in 2010.

PLANNED HUMANITARIAN ACTION FOR 2010

For 2010, the Regional Office in Latin America and the Caribbean will work with UNICEF country offices, governments and partners to deliver quality assistance to women and children in emergencies through a combination of advocacy and preparedness and response training in water, sanitation and hygiene, nutrition and education in emergencies, as well as roll out of planning tools and cluster coordination mechanisms. The Regional Office will draw on lessons learned in 2009 to provide rapid operational support to country offices. This will include delivery of emergency supplies, staff deployment for technical assistance and rapid disbursement of emergency funds. Other goals will include support to UNICEF country offices in integrating disaster risk reduction into regular programming and capacity building with national partners through a community-based and child participation approach, with a focus on the most disaster-prone countries which have not yet initiated disaster risk reduction interventions.

Emergency Preparedness and Response US\$800,000

UNICEF will provide advocacy and training to strengthen the capacity of country offices, governments, national and international partners to integrate children's rights into emergency preparedness and response.

- Inter-agency and cluster coordination will be reinforced through the adaptation of preparedness planning tools and a series of simulation exercises conducted at the country level with governments and partners.
- A harmonized 'risk management' framework will improve timely response efforts through merging early warning emergency preparedness, business continuity and national capacity building plans into a single process and online planning tool.
- A rapid response instrument at regional level – comprising systems for rapid supply delivery, staff deployment and funding – will be available for activation as and when the scale of an emergency overtakes local capacities to respond.
- Emergency-affected populations will be better informed about ways to protect themselves from disease or undernutrition in case of emergencies through the development of specific strategies to mainstream 'communication for development' in UNICEF and inter-agency cluster emergency responses.

Operational and Technical Emergency Support US\$500,000

Together with partners, UNICEF will reinforce inter-agency coordination mechanisms at the regional level to respond more effectively and to reduce humanitarian assistance gaps.

- An emergency supply mechanism at the regional

level will be made available to enable faster delivery of items.

- Deployment of staff to provide technical support in the event of an emergency will be streamlined through the development of emergency human resources rosters.
- Country offices, especially those with insufficient advance budgets, will have improved access to support the first 72 hours of emergency response through the creation of a rapid funding mechanism for immediate deployment of funds at the onset of an emergency.

Disaster Risk Reduction US\$500,000

UNICEF will help country offices, partners and governments to incorporate disaster risk reduction into planning and practice in order to reduce vulnerabilities of women and children during and after emergencies, especially in terms of education, water, sanitation and hygiene and nutrition.

- Disaster risk reduction commitments made at the 2009 International Strategy for Disaster Reduction Global Platform and the Copenhagen Climate Conference will be pursued through follow-up with governments, country offices and other partners, as well as by means of a regional conference involving education ministries and key partners for education in emergencies.
- Country office strategies to prevent, mitigate and prepare for disasters will be improved through integrating vulnerability and risk assessment into the situation analysis process in some of the most disaster-prone countries and the systematic inclusion of disaster risk reduction into UNICEF regular programming.
- Nutrition early warning and response systems will be strengthened through disaster risk reduction advocacy and technical support.

UNICEF Humanitarian Action 2010

COLOMBIA

Colombia's 40-year long internal armed conflict, already one of the longest in Latin American history, worsened during 2009, increasing the seriousness of the country's ongoing humanitarian crisis. Not only have armed attacks and fighting between the army and illegal armed groups multiplied, new armed groups have emerged in different regions, frequently resulting in the maiming and killing of civilians. In addition, as a country already vulnerable to unfavourable geographic and climatic conditions, in the first nine months of the year over 350,000 people were displaced or affected by flooding, landslides and violent storms.¹



Children and adolescents, particularly those from marginalized populations such as the Afro-Colombians and indigenous peoples, are often among those most severely impacted by new and ongoing crises. Increasingly, they are victims of internal displacement and of accidents involving landmines and unexploded ordnance, and are the most likely to be subject to recruitment by illegal armed groups for use in conflict or other forms of exploitation such as gender-based violence. The Pacific Coast and the southern and eastern regions are the areas where most of the conflict and natural disasters occur, although in the centre and to the north of the country new armed groups are also recruiting children.

In 2010, UNICEF will respond to the humanitarian needs of 280,000 children and women affected by armed conflict and natural disasters by strengthening and complementing the institutional response, which is based both on national and local public policies and which operates within the humanitarian coordination mechanism adopted in Colombia. This will involve a partnership with the Government of Colombia and participation of nine United Nations agencies, international NGOs, the European Humanitarian Community Office, the International Committee of the Red Cross and the International Federation of the Red Cross² and Red Crescent Societies. UNICEF leads the Thematic Group on Basic Services on a rotation basis, together with the World Food Programme and the World Health Organization/Pan American Health Organization, and is responsible for leading the Water, Sanitation and Hygiene and Education Sub-Groups. The primary challenge will be limited access to the conflict-affected areas due to security reasons.

1. According to the Sistema Nacional de Prevención y Atención de Desastres (National Disaster Prevention and Response System).

2. Members of the humanitarian coordination mechanism meet on a regular basis and are divided into three operational working groups, the Protection Thematic Group, the Early Recovery Thematic Group and the Basic Services Thematic Group.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Health and Nutrition	1,000,000
Water, Sanitation and Hygiene	800,000
Education	900,000
Child Protection	3,100,000
HIV/AIDS	200,000
Total	6,000,000

CRITICAL ISSUES FOR CHILDREN AND WOMEN

According to official data, more than 3 million people have been registered as internally displaced since 1997 in Colombia. In the first half of 2009, another 51,135 people were added to the register.³ These figures give an indication of the protracted nature and scale of the current crisis. Furthermore, approximately 750,000 persons are affected by natural disasters each year; of these, approximately 44 per cent are under the age of 18.⁴ Regardless of the causes of forced displacement, be it armed conflict or climate-related disasters, undernutrition is almost always the first threat to child survival. Disaster situations also tend to have a disproportionate affect on young children, especially in terms of food insecurity and their access to health services.

During 2008 and 2009, the United Nations Development Programme, the World Food Programme and UNICEF jointly conducted a study on the health and nutrition of indigenous children affected by internal conflict in the Colombian Pacific region.⁵ This study reveals conditions of extreme poverty and vulnerability among this population – families living with 99 per cent food insecurity, 73 per cent of children suffering from chronic acute malnutrition and high rates of diarrhoea and acute respiratory infections among children under five. The lack of access to essential health services is reflected in the low percentage of vaccination coverage; only 2.5 per cent of children in the region have had the full course of routine childhood immunizations.

Landmines and unexploded ordnance also represent a serious and growing concern in Colombia as illegal armed groups continue to use anti-personnel mines. Official government statistics show a cumulative total of

8,081 casualties since 1990, of which 750 were children at the time of their accidents. This represents almost 27 per cent of all civilian casualties. During the first nine months of 2009 alone, 534 people were injured by anti-personnel mines, including 33 children or adolescents.⁶ While there are no reliable data on numbers of children in the ranks of the illegal armed groups, there are clear indications that the recruitment and utilization of children and adolescents by armed groups continues to be a common practice.

KEY ACHIEVEMENTS IN 2009

Working with national and international partners and in collaboration with the Government of Colombia, UNICEF was able to respond to the humanitarian needs of thousands of people displaced by armed conflict and natural disasters, including children associated with armed conflict. As a result, more than 23,000 children and adolescents (of whom 47 per cent are indigenous and 53 per cent are of Afro-descent) affected by violence and armed conflict received the benefit of an education, as well as psychosocial, primary health and nutritional support. This response was linked to UNICEF strategies that are directed at families who have been displaced or are at high risk of displacement, as well as at communities severely affected by the ongoing armed conflict.

The above-mentioned joint study of the problems experienced by Colombia's indigenous populations informed the inter-agency humanitarian relief operations in the Pacific region, with UNICEF taking the lead in the coordination of nutrition responses. Children and adolescents and their families living in 20 municipalities and rural communities affected by flooding benefited from provision of food and non-food items, access to safe drinking water and sanitation, psychosocial recovery support and essential health care, within the framework of the coordinated United Nations response.

