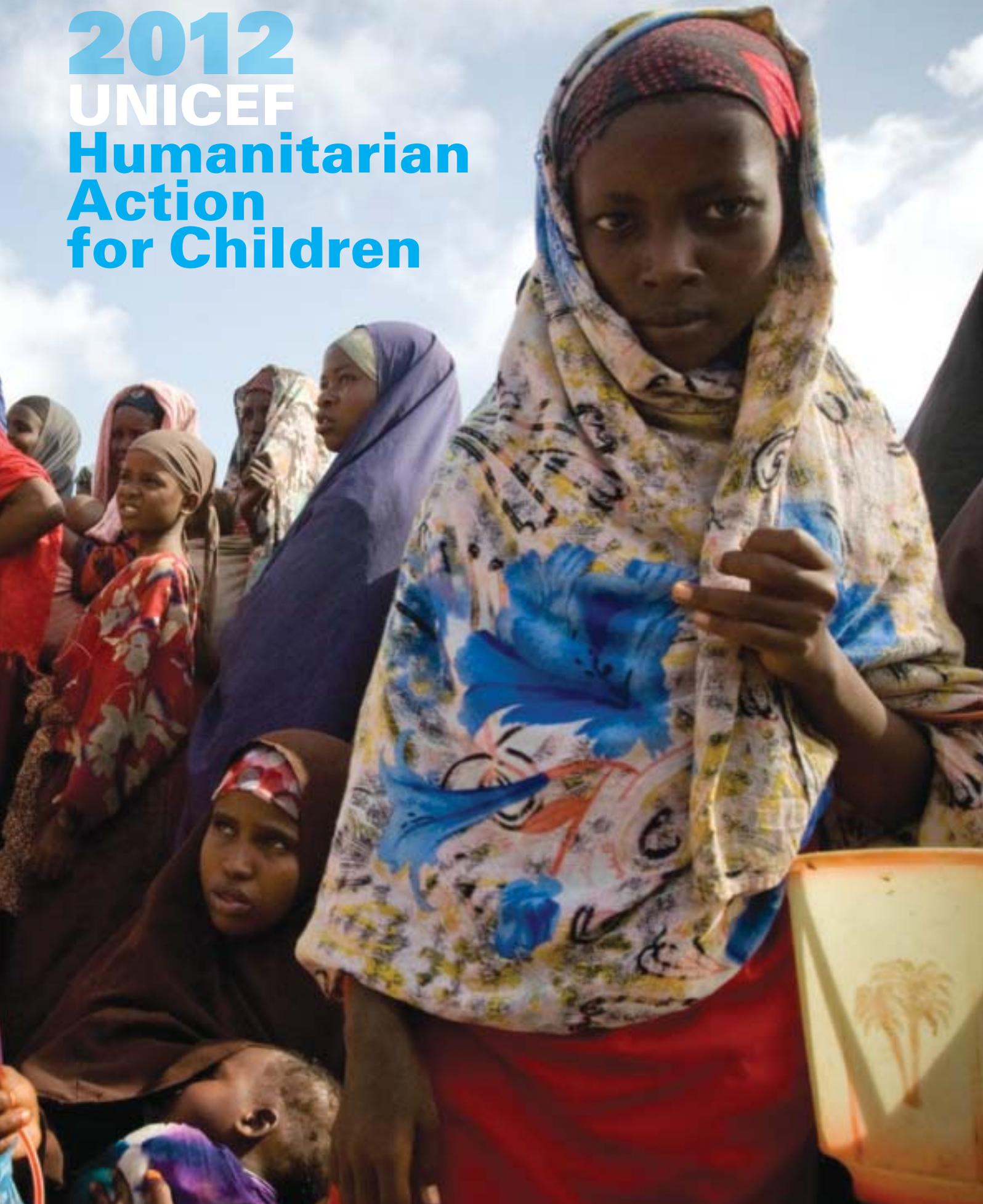


2012 UNICEF Humanitarian Action for Children



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Countries and territories included
in 2012 UNICEF Humanitarian
Action for Children



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.



“While catastrophes do not discriminate, they most severely affect those least able to withstand them: The most vulnerable children, living in the poorest and most isolated places, subject to the greatest deprivations.”

*—Anthony Lake
UNICEF Executive Director*

Foreword

In Somalia, three-year-old Moktar watched drought claim his family's livestock and crops, forcing them to leave their rural home for an uncertain future. By the time he reached Mogadishu, he was so severely malnourished he required immediate assistance. Fortunately he received it. But far too many have not.

Florence, a young teenager fleeing war and violence in the Democratic Republic of the Congo, crossed the Ubangui River into the Central African Republic only to be lost in the jungle for weeks before being rescued and placed in an emergency encampment.

When monsoon floods returned to Pakistan's Sindh Province in August, 11-year-old Saima's home was destroyed by the rising waters. For weeks, she lived in a makeshift shelter on an embankment. Today, she and her family live in a crowded camp, but they consider themselves lucky: unlike many other such camps, theirs has clean water.

In 2011, we saw with stark clarity the devastating toll such large-scale humanitarian crises take on the lives and futures of children like Moktar, Florence and Saima. For while catastrophes do not discriminate, they most severely affect those least able to withstand them: the most vulnerable children, living in the poorest and most isolated places, subject to the greatest deprivations.

UNICEF's *Humanitarian Action for Children 2012* reports on the situation of millions of such children around the world. It describes UNICEF's efforts to assist them by working with our partners to distribute life-sustaining supplies and assistance, provide technical expertise, help restore a sense of normalcy and build resilience for the future.

For example, in Somalia, between July and September 2011, UNICEF helped treat more than 108,000 children suffering from severe acute malnutrition. During the same period we helped secure safe water for more than 2.2 million people. And we helped vaccinate 1.2 million children against measles.

To improve our ability to respond to large-scale and sudden-onset emergencies, this year UNICEF has adopted and implemented streamlined activation procedures to mobilize our human and financial resources more quickly and effectively. Such a response was activated in July in the Horn of Africa.

Beyond UNICEF's efforts in responding to crises that require immediate and extraordinary measures, this report also highlights our work in countries where complex and long-standing emergency conditions endanger children's lives and futures. These 'silent emergencies' do not make headlines, but they should. Because the well-being of millions of children is at stake – from Colombia to the Niger, from the Democratic People's Republic of Korea to Yemen – as is the stability and future strength of their societies.

Every year brings new challenges, and UNICEF is determined to meet them. Doing so requires predictable, flexible funding. So this report includes projected resources needed to respond to emergencies in more than 25 countries and territories, supported by seven UNICEF regional offices as well as UNICEF Global Headquarters. Predictable and flexible funds enable us to act quickly wherever and whenever crises occur.

This report presents some of the most extreme difficulties faced by children, but it also highlights the promise of a timely and effective response to their needs – malnourished children restored to health, children in conflict still able to learn, and all children, whatever their circumstances, better able to realize their rights to survive and thrive.

In 2012, this is a promise we must keep. With your support, we will.



Anthony Lake
UNICEF Executive Director

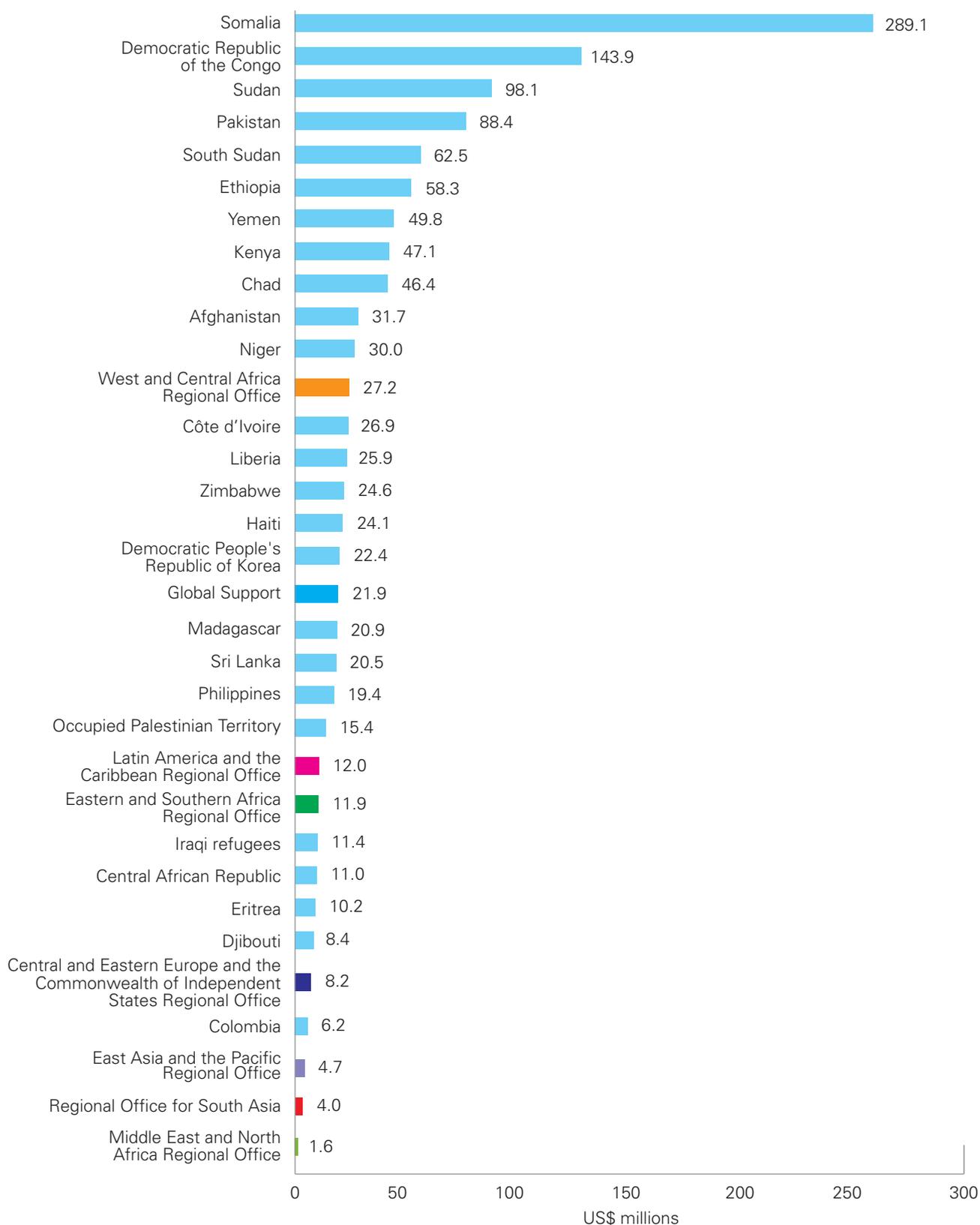
UNICEF Humanitarian Action Funding Requirements for 2012

REGION/COUNTRY	FUNDING REQUIREMENTS FOR 2012 (US\$)
EASTERN AND SOUTHERN AFRICA	
Eastern and Southern Africa Regional Office	11,915,000
Eritrea	10,200,000
Ethiopia	58,339,000
Kenya	47,126,000
Madagascar	20,950,000
Somalia	289,134,000
South Sudan	62,500,000
Zimbabwe	24,600,000
TOTAL	524,764,000
WEST AND CENTRAL AFRICA	
West and Central Africa Regional Office	27,156,000
Central African Republic	11,018,000
Chad	46,424,000
Côte d'Ivoire	26,929,000
Democratic Republic of the Congo	143,900,000
Liberia	25,929,000
Niger	30,025,000
TOTAL	311,381,000
MIDDLE EAST AND NORTH AFRICA	
Middle East and North Africa Regional Office	1,600,000
Djibouti	8,390,000
Iraqi refugees in Egypt, Jordan, Lebanon and the Syrian Arab Republic	11,404,000
Occupied Palestinian Territory	15,436,000
Sudan	98,083,000
Yemen	49,807,000
TOTAL	184,720,000
SOUTH ASIA	
Regional Office for South Asia	3,990,000
Afghanistan	31,661,000
Pakistan	88,400,000
Sri Lanka	20,512,000
TOTAL	144,563,000
EAST ASIA AND THE PACIFIC	
East Asia and the Pacific Regional Office	4,700,000
Democratic People's Republic of Korea	22,428,000
Philippines	19,356,000
TOTAL	46,484,000
LATIN AMERICA AND THE CARIBBEAN	
The Americas and the Caribbean Regional Office	12,000,000
Colombia	6,200,000
Haiti	24,105,000
TOTAL	42,305,000
CENTRAL AND EASTERN EUROPE AND THE COMMONWEALTH OF INDEPENDENT STATES	
Central and Eastern Europe and the Commonwealth of Independent States Regional Office	TOTAL 8,241,000
GLOBAL SUPPORT	21,900,000
GRAND TOTAL	1,284,358,000

UNICEF Humanitarian Action Funding Requirements for 2012

UNICEF COUNTRY, REGIONAL AND GLOBAL FUNDING REQUIREMENTS FOR 2012

Source: UNICEF country offices, end 2011





Introduction

UNICEF's *Humanitarian Action for Children 2012* describes the daily situation of some of the world's most vulnerable children and women in more than 25 countries and territories beset by emergencies and crisis. The chapters include summaries of the key humanitarian challenges and the results of the organization's interventions in 2011, as well as plans and associated funding requests for the coming year. The document also lays out the vital support to country operations provided by the seven UNICEF regional offices.¹ Also included are the unique contributions and funding needs of UNICEF's global efforts to coordinate emergency assistance.

UNICEF's humanitarian actions in 2011

UNICEF's capacity to meet the urgent needs of children and their families was put to the test from the very first days of 2011, as violence stemming from the November 2010 elections in **Côte d'Ivoire** led to the displacement of nearly 1 million people. The country's damaged infrastructure and blighted education facilities left many more children vulnerable to protection failures.²

The long-planned separation of **South Sudan** from the **Republic of the Sudan** left the new country to deal with conflict along the shared border, the displacement of 300,000 people and the return of nearly 350,000 South Sudanese.³

By the middle of 2011, extreme hunger and famine were ravaging the **Horn of Africa**, affecting over 13 million people and killing tens of thousands of children in **Somalia**.⁴

Another 750,000 children were at imminent risk of death as of October 2011.⁵

In **Pakistan**, massive flooding in Sindh and Balochistan Provinces beginning in August 2011 affected more than 5 million people,⁶ forcing many from their homes and creating a deep food security crisis in the affected areas.⁷

The wave of political turmoil and change that swept the Middle East and North Africa in 2011 caused widespread violence across **Libya** and **Yemen**, creating urgent humanitarian needs. In the first half of 2011, more than 900,000 people fled **Libya**, primarily to **Egypt** and **Tunisia**.⁸

Throughout the world, millions of children are living amidst crises that persist for years. While some of these emergencies attract significant media and political attention, others never reach international awareness, and many become 'silent emergencies' in which

deep humanitarian need, existing far from the public eye, is too easily and too quickly overlooked.⁹ Multiple and drawn-out crises have a cumulative effect on people who are already vulnerable, and over time, repeated and continuing shocks undermine children's capacity to cope. Many of the countries included in this appeal report multiple risk factors – including economic shocks and food security concerns as well as natural hazards such as drought and flooding – that are compounded by security and protection concerns such as conflict, civil unrest, widespread sexual violence and unexploded ordnance. Without a reliable social safety net or the time and means to recover and rebuild, many children, families, and communities suffer through repeated cycles of crisis that deepen poverty, heighten social tensions and compromise well-being.¹⁰ In many protracted emergencies, crisis has become the norm – but habituation to such conditions makes them no less challenging for children and families. In its humanitarian action, UNICEF is committed to the fullest realization of the rights of *all* children's in *all* emergency situations.

In 2011, UNICEF humanitarian response supported vaccination, deworming and vitamin A supplementation for over 36 million children. At least 1.2 million children suffering from severe acute malnutrition were treated, and more than 19 million women and

Many children, families, and communities suffer through repeated cycles of crisis that deepen poverty, heighten social tensions and compromise well-being.

children received targeted nutritional support. More than 16 million people gained access to facilities for adequate sanitation, hygiene or safe drinking water. Nearly 2.3 million households were provided with shelter or non-food items. Some 4 million children had access to improved education, and over 920,000 were able to access child protection services.¹¹ Working with multiple partners and serving

as cluster lead or co-lead across sectors in most of the countries in the 2011 appeal, UNICEF continued to coordinate extensive humanitarian operations relating to water, sanitation and hygiene; nutrition; education; child protection; and gender-based violence.

The breadth and depth of nutritional and drought-related needs in the **Horn of Africa** compelled UNICEF to activate its highest level of emergency response, rapidly mobilizing the entire organization to funnel human and financial resources to meet needs in **Djibouti, Ethiopia, Kenya and Somalia**. Between July and October 2011 alone, 108,000 children were treated for severe acute malnutrition.¹² Assistance reached drought-affected communities and displaced persons in camps and neighbouring areas. At least 1.2 million children were vaccinated against measles, and 2.2 million people were provided with access to safe water. Nearly 50,000 children were able to access child-friendly spaces or other safe environments.¹³

In **Pakistan**, a second year of extreme flooding – in addition to ongoing conflict – necessitated a sustained, extensive and complex response. In flood-affected areas, sanitation facilities were improved for nearly 3 million people, and approximately 2 million people received safe drinking water. Polio vaccines were provided to more than 6 million children, and several million more received measles vaccines. Some 520,000 children were treated for acute malnutrition in flood- and conflict-affected areas.

To respond to food insecurity and high levels of undernutrition in the **Democratic People's Republic of Korea**, UNICEF in 2011 extended the scope of the Community Management of Acute Malnutrition programme from 4 to 29 emergency counties. Some 3,000 children suffering from severe acute malnutrition were treated. UNICEF also provided routine vaccination to more than 335,000 infants and 339,400 pregnant women.

In **Yemen**, civil unrest exacerbated the difficult circumstances of children and women already struggling to survive in conditions of deep poverty and political volatility. UNICEF

supported community-based programmes to treat 36,000 children with moderate acute malnutrition and provided nutrition supplies to 37,000 children suffering from severe acute malnutrition, helped vaccinate some 54,000 children against measles, and provided vitamin A supplementation to more than 100,000 children. Community and school-based services helped foster the psychosocial well-being another 102,000 children.

Ongoing conflict in the east and northeast of the Democratic Republic of the Congo, occurring in a context of minimal or non-existent social services and infrastructure, has had a profound impact on millions of people over many years. As of June 2011, more than 1.5 million people – half of them children – were displaced, slightly fewer than earlier in the year.¹⁴ Millions of children in conflict-affected areas were out of school, while attacks involving mass sexual violence were common in some provinces,¹⁵ and measles and cholera epidemics threatened the lives of many millions of children.¹⁶ In 2011 UNICEF provided access to adequate water, sanitation and hygiene facilities for 630,000 people. More than 95,000 children with severe acute malnutrition were treated with supplies provided by UNICEF, and 5.6 million children were vaccinated, dewormed or given vitamin A supplements. During the first three quarters of the year, more than 15,000 survivors of sexual and gender-based violence (half of them children) were provided with services.

In the midst of an ongoing cholera epidemic in Haiti, 325,000 people in marginalized areas gained access to safe drinking water, and 2.2 million benefitted from health and hygiene campaigns designed to prevent the spread of the water-borne disease. Long after the media spotlight on one of the major emergencies of 2010 had dimmed, many needs stemming from both the earthquake and the country's backstory of poverty remained. UNICEF and numerous partner organizations continued to assist survivors of the quake and took further steps to increase the resilience of the most vulnerable Haitians. In 2011, UNICEF helped reunite 2,500 separated children with their families and established 160 temporary schools to serve nearly 86,000 children.

Alongside immediate humanitarian response, measures were also taken to enhance the resilience of partners and communities, in order to help them better manage uncertainty and risk – in accordance with *Humanitarian Action for Children 2011: Building resilience*. The Children's Charter on Disaster Risk Reduction,

Alongside immediate humanitarian response, measures were also taken to enhance the resilience of partners and communities, in order to help them better manage uncertainty and risk.

promoted by UNICEF and non-governmental organizations, was advanced in more than 20 countries. In six regions, education programmes were used to promote risk reduction measures. In some countries – for example **South Sudan** and **Sri Lanka** – recovery programming included peace-building initiatives. In the **Horn of Africa**, a disaster risk reduction programming approach is the backbone of an initiative to enhance longer-term resilience to mitigate the effects of future shocks. Such an approach includes cross-sector planning, risk assessment, partnership, capacity development and an emphasis on linking national to local planning.

The many positive results achieved by UNICEF in emergency settings in 2011 reflect its principled stewardship of funding received for 2011 – even though *Humanitarian Action for Children 2011* was funded at only 48 per cent as of 31 October 2011. Many responses remained underfunded, leaving needs unmet. In the **Philippines**, for example, only 18 per cent of requirements were funded, so that only 22,000 children of a planned 75,000 were able to receive new school supplies to replace those lost or damaged in the floods. In **South Sudan**, with 36 per cent funding, 370,000 people of a planned 500,000 were provided with access to safe water; given the resources actually received, many water schemes could not be constructed or rehabilitated.¹⁷ UNICEF needs adequate funding in order to fulfil its commitments towards children.

Overall funding trends in 2011

In 2011, UNICEF's funding requirements for humanitarian action totalled US\$1.6 billion. This included the US\$1.5 billion presented in the 38 country, regional and global chapters outlined in *Humanitarian Action for Children 2011*, in addition to six flash appeals and four other appeals.¹⁸

As of 31 October 2011, UNICEF had received US\$854.7 million for all its humanitarian activities.¹⁹ This amount reflects a 3 per cent increase over the 2010 humanitarian funding level of US\$830.9 million (as of 31 October 2010). More than US\$372 million (44 per cent) of the 2011 humanitarian funding was contributed to the **Horn of Africa** response, with the remaining US\$482.6 million (56 per cent) directed towards UNICEF's other emergency operations.

The *Humanitarian Action for Children 2011* had an initial budget of US\$1.4 billion that was revised mid-year to US\$1.5 billion. The revised request was 48 per cent funded as of 31 October 2011 (US\$744.4 million received), compared to 39 per cent during the

same period in 2010. The higher percentage of funding in 2011 can be attributed largely to the funding received for the Horn of Africa.

As shown in Figure 1.2, only **Yemen** and the West and Central Africa Regional Office received full funding in 2011. Most countries experienced funding shortfalls. UNICEF country offices in the **Congo, Iraq, Madagascar, Tajikistan** and **Uganda** received less than 10 per cent of their humanitarian funding requirements.

UNICEF would like to acknowledge the contributions of its public and private sector donors in supporting the children and vulnerable populations affected by humanitarian crises throughout the world. The largest proportion of humanitarian funding was received through direct financing from government donors (49 per cent) while government funding via Multi-Donor Trust Funds (MTDFs) such as the Central Emergency Response Fund (CERF), Common Humanitarian Funds (CHF) and Emergency Response Funds (ERFs) provided 18 per cent of the total humanitarian

FIGURE 1.1 EMERGENCY FUNDING TREND, 1999–2011

Source: UNICEF Public-Sector Alliances and Resource Mobilization Office

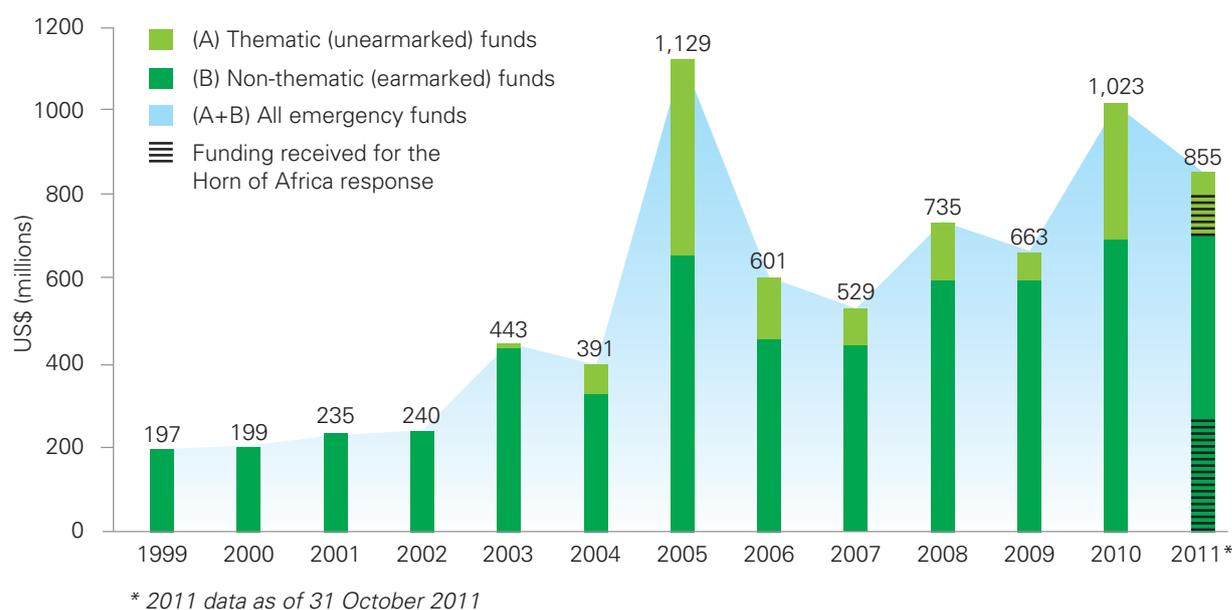
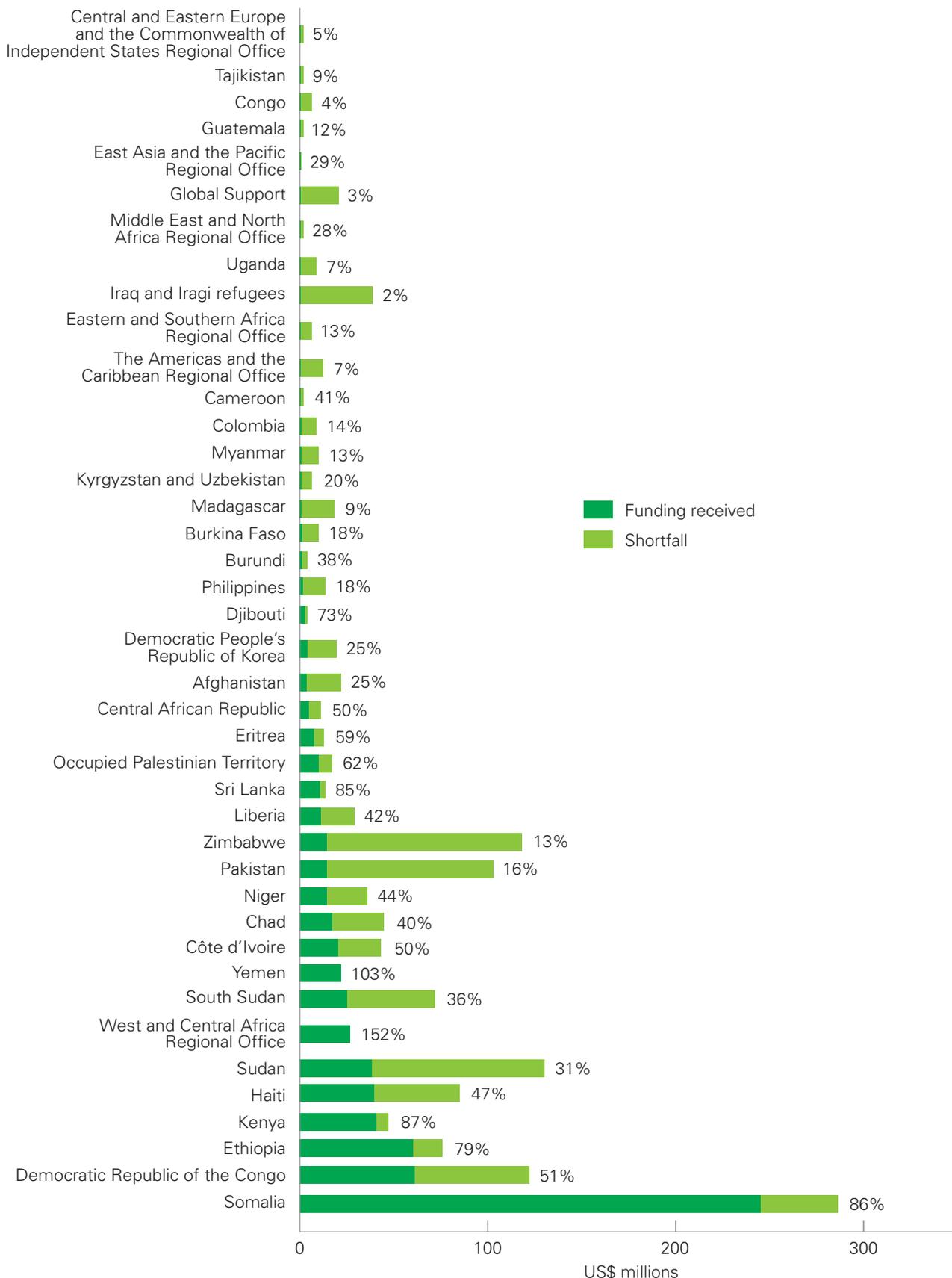


FIGURE 1.2 HUMANITARIAN ACTION FOR CHILDREN 2011: FUNDING REQUIREMENTS AND SHORTFALLS IN US\$ AND PERCENTAGE OF FUNDS RECEIVED

Source: UNICEF Public-Sector Alliances and Resource Mobilization Office



* As of 31 October 2011

contributions. UNICEF's national committee partners provided 18.6 per cent of the funding, while inter-governmental organisations such as the European Commission provided 13.6 per cent of the funding. Local fundraising through UNICEF field offices accounted for the remaining 0.7 per cent of the total funding received.²⁰

Thematic humanitarian funding allows UNICEF to respond more effectively to humanitarian crises. This is particularly crucial for large-scale emergencies that require sustained funding over a long duration.