To stem injuries and deaths from unexploded ordnance, UNICEF together with local authorities, public health and education institutions and communities, provided training for mine action facilitators who in turn led mine risk education programmes at the regional, municipal and village levels. UNICEF also provided technical and financial support to the Government for the organization of the Second Review Conference of the Ottawa Convention on the prevention of mines held in Colombia in December 2009, and support for the creation of a network of government coordinators to address the issue of landmine dangers in the country.

With the support of relevant partners, UNICEF-led child protection interventions continued in 17 of Colombia's

CORE COUNTRY DATA

Population (thousands, 2008)	45,012
Child population (thousands, 2008)	15,909
U5 mortality rate (per 1,000 live births, 2008)	20
Infant (U1) mortality rate (per 1,000 live births, 2008)	16
Maternal mortality ratio (per 100,000 live births, 2005)	130
Primary school enrolment ratio (net male/female, 2003–2008*)	87/87
%U1 fully immunized (DPT3, 2008)	92
% population using improved drinking water sources (2006)	93
HIV prevalence rate (% 15–49 years, 2007)	1
%U5 suffering from moderate and severe wasting (2003–2008*)	2

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

3. Statistics from the Agencia Presidencial para la Acción Social (<http://www.accionsocial.gov.co>, accessed 2 December 2009).

4. UNICEF calculations based on information provided by the National System of Disaster Prevention and Attention.

5. 'Conditions of vulnerability of the indigenous populations in the Department of Chocó', WFP/UNDP/UNICEF, 2009.

6. Programa Presidencial de Acción Integral contra Minas (<http://www.accioncontraminas.gov.co/estadisticas/estadisticas.html>, accessed 2 December 2009).

32 departments, promoting the establishment of protective environments within the family and community. Since the start of 2008, a total of 84,822 children and adolescents have participated in a range of activities, such as vocational training and life-skills education, which have helped reduce their risk of becoming involved in illegal armed groups. In addition, UNICEF continued to provide technical and financial support to the Inter-Sectorial Commission for the Prevention of Recruitment, led by the Vice President's Office, and support for socio-family projects, which assist children and adolescents demobilized from illegal armed groups through the Hogar Gestor Strategy (or 'tutoring in the home'). To date, 270 children have participated in this latter programme with UNICEF support.

In December 2008, Colombia agreed to take part in the monitoring and reporting mechanism established by Resolution 1612 of the United Nations Security Council. As a result, a task force co-chaired by the United Nations Resident Coordinator and UNICEF was created in Colombia which has since provided input to the first Report on Children and Armed Conflict in Colombia, issued by the United Nations Secretary General in September 2009.



EDUCATING IN EMERGENCIES: A PARTNERSHIP AMONG THE MINISTRY OF EDUCATION, PRIVATE SECTOR AND UNICEF

"This is the most gratifying experience I can remember in my life as a teacher, because of the children's joy. Look at their faces – they're really happy! Who comes around here? Nobody! You're the first ones. You've given them back their happiness. They're delighted", says a teacher in a schools in a disaster-affected area.

In 2009, UNICEF provided disaster-affected areas with school tents, supplies for temporary classrooms and school kits to ensure an education in a safe learning environment for children. UNICEF also supported teachers working in emergency-affected areas by providing training in technical tools and methodologies, including the 'Return to Happiness' strategy for the psychosocial recovery of children.

As a result of UNICEF advocacy, and with support of partners, through UNICEF's lead in the Education Sub-Cluster, the Ministry of Education formulated and published its Ministerial Directive Number 12, which sets out actions to be implemented by educational authorities at the departmental and municipal level to guarantee the right to an education for children and adolescents affected by natural disasters, displacement and violence.

PLANNED HUMANITARIAN ACTION FOR 2010

In 2010, UNICEF will respond to the humanitarian needs of 280,000 children and women affected by armed conflict and climate-related disasters through its partnerships with the Government of Colombia, other United Nations agencies and other international and national partners working within the established humanitarian community coordination system. In addition to improving access to health and nutrition, safe water, improved sanitation facilities and practice and education in emergencies, UNICEF will pay special attention to ensuring psychosocial assistance, access to child protection mechanisms and reintegration services for over 200,000 children, many of whom are at risk of recruitment or re-recruitment into armed groups and at great risk of gender-based violence.

Health and Nutrition

US\$1,000,000

The 35,000 children and women estimated to have been affected by natural disasters, displacement and forced confinement due to armed

conflict will be given access to essential health and nutrition services, and support for infant and young feeding practices.

- 35,000 children affected by forced confinement, displacement or natural disasters will have improved access to essential health and

nutrition care through the use of the Integrated Management of Childhood Illnesses strategy, developed in coordination with the World Health Organization/Pan American Health Organization.

- With assistance from the World Food Programme and the World Health Organization/Pan American Health Organization, UNICEF will ensure nutritional supplementation for 15,000 indigenous children in the Pacific region who have been displaced or confined by the armed conflict.

Water, Sanitation and Hygiene

US\$800,000

UNICEF will concentrate its efforts on providing sufficient access to safe water and appropriate sanitation and hygiene facilities, according to Sphere standards, for some 20,000 people affected by natural disasters, forced confinement or displacement, with a particular focus on the needs of children and women.

- 1,500 families – approximately 10,000 people – affected by confinement or forced displacement will have access to safe water and sanitation through the provision of temporary and rapid response water supplies and latrines.
- Children in 40 schools affected by natural disasters will have a safer learning environment and better protection from waterborne disease as a result of the construction of wells and adequate sanitary facilities.
- 3,000 families affected by natural disasters will have their access to safe water and adequate sanitation restored through rehabilitation and construction of basic water and sanitation systems.

Education

US\$900,000

UNICEF will focus on providing access to education and a safe learning environment for some 10,000 children affected by natural disasters, forced confinement or displacement and who are in danger of being left out of the school system.

- More than 10,000 children will benefit from the construction of over 40 provisional schoolrooms and provision of over 3,000 school kits and textbooks.

Child Protection

US\$3,100,000

UNICEF together with partners will respond to a situation where over 200,000 children are associated with armed groups or at risk

of being recruited by armed groups or affected by natural disasters and displacement, or are living in areas where unexploded ordnance remains a threat.

- Psychosocial assistance will be provided for 23,000 children affected by forced confinement, displacement or natural disasters (about 17 per cent of the estimated total number of children displaced each year), through the 'Return to Happiness' methodology and establishment of child-friendly spaces.
- Some 80,000 children living in areas heavily affected by the violence generated by illegal armed groups will be protected from exploitation, abuse, recruitment into the conflict and gender-based violence through access to educational, recreational and life-skills programmes, as well as reintegration services.
- More than 75,000 people will be sensitized to the risk of landmines and unexploded ordnance and encouraged to adopt safer behaviours as a result of training of teachers in five regions in the delivery of mine risk education communications and messages.
- The UNICEF-led Education Sub-Cluster will establish a recognized system of signs to indicate schools as protected humanitarian spaces to prevent their use by legal or illegal armed groups and will also improve coordination to support the National Strategy for the Prevention of the Recruitment of Children by Illegal Armed Groups.
- Within the framework of United Nations Security Council Resolutions 1612 and 1882, accepted by the Government in December 2008, UNICEF will coordinate the implementation of the monitoring and reporting mechanism on grave violations against children with all relevant partners.

HIV/AIDS

US\$200,000

In 2010, UNICEF and partners will strengthen vulnerable communities' ability to reduce their risk of exposure to HIV infection in situations of conflict, displacement and natural disasters.

- HIV/AIDS awareness programmes will target some 15,000 young people and the national authorities responsible for emergencies and will be conducted in coordination with the United Nations Population Fund, the United Nations Office of the High Commissioner for Refugees, the World Food Programme and UNAIDS.