As of the end of October 2011, the European Commission had emerged as the largest source of humanitarian funding, with a total contribution of US\$115.8 million. The government of the United States was the second largest funding source, providing US\$98.2 million of humanitarian funding. The government of Japan provided US\$97.4 million and was the

third largest source of humanitarian funding. As of the end of October the top 10 donors of humanitarian funding (shown in the chart below) accounted for approximately 74 per cent of the contributions received by UNICEF for its emergency operations.

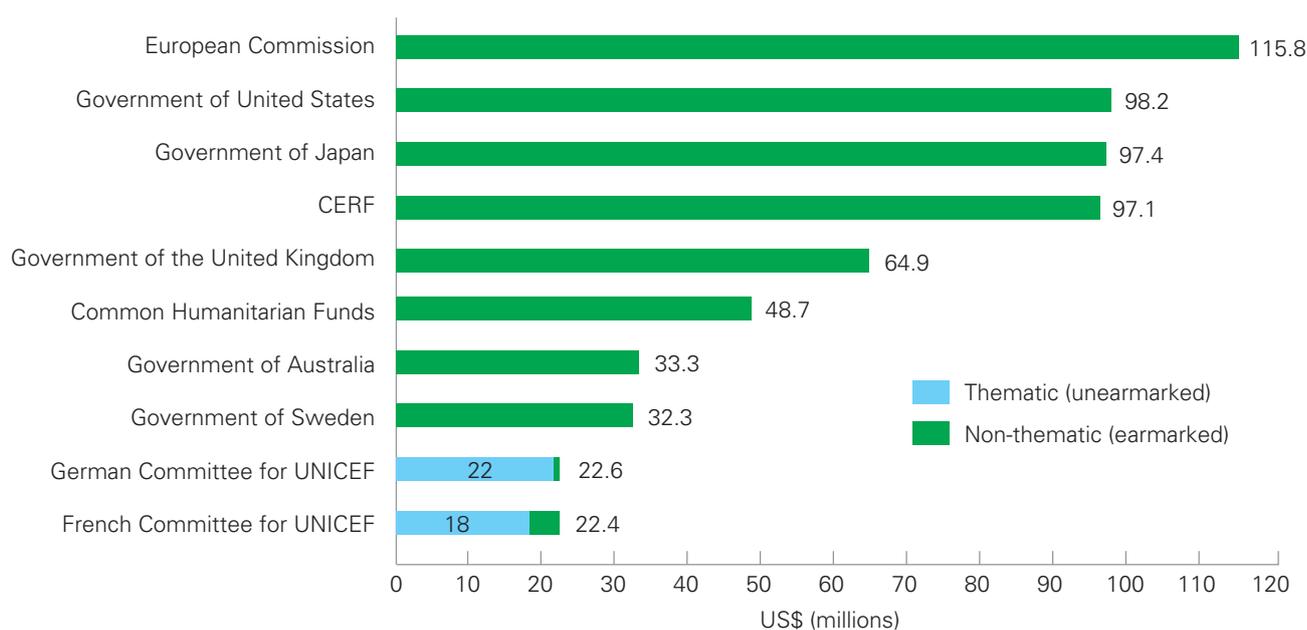
2011 Thematic humanitarian funds

In order to provide predictable and timely programmatic and operational response in humanitarian action, UNICEF needs flexible resources. However, only 17.8 per cent of donor contributions for humanitarian action, or US\$152 million of the US\$854.7 million received by the end of October, was provided in the form of thematic humanitarian funding.

Thematic humanitarian funding allows UNICEF to respond more effectively to humanitarian crises. This is particularly crucial for large-scale emergencies that require sustained funding over a long duration – such as the **Horn of Africa** response – as well as for consistently underfunded, 'silent emergencies'. Thematic funds provide the flexibility needed for integrated early recovery approaches, and

FIGURE 1.3 TOP 10 SOURCES OF HUMANITARIAN FUNDS, 2011*

Source: UNICEF Public-Sector Alliances and Resource Mobilization Office



* As of 31 October 2011

they further help UNICEF meet its commitments to humanitarian reform, in particular by upholding its leadership responsibilities under the cluster approach.

Thematic humanitarian funding for 2011 is lower in dollar terms compared to 2010, when thematic funds totalled US\$278.5 million; however, more than 90 per cent of the 2010 thematic funds were provided for response to the earthquake in **Haiti** and the floods in **Pakistan**, leaving only US\$27.6 million for the remaining countries and regions. In 2011, two thirds (US\$100.5 million) of the thematic humanitarian funds received were for the **Horn of Africa** response, while the remaining US\$51.5 million was provided for other emergencies.

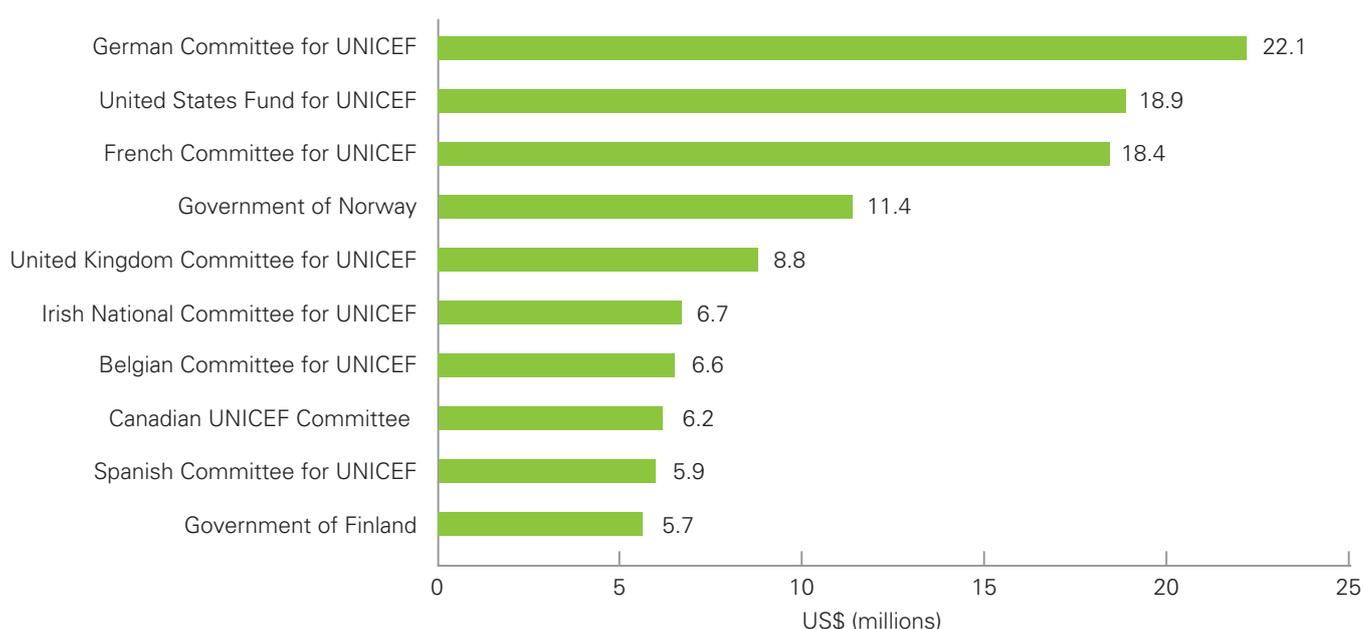
Given the relatively high levels of thematic contributions in response to the earthquake in **Haiti** and the floods in **Pakistan** in 2010, as well as to the current **Horn of Africa** crisis, it is evident that donors recognize the benefits of providing flexible funding for extremely large-scale emergencies. UNICEF would like to encourage donors to consider contributing thematic humanitarian funds to all emergencies to provide the flexibility that is so crucial to effective humanitarian action.

In 2011, the top thematic donor was the German Committee for UNICEF, followed by the United States Fund for UNICEF and the French Committee for UNICEF. UNICEF would like to acknowledge all donors who provide thematic funding – and particularly its national committee partners, who have provided 86 per cent of the thematic funding received for 2011.

UNICEF continues to urge its donors to provide flexible humanitarian funding for all countries, particularly at the global level. Next to regular resources, global thematic humanitarian funding is UNICEF’s preferred funding modality. The amount received as global thematic humanitarian funding by the end of October (US\$2.4 million) only represents 2 per cent of the total thematic humanitarian funds received in 2011. Global thematic humanitarian funds allow the organization to prioritize and respond strategically to the needs of children worldwide. Using these funds, UNICEF can invest efficiently in new initiatives; meet its commitments to humanitarian reform, particularly its cluster leadership responsibilities; prioritize underfunded crises; and build capacity. These actions enable UNICEF to shift programmatic focus

FIGURE 1.4 TOP TEN DONORS – THEMATIC HUMANITARIAN FUNDS*

Source: UNICEF Public-Sector Alliances and Resource Mobilization Office



* As of 31 October 2011

from inputs and activities to outcomes and sustainable results for children.

UNICEF's planned humanitarian action in 2012 and associated funding needs

In 2012, UNICEF expects to assist approximately 97 million persons in the countries and territories outlined in *Humanitarian Action for Children 2012*.²¹ To carry out its planned response, the organization will need US\$1.28 billion. Compared to the 2011 appeal,

nutrition support for children. (See Figure 1.5.) Approximately 20 per cent of the total request is earmarked for emergency water, sanitation and hygiene-related interventions; 13 per cent for emergency health interventions; and 14 per cent for education. Child protection accounts for 8 per cent of the 2012 budget; 6 per cent goes towards shelter, non-food items and cash transfer programmes, with an additional 6 per cent towards emergency preparedness and disaster risk reduction.²³ Cluster coordination costs amount to 3 per cent of the global budget, while 1 per cent is dedicated to HIV/AIDS prevention and treatment.²⁴

Full funding for 2012 is needed in order to meet the needs of vulnerable children and women and to fulfill their right to health, survival and development.

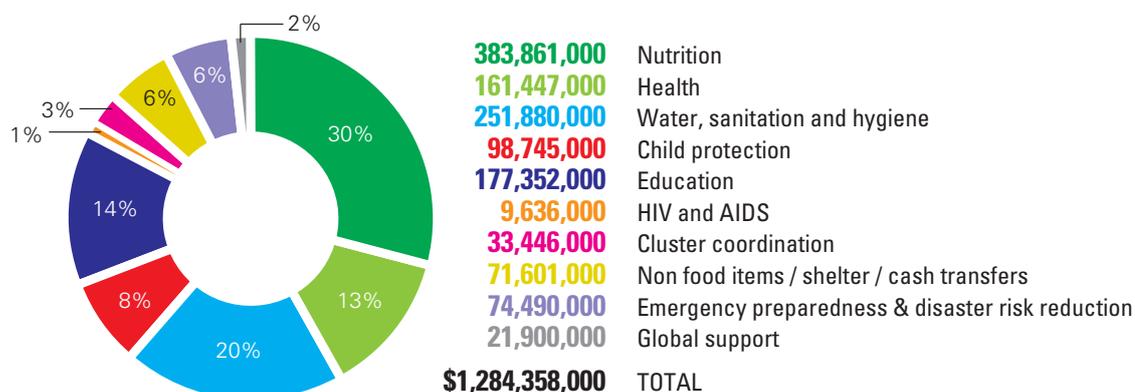
launched in February 2011, this requirement has decreased by 9 per cent, as the number of country-specific appeals has been reduced from 32 to 25.²² Full funding for 2012 is needed in order to meet the needs of vulnerable children and women and to fulfil their right to health, survival and development.

Based on current programme plans for all the countries included in this appeal, 30 per cent of the 2012 request is needed for nutrition support: Every country included in this appeal requires some type of emergency

Although the distribution of funding requirements across sectors has been fairly constant over the past five years, in 2012 the funding requirement for nutrition has been increased by 47 per cent, now representing 30 per cent of total requirements, compared to 19 per cent in 2011. This can largely be attributed to UNICEF's response to the high rates of severe malnutrition in countries affected by severe and consecutive droughts in the **Horn of Africa**, the **Sahel belt** and **South Asia**.

The organization will maintain its extensive effort in the **Horn of Africa**, where under-nutrition continues to threaten hundreds of thousands of children. Nearly one quarter of required funds in 2012 are dedicated to **Somalia**, reflecting the dire situation in that country. Approximately 33 per cent of all requested funds are for four countries experiencing the combined effects of drought, high

FIGURE 1.5 HUMANITARIAN ACTION FOR CHILDREN 2012: PERCENTAGE OF US\$1.28 BILLION TOTAL FUNDING REQUIREMENT BY SECTOR



food prices and population movements in the **Horn of Africa: Djibouti, Ethiopia, Kenya and Somalia**; 48 per cent of funds for these four countries go towards nutrition support.²⁵ The next largest amount is required for humanitarian assistance in the **Democratic Republic of the Congo**, accounting for 11 per cent of the total request, followed by the **Republic of the Sudan and Pakistan**, which require 8 and 7 per cent, respectively.

By region, the greatest funding increases (and the highest funding totals) in 2012 are for Eastern and Southern Africa – owing to the **Horn of Africa crisis** – with West and Central Africa also seeing an increased funding requirement, mainly because of higher requirements for Côte d'Ivoire, the **Democratic Republic of the Congo and Liberia**. Funding requests in South Asia and Latin America and the Caribbean have decreased, primarily because funding needs for **Pakistan and Haiti** are lower.

UNICEF's ability to undertake humanitarian assistance depends entirely on funding from donors. UNICEF gratefully acknowledges donors' strong response during 2011 and invites supporters to maintain or increase their commitments to meeting the humanitarian needs of children and women in emergencies during 2012.

1. The regional offices provide technical support and also manage funding for residual, seasonal or contained humanitarian needs in 22 countries.
2. United Nations Office for the Coordination of Humanitarian Affairs, 'Emergency Humanitarian Action Plan: Côte d'Ivoire and neighbouring countries – Revision, 08 April 2011', OCHA, New York and Geneva, 8 April 2011, pp. 1–2, <http://ochaonline.un.org/humanitarianappeal/webpage.asp?Page=1948>, accessed 5 December 2011.
3. United Nations Office for the Coordination of Humanitarian Affairs, 'Weekly Humanitarian Bulletin: 21–27 October 2011', OCHA Sudan, 2011, p. 3.
4. United Nations Children's Fund, 'UNICEF and partners race to prevent a second wave of death in the Horn of Africa', Press release, UNICEF, Nairobi and Geneva, 28 October 2011, www.unicef.org/media/media_60288.html, accessed 5 December 2011.
5. United Nations Children's Fund Eastern and Southern Africa Regional Office, *Response to the Horn of Africa Emergency: A crisis affecting life, livelihoods and ways of life – Regional three-month progress report*, UNICEF, October 2011, p. 4, www.unicef.org/esaro/HOA_3_month_2011_Report_Final.pdf, accessed 6 December 2011.
6. United Nations, 'Multi-sector Needs Assessment 2011-Pakistan', presentation, UN, 30 November 2011, p. 10, <http://pakresponse.info/LinkClick.aspx?fileticket=CraH1C3PyWQ%3d&tabid=41&mid=597>, accessed 12 December 2011.
7. Ibid., p. 4.
8. United Nations High Commissioner for Refugees, *Global Appeal 2012–2013*, UNHCR, Geneva, 1 December 2011, p. 132, <http://www.unhcr.org/4ec23100b.html>, accessed 11 December 2011.
9. United Nations Children's Fund, Global Investment Case on Silent Emergencies, UNICEF, Geneva, 30 June 2011, p. 2.
10. Ibid.
11. The examples highlighted in this report are based on information provided by UNICEF country and regional offices and are not exhaustive.

12. *Response to the Horn of Africa Emergency*, p. 5.
13. Ibid.
14. United Nations Office for the Coordination of Humanitarian Affairs, 'Mouvements de populations Avril-Juin 2011', OCHA, Kinshasa, July 2011, p. 1.
15. Schmitt, Céline, 'Des victimes congolaises de la violence sexuelle appellent la communauté internationale à l'aide', *Articles d'actualité*, 16 March 2011, <http://rdc-humanitaire.net/attachments/article/744/HCR%20-%20Articles%20d'actualite%2016%20mars%202011%20%20Des%20victimes%20congolaises%20de%20la%20violence>, accessed 6 December 2011; van der Vaart, Marieke, 'U.S. Condemns Congo Sexual Violence after Soldiers Rape 248', *Washington Times*, 6 July 2011, www.washingtontimes.com/news/2011/jul/6/us-condemns-congo-sexual-violence-after-soldiers-rape/, accessed 6 December 2011; Médecins Sans Frontières, 'Mass Rape Expands Range and Depth of Violence against Villagers in DRC', 4 July 2011, www.msf.org/msf/articles/2011/07/mass-rape-expands-the-range-and-depth-of-violence-against-villagers-in-drc.cfm, accessed 6 December 2011.
16. United Nations Children's Fund, World Health Organization, and Ministry of Public Health of the Democratic Republic of the Congo, 'Déclaration de l'épidémie de rougeole en RDC par le Ministre de la Santé Publique', Press release, Kinshasa, 2 April 2011, www.who.int/hac/crises/cod/releases/rdc_communique_de_press_conjoint_2avril2011.pdf, accessed 6 December 2011; World Health Organization, 'Situation de l'épidémie de choléra le long du fleuve Congo, en République Démocratique du Congo (RDC), au 30 août 2011', WHO, Kinshasa, 30 August 2011, www.who.int/hac/crises/cod/rdc_rapport_de_situation_30aout2011.pdf, accessed 6 December 2011.
17. The examples highlighted in this report are based on information provided by UNICEF country and regional offices and are not exhaustive.
18. Other appeals include Immediate Needs Documents and Central Emergency Response Fund funding received for countries without inter-agency appeals. The six flash appeals were for El Salvador, Libya, Namibia, Nicaragua, Pakistan (floods) and Sri Lanka.
19. All funding data reported is on an interim basis as of 31 October 2011.
20. All funding data is indicative, the full donor compendium will be issued in March 2012, providing the full donor ranking for 2011.
21. Based on information provided by UNICEF country offices in the texts included in this document. This figure includes 50 million children benefitting from provision of vaccines. This does not include additional beneficiaries assisted through regional offices.
22. Burkina Faso, Burundi, Cameroon, the Congo, Guatemala, Kyrgyzstan, Myanmar, Nepal, Tajikistan and Uganda had separate chapters in *Humanitarian Action for Children 2011*. In 2012, any remaining funds needed to allow these countries to respond to smaller-scale emergencies and to support capacity building and early recovery have been included in the 2012 regional appeals. A separate chapter for Liberia was included at mid-year in 2011. This year's *Humanitarian Action for Children* includes separate chapters for the Sudan and South Sudan.
23. 'HAC 2012 Funding Requirements 12 December' based on information received from UNICEF country offices. Due to rounding, figures may not add up to 100 per cent.
24. Prevention and treatment of HIV/AIDS are mainstreamed into other programme sectors in some of the countries.
25. Based on an analysis of funding requests, by country and sector, for countries included in *Humanitarian Action for Children 2012*.

2012 UNICEF HUMANITARIAN ACTION FOR CHILDREN

Global Support for UNICEF



Global Support for UNICEF

Humanitarian funding at work

UNICEF responds to more than 250 humanitarian situations on average each year. To provide effective, predictable and timely support to humanitarian action according to the Core Commitments for Children in Humanitarian Action (CCCs),¹ UNICEF provides global support to country and regional offices facing emergencies by bolstering policy guidance, technical assistance and logistical reinforcement so that colleagues and partners in the field may strengthen and improve humanitarian assistance for millions of children in crisis.

STRENGTHENED SYSTEMS FOR EFFECTIVE EMERGENCY RESPONSE

In March 2011, UNICEF adopted the Corporate Emergency Activation Procedure (CEAP),² which strengthens its humanitarian response, establishing a specific procedure for dealing with large-scale, or Level 3, emergencies. Within the first 24 hours of a large-scale emergency, UNICEF's Executive Director may now activate the CEAP, which streamlines the chain of command for global support and response and enacts simplified standard operating procedures. The CEAP also activates the deployment of UNICEF's Immediate Response Team (IRT), which comprises experts in key programme and operational sectors as well as experienced team leaders who have trained together and are ready to deploy within 48 hours; prioritizes surge assignments to the emergency; and ensures that humanitarian performance-monitoring systems are implemented. On 21 July 2011, the CEAP for Level 3 was invoked for the first time, in the context of the Horn of Africa drought and nutritional crisis. With a clarified chain of responsibility, UNICEF headquarters, regional offices and country offices were able to quickly mobilize staff and resources to meet humanitarian needs across Djibouti, Ethiopia, Kenya and Somalia.

RAPID DEPLOYMENT TO SUPPORT HUMANITARIAN ACTION

In 2011, UNICEF deployed more than 400 personnel to global emergencies, including crises in Côte d'Ivoire, the Horn of Africa and Libya. The members of UNICEF's Emergency Response Team, a dedicated team of professionals managed by the Office of Emergency Programmes (EMOPS) who spend their time in support of emergencies at the field level, conducted 14 missions for humanitarian action. UNICEF increased capacity-building initiatives to strengthen its own technical response, providing technical assistance to child protection and gender-based violence in Côte d'Ivoire, Chad, the Horn of Africa, Pakistan, the Philippines, the Republic of South Sudan, Thailand, Tunisia and Uganda; education in Afghanistan, Liberia and the

Occupied Palestinian Territory; health in the Horn of Africa; HIV and AIDS in Haiti; nutrition in the Horn of Africa and Pakistan; and WASH in the Horn of Africa and the Philippines. Headquarters provided support on disaster risk reduction, peace-building and conflict sensitivity in Côte d'Ivoire, Guinea, the Horn of Africa, Kazakhstan, Kyrgyzstan, Libya, Mozambique, Nepal and the Republic of South Sudan.

Acting on lessons learned in 2010, UNICEF improved its response and significantly reduced deployment times by re-establishing its Human Resources in Emergencies Unit. Simplified standard operating procedures for human resources in emergencies adopted in late 2010 are expediting recruitments and fast-track deployments. Already, in the Horn of Africa, these improvements have contributed to a more effective response by ensuring that the whole organization is working from one set of agreed procedures along a tight timeline. UNICEF is also developing a retiree roster for emergency response, and regional rosters are being put in place. It is notable that in the Horn of Africa the majority of surge deployments came from within the region and were managed at the regional level, resulting in considerable efficiency gains.

In 2011, UNICEF also continued working with its standby partners. A total of 130 standby personnel were deployed to support humanitarian action, with missions ranging from several weeks to six months. In the Horn of Africa alone, a total of 35 standby partners were deployed to four offices (Djibouti, Ethiopia, Kenya and Somalia). Other countries that benefited from standby partner support include Côte d'Ivoire, Liberia, Pakistan, the Sudan and Yemen. Building on a successful experience in the WASH sector, UNICEF partnered with the Danish Refugee Council, the Norwegian Refugee Council and Save the Children Sweden to establish a Rapid Response Team (RRT) to support child protection coordination at the onset of an emergency.

CLUSTER LEADERSHIP

UNICEF is committed to being a strong and reliable leader and partner in humanitarian action. Global cluster coordinator positions for child protection, education, nutrition and WASH will now be funded from UNICEF's regular resources to mainstream the costs of coordination at the global level. In an effort to strengthen UNICEF's management of its global cluster coordination accountabilities,³ these functions will be brought together and located in Geneva. With this shift, the organization will further strengthen its relationship with Inter-Agency Standing Committee (IASC) partners and promote greater efficiency and

inclusiveness the global coordination of clusters. Staff will be supervised by EMOPS' Deputy Director, ensuring a clear chain of responsibility and access to senior-level management whenever required. The new global cluster coordination team will enhance performance and efficiency in leading clusters. This, coupled with increased efforts to raise awareness among country office management and staff, will ensure consistent application of the cluster approach in emergencies. Support for cross-cluster initiatives through the IASC will also be strengthened.

ENHANCED TOOLS AND GUIDANCE TO STRENGTHEN HUMANITARIAN ACTION AND BUILD RESILIENCE

This year, progress has been made on filling gaps in tools and guidance needed by country offices to support humanitarian programmes and partnerships. Advisers deployed to the Central African Republic, the Democratic Republic of the Congo, Mozambique, the Occupied Palestinian Territory and Yemen assisted in building the technical capacity of staff and cluster partners on gender-equality services. The organization also developed a rapid assessment toolkit for child protection, an alternative care in emergencies toolkit, and minimum standards on child protection in emergencies.

UNICEF continues to train and orient partners on its programmes and services, ensuring that an expanded pool of 'field-ready' surge capacity is available when needed. During 2011, UNICEF supported training at its headquarters for child protection, education, gender-based violence and WASH initiatives. Updated training in emergency preparedness and response, which will be rolled out next year, promotes the effective integration of humanitarian action with regular programmes in all sectors.

In 2012, UNICEF will make identifying the key causes of deprivation, vulnerability and risk to children a priority. In line with the *2011 UNICEF Humanitarian Action for Children: Building Resilience*, UNICEF continues to strengthen support to its humanitarian programmes so that they enhance the resilience of communities affected by crisis. UNICEF's guidelines were revised to ensure that risks to children are taken into account at every stage of planning, resulting in programmes that include specific disaster risk reduction and conflict-sensitive interventions in high-risk countries as well as early recovery. Country offices in more than 70 countries now have disaster risk reduction integrated into their programmes. Training and support in these areas will also continue in 2012.

UNICEF has renewed its goal of developing capacities at the national, district and community levels in order to achieve results for children in line with the CCCs. Technical training to build capacity for humanitarian response will continue with UNICEF and national partners on the ground, as well as standby partners. In recognition of the vital role that the community-based health workforce plays in all phases of emergency risk management, UNICEF will continue to

support governments and other partners working in 2012 to strengthen existing health systems and provide resources that reduce health risks and manage emergencies. Headquarters has also provided direct mission support on capacity development planning. Since 2010, five countries were supported in the areas of supply and logistics (Uganda), emergency resilient education (Burundi and the Republic of South Sudan), child protection (Lebanon) and water (Kenya). UNICEF will also continue to lead an interagency initiative to promote coherent and coordinated capacity development of national and local actors on capacity development.

UNICEF worked to revise security policies in order to improve its delivery of humanitarian assistance to women and children in volatile environments. In 2012, a new UN-system wide methodology will be used in 12 country offices to assess the necessity of aid against acceptable security risks to staff, allowing higher levels of risk when the lives of children and women are at stake on a large scale. This will create significant positive changes in UNICEF's outreach for women and children in high-risk areas. In 2011, UNICEF headquarters provided technical support on programmes in Afghanistan, Kenya and Pakistan. Global support for country offices operating in high-threat environments is expected to increase in 2012. UNICEF will offer training exercises to country offices in how best to balance security risk with programme criticality and create an e-tool to ensure that these exercises can continue in the future with little or no external support.

To further strengthen the capacity of UNICEF country offices to deliver programmes in complex environments, headquarters will continue to provide on-demand support in the areas of international humanitarian law and engagement with non-state entities. Innovations and experiences in remote programmes will be documented and made available for country reference and others in the field. The use of cash-based modalities to deliver assistance is spreading in UNICEF and driving innovations in the manner in which humanitarian outcomes for children and women are delivered. For example, in Somalia in 2011, about 13,000 households received a cash grant or food voucher, and plans for 2012 include distributing cash transfers or vouchers to 50,000 vulnerable households for necessities such as food, water and health care.

PERFORMANCE MONITORING

The roll-out of the revised CCCs is continuing. As part of this effort, UNICEF is strengthening results-based performance monitoring aligned with the CCC framework. A Humanitarian Performance Monitoring System has been developed to help country offices effectively monitor performance against response targets defined in alignment with the CCCs. The system is designed to strengthen performance data for stronger country office management of UNICEF response and to contribute to cluster and Humanitarian Country Team performance management. It provides concrete performance information for broader organizational accountability and meeting external information needs. Information collected through performance monitoring will

be fed into evaluation and knowledge management processes to generate lessons learned and improved results at ground level. The system also includes monitoring country-office levels of emergency preparedness through the Early Warning, Early Action system. In October 2011, the system review indicated that 58 per cent of UNICEF country offices reported a high level of preparedness, 17 per cent a medium level, and the remaining 25 per cent a low level.

Performance monitoring that measures UNICEF results against the CCC benchmarks will expand to target all new emergencies as well as the largest protracted humanitarian situations. Preparedness performance monitoring will continue to cover all UNICEF country offices, with increased emphasis on quality in collaboration with regional offices. To support this work, simple technology options are under development to improve data accessibility and transfer in the field and to build better links with internal performance management dashboards, including electronically generated elements of situation reports.

FUNDING REQUIREMENTS

UNICEF requires a total of US\$41.1 million in 2012 to support an effective and integrated response to today's global humanitarian crises. Out of this total, UNICEF is seeking US\$21.9 million to complement the existing US\$19.2 million⁴ that has already been earmarked for this purpose from UNICEF's core budget and other generous contributions from donors.

UNICEF will continue to strengthen its ability to respond rapidly and efficiently to large-scale humanitarian emergencies, ensure implementation of strategic approaches, work with national governments, provide technical support, and strengthen predictable and effective humanitarian action through clusters.