UNICEF Humanitarian Action 2010 HAITI

Humanitarian Action Report 2010 is going to press a few days after the devastating earthquake measuring 7.0 magnitude on the Richter scale struck Haiti on 12 January. This disaster, affecting an estimated 3 million people, has severe consequences for children and women already struggling for their right to the basic necessities of water, sanitation, education and protection from violence.

While urgently scaling up life-saving relief, UNICEF is simultaneously working with the Government and other partners to support recovery and risk reduction efforts, to strengthen resilience and to reduce vulnerabilities to future disasters.

UNICEF anticipates that the emergency requirements for Haiti detailed in this report will be significantly revised and increased as the scale of the devastation caused by the earthquake and its impact on children and women becomes clearer.

A legacy of political instability, rising food prices and four consecutive hurricanes in 2008 have plunged Haiti into one of the worst humanitarian situations over the last decade,¹ making the country even more dependent on external aid. Lying on the hurricane belt, Haiti has been hit by a major hurricane every two to three years. Acute environmental degradation is also contributing to the overall level of devastation to the lives of children and women. Currently, 54 per cent of Haitians live in conditions of extreme poverty, in other words, they survive on just US\$ 1 per day.



Widespread undernutrition remains one of the most critical issues. Despite significant progress in the last decade, the mortality rate in children under five is higher than the regional average for Latin America and the Caribbean, and the rate in rural area remains alarmingly high, on par with Ethiopia's in 2007. Given the pre-existing conditions, notably limited access to basic social services such as health, education, safe water and sanitation and widespread undernutrition, the prolonged impact of the country's recurring natural disasters could well undermine progress towards Millennium Development Goals in child health.

Operating within the coordination system that was established during the 2008 emergency response, UNICEF will continue to collaborate with United Nations agencies and international and national NGOs to maximize government efforts in forging a bridge between recovery and sustainable development. To this end, UNICEF will lead and coordinate emergency-related interventions for 1.6 million children in the areas of nutrition, water and sanitation, education and child protection. In parallel to recovery and reconstruction work, UNICEF will also support emergency preparedness and disaster risk reduction efforts that are currently under way to minimize potentially devastating impacts on children and women in the future.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Health and Nutrition	5,400,000
Water, Sanitation and Hygiene	2,200,000
Education	2,800,000
Child Protection	2,100,000
HIV/AIDS	500,000
Total	13,000,000

1. The losses and damages are estimated at US\$ 1 billion, equivalent to 15 per cent of GDP.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

The impact of successive hurricane disasters in 2008 has dramatically increased the vulnerability of children, leaving them in an ever more precarious condition in a country where more than 4 out of 10 children are living in absolute poverty.² In the post-disaster period, the risks of acute malnutrition, school drop out and child exploitation remain eminent, especially in families that cannot access sufficient food.

A national nutrition survey carried out in parallel to the 2008 emergency operation indicates that prevalence of chronic malnutrition among children under five reaches over 25 per cent in 8 out of 10 regions, with the highest rate close to 32 per cent.³ HIV prevalence is also one of the highest in the region – 2.2 per cent among the adult population – while access to Preventing Mother-to-Child Transmission services is very limited, at only 20 per cent.⁴ Furthermore, there is evidence to suggest that maternal mortality is on the brink of a significant increase.

Almost 1,000 out of a total of 16,000 schools in the country were either totally or partially destroyed by the 2008 hurricane disasters.⁵ The relative costs of paying for a child to attend school remain prohibitive and attendance rates are worsening as economic growth in Haiti continues to decline. Families on low incomes already spend about 40 per cent of their household revenue on sending their children to school; on this basis, children from the very poorest households, which spend well over 55 per cent of its income on food, are even less likely to attend school.⁶

CORE COUNTRY DATA

Population (thousands, 2008)	9,876
Child population (thousands, 2008)	4,294
U5 mortality rate (per 1,000 live births, 2008)	72
Infant (U1) mortality rate (per 1,000 live births, 2008)	54
Maternal mortality ratio (per 100,000 live births, 2005)	670
Primary school enrolment ratio (net male/female, 2003–2008*)	-/-
%U1 fully immunized (DPT3, 2008)	53
% population using improved drinking water sources (2006)	58
HIV prevalence rate (% 15–49 years, 2007)	2
%U5 suffering from moderate and severe wasting (2003–2008*)	10

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

Weak child protection mechanisms, together with a lack of understanding of parental responsibilities in society, are hampering efforts to protect the most vulnerable children. As evidenced by the notable increase in the numbers of children living on the streets in urban areas and in the number of children currently residing in unregistered orphanages, child abandonment appears to be on the rise. With 3 out of 10 children having no birth certificate, concern about increases in child trafficking and illegal adoptions is growing. Some 70,000 children are already estimated to be in domestic service⁷ or some other modern form of servitude.

KEY ACHIEVEMENTS IN 2009

Given the magnitude of the hurricane disasters in 2008, the emergency response continued into 2009. The needs of children and women made extremely vulnerable by the recurrent natural disasters of the last few years have received particular attention. Through the cluster approach, UNICEF collaborated with the Government, other United Nations agencies and 36 partner NGOs to improve the health, nutrition and overall well-being of an estimated 344,000 children affected by the hurricanes.

Nutrition survey results confirmed that the concerted action of UNICEF, the World Food Programme and the World Health Organization, as well as NGO partners, directly contributed to stabilizing a potential increase in acute malnutrition among children under five living in disaster-affected areas, in spite of difficult geographical accessibility. This action included screening of pregnant and lactating women and 15,000 children under five and subsequent treatment of those identified with moderate and severe acute malnutrition. Implementation of a community-based approach to the management of acute malnutrition during the emergency operation led to the development of a national protocol for the treatment of acute malnutrition – and standardized practices – that has since been adopted by the Government and humanitarian agencies alike. The disaster-affected also benefited from essential medical kits provided by mobile clinics run by NGO partners, and vaccination campaigns for children facilitated by UNICEF.

Emergency assistance also allowed approximately 120,000 children in the disaster-hit areas to continue their education in 2009; direct cash support to schools paid for school fees, student kits, school materials, school rehabilitation and psychosocial support. Taking into account the fact that some 500,000 school-aged

2. United Nations Children's Fund, 'Absolute Child Poverty in Haiti in the 21st Century', UNICEF, New York, 2008.

3. Although global acute malnutrition rates among children under five was found to be in the range, 2.8–6.2, these figures probably mask a much higher prevalence since the affected population remains highly disseminated across the territory and access to health facilities remains scarce.

4. 2006 data. Source: UNAIDS Global Report on AIDS, UNAIDS, Geneva, 2008.

5. Government of Haiti/ World Bank/United Nations/European Union, 'Post-disaster Needs Assessment 2008'.

6. United Nations Development Assistance Framework 2009–2011. According to the 2008 USAID/Haiti Maternal and Child Health Portfolio Review and Assessment, the poorest section of society spends 70 per cent of their income on food.

7. Demographic and Health Survey (EMMUS) IV, 2005–2006.

children had no access to education even before the disaster, UNICEF's emergency intervention successfully prevented a significant increase in the numbers of out-of-school children.

'Building back better' was a key strategy during the year, most notably in the water, sanitation and hygiene and child protection sectors. Emergency funds contributed to the cost of the rehabilitation of water supply systems and sanitation infrastructure that had been in state of disrepair (or indeed almost non-existent) even before the 2008 emergency. UNICEF provided safe drinking water to over 230,000 affected people, or almost 58 per cent of the in-need population. Given the dire needs of those displaced, abandoned or in institutional care, UNICEF and its partners doubled their efforts to strengthen child protection mechanisms, both at national and community levels.

UNICEF joined forces with other United Nations agencies and NGO partners to assist government efforts to better prepare for future tropical seasons. Under the leadership of the United Nations Country Team and together with the 11 cluster members who comprised the 2008 emergency operation, an inter-agency preparedness and

response plan was mapped out and aligned with the national contingency plan. Key early recovery activities have since been identified for each sector in order to facilitate a smooth transition from relief and recovery towards long-term development.