To carry out its responsibilities to children and families in crisis situations and provide sustainable global support to regional and country offices, UNICEF is pursuing secure and predictable funding for the global-level work outlined here.

1. United Nations Children's Fund, *Core Commitment for Children in Humanitarian Action*, UNICEF, New York, May 2010.
2. UNICEF's Corporate Emergency Activation Procedure, CF/EXD/2011-001, 21 March 2011. The Corporate Emergency Activation Procedure (CEAP) categorizes UNICEF's humanitarian response into three levels:
 - Level 1: a country office can respond using its own staff, funding, supplies and resources;
 - Level 2: a country office receives some outside support from headquarters, regional office, other country office; and
 - Level 3: an institution-wide mobilization is called for. Level 3 is defined on the basis of five criteria: scale, urgency, complexity, capacity and reputational risk.
3. UNICEF is currently assigned the global leadership of the WASH and nutrition cluster, as well as the child protection area of responsibility (under the global protection cluster), co-leadership of the education cluster with International Save the Children Alliance, as well as co-leadership of the gender-based violence area of responsibility (under the global protection cluster) with the United Nations Population Fund. UNICEF also contributes to the funding of the co-chair position within the IASC Mental Health and Psychosocial Support Reference Group.
4. The funded amount of US\$19.2 million does not include a pledge against 2012 requirements from the Government of the United Kingdom (4M pounds sterling), nor the contribution from Norway (NOK 15 million) received in December 2011.

2012 UNICEF HUMANITARIAN ACTION FOR CHILDREN

Eastern and Southern Africa

ERITREA • ETHIOPIA • KENYA • MADAGASCAR • SOMALIA • SOUTH SUDAN • ZIMBABWE



Eastern and Southern Africa

CHILDREN AND WOMEN IN CRISIS

Extreme poverty, frequent natural disasters, political instability and uncertain economic conditions leave children and women in Eastern and Southern Africa particularly vulnerable to life-altering emergencies, including undernourishment, abuse and disease. This year's severe drought in the Horn of Africa, combined with soaring food prices and the conflict in Somalia, has caused famine in some regions of Somalia and taken a harsh toll on children. More than 13 million people are in need of humanitarian assistance throughout the Horn, with 36 per cent of children under 5 in southern Somalia suffering from acute malnutrition.¹ The legacy of decades of war poses significant humanitarian challenges in the new Republic of South Sudan, stretching the capacity of deteriorated infrastructure and very limited basic services.

Early 2012 forecasts highlight the likelihood of significant flood risk and possible cyclone activity, posing a particular danger for countries along the Zambezi River. Burundi faces increasing food insecurity as well as outbreaks of cholera and measles, while Uganda remains vulnerable to drought, floods and refugee influxes. Of the total number of people living with HIV worldwide in 2009, 34 per cent resided in 10 countries of Southern Africa, where adolescent women are eight times more likely to be infected than male counterparts,² making women and children significantly more vulnerable.

MEETING URGENT NEEDS IN 2012

The Regional Office will continue to advocate for the rights of children in emergencies across borders. In coordination with UN agencies, NGOs and regional institutions, the emergency support unit and technical teams at the regional level will ensure technical support and quality assurance for humanitarian work, including partnership with UNHCR in refugee camps settings. Early Warning, Early Action systems will be used to increase preparedness and improve response to displacement and health crises. Efforts will also include:

- Elevated staffing levels will be maintained to support emergency response and early recovery programming in the Horn of Africa and, in the event of significant flooding, in Southern Africa.
- Supplies will be pre-positioned and technical and operational guidelines provided for health emergency preparedness and response, in order to monitor and prevent epidemic-prone diseases.
- The management of acute malnutrition and other nutrition interventions in high-risk countries will be supported and expanded; and the nutrition community will be helped at country level to reduce disaster risk and improve early response to crises.
- WASH in Emergencies training will be coordinated and several technical WASH emergency response sessions conducted in cholera preparedness to contribute to a more timely and adequate response.
- Child protection interventions will be strengthened within countries and across borders in the Horn of Africa and the Great Lakes to assist children associated with armed groups, separated children, and child migrants in Southern Africa.
- HIV-based emergency preparedness capacity development events will be conducted for high-risk countries in Southern Africa.

Burundi

In the face of the risk of increased insecurity and political violence, UNICEF will strengthen health, nutrition and WASH service delivery in response to the high levels of chronic food insecurity and repeated outbreaks of cholera and measles.

Uganda

UNICEF will strengthen decentralized emergency preparedness and response capacity in order to reduce the vulnerability of communities to drought and floods and prepare for possible refugee influxes due to insecurity in neighbouring countries, especially the Democratic Republic of the Congo.

Angola, Malawi, Mozambique, Namibia and Zambia

In preparation for significant flood risk and possible cyclone activity, UNICEF country offices will support training of partners and strengthening of sector/cluster coordination mechanisms, as well as contribute to national capacities for disaster management. With a significant risk of disease outbreaks associated with floods, the country offices are focusing on readiness for WASH and health response, as well as child protection and emergency education.

Swaziland

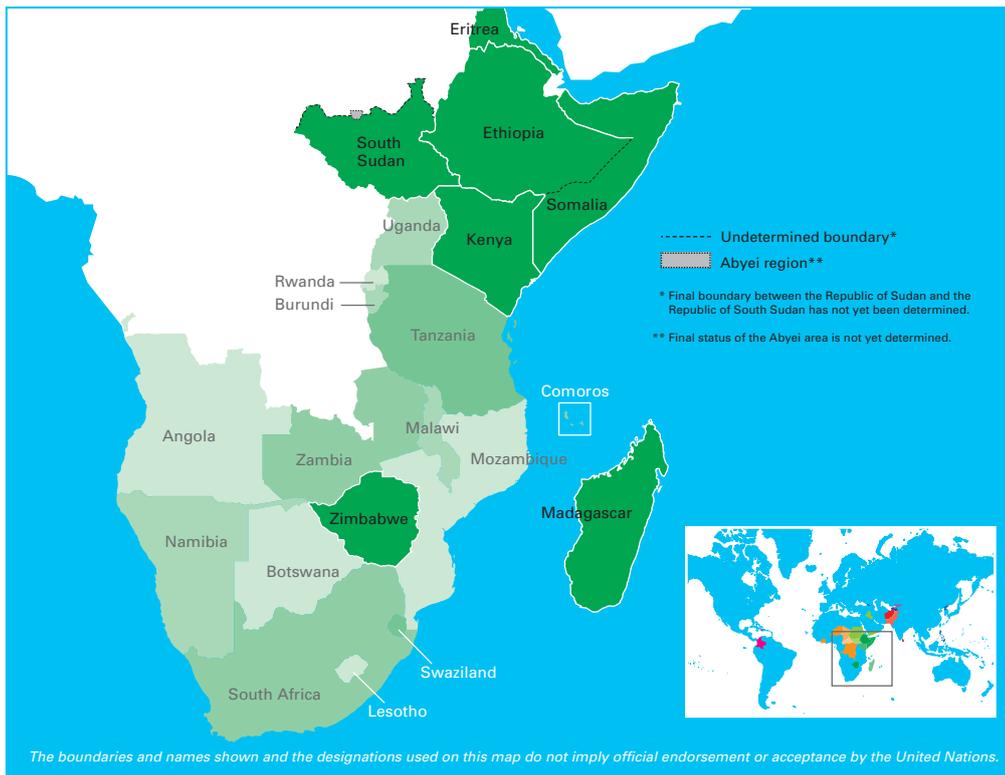
UNICEF will strengthen support to essential health services for orphans and vulnerable children in response to a major financial crisis that is triggering increased political uncertainty and threatening to undermine education and health services, including safety net programmes. The country also continues to experience a variety of hazards associated with extreme weather conditions and increased disease burden due to communicable diseases such as cholera, HIV and AIDS, and drug-resistant tuberculosis.

1. United Nations Children's Fund, 'Response to the Horn Of Africa Emergency: A crisis affecting life, livelihoods and ways of life', UNICEF Eastern and Southern Africa Regional Office, Nairobi, October 2011, pp. 4, 7.
2. Joint United Nations Programme on HIV/AIDS, 'Global Reports: UNAIDS report on the global AIDS epidemic 2010', UNAIDS, Geneva, 2010, pp. 10, 28.



Extreme poverty, frequent natural disasters, political instability and uncertain economic conditions make children and women in Eastern and Southern Africa particularly vulnerable to life-altering emergencies. Severe drought in the Horn of Africa, combined with soaring food prices and the conflict in Somalia, has caused famine in some regions of Somalia and taken a harsh toll on children.

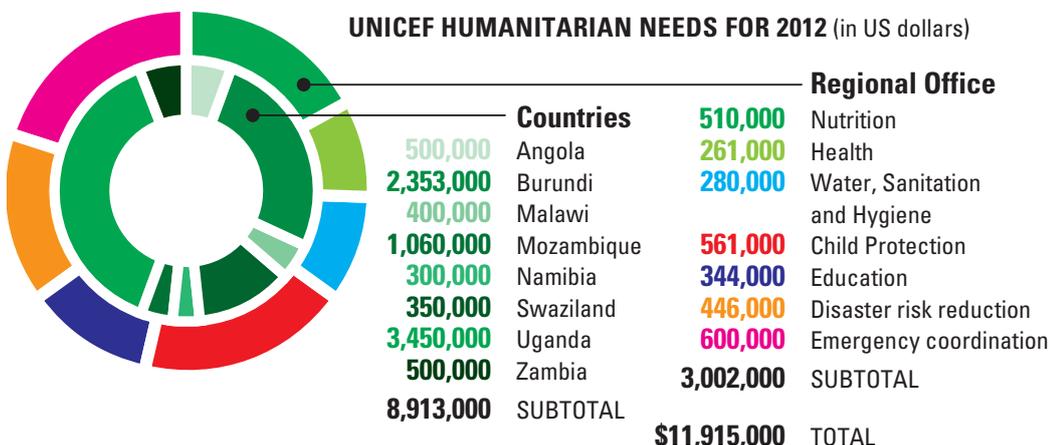
EASTERN AND SOUTHERN AFRICA



FUNDING REQUIREMENTS FOR 2012

UNICEF is requesting US\$3,002,000 to continue coordinating humanitarian work in the region. This includes scaled-up support for the Horn of Africa nutrition crisis through mid-2012 and continued support to reduce risk and respond to disasters in the rest of the region. Prompt and full funding is also important to ensure a smooth transition from emergency to longer-term support. An additional US\$8,913,000 is requested to prepare for and respond to humanitarian needs in Angola, Burundi, Malawi, Mozambique, Namibia, Swaziland, Uganda, and Zambia. The total requirements amount to US\$11,915,000.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the regional office website at www.unicef.org/esaro.



HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

Response to the nutrition crisis in the Horn of Africa dominated the second half of 2011, with UNICEF's first-ever declared multi-country corporate emergency. Led by the Regional Director, who was appointed Global Emergency Coordinator for the crisis, the regional team provided technical support and ensured a coherent strategy across Djibouti, Ethiopia, Kenya and Somalia.

In response to the revised Humanitarian Action for Children request of US\$7,450,000 issued in July, a total of US\$963,863 (13 per cent) had been received by October 2011 with the support of donors.

An operations centre, established in Nairobi, provided and shared real-time information and more than 176 personnel were part of a surge response. UNICEF country offices procured more than US\$73 million worth of emergency supplies.

The regional team also focused on disaster risk reduction across programme sectors. The capacity of national education institutions was strengthened in disaster risk reduction and emergency preparedness and response in Burundi and Lesotho.

The WASH team focused on cholera risk, developing response guidelines for use across the region, and also promoted low-cost, high-impact interventions to reduce the risk of diarrhoeal outbreaks.

The nutrition team initiated the development of a regional framework for the integrated management of acute malnutrition.



Eritrea

CHILDREN AND WOMEN IN CRISIS

Children and women in Eritrea remain vulnerable to poverty and food insecurity resulting from drought and the continued political impasse with neighbouring Ethiopia. UNICEF is taking a lead role in assisting 370,000 children affected by these emergencies within the humanitarian sectors of health, nutrition, and water and sanitation. Despite changes in the level of cooperation between the United Nations and the Government of Eritrea and the limited number of partnerships within the country, UNICEF remains a critical broker between the Government and bilateral donors in improving the well-being of the vulnerable population, especially children and women.

MEETING URGENT NEEDS IN 2012

Although a lack of updated and reliable data on the humanitarian situation remains a challenge, field observations indicate dire humanitarian consequences for children and women due to continuing levels of undernutrition, poor sanitation coverage and physical risks associated with exposure to landmines and unexploded ordnance. Although the cluster approach has not been activated in Eritrea, UNICEF plays a lead role in the nutrition and WASH sectors and actively participates in the health and child protection sectors. In 2012, UNICEF will support the Government of Eritrea in responding to humanitarian needs to achieve the following goals:

- Some 21,000 pregnant or breastfeeding women and 300,000 children under 5 will benefit from community-based outreach and fixed health facilities to reduce child and maternal morbidity and mortality.
- Further deterioration in the nutritional status of 370,000 children under 5 and 40,000 pregnant or breastfeeding women will be prevented in six high-risk regions.
- Access to safe drinking water will be expanded for nearly 13,000 children living in 10 rural communities, and essential hygiene practices will be promoted to 327,000 pre-primary and elementary schoolchildren.
- Approximately 150,000 children in three regions (Debub, Gash Barka and Northern Red Sea) will receive psychosocial support and strengthened mine-risk education.

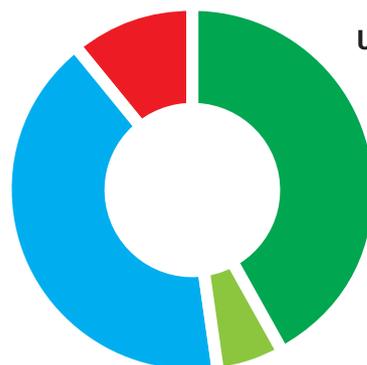
FUNDING REQUIREMENTS FOR 2012

UNICEF is requesting US\$10,200,000 to support life-saving interventions in the sectors of health, nutrition, WASH and child protection for the 370,000 children suffering from ongoing poverty, food insecurity and natural hazards such as droughts and floods. The consequences of underfunding are significant, and include a potential nutritional crisis among children, as is the case in other countries within the Horn of Africa.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the country office website at www.unicef.org/eritrea.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

In 2011, UNICEF estimated that US\$14,075,000 was needed to fund its work in Eritrea. As of end October 2011, US\$8,247,480 (59 per cent) had been received. Complemented by other funding sources, UNICEF Eritrea achieved results for women and children. Measles vaccination was given to 72.5 per cent of children under 1. Nearly 9,000 out of an estimated 12,800 children with severe acute malnutrition were treated in facility- and community-based therapeutic feeding programmes, and more than 21,000 out of 67,500 moderately malnourished children were reached through supplementary feeding programmes. Some 8,000 out of a programmatic goal of 20,000 people gained access to safe drinking water in the Anseba, Gash Barka and Maekel regions. UNICEF reached its goal of 10,000 vulnerable families or newly resettled families/returnees in Debub and Gash Barka having access to sanitation through the Community-Led Total Sanitation approach. Nearly 13,000 out of 21,000 out-of-school children gained access to education through mobile schools and complementary education programmes in the Anseba, Gash Barka, Northern Red Sea and Southern Red Sea regions. Approximately 260,000 out of 300,000 children 6–18 years old and 13,000 out of 100,000 women living in war-impacted communities received mine-risk education.