PARTNERING FOR DISASTER-AFFECTED CHILDREN: A TRUE 'LESSONS LEARNED' EFFORT

"I lost my two-year-old infant that night," Jeanne whispers at a counselling session for mothers at the UNICEF/Associazione Volontari per il Servizio Internazionale centre in Caberet. "I wanted to die. The centre took me in and though it is still hard now, I want to live now."

Without restoring the self-confidence of survivors of emergencies, the protracted impact of the disaster slows down recovery and reconstruction. Working with Associazione Volontari per il Servizio Internazionale, Catholic Relief Services and Save the Children, UNICEF provided emergency psychosocial support to 8,000 children and their parents, and to those who had lost children in the hurricane disaster-affected South, West and Artibonite regions. Part of this support involved giving children time and space in which to play. Referrals for basic education, health care and classes in parenting skills were also provided in order to give beneficiaries the best chance of recovery. In preparation for future hurricane disasters, UNICEF and its partners are currently working to increase community resilience to emergencies and now have networks of trained community

volunteers standing by ready to provide immediate psychosocial support to survivors when needed.

UNICEF in Haiti currently works with 36 local and international NGO partners in the areas of health, nutrition, water, sanitation and hygiene, education and child protection. UNICEF's partnership with NGOs and other United Nations agencies was visibly strengthened during the 2008 emergency operation, as was collaboration between the United Nations Country Team and the United Nations Stabilization Mission in Haiti (MINUSTAH), which provides extensive logistic and security support to humanitarian community. The framework of the mechanism for supporting the Government in emergencies is now firmly established in Haiti, a country that struggles for development under the constant threat of natural disasters.

PLANNED HUMANITARIAN ACTION FOR 2010

Given the multiple challenges facing children and women affected by recurrent natural disasters, UNICEF's primary objective will be to work with the Government and partners to prevent a rapid deterioration in the health and nutritional status of the most vulnerable during emergencies. As the lead agency for the Nutrition, Water, Sanitation and Hygiene (WASH) and Education Clusters and the Child Protection Sub-Cluster, UNICEF will coordinate with United Nations agencies and international and national NGOs to reduce the vulnerabilities of at least 1.6 million children in disaster-affected areas. UNICEF will also spearhead efforts to prevent child abandonment and to assist children who have lost their birth certification as a result of the destruction caused by the hurricanes.

Health and Nutrition**US\$5,400,000**

UNICEF will concentrate its efforts on improving access to essential health services for 500,000 pregnant and lactating women and 1.3 million children under five in at-risk areas.

- Strengthened the capacity in identification and treatment of acute malnutrition at both community and hospital levels will lead to timely treatment of at least 12,000 children with moderate and severe acute malnutrition.
- Up to 400,000 children and 50,000 pregnant and lactating women will benefit from distribution of de-worming tablets and micronutrient supplements, in particular of vitamin A, iron, zinc and iodine.
- Up to 1.3 million infants and 500,000 pregnant women will be immunized against common vaccine-preventable diseases.
- Access to basic and quality health services – including during emergencies – will increase through the improved supply of essential drugs and medical equipment and training of staff at hospitals and clinics.

Water, Sanitation and Hygiene**US\$2,200,000**

UNICEF will respond to the need for access to potable water and improved sanitation facilities for children in schools and in marginalized communities in both rural and urban areas, as well as in the zones affected by emergencies.

- Up to 300,000 people – including 80,000 children in 200 primary schools – will have improved access to safe water and sanitation facilities.
- Best practices in water use and personal hygiene will be promoted through environment and hygiene education at schools and communities.
- The establishment and training of management committees will lead to better maintenance of reconstructed water systems and infrastructure.
- Up to 25,000 people (5,000 families) will benefit from an emergency supply of water and hygiene kits.

Education**US\$2,800,000**

UNICEF will provide access to free education for approximately 80,000 children, including up to 40,000 emergency-affected children,

and work with the Ministry of Education to improve education policy and capacity.

- At least 40,000 primary schoolchildren and approximately 5,000 pre-school children currently affected by emergencies will have access to improved education and child-friendly learning environments in approximately 120 public schools through the provision of learning and teaching materials and the training of teachers.
- At least 2,000 vulnerable children under three will benefit from family and community-based early childhood development interventions.
- The return in 2010 of an estimated 40,000 students to areas prone to natural hazards will be facilitated with the rehabilitation and equipping of up to 100 schools.

Child Protection**US\$2,100,000**

UNICEF will concentrate its efforts on strengthening child protection mechanisms through institutional capacity building and establishment of legal frameworks. UNICEF will further respond to the protection needs of up to 35,000 vulnerable children in priority regions, the border areas and zones affected by emergencies.

- At least 35,000 vulnerable children and survivors of violence, exploitation and abuse will gain access to medical care, education and other support services.
- A nationwide child protection data management system, operated by the Governmental Child Welfare Agency will be upgraded in order to improve the tracking of vulnerable children at risk of abuse or exploitation, or against whom violations have been committed, through capacity building in data collection, compilation and analysis.

HIV/AIDS**US\$500,000**

In 2010, UNICEF and partners will further strengthen Preventing Mother-to-Child Transmission services to reduce vulnerability and exposure to HIV of unborn and newborn children, and to increase access to antiretroviral prophylactic treatment for 40 per cent of HIV-positive pregnant women currently living in high-risk areas.

- All infants born to HIV-positive women living in high-risk regions will have access to early infant diagnosis and antiretroviral prophylaxis; those identified as HIV-positive will receive long-term paediatric treatment.

UNICEF Humanitarian Action 2010

CENTRAL AND EASTERN EUROPE, COMMONWEALTH OF INDEPENDENT STATES





UNICEF Humanitarian Action 2010

CENTRAL AND EASTERN EUROPE, COMMONWEALTH OF INDEPENDENT STATES

The Central and Eastern Europe, Commonwealth of Independent States (CEE/CIS) region is prone to natural hazards, especially earthquakes, floods, avalanches, mudslides, drought and forest fires, all of which are impacting livelihoods and social infrastructure, especially in crowded urban areas. Particularly vulnerable are Central Asia, South Caucasus and Turkey, which lie in well-known seismic zones and thus are susceptible to major earthquakes.



In countries such as Kyrgyzstan, Tajikistan and Uzbekistan, an earth tremor or quake could cause dislocation and displacement of uranium wastes stored underground, thereby posing a serious health risk to the people living in those areas. The recent global economic crisis is increasing poverty and reducing access to social services, especially among vulnerable women and children in many transitional states in the region.

In 2010, UNICEF's CEE/CIS Regional Office will work with its country offices, governments, United Nations agencies, NGOs and academic partners to provide strengthened humanitarian response to children and women in emergencies. Focus will be on the revised Core Commitments for Children in Emergencies, disaster risk reduction and the interagency cluster approach. As the number of UNICEF offices engaged in disaster risk reduction increases, the CEE/CIS Regional Office will prioritize provision of support to country-level risk reduction and mitigation initiatives.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Emergency Preparedness and Response Planning	200,000
Regional Surge Capacity	250,000
Disaster Risk Reduction	400,000
Total	850,000

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Over half of the countries in the region report having internally displaced people. Years of displacement have resulted in a generation of children that is growing up having known no other way of life and with little optimism for the future. Displaced children are often left without access to adequate education, health care, psychosocial support or protection. Humanitarian access to some displacement areas is difficult, leaving children and women particularly vulnerable to exploitation, sexual violence, undernutrition and waterborne diseases as de facto authorities are often unable to provide for basic services. Psychosocial distress is also affecting children in these enclaves.

In early 2009, Kyrgyzstan suffered an earthquake, which resulted in deaths and destroyed schools, hospitals, roads and other critical infrastructure. In Tajikistan, flooding and mudflows following the seasonal rains in April and May affected 25 districts in the country, while drought affected areas of Moldova, Tajikistan and Uzbekistan. Such events are predicted to increase in frequency as the pace of climate change accelerates.

The complex political and security situation in many parts of the CEE/CIS region is also a factor for concern. Georgia is still recovering from the impact of the conflict in August 2008, which displaced many. Although the situation in Chechnya in the North Caucasus (Russian Federation) has improved over the past few years, violence and security incidents appear to be on the rise in the neighbouring republics, particularly in Dagestan and Ingushetia. Meanwhile, Organization for Security and Co-operation in Europe-mediated negotiation between the Governments of Armenia and Azerbaijan with regard to the disputed territory of Nagorno-Karabakh is ongoing; this is a dispute that has caused the displacement of many civilians in the past. In Moldova, the situation remains tense after violent protests and attacks on government buildings in early April 2009. The issue of the separatist republic of Transnistria in Moldova also remains unresolved.

KEY ACHIEVEMENTS IN 2009

In 2009, the UNICEF CEE/CIS Regional Office continued to support its country offices and partners

in further developing their emergency preparedness and response capacity, as well as their disaster risk reduction strategies. This included providing training on humanitarian principles, the inter-agency cluster approach and the Core Commitments for Children in Emergencies, and the participation of the Regional Emergency Team in a number of technical support missions.

In August 2009, a training exercise involving emergency focal points from nearly all UNICEF offices in the region focused on harmonization of approaches to preparedness and emergency response and UNICEF's global leadership accountabilities in the Water, Sanitation and Hygiene, Nutrition, Education and Child Protection Clusters and standby partnerships. UNICEF supported United Nations Country Teams in Montenegro and Turkmenistan by reviewing and updating their contingency plans, and UNICEF Bulgaria in developing its first emergency preparedness and business continuity plan.

Georgia, Kyrgyzstan and Tajikistan all received water and sanitation technical support to assist during their respective emergencies and early recovery period. Further, in March 2009, UNICEF organized a special meeting among United Nations partners and the United States Centers for Disease Control and Prevention to review health and livelihood impacts of extreme weather events as they affect the CEE/CIS region.

In the area of disaster risk reduction, the UNICEF's CEE/CIS Regional Office successfully coordinated the planning, development and implementation of the European Commission's Disaster Preparedness (DIPECHO) Programme in Central Asia. This flagship project, the first of its kind in the region, aimed to strengthen disaster preparedness in Kazakhstan, Tajikistan and Uzbekistan, and in so doing improve not only inter-ministerial cooperation in the three countries, but also intra-regional collaboration among the countries in Central Asia. As part of the project, in March 2009, UNICEF in partnership with United Nations International Strategy for Disaster Reduction organized a special regional conference, the Hyogo Framework for Action and Disaster Risk Reduction in Education which was held in Almaty, Kazakhstan. This meeting, which involved the participation of high-level government officials from ministries of education and emergency management from the respective countries of Kazakhstan, Tajikistan and Uzbekistan, concluded with renewed commitment to the Hyogo Framework for Action and, in particular,

a commitment to include disaster risk reduction in national coordination mechanisms and plans.

A workshop on disaster risk reduction in education for teacher trainers was conducted in May 2009. The workshop covered a range of topics, including teaching methods, psychosocial support and appropriate teaching materials. Since the workshop, participants have themselves conducted cascade training sessions for teachers as a means to disseminate vital information and knowledge to children on disaster risk preparedness.

In addition, UNICEF's CEE/CIS Regional Office continues to participate actively in the Regional Emergency Network for Central Asia, which is comprised of major emergency response agencies including the Office for the Coordination of Humanitarian Affairs, the United Nations Development Programme/Bureau for Crisis Prevention and Recovery, the United Nations High Commissioner for Refugees, the World Food Programme, the World Health Organization and UNICEF. In 2009, UNICEF also signed a regional letter of agreement with the World Food Programme's Regional Bureau for improved cooperation in nutrition and food security in the CEE/CIS region.



PLANNED HUMANITARIAN ACTION FOR 2010

UNICEF's CEE/CIS Regional Office will focus on strengthening emergency preparedness and response capacity in UNICEF offices and governments throughout the region through strategic partnerships and provision of technical support during emergencies. The Regional Office will also work to improve coordination of the UNICEF-led Water, Sanitation and United Nations Development Programme/Bureau for Crisis Prevention and Recovery, Education and Child Protection Clusters and continue to participate in the World Health Organization-led Health Cluster and the United Nations High Commissioner for Refugees-led Protection Cluster. As a recent member of the South Eastern Europe, Central Asia and Caucasus Group, UNICEF will further coordinate disaster risk reduction, especially in the context of climate change, with the United Nations International Strategy for Disaster Reduction, the United Nations Development Programme/Bureau for Crisis Prevention and Recovery and the World Meteorological Organization as partners.

Emergency Preparedness and Response Planning **US\$200,000**

Together with United Nations agencies, NGOs, Red Cross/Red Crescent societies and government partners, UNICEF's Regional Emergency Team will focus on building preparedness capacity through training and emergency simulation exercises at the national level.

- UNICEF Offices will benefit from additional preparedness support and response through the

introduction and roll out of UNICEF's new Early Warning – Early Action system that monitors potential emergencies for advance preparedness purposes.

- Technical guidance will also be provided to UNICEF Offices as well as humanitarian partners on the revised Core Commitments for Children in Emergencies, cluster approach modalities, as well as on business continuity planning.

Regional Surge Capacity	US\$250,000
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Based on previous experience, it is clear that the CEE/CIS region needs to maintain and enhance a core group of its own staff with relevant language skills and expertise so as to be able to support country offices in the region effectively and efficiently.

- Within 72 hours of an emergency, and with the cooperation of the relevant UNICEF Office, UNICEF staff with appropriate skills from neighbouring UNICEF offices will be deployed to the emergency site of the affected country, thereby reducing both travel costs and response times.
- The pool and capacity of emergency-experienced staff within UNICEF will be expanded to support emergency response. Specific training programmes will be developed and implemented, bearing in mind the regional needs and complexities and existing capacities.

Disaster Risk Reduction	US\$400,000
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UNICEF will focus on the expansion of the existing disaster risk reduction programme in Central Asia

to other parts of the region, especially to the South Caucasus and possibly Moldova and Turkey, to improve disaster preparedness and risk reduction in vulnerable areas. The CEE/CIS regional office will also continue to strengthen its collaboration with United Nations agencies, NGOs and other partners working in disaster risk reduction.

- UNICEF Offices will be assisted in their disaster risk reduction efforts through Regional Office support for formulating sub-regional projects/proposals, coordinating the execution of capacity building efforts, identifying funding opportunities and for representing the region in regional as well as global disaster risk reduction forums.
- Disaster risk reduction capacity at the country level will be improved through the training of UNICEF and partner staff and the sharing of information and lessons learned among the different countries.
- Specific technical support will be extended to relevant UNICEF Offices through identification and deployment of disaster risk reduction experts and the integration of disaster risk reduction activities into existing education programmes.

UNICEF Humanitarian Action 2010

TAJIKISTAN

Increasing water, energy and food shortages, fallout from the recent global financial crisis and greater frequency of extreme weather events are collectively threatening the health, nutrition and overall development of children in Tajikistan. In May 2009, severe flooding and mudslides in two thirds of the country temporarily – and in some cases permanently – displaced thousands of people. In addition, remittances from the country's diaspora declined by 35 per cent in the first six months of 2009 due to the global economic recession, reducing a vital source of income for many families.



Even before these latest socioeconomic downturns and environmental disasters, the country was struggling to cope; more than 50 per cent of its population currently lives in poverty. With weakened social infrastructure, a fragile economy, more frequent water and energy shortages and increases in heavy rainfall in some parts of the country and drought in others, an estimated 1.5 million people are currently at risk of waterborne or infectious diseases, undernutrition, disruption of education and abuse or exploitation, all of which undermine their well-being and development.