UNICEF HUMANITARIAN NEEDS FOR 2012 (in US dollars)

- 4,300,000 Nutrition
- 600,000 Health
- 4,200,000 Water, sanitation and hygiene
- 1,100,000 Child protection
- \$10,200,000 TOTAL**



Ethiopia

CHILDREN AND WOMEN IN CRISIS

Dry weather induced by La Niña worsened Ethiopia's humanitarian situation in 2011. The number of Ethiopians in need of food assistance between July and December 2011 increased to 4.5 million, from an earlier assessment of 2.8 million.¹ Poor seasonal rains from October to December 2010, followed by failed rains from February to May 2011, diminished water and pasture resources in Ethiopia's southern and south-eastern regions, including major parts of Somali, Oromiya and SNNPR (Southern Nations, Nationalities, and People's Region).

Food insecurity in 2011 further threatened more than 250,000 children who suffer from severe acute malnutrition.² Shortages of clean water contributed to outbreaks of acute watery diarrhoea, measles and malaria, which were exacerbated by poor access to health services, particularly in Afar and Somali regions. Drought also led to 87,000 school dropouts and closure of more than 300 schools, primarily in Afar, Oromiya and Somali regions.³

Since January 2011, more than 96,000 refugees arrived from Somalia and 25,000 from the Sudan. In total, there are more than 137,000 Somali refugees living in four camps in Dollo Ado district.⁴ The influx of refugees put additional burdens on the limited resources as well as social services available in the district, including water and health facilities.

MEETING URGENT NEEDS IN 2012

As lead of the nutrition and WASH clusters and co-lead of the education cluster, UNICEF will build the capacity of line ministries to ensure stronger coordinated preparedness and response and will contribute to the survival and development of children in areas affected by drought, flooding and public health hazards. UNICEF will partner with the Government of Ethiopia, other UN agencies, and national and international NGOs to provide emergency relief to an estimated 7 million people, including 6 million children.

- Approximately 5 million children affected by drought, floods and other emergencies will benefit from life-saving interventions, including measles immunization, vitamin A supplementation and deworming tablets. An additional 280,000 children will receive treatment for severe acute malnutrition through technical and supply support to more than 9,000 therapeutic feeding programmes.
- Access to safe water will be provided to approximately 1.3 million people, including 200,000 children under 5, through new and improved water supply schemes, water treatment chemicals or emergency water trucking. Hygiene and sanitation messages for acute watery diarrhoeal prevention will benefit 2 million people.
- UNICEF will help build the capacity of sustainable health systems in Afar and Somali regions, while continuing to support responses to disease outbreaks, benefiting an estimated 500,000 people, including 150,000 children.
- Approximately 60,000 emergency-affected children will continue their education with the support of educational materials, and 230,000 children will have access to improved quality education through teacher training.
- The establishment and strengthening of community-based structures for the most vulnerable children and women in the drought- and flood-affected woredas (districts) of Afar, Amhara, Gambella, Oromiya, SNNPR, Somali and Tigray regions, will benefit an estimated 15,000 refugee children with the prevention of family

FUNDING REQUIREMENTS FOR 2012

UNICEF requests US\$58,339,000 for emergency activities in Ethiopia. This amount represents 24 per cent less than the requested amount in 2011 due to the relatively good rains during the second half of 2011, which are expected to improve food security in 2012, as well as the fewer number of new refugees expected from Somalia. Prompt and adequate funding is crucial; otherwise, more than 200,000 children will not receive life-saving treatment for malnutrition, some 150,000 children living in remote parts of Somali and Afar regions will not access health services, and about 1.3 million people, including 200,000 children under 5, will have reduced/constrained access to safe drinking water. In addition, some 60,000 children in drought-affected areas may be forced to discontinue their primary education.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the country office website at www.unicef.org/ethiopia.

1. Government of Ethiopia, United Nations Country Team in Ethiopia and United Nations Office for the Coordination of Humanitarian Affairs, 'Humanitarian Requirements 2011: Joint Government and Humanitarian Partners' Document', OCHA, Addis Ababa, July 2011, p. 4.
2. United Nations Office for the Coordination of Humanitarian Affairs, 'Humanitarian Bulletin: Weekly humanitarian highlights in Ethiopia', OCHA, Geneva and New York, 14 November 2011, p. 1.
3. 'Humanitarian Requirements 2011', OCHA, Addis Ababa, July 2011, p. 13.
4. Office of the United Nations High Commissioner for Refugees, 'Dollo Ado Population Statistical Report as of 21 November 2011', UNHCR, Geneva, p. 1.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

As of end October 2011, UNICEF had received US\$60,912,462 (79 per cent) of the requested US\$76,628,028 for 2011. With those funds, UNICEF accomplished the following: increased the number of health centres able to treat children with severe acute malnutrition by 1,000; treated 221,000 children for severe acute malnutrition and reached more than 8 million children with vitamin A supplementation, deworming tablets and nutrition screening; supported 27 mobile health and nutrition teams in the Afar and Somali regions, which provided 154,341 consultations, including close to 57,000 for children under 5; reduced the expected acute watery diarrhoeal caseload with prevention and rapid response efforts in pilgrimage and migration sites; reached 6.9 million children in a sub-national measles campaign; provided access to clean water for more than 1 million people, including 167,100 children under 5, in drought-affected areas; improved WASH facilities at more than 100 health centres and 39 schools to benefit about 607,000 people, including 97,000 children under 5 and 32,700 students; provided access to education for 50,000 children; reached more than 4,000 children in SNNPR through community care coalitions; and supported technical expertise and provided supplies in refugee camps in Dollo Ado and Assosa.



UNICEF HUMANITARIAN NEEDS FOR 2012 (in US dollars)

32,328,000	Nutrition
6,405,000	Health
13,063,000	Water, Sanitation and Hygiene
1,150,000	Child Protection
3,260,000	Education
200,000	HIV and AIDS
1,933,000	Cluster coordination
\$58,339,000	TOTAL



Kenya

CHILDREN AND WOMEN IN CRISIS

Successive seasons of poor rainfall and rising food and fuel prices have left about 3.75 million people in Kenya in need of food and assistance.¹ More than 385,000 children under 5 suffer from undernutrition,² making them more susceptible to communicable disease. Nearly 2 million people in the 29 districts worst affected by drought do not have access to safe water.³ The movement of populations in search of pasture has affected the education of 508,000 primary schoolchildren⁴ and resulted in the separation of children from their families. In 2011, more than 150,000 refugees fled Somalia, seeking protection and assistance in camps already operating beyond capacity. The most recent Somali influx has brought the refugee population to more than 460,000.⁵ Undernutrition rates in the refugee camps are alarmingly high, with 23,200 children moderately or severely malnourished,⁶ while threats to the protection, education and health of women and children abound. Forecasts indicate a likelihood of poor rainfall in early 2012 that could further constrain recovery efforts. No significant return of Somali refugees is anticipated in the near term.

MEETING URGENT NEEDS IN 2012

UNICEF will continue to work with the Government of Kenya, other UN agencies and NGOs to improve and sustain humanitarian programmes reaching the most vulnerable populations affected by the drought and refugee crises while using disaster risk reduction strategies to build resilience against future shocks. UNICEF will continue to support government-led coordination, by co-chairing sector working groups⁷ in nutrition, education, WASH and child protection. UNICEF aims to reach an estimated 1.4 million children (720,000 boys and 728,000 girls) as well as 750,000 women with humanitarian programmes in 2012.

- Increased coverage of integrated high-impact nutrition interventions, including management of moderate and severe malnutrition, infant and young child feeding and micronutrient supplementation, will benefit 375,000 children under 5 affected by severe and moderate acute malnutrition.
- An estimated 85 per cent of children under age 5 in drought-affected districts will be vaccinated against measles, and more than 700,000 will have access to essential integrated health services, including immunization, prevention of mother-to-child transmission of HIV and emergency obstetric care. Measles immunization coverage of newly arrived refugees will rise to 95 per cent.
- Some 2.1 million people will be reached through a combination of interventions including: rehabilitation/establishment of water supplies, hygiene promotion, household water treatment, and sanitation in schools and health facilities.
- More than 360,000 children, including new refugees and children in drought-affected areas, will have access to quality education.
- An estimated 450,000 children affected by drought and conflict will be protected from separation or reunified with family and will have access to protective services, including response to gender-based violence.

FUNDING REQUIREMENTS FOR 2012

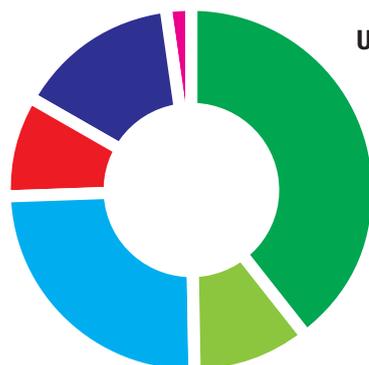
UNICEF is requesting US\$47,126,000 for its humanitarian programmes in 2012. UNICEF has aligned its request with the 2012 Consolidated Appeals Process (CAP) requirements. Without sufficient funding, the high levels of programme coverage attained in 2011 may not be maintained and will result in increased morbidity and mortality for women and children.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the country office website at www.unicef.org/kenya.

1. United Nations Office for the Coordination of Humanitarian Affairs, 'Kenya Emergency Humanitarian Response Plan 2012', forthcoming. OCHA, New York and Geneva, p. 1.
2. Ibid.
3. WESCOORD, 'Kenya: Drought affected populations – 7 October 2011', available at www.wescoord.or.ke.
4. United Nations Children's Fund, Situation Report UNICEF Kenya #6, 17 – 23 August 2011, UNICEF, Kenya, 28 August 2011.
5. Office of the United Nations High Commissioner for Refugees, 'Weekly New Registration Population Composition: 17/10/11 – 23/10/11', UNHCR, Dadaab, Kenya, 2011.
6. Office of the United Nations High Commissioner for Refugees, 'UNHCR Nutrition Surveys, Dadaab, August-September 2011. GAM rates range between 17.2 per cent and 23.2 per cent.
7. Sector working groups lead by the Government of Kenya and co-chaired by UNICEF perform 'cluster functions.'

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

According to the mid-2011 revised request, US\$47,791,121 was needed during the past year to meet urgent humanitarian needs. As of end October 2011, US\$41,565,305 – or 87 per cent – had been received. This amount allowed UNICEF to achieve many humanitarian objectives to help women and children, including treatment for severe acute malnutrition that benefited more than 45,000 children, representing 80 per cent of the expected caseload. Access to safe water was provided for 1.25 million people, reaching 78 per cent of the programme objective, and hygiene education and water treatment supplies were provided for 1.2 million people. An improved school environment for 120,000 children was supported through supplies and WASH facilities. The measles vaccine was given to more than 1 million children (70 per cent coverage) in drought-affected areas and an additional 250,000 children from refugee and host communities for a coverage rate of more than 85 per cent. Integrated protective services through child-friendly spaces in Dadaab refugee camps were afforded to more than 62,000 children.



UNICEF HUMANITARIAN NEEDS FOR 2012 (in US dollars)

18,751,000	Nutrition
4,683,000	Health
11,684,000	Water, sanitation and hygiene
4,197,000	Child protection
6,821,000	Education
990,000	Cluster coordination
\$47,126,000	TOTAL



Madagascar

CHILDREN AND WOMEN IN CRISIS

Poverty, geography and political crisis have combined to create a cycle of suffering for the women and children of Madagascar, which is one of the world's poorest countries, ranking 135 out of 169, according to the 2010 Human Development Report.¹ Poverty is exacerbated by a vulnerable geographical location and topography, which expose the country to various natural hazards, including tropical cyclones, flooding and drought. Between 2002 and 2011, Madagascar was hit by a total of 22 cyclones affecting close to 3 million people, including an estimated 540,000 children under age 5.² In addition, an ongoing political crisis has resulted in the suspension of most external assistance to the country and has reduced the capacity of Malagasy authorities to effectively respond to emergencies.

MEETING URGENT NEEDS IN 2012

UNICEF, together with partners including the Malagasy authorities, other UN agencies and NGOs, will focus on assisting the most vulnerable children and women in areas prone to cyclone and flooding. As lead of the education, nutrition and WASH clusters and child protection sub-cluster, as well as a participant in the health cluster, UNICEF expects to reach more than 1 million people and about 504,000 children, including 247,000 girls and 257,000 boys under age 5.

- UNICEF and its partners will maintain the capacity of the local health authorities to treat nearly 16,000 children 6–59 months old for severe acute malnutrition through a community-based management model.
- UNICEF and its partners will maintain the capacity of the local health authorities to treat nearly 16,000 children 6–59 months old for severe acute malnutrition through a community-based management model.
- Some 108,000 children under age 5 and 27,000 pregnant women will have access to basic preventive and curative care for diseases, such as acute respiratory infection, fever and diarrhoea, through the provision of essential drugs, vaccines and commodities delivered to health centres in cyclone-affected areas. In addition, two rounds of nationwide polio campaigns will be conducted for children 0–59 months old.
- More than 1 million vulnerable people across the country will have access to safe water and proper sanitation through household water purification products, adequate collection and storage containers, access to emergency water points and improved latrines.
- To provide children with continuity in education, UNICEF, together with cluster partners, will construct an estimated 410 temporary learning spaces for 28,000 children whose schooling has been disrupted by flooding and drought.
- UNICEF will reinforce child protection networks in the high-risk areas of the eastern, northern and southern regions of Madagascar in order to decrease violence and abuse of youth and to empower child-protection stakeholders and young people in emergencies.
- UNICEF will ensure children, young people and women will have access to information on prevention, care and treatment and post-exposure prophylaxis related to risk behaviours for HIV and sexually transmitted infections in the high-risk areas of Brickaville, Fenerive-Est, Sonierana Ivongo and Tamatave.

FUNDING REQUIREMENTS FOR 2012

UNICEF is requesting US\$20,950,000 for its humanitarian work in Madagascar. Because the ongoing political crisis has resulted in the suspension of most development aid, adequate funding is necessary to stave off a crisis in health services. Funding for other key humanitarian activities, such as access to clean water, adequate sanitation facilities and education, is critical to the well-being and survival of women and children in Madagascar.