Together with the Government of Tajikistan, United Nations agencies and international and national NGOs, UNICEF will provide assistance to approximately 200,000 vulnerable families. This includes approximately 100,000 children under five and 50,000 school-aged children and young people, as well as 10,000 children in need of special protection measures. UNICEF's response will include support for improved access to essential health and nutrition services, family care and early childhood learning programmes, safe learning environments and appropriate water supply and sanitation and hygiene facilities, as well as for comprehensive child protection networks. UNICEF will also continue to facilitate and coordinate cluster work in the areas of education in emergencies and water, sanitation and hygiene.

UNICEF EMERGENCY NEEDS FOR 2010

Sector	US\$
Health	600,000
Nutrition	700,000
Water, Sanitation and Hygiene	1,000,000
Education	1,000,000
Child Protection	500,000
HIV/AIDS	200,000
Total	4,000,000

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Insufficient nutrition is already affecting early childhood health and development in Tajikistan; stunting reportedly affects 39 per cent of children (2007 data)¹ and iron deficiency anaemia almost 40 per cent of fertile women and 38 per cent of children under five.² UNICEF knows that better knowledge of proper infant and young child feeding can go a long way to address these nutrition concerns.

The country is also still recovering from the spillover effects of multiple economic and climate crises in 2008, which resulted in damage to infrastructure and crops valued at around US\$250 million. In 2009, about 40,000 hectares of arable cropland was destroyed, resulting in further economic losses, totalling an estimated US\$20 million. As a result of the destruction of land for grazing, traditional coping systems in Tajikistan for chronic food insecurity, such as the disposing of assets like livestock for income, are no longer reliable a factor which is adding to the problems of food scarcity in the country and further undermining the nutrition of children and women.

In the southern and eastern parts of the country where poverty is most prevalent, unusually heavy rainfall during the spring of 2009 resulted in varying degrees of damage to water supply systems in several districts. In Nurobod District, water sources were severely damaged, leaving 8,000 people without water. In another district in the south, where public water provision was already ineffective and insufficient, mudflows completely destroyed whatever water sources and sanitation facilities that did exist, even those in homes.

As a result, incidence of waterborne disease and diarrhoea has rocketed, exacerbated by the general lack

of knowledge among families about appropriate young child care and hygiene. Improving awareness of basic health and hygiene care will be a priority.

The May 2009 floods and mudflows destroyed or damaged 70 schools across the country, threatening significant gaps in children's education. A follow-up rapid assessment conducted in the worst-affected areas reported that about 5,000 pupils were at risk of dropping out of education and many more children were attending classes in unsafe school environments. Although the Government has drafted a plan to replace and rehabilitate schools destroyed by floods and mudslides, due to the ongoing financial crisis, a budget has yet to be allocated to this project. In some areas, local authorities plan to accommodate children in existing schools close to areas of resettlement, but most of these are ill-equipped and in need of refurbishment and/or expansion. UNICEF is concerned that if children have to travel further, families will be less willing to send them to school. This is likely to be a significant factor for girls, a sector of the population that already faces gender barriers in education in Tajikistan.

Some 10,000 Tajik girls and boys live in residential care institutions where they are vulnerable to disease, neglect, abuse and exploitation, and even more so during emergencies. Mass care institutions remain in poor condition, with large classrooms and living areas that are difficult to keep adequately warm even with a regular supply of electricity. Particularly vulnerable are children in conflict with the law and those with disabilities, who while living in institutions do not have access to psychosocial care and other forms of support. In addition, the number of newly-registered HIV cases in pregnant women who do not have an at-risk profile is steadily rising; in addition, as of 1 September 2009, the number of new official cases was already triple the 2007 total. There is concern that an emergency situation could lead to further increases in HIV infections as access of vulnerable populations to HIV information, counselling, testing and treatment decreases.

CORE COUNTRY DATA

Population (thousands, 2008)	6,836
Child Population (thousands, 2008)	3,083
U5 mortality rate (per 1,000 live births, 2008)	64
Infant (U1) mortality rate (per 1,000 live births, 2008)	54
Maternal mortality ratio (per 100,000 live births, 2005)	170
Primary school enrolment ratio (net male/female, 2003–2008*)	99/95
%U1 fully immunized (DPT3, 2008)	86
% population using improved drinking water sources (2006)	67
HIV prevalence rate (% 15–49 years, 2007)	-
%U5 suffering from moderate and severe wasting (2003–2008*)	7

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

KEY ACHIEVEMENTS IN 2009

Despite difficult conditions in the areas affected by flooding and mudflows, as well as the ongoing food crisis, UNICEF has, in cooperation with the Government of Tajikistan and 50 national and international partners, responded to the humanitarian needs of 1.5 million people, including 1 million children under five throughout 2009. Working with Save the Children and the World Food Programme, UNICEF delivered basic food commodities to the most food-insecure areas in the country, reaching the targeted 20 per cent of the population.

1. State Committee on Statistics, 'Tajikistan Living Standards Measurement Survey 2007', UNICEF/The World Bank Group, 2009.
2. 'Tajikistan National Nutrition Survey 2004', Ministry of Health/UNICEF/Asian Development Bank/WHO, 2004.

Around 1 million children under five benefited from vitamin A supplementation and de-worming campaigns, which, given the high levels of micronutrient deficiencies in Tajikistan, represents a significant step towards averting undernutrition. Nearly 15,000 children in remote areas received micronutrient powders or Sprinkles, while about 100,000 pregnant women received the daily requirement of essential vitamins and minerals that are crucial for normal fetal development and a healthy pregnancy. The daily energy requirement of more than 500 displaced families in the flood-affected Khurson District was met by the provision of around 500 kilograms of high-protein biscuits and Plumpy Nut. Education campaigns in new settlement areas and temporary camps urged women to breastfeed their newborn babies.

Over 1,000 families in flood-affected districts gained immediate access to potable water through the rapid dispatching of a variety of pre-positioned items, including 1.5 million water purification tablets, eight tons of chlorine powder and water storage containers. The subsequent distribution of chlorine tablets and soap was complemented by a hygiene education campaign, giving approximately 115,000 flood survivors the tools to reduce their risk of waterborne disease. Sanitary facilities, including showers and hand-washing structures were additionally installed to respond to the needs of about 5,000 people in the main resettlement sites. UNICEF also began the emergency construction of rural drinking water supply system in the Khurson resettlement site.

To ensure resumption of schooling among flood-affected children, UNICEF assisted local authorities in the roof repair of two badly damaged schools and supported the reconstruction of a flood-destroyed secondary school. In addition, heating devices were pre-positioned in schools in remote areas, where harsh winter conditions threaten the health and education of 20,000 students on an almost annual basis. The expansion of pre-school education

through capacity building of community-based programmes extended important support to families and communities in child rearing both during and after the floods. School-in-a-box, recreational kits, hygiene packs and counselling gave several hundred affected children the opportunity to play and learn during the summer, while successfully addressing any outstanding psychosocial problems.

In Tajikistan, placing children into institutions is a traditional coping mechanism in times of stress. While working towards a long-term solution, UNICEF is addressing the immediate needs of 9,300 children deprived of parental care, in particular those related to extreme cold weather conditions by providing generators, heating devices and high protein biscuits, as well as hygiene kits and soap.



PARTNERING TO BRING SAFE WATER AND SANITATION TO DISASTER-AFFECTED CHILDREN

"I want our new home to have water," Nusratullo, 10, says as he carefully poured water into a mug out of a rusty bucket. "When we have water, my sister will no longer need to fetch it from the neighbouring village every day and will have time to help me do the homework for school."

Nusratullo is one of more than 2,500 people living in Shohroh settlement in Tajikistan's Khurson District. He has been living there since May 2009, when two major floods destroyed four villages and displaced about 440 families. Following the disaster, UNICEF partnered with the Government of Tajikistan, other United Nations agencies and international NGOs to address the need for safe drinking water and hygiene facilities among the displaced people living in temporary tent camps. Distribution of water storage tanks, chlorine powder, water purification tablets, jerry cans and soap helped the affected families to access clean water

and adequate hygiene. UNICEF also partnered with Zilola, a local NGO, in conducting a hygiene education campaign.

UNICEF coordinated this rapid water-related emergency intervention, and also the task of identifying early recovery needs, which was carried out with cluster partners, particularly Mercy Corps, Mission East, Oxfam and Save the Children. Work to build a new water supply system which will provide 2,500 people in the Shohroh settlement with safe drinking water is ongoing in close collaboration with partners and the Government's waterworks agency.

PLANNED HUMANITARIAN ACTION FOR 2010

While continuing its life-saving and immediate response to extreme weather emergencies, UNICEF together with the Government of Tajikistan and partners will support early recovery-related interventions that respond to the needs of more than 200,000 vulnerable families, particularly those in hard-to-reach areas. This includes at least 100,000 children under five and 50,000 school-age children and young people as well as 10,000 children in need of special protection measures. The goal will be to reduce vulnerabilities through the provision of adequate access to health and nutrition, safe drinking water, improved sanitation and hygiene, basic and quality education and early childhood development programmes, as well as the protection of children during emergencies, especially those living in residential institutions.

Health

US\$600,000

UNICEF will concentrate its efforts on responding to the health needs of emergency-affected children and women through close partnerships with the Ministry of Health and other partners and the development of a monitoring system to ensure that women and girls have equal access to health services.

- The capacity of 500 primary health care centres in disaster-prone areas will be extended to cope with an increased number of emergency patients through the increased supply of emergency health kits and other pre-positioned items.
- 20 maternity hospitals will be equipped to offer essential newborn care, as a result of the supply of life-saving and critical relief items such as baby warmers, baby blankets and essential medicines.
- 500,000 children under five will benefit from a new de-worming campaign.
- Provision will be made to treat 20,000 children under five with the latest oral rehydration therapy as well as zinc in the event of a diarrhoea outbreak.

Nutrition

US\$700,000

UNICEF together with key partners such as the Ministry of Health, the World Health Organization, the World Food Programme, the World Bank and other organizations will act to counter the impact that the national food crisis is having on the nutritional status of women and children under five.

- Parents in the affected communities will be given essential information on infant and young child feeding and therapeutic and supplementary feeding to help improve their children's nutrition.
- 5,000 malnourished children and women at risk of undernutrition will receive micronutrient supplements while 2,000 children with severe acute malnutrition will be treated as part of a UNICEF-supported government-run feeding programme and therapeutic food supplies like Plumpy Nut, F-75 and Resomal.

Water, Sanitation and Hygiene

US\$1,000,000

UNICEF will strengthen access to water for those communities at high risk of water shortages, as well as for emergency-affected children and women living in temporary or new settlements. The UNICEF-led WASH Cluster will provide extensive support to reach expected results in emergency preparedness and response and to meet Sphere standards.

- At least 50,000 people in urban and rural areas will have access to the required minimum amount of safe water (according to Sphere standards) through improved water supply in hospitals, schools and mass care facilities and the distribution of water containers, purification tablets, chlorine lime and soap.
- The rehabilitation of damaged water supply systems and the construction of sanitation facilities will be continued to re-instate access to safe water and sanitation in affected areas.

- 100,000 people will benefit from hygiene promotion as a result of community communication campaigns.

Education

US\$1,000,000

UNICEF will work with the Ministry of Education and other partners to ensure that 50,000 school-aged children affected by emergencies have uninterrupted access to education.

- Support for catch-up programmes in line with advocacy for the temporary suspension of classes during severe winter days will increase the opportunities for children to stay in school and not fall behind in lessons.
- Children in emergency-affected areas will be able to continue their schooling through the establishment of temporary school facilities, the construction or repair of school buildings and the supply of furniture and educational materials.
- 50,000 schoolchildren will be given school-in-a box kits that contain essential school supplies for learning as well as access to post-emergency psychosocial recovery activities.
- UNICEF will continue to co-lead the Education Cluster together with Save the Children to ensure coordination and alignment of all education response activities in Tajikistan, in collaboration with the Ministry of Education and the Committee on Emergency Situations.

Child Protection

US\$500,000

UNICEF's priority will be to safeguard the interests of 10,000 children with disabilities and/or deprived of parental care who have been placed in residential care institutions, as well as create protection mechanisms for up to 100,000 children living in areas where extreme weather conditions pose a threat to family settings and put children at risk of institutionalization.

- 10,000 children who are deprived of parental care will have their basic health and nutrition care needs met.
- Access to psychosocial support will be improved for an estimated 100,000 children, including those deprived of parental care, via established child-friendly spaces in areas of resettlement, and as a result of the training of teachers in areas affected by displacement.
- 300 children displaced by recent floods will be reunited with their families through identification, tracing and reintegration services.

HIV/AIDS

US\$200,000

UNICEF and its key partners will support interventions that aim to ease the impact of service disruption due to climatic emergencies for those affected by HIV/AIDS.

- Children, young people and women will have access to youth-friendly HIV/AIDS services including testing, voluntary counselling, Preventing Mother-to-Child Transmission and paediatric care, as well as information on HIV prevention, treatment and care.

ACRONYMS

APSSC	Asia and Pacific Shared Services Centre (UNICEF)
CAP	Consolidated Appeals Process
CEE/ CIS	Central and Eastern Europe/ Commonwealth of Independent States
CERF	Central Emergency Response Fund
ECHO	European Commission Humanitarian Aid Office
EMOPS	Office of Emergency Programmes (UNICEF)
GAM	Global Acute Malnutrition
HAR	Humanitarian Action Report (UNICEF)
IASC	Inter-Agency Standing Committee (United Nations)
MAM	Moderate Acute Malnutrition
MDGs	Millennium Development Goals
MUAC	Middle Upper Arm Circumference
NGO	Non-governmental organization
PEAR	Programme of Expanded Assistance to Returns
RRM	Rapid Response Mechanism
UN	United Nations
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene

PHOTO CAPTIONS

NHHQ – GLOBAL COORDINATION

© UNICEF/NYHQ2006-0535/Noorani

Girls sit outside a UNICEF-supported school in North Darfur State in Sudan. Through global partnerships and crucial donor support, UNICEF provides humanitarian assistance in some 200 emergencies every year.
Page 11.

EASTERN AND SOUTHERN AFRICA

© UNICEF/NYHQ2006-0188/Kamber

A street in the Kibera slum in Nairobi, Kenya – the largest urban slum in Africa. An estimated 18.4 million people are in need of basic humanitarian assistance in the Eastern and Southern Africa Region.
Page 13, 14 and 18.

BURUNDI

© UNICEF/NYHQ1997-1321/Pirozzi

Children visit a UNICEF-supported health post in Ngozi Province. Conflict, widespread poverty and climate change are all contributing to increased food insecurity across much of the country.
Page 21.

ERITREA

© UNICEF/NYHQ2008-1649/Pirozzi

A baby's arm is measured during a growth-monitoring session in the Anseba Region. A fragile economy, frequent droughts and ongoing political instability are adding to chronic food insecurity among the country's already vulnerable children and women.
Page 26.

ETHIOPIA

© UNICEF/NYHQ2005-1286/Getachew

A girl rests under an insecticide-treated mosquito net in the village of Karo Duss. An estimated 270,000 children are expected to suffer severe acute malnutrition as a result of the combined effects of poor harvests, drought, flooding and conflict.
Page 29.

KENYA

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Women carry provisions home from a feeding centre in the village of Raya in North-Eastern Province. The number of acutely malnourished children almost tripled in 2009, and 2 million children now require humanitarian assistance to meet their basic food needs.
Page 33.

MADAGASCAR

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A toddler stands near debris in a poor neighbourhood in Antananarivo. Concurrent droughts, cyclones and

political upheaval have displaced families, forced thousands to rely on unsafe water sources and exacerbated food shortages.
Page 37.

SOMALIA

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Children and women queue outside a hospital in Jowhar. Half the population is estimated to require humanitarian assistance, but escalating conflict has limited aid access.
Page 41.