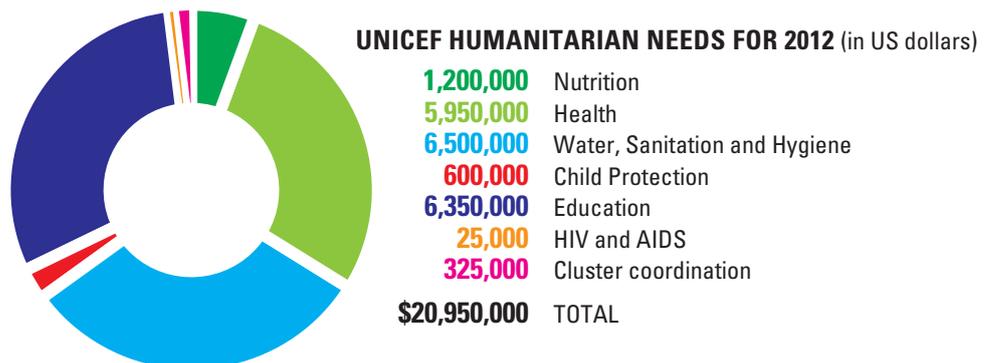
More information on humanitarian action planned in 2012 can be found at www.unicef.org/hac2012 and the country office website at www.unicef.org/madagascar.

1. United Nations Development Programme, 'Human Development Report 2010: The real wealth of nations – Pathways to human development', UNDP, New York, 2009, p. 145.
 2. Centre for Research on the Epidemiology of Disasters, 'Summarized Table of Natural Disasters in Madagascar from 2002 to 2011', EM-DAT: The OFDA/CRED International Disaster Database, CRED, Brussels, available at www.emdat.be/, and UNICEF estimate of child population.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

UNICEF had received US\$1,630,413 (9 per cent) as of end October towards the requested US\$19,050,000 for humanitarian work in Madagascar. Donor funding, complemented by the use of pre-positioned stocks and regular resources, helped UNICEF achieve results. In cyclone-affected areas, in collaboration with local education authorities and local NGO Fiagonan'i Jesosy Kristy Madagasikara, UNICEF supported the installation of 411 temporary classrooms, which benefited 23,000 schoolchildren. The WASH cluster disinfected 901 water points following the cyclones, benefiting some 51,000 people, of which UNICEF disinfected 188 water points, which benefited nearly 24,000 people.

In response to the political crisis, psychosocial support and assistance was provided through 18 child-friendly spaces in Antananarivo, reaching more than 2,000 children daily. Additional assistance was provided through the integrated unit at the maternity hospital for child victims of violence. Access to health care in the three southern regions was improved when UNICEF met its target of providing essential medicines for 129,000 children under age 5 in 8 districts. The diagnosis and treatment of severe acute malnutrition in 9 districts in southern Madagascar benefited more than 7,000 children under age 5 through July with community-based management of malnutrition. The referral system was strengthened through the training of 3,000 community health workers.





Somalia

CHILDREN AND WOMEN IN CRISIS

The conflict and insecurity that have defined Somalia throughout the past two decades are now compounded by the damaging effects of the worst famine the country has seen in 17 years. Four million people, including 2 million children, are in need of immediate food security and livelihood assistance.¹ Three million of these people live in the al-Shabab-controlled south, where humanitarian access is limited due to the high level of insecurity.

Rates of acute malnutrition illustrate an almost unimaginable situation: 30 per cent of children under 5 are acutely malnourished, with nearly three quarters of them living in the south.² As the crisis worsens, acute watery diarrhoea and cholera are spreading due to lack of safe water and sanitation. During the first two weeks of October, there were more than 906 suspected measles cases (including 711 of children under 5) and 20 related deaths reported in South and Central Somalia, as well as 1,206 suspected malaria cases, including 706 cases under 5 and 6 related deaths.³ Children's education has been disrupted and human rights violations are escalating mainly due to the combination of displacement and conflict.

MEETING URGENT NEEDS IN 2012

UNICEF is scaling up its response in 2012 in coordination with local authorities and more than 100 national and international partner organizations, while leading the education, nutrition and WASH clusters and the child protection sub-cluster.

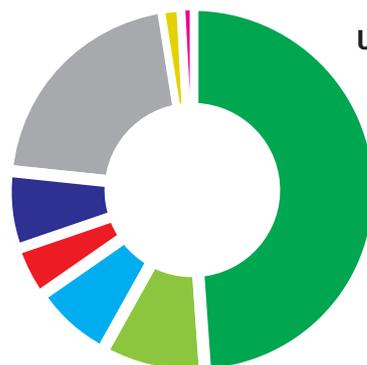
- Some 145,000 severely and 180,000 moderately malnourished children will be treated and blanket supplementary feeding will be provided to 200,000 households per month.
- A combination of health interventions, including measles, polio, tetanus, vitamin A and deworming, will be provided through Child Health Days to 1.8 million children under 5 and 2 million women of childbearing age.
- Treatment for 5.6 million children and 1 million women will be provided at maternal and child health centres; appropriate case management will ensure response to outbreaks of measles, cholera and acute watery diarrhoea.
- Access to safe water will be gained by 2.2 million people; latrines will be constructed for 96,000 adults and 24,000 children.
- Approximately 50,000 vulnerable households will receive cash transfers or vouchers for necessities such as food, water and health care.
- Access to education and life-saving services through schools will be provided to 400,000 children, including those in camps for internally displaced persons and in host communities, with 100,000 children receiving food vouchers during the school year.
- An estimated 300,000 children affected by conflict, famine and displacement will have access to psychosocial support (100,000 of them through child-friendly spaces).
- Support will be available for 250,000 victims of gender-based violence, and reintegration assistance will be provided for 1,000 children formerly associated with armed groups.
- About 240,000 people, including 160,000 children, will receive essential shelter and other emergency supplies.

FUNDING REQUIREMENTS FOR 2012

In line with the Consolidated Appeals Process (CAP) requirements, UNICEF is requesting US\$289,134,000 to provide urgently needed basic services to the children and women of Somalia. In the absence of a fully functional government, UNICEF and its partners are primary providers of basic services, and children are at serious risk of hunger and disease if such services are unavailable. Lack of funding will mean that health centres are likely to experience drug shortages, and many schools will not be able to function. Children will be subject to increasing risks if UNICEF is unable to respond to the increased humanitarian needs at the necessary scale.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the country office website at www.unicef.org/somalia.

1. Food Security and Nutrition Analysis Unit – Somalia, 'Nutrition Analysis Post Gu 2011, Technical Series Report no. VI, vol. 42', United Nations Somalia, Nairobi, 8 October 2011, p. 1.
2. Food Security and Nutrition Analysis Unit – Somalia, 'Nutrition Analysis Post Gu 2011, Technical Series Report no VI, vol. 41', United Nations Somalia, Nairobi, 28 September 2011, p. 9.
3. World Health Organization, 'Somalia Emergency Health Update – Weekly Highlights 15–21 October 2011', WHO, Geneva, p. 3.



UNICEF HUMANITARIAN NEEDS FOR 2012 (in US dollars)

- 141,989,000** Nutrition
- 25,942,000** Health
- 21,436,000** Water, Sanitation and Hygiene
- 12,475,000** Child Protection
- 20,392,000** Education
- 60,381,000** Cash programme
- 4,785,000** Shelter
- 1,734,000** Cluster coordination
- \$289,134,000** TOTAL

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

As of end October 2011, UNICEF had received US\$247,402,422, representing 86 per cent of the requested amount of US\$287,438,693 for its operations in 2011. This funding enabled UNICEF to treat more than 111,000 severely malnourished children (out of a planned goal of 155,000), as well as reach more than 85,000 households (against a goal of 200,000) with monthly food rations through blanket supplementary feeding. About 1.4 million people, including about 440,000 children under 5, have access to 400 health facilities. Close to 1.5 million of the yearly plan of 2.9 million children 6 months to 15 years old have been vaccinated against measles since January. Chlorination, water trucking and construction or rehabilitation of water sources benefited about 1.5 million people. About 13,000 households have received a cash grant or food voucher. More than 368,000 children have enrolled in some 1,600 UNICEF-supported schools in the south, including both schools for internally displaced persons and community schools. More than 31,000 children have benefited from the establishment of 325 of the 353 planned child-friendly spaces in camps for internally displaced persons, transit points, and host communities in famine-affected regions.



Republic of South Sudan

CHILDREN AND WOMEN IN CRISIS

The Republic of South Sudan became the world's newest country on 9 July 2011, entering statehood within a complex humanitarian landscape. Throughout 2011, activity by rebel militia groups, inter-tribal clashes, cattle raiding and attacks by the Lord's Resistance Army continued to plague parts of the country, fuelled by underdeveloped rule of law institutions and governance gaps.

There is widespread chronic food insecurity, and acute malnutrition is above the emergency threshold, exceeding 20 per cent in certain areas. Just more than half of the population has access to improved sources of drinking water and only 20 per cent to improved sanitation.¹ Access to health care remains highly inadequate; less than half of all children have received routine immunization, under-5 mortality is still quite high at more than 100 per 1,000 live births, and maternal mortality is 2,054 per 100,000 live births.²

Outbreaks of violence in the country (between government troops and rebel militia groups, sometimes along ethnic lines) and high levels of tension along the border with Sudan (Abyei crisis) have led to the displacement of more than 300,000 people.³ Clashes in Sudan's South Kordofan and Blue Nile states have increased the influx of refugees into South Sudan, which currently number more than 18,000.⁴ This, coupled with an estimated 350,000 returnees from Sudan,⁵ has put pressure on a situation where there are virtually no social services and minimal existing economic opportunities to support integration. Humanitarian interventions are hampered by price increases and shortages of essential commodities such as fuel as a result of intermittent trade blockages along the border coupled with continued insecurity.

MEETING URGENT NEEDS IN 2012

In 2012, UNICEF, as lead agency for the education, nutrition and WASH clusters, and sub-cluster lead for child protection, will work with the new Government of the Republic of South Sudan, other UN agencies and NGOs to address the emergency needs of approximately 1 million children and 1.5 million women throughout the country, with a priority focus on the volatile border region.

- Health interventions, including immunization, vitamin A supplementation, promotion of exclusive breastfeeding, distribution of mosquito nets and provision of clean delivery kits, will benefit 1 million children and 1.5 million women.
- Nutrition interventions will assist 60,000 children under 5 suffering from severe acute malnutrition and provide micronutrient supplementation for 200,000 pregnant or breastfeeding women.
- Approximately 1 million emergency-affected people, including more than 200,000 women and 500,000 children, will be assisted with increased access to WASH services in order to reduce WASH-related illnesses.
- UNICEF will strengthen efforts to identify 1,200 unaccompanied children and 1,500 children associated with armed forces. In addition, 3,400 children will receive psychosocial support, 1,000 child protection workers will be trained and 25,000 community members will receive messages on the prevention of recruitment of children into armed forces.
- UNICEF's Emergency Education Project will supply emergency teaching and learning materials; deliver life-saving messages, including regarding HIV prevention; offer psychosocial support; and provide increased access to 2,400 protective temporary learning spaces, all with the goal of benefiting 240,000 students (98,000 girls and 142,000 boys⁶) and 3,000 teachers.

FUNDING REQUIREMENTS FOR 2012

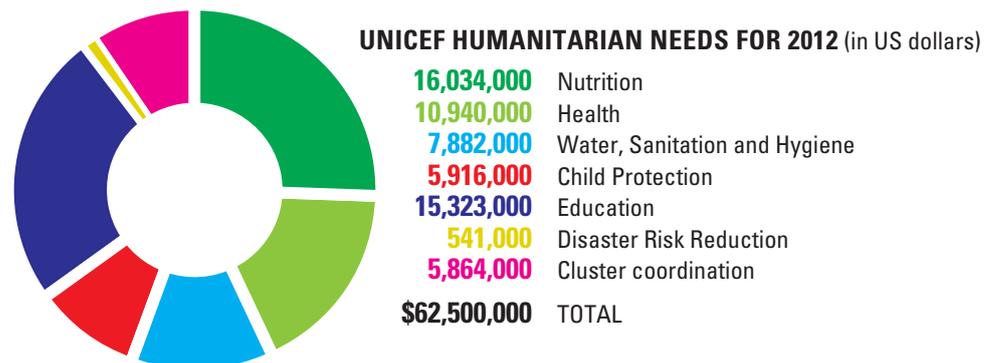
UNICEF is requesting a total of US\$62,500,000 to carry out its humanitarian work in the Republic of South Sudan as part of efforts to prevent further deterioration in the health of women and children and consolidate gains made during the past year. UNICEF has aligned this request with the Consolidated Appeals Process (CAP) requirements.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the country office website at www.unicef.org/southsudan.

1. United Nations Office for the Coordination of Humanitarian Affairs, 'Republic of South Sudan: 2011 Consolidated Appeal', OCHA, New York and Geneva, 20 July 2011, p. 16.
2. Southern Sudan Household Health Survey, 2006, pp. 22, 161.
3. World Food Programme, 'The Republic of South Sudan (ROSS) Special Operation 200341', WFP, Rome, 2011.
4. United Nations Office for the Coordination of Humanitarian Affairs, 'Weekly Humanitarian Bulletin: 27 October 2011', OCHA South Sudan, Juba, 2 November 2011, p. 3.
5. Ibid.
6. Note that although this figure represents high gender disparity, on the advice of the IASC Gender Standby Capacity, it is calculated based on current enrolment in non-emergency situations, with a targeted 5 per cent reduction in disparity, which is realistic given the cultural context.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

As of end October 2011, US\$26,440,671 (36 per cent) of UNICEF's mid-year request of US\$72,750,000 had been received. UNICEF used this funding to improve the prospects of women and children. Measles immunizations exceeded the planned figure and reached more than 650,000 children 6–59 months old. At least 45,000 children under 5 – or 82 percent of the original target for 2011 – received treatment for severe acute malnutrition. Access to WASH education was provided to 95 per cent of the target or 370,000 people in high-risk areas. A campaign on HIV prevention, care, treatment and support services exceeded planned figures, reaching 380,000 young people, including nearly 40,000 pregnant women, and more than 30,000 benefited from access to HIV testing and counseling. In line with planned expectations, more than 400 separated children were identified and returned, and nearly 200 associated with armed groups were returned to their families. More than 30,000 children (60 per cent of the yearly goal) gained access to 221 protective learning spaces, and more than 300,000 received emergency education supplies. Psychosocial support training was provided to 2,500 teachers and nearly 1,500 community members.





Zimbabwe

CHILDREN AND WOMEN IN CRISIS

As Zimbabwe struggles to recover from a deep socio-economic crisis and collapse caused by massive hyperinflation, political instability and displacement, seasonal droughts, floods and recurring WASH-related disease outbreaks continue to reduce efforts towards progress. The impact of these events on a country with a deteriorated social sector leaves much of the population at risk and in need of humanitarian assistance.