UGANDA

© UNICEF/NYHQ2005-2020/Noorani

A girl carrying an infant passes soldiers en route to a shelter near Kitgum. Drought, flooding and displacement are affecting 1.2 million people and acute malnutrition rates among children are rising sharply.
Page 45.

ZIMBABWE

© UNICEF/NYHQ2008-1798/Pirozzi

A boy orphaned by AIDS peers out the window of his home in Harare. The country remains highly fragile following an 11-month cholera outbreak, reduced food security, a severe HIV/AIDS pandemic and continuing political instability.
Page 49.

WEST AND CENTRAL AFRICA

© UNICEF/NYHQ2008-1312/Asselin

Jeanne Kahindo shelters 12 displaced people in addition to her own family in Goma, Democratic Republic of the Congo. Global recession, deep-seated poverty and increased food prices throughout the region are exacerbating already high malnutrition rates.
Page 51, 52 and 55.

CENTRAL AFRICAN REPUBLIC

© UNICEF/NYHQ2008-1506/Holtz

Sisters queue to be immunized against measles at a hospital in Bossangoa. It is estimated that at least one quarter of the population of the Central African Republic has been affected by the country's conflict.
Page 63.

CHAD

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A community educator speaks about maternal and child health in Kueke Village. Cross-border violence and massive displacement have resulted in alarmingly high acute malnutrition rates, in excess of 20 per cent in some areas.
Page 67.

DEMOCRATIC REPUBLIC OF THE CONGO

© UNICEF/NYHQ2008-1328/Holt

In Goma, a pregnant woman who was raped by soldiers attends a centre for survivors of sexual violence. In the eastern part of the country, girls are particularly vulnerable to abuse and violence at the hands of armed groups on all sides of the continuing conflict.
Page 72.

GUINEA

© UNICEF/NYHQ2009-2192/Kamber

A child with measles sits with his mother in a hospital in Conakry. Fewer than 10 per cent of Guineans have access to basic health services. Poverty, flooding and growing food insecurity are contributing to increasing political instability.
Page 77.

MAURITANIA

© UNICEF/2006/Pirozzi

A woman cradles her malnourished child in a hospital in Nouakchott. High food prices and chronic food shortages are elevating already high rates of acute malnutrition among children and women.
Page 82.

NIGER

© UNICEF/NYHQ2007-2868/Pirozzi

A malnourished child lies at a therapeutic feeding centre in the city of Maradi. Acute malnutrition rates in most parts of the country are above 10 per cent and stunting affects half of all children under five.
Page 86.

ASIA-PACIFIC

© UNICEF/NYHQ2009-0565/Ramonedá

A girl, one of the 1.4 million displaced by fighting, queues for food at the Chota Lahore Camp in Swabi District, Pakistan. In addition to the ongoing conflicts in Afghanistan and Pakistan, the region remains vulnerable to droughts and flooding.
Page 87, 88 and 92.

AFGHANISTAN

© UNICEF/NYHQ2009-0999/Noorani

A girl attends class in a tent at a girls' primary school in the north-western city of Herat. Two decades of war have destroyed much of the country's infrastructure. Conflict and poverty continue to prevent children, especially girls, from attending school.
Page 96.

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

© UNICEF/NYHQ2007-0358/Thomas

Rim Un Jong, 10, attends class at Jongpyong Primary

School in the eastern province of South Hamgyong. Although primary and secondary schooling is free, deteriorating infrastructure and persistent shortages of textbooks and other materials are limiting access to education.

Page 99.

MYANMAR

© UNICEF/NYHQ2008-1714/Holmes

A woman carries a UNICEF hygiene kit in We Chaung Village in the Ayeyarwaddy River Delta. Some 1.2 million people still need humanitarian assistance after the 2008 cyclone and only 43 per cent of Delta residents have access to adequate sanitation facilities.
Page 103.

NEPAL

© UNICEF/NYHQ2009-0900/Sokol

A girl from the Dalit community stands outside as night falls in Mugu District. High food prices, seasonal flooding and ongoing insecurity are affecting the nutritional and educational status of children, nearly half of whom are malnourished.
Page 107.

PAKISTAN

© UNICEF/NYHQ2009-0685/Ramonedá

A boy sits with some of his belongings in Jalozi Camp in Nowshera District. In 2009, conflict between militants and government forces affected an estimated 2.7 million people, many of whom have little or no access to basic social services.
Page 112.

PHILIPPINES

© UNICEF/NYHQ2006-2132/Bito

A boy walks down the rubble-filled main street of Barangay San Isidro, Luzon Island, surveying the damage caused by a typhoon in 2006. Each year, an estimated 850,000 Filipinos are displaced by natural disasters and conflict.
Page 116.

SRI LANKA

© UNICEF/NYHQ2009-2135/Pietrasik

Women and children await medical attention at the Amanthanavely Gramodaya Health Centre in Batticaloa District. The centre serves a population of 3,000, mainly ethnic Tamils affected by both the 2004 tsunami and decades of conflict.
Page 119.

MIDDLE EAST AND NORTH AFRICA

© UNICEF/NYHQ2007-2302/Kamber

A displaced family sits in their tent on the outskirts of the

city of Suleimaniya in the northern Kurdistan region of Iraq. Protracted conflict and high levels of displacement in the region continue to take their toll on children. Page 121, 122 and 126.

IRAQ

© UNICEF/NYHQ2007-2316/Kamber

A girl drags scrap metal through a street in Kirkuk. Although security has improved, ongoing violence and poverty continue to affect 4.5 million Iraqi people within the country and between 500,000 and 1 million Iraqi refugees in bordering countries.

Page 131.

OCCUPIED PALESTINIAN TERRITORY

© UNICEF/NYHQ2009-0042/EI Baba

Children walk amidst destroyed buildings in the refugee camp in Rafah, following the late-2008/early-2009 Israeli military incursion into the Gaza Strip. The destruction of infrastructure and an ongoing economic blockade continue to limit recovery.

Page 136.

SUDAN

© UNICEF/NYHQ2007-0862/Cranston

A girl attends class in Juba, the capital of Southern Sudan. UNICEF continues to focus on improving education access in Southern Sudan, while supporting ongoing relief for 4.7 million people affected by conflict in the Darfur Region.

Page 141.

YEMEN

© UNICEF/NYHQ2009-1732/Brekke

Families await tents and supplies at the entrance of the Al-Mazrak camp in the northern Hajja Governorate. Intensified fighting between government forces and rebel groups have displaced over 175,000 people, 80 per cent of whom are children and women.

Page 145.

LATIN AMERICA AND THE CARIBBEAN

© UNICEF/NYHQ2010-0021/LeMoyne

A boy recovers from a broken arm in Port-au-Prince, Haiti, an injury sustained during the January 12 earthquake that hit the country, already the poorest in the hemisphere. Complex emergencies continue in Colombia and Haiti, while climate-related crises have risen throughout the region.

Page 147, 148 and 151.

COLOMBIA

© UNICEF/NYHQ2009-1801/Markisz

A government social worker finds adolescent girls on the street late at night in a poor neighbourhood of Medellín. The country's 40-year long conflict, deep-

rooted disparities and high levels of violence continue to negatively affect children.

Page 155.

HAITI

© UNICEF/NYHQ2010-0022/LeMoyne

Displaced children stand amidst makeshift tents in front of the damaged Presidential Palace, four days after the 12 January earthquake, in Port-au-Prince. The quake further devastated a country already in crisis.

Page 159.

CENTRAL AND EASTERN EUROPE, COMMONWEALTH OF INDEPENDENT STATES

© UNICEF/NYHQ2008-0718/Volpe

An elderly woman and a child shelter inside a tent in a camp for people displaced by the current conflict, in the town of Gori in the eastern Shida Kartli region.

Page 161, 162 and 165.

TAJIKISTAN

© UNICEF/NYHQ2008-1783/Pirozzi

An injured child from Dushanbe, Tajikistan's capital. Global economic recession coupled with worsening water, energy and food shortages have increased vulnerabilities for children in a country where half the population lives in poverty.

Page 169.