Today, more than 4 million people reside in locations considered high risk for transmission of water-borne diseases due to unsafe water sources, poor sanitation and hygiene¹ with nearly half the population in rural areas practicing open defecation.² Chronic food insecurity remains an urgent issue for 3.5 million girls and boys living below the food poverty line,³ who are at risk of poor health and stunting due to greatly diminished access to all basic services and protections. The HIV and AIDS prevalence rate of 13.9 per cent remains one of the highest in the world.⁴ A set of complex factors is creating a rising population of 'children on the move', vulnerable to violence, exploitation and abuse.

MEETING URGENT NEEDS IN 2012

As Zimbabwe transitions towards recovery, UNICEF will continue its work to mitigate and prevent crises emerging from an eroded social service sector. UNICEF will also build capacity to respond quickly to recurrent natural disasters that so often sweep away development gains, and will play a key role in coordinating and co-leading the nutrition, education and WASH clusters, together with government line ministries. This year, UNICEF will reach approximately 300,000 people with humanitarian interventions, including 156,000 women and children.

- UNICEF will provide life-saving care to 12,000 undernourished women and children, ensure provision of necessary health services through delivery of medicines and medical equipment to more than 10,000 emergency-affected people, and continue to support HIV and AIDS prevention, care and treatment programming throughout the country.⁵
- UNICEF and partners will pre-position supplies to ensure adequate capacity for rapid response during WASH-related emergencies, including any outbreaks of cholera, which is endemic in about 20 districts. UNICEF will provide safe water and sanitation facilities and work with partners to promote good hygiene behaviours at health centres and schools, as well as in up to 100,000 at-risk households.
- UNICEF support for improved data collection and coordination in the education sector will assist in preventing, mitigating or responding to disruptions to the delivery of educational services. Continued access to quality education for all children will be ensured, with particular emphasis on orphans and other vulnerable children.
- UNICEF will ensure that comprehensive child protection services are provided for at least 12,000 vulnerable 'children on the move', including girls and boys, refugee children and other children at risk of or exposed to violence, exploitation and abuse.

FUNDING REQUIREMENTS FOR 2012

UNICEF is requesting US\$24,600,000 in 2012 to continue its humanitarian work in Zimbabwe. Without sufficient funding, efforts to prevent emerging crises will be severely limited, ranging from the spread of cholera to the exploitation and abuse of at-risk adolescents and children.

More information on humanitarian action planned in 2012 can be found at www.unicef.org/hac2012 and the country office website at www.unicef.org/zimbabwe.

1. UNICEF estimate based on UNICEF 'Diarrhoea Prevention Campaign – Draft Concept Note', 30 November 2011.
2. United Nations Children's Fund and Government of Zimbabwe, 'A Situational Analysis on the Status of Women's and Children's Rights in Zimbabwe, 2005 – 2010: A call for reducing disparities and improving equity', UNICEF, 18 March 2011, p. 73.
3. Ibid., p. 13.
4. Ibid., p. 35.
5. Funding requirements for HIV and AIDS-related activities are streamlined into sectoral response.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

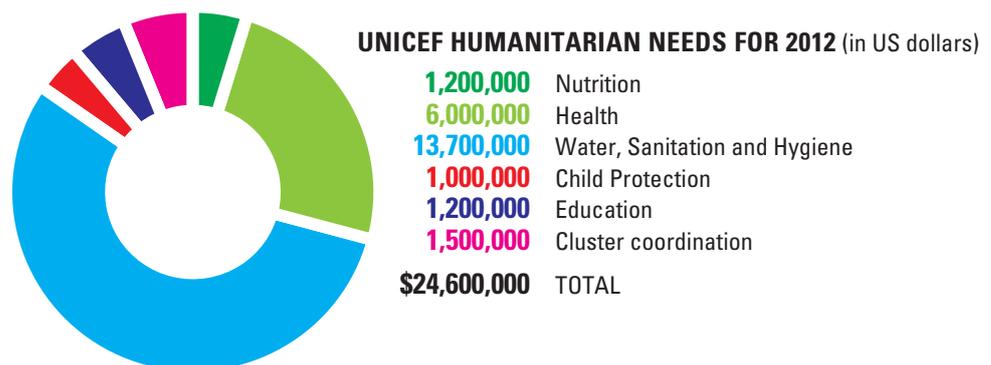
In 2011, UNICEF requested US\$119,973,000 for its humanitarian work in Zimbabwe. As of end October 2011, US\$15,393,309 had been received, or 13 per cent of the goal, with additional funding received for transition activities. UNICEF provided 80 per cent of an agreed package of essential medicines to health facilities across the country. Basic obstetric care equipment was obtained for 700 health facilities, while 16 midwifery schools are now able to each train an additional 40 midwives per year.

In districts prone to cholera outbreaks, 60,000 families received life-saving hygiene items, such as soap and buckets, while 20,000 emergency-affected people received safe water, thus dramatically reducing cholera cases.

UNICEF increased access to legal and support services for 25,000 young survivors of violence. Approximately 500 girls and boys on the move were protected through partnerships with government and international agencies.

UNICEF assisted in assessments of 2,500 schools, which found that one in three required urgent attention due to severe storm or flood damage.

UNICEF, with government agencies and international partners, bolstered emergency response and strengthened efforts in nutrition, WASH and education clusters, benefiting close to 2.9 million boys and 3 million girls nationally.



2012 UNICEF HUMANITARIAN ACTION FOR CHILDREN

West and Central Africa

CENTRAL AFRICAN REPUBLIC • CHAD • CÔTE D'IVOIRE • DEMOCRATIC REPUBLIC OF THE CONGO • LIBERIA • NIGER





West and Central Africa

CHILDREN AND WOMEN IN CRISIS

Emergencies pose a growing threat to stability and development in the region. In 2011, there has been a sharp increase in both political instability and insecurity, which the already fragile states of this region are ill-equipped to deal with. Epidemics affect almost every country and climate change is increasing the impact of droughts, nutrition crises and flooding. The global economic crisis is putting further pressure on food prices. Natural and human-made hazards multiply these needs and have taken a toll on infrastructure and access to basic services, hastening the spread of epidemics. Immediate epidemic concerns include the cholera outbreaks around Lake Chad Basin and in western Democratic Republic of the Congo; in the three quarters of 2011, reported cholera cases in West and Central Africa were at more than 85,000, with 2,500 deaths,¹ making it one of the worst cholera epidemics in the region's history. The aftermath of Liberian elections and upcoming elections represent potential flashpoints in Côte d'Ivoire, the Democratic Republic of the Congo, Liberia, Senegal and Sierra Leone in the immediate period extending into 2012. There is growing instability in the Sahel region, fuelled by the Arab Spring and increasing activities of Al-Qaida in the Islamic Maghreb and Boko Haram, all compounding the humanitarian needs of children and women in the region.

MEETING URGENT NEEDS IN 2012

Regional office

UNICEF's West and Central Africa Regional Office will continue to provide technical coordination and improved preparedness to support country offices in 2012, with a goal of reaching vulnerable children and women throughout the region.

- UNICEF will improve and reinforce regional emergency response and build capacity to provide multi-sectoral rapid needs assessments in early stages of crises.
- The regional office will monitor nutrition crises and support preventive activities, along with life-saving response, in order to reduce risks for children under 5 and pregnant or breastfeeding women.
- The regional WASH team will strengthen national and community preparedness through hygiene promotion. Messages in local languages will be developed regarding cholera outbreaks to improve perception and understanding of the epidemic.
- In order to adequately pre-position medical kits and vaccines, UNICEF will map areas at high risk for cholera, focusing on central and coastal areas (Benin, Cameroon, Chad, Guinea, Guinea-Bissau, the Niger, Nigeria and Togo) and also those at risk for measles and meningitis (Burkina Faso, Cameroon, Chad, Mali, the Niger and Nigeria).
- The regional office will provide technical assistance for education in emergencies, with particular focus on the integration of disaster and conflict risk reduction into education sector policies.
- Child protection will focus on supporting children separated from families, release and reintegration of children associated with armed groups and increasing access to basic protective services, particularly for victims of gender-based violence.

Cameroon

The country is still reeling from the cholera epidemic that occurred in May 2010, and resurged again in 2011, affecting more than 16,000 people. For 2012, cholera prevention activities will target 50 district health facilities, community caretaking interventions will support 10,000 people, and a further 10,000 will be provided with clinical treatment. About 5,000 children and women will be protected from meningitis through immunization and at least 28,880 severely malnourished children under 5 and pregnant or breastfeeding women will be treated for undernutrition.

Congo

The spread of epidemics such as cholera and polio, as well as increased exposure to infectious diseases continue to threaten the lives of 766,000 women and 1.4 million children in the departments of Brazzaville, Cuvette, Likouala, Plateaux, Pool and Pointe Noire. To lessen this crisis, 470,000 children 6 months to 15 years old will be vaccinated against measles, including children from among the 125,000 refugees from the Democratic Republic of the Congo. Access to safe water and sanitation will be ensured through distribution of water filter kits, and construction of water points and latrines in refugee sites. Safe practices regarding the treatment of household water and personal hygiene will be promoted in high-risk regions.

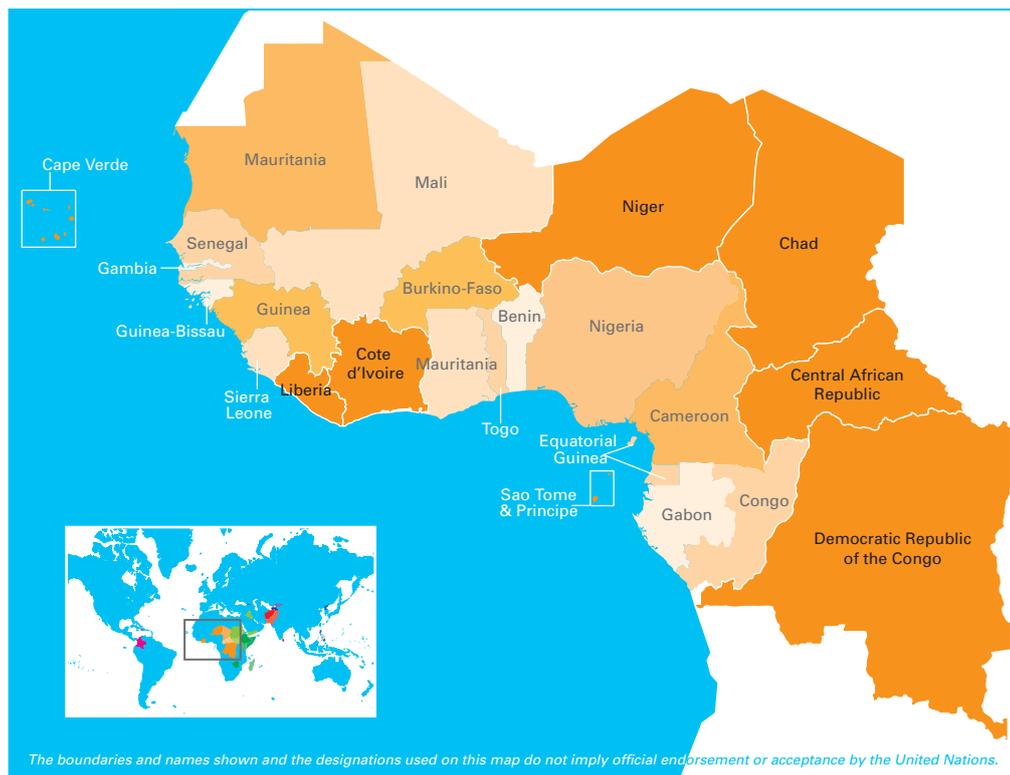
Ghana

The priority humanitarian interventions for 2012 will focus on response to floods in three northern regions and meeting the needs of the refugees from Côte d'Ivoire, targeting about 25,000 people. The main WASH interventions will include the distribution of family hygiene and water kits, the installation of portable toilets and construction of emergency latrines, and hygiene promotion.

1. United Nations Office for the Coordination of Humanitarian Affairs, 'West and Central Africa: Cholera outbreak', OCHA, New York, October 2011.

Emergencies pose a growing threat to stability and development in the region. In 2011, there has been a sharp increase in both political instability and insecurity, which the already fragile states of this region are ill-equipped to deal with. Epidemics affect almost every country and climate change is increasing the impact of drought, nutrition crises and flooding.

WEST AND CENTRAL AFRICA



In education, the focus will be on the provision of school furniture, learning and teaching materials, as well as the delivery of key messages related to promoting healthy behaviours. In health and nutrition, the provision of insecticide-treated mosquito nets, health kits, essential drugs, oral rehydration salts, vitamin A supplementation and therapeutic feeding are key interventions. Through support to children's clubs and community-based organizations, UNICEF will provide psychosocial support to children affected by crises.

Guinea

There is a high risk that the humanitarian situation could worsen given forthcoming legislative elections, which will likely increase tensions and lead to human rights violations, internal displacement and disruption of access to basic needs and services. In addition, there is persistent political and military unrest, inter-communal conflicts and influxes of refugees from neighbouring countries, as well as recurrent flooding during the rainy season (May to October) with endemic risk of cholera. UNICEF priority areas of intervention include child protection, WASH and health, as well as strengthened humanitarian coordination.

Mauritania

UNICEF will treat 10,000 children 6–59 months old who suffer from severe acute malnutrition.² Another 48,000 children 6–24 months old will enrol in feeding programmes, providing nutrition supplements and therapeutic foods during the lean period. Promotion of infant and young child feeding practices, vitamin A supplementation and deworming will be supported. The education sector will strengthen training and raise awareness on emergency prevention, preparedness and response. Child protection will focus on prevention and response to family separation, gender-based violence support to child protection systems, and access to integrated services for vulnerable children.

Nigeria

UNICEF will ensure immediate response to cholera by providing life-saving essential medical supplies and supporting provision and use of safe drinking water, safe excreta disposal and family kits for 75,000 flood-affected people, 30,000 cholera-affected people and 150,000 displaced people. In addition, programmes will promote hand-washing practices in cholera-prone states. Moreover, about 150,000 severely malnourished children will be provided essential nutrition supplements, including therapeutic foods, and community-based health workers in 100 feeding centres will be trained on case

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

As of end October 2011, US\$27,349,261 had been received against the requested US\$18,044,000 in 2011. Funding enabled UNICEF to increase its delivery of life-saving interventions to more than 325,000 children suffering from severe acute malnutrition throughout the Sahel. An additional 320,000 people were vaccinated against meningitis in Chad. A campaign to promote key messages on epidemics was delivered to affected populations in Cameroon, Chad and Mali. UNICEF responded quickly and effectively to the cholera crisis in Cameroon with hygiene promotion, supporting access to safe water and sanitation services and access to treatment. Subregional stocks supported countries during small-scale emergencies, and emergency preparedness trainings were conducted in Benin, Chad, Guinea, Liberia and Mali. The regional office supported the inclusion of education in emergencies into overall national education-sector plans and budgets. Training to governments, international agencies and country offices was provided, minimizing school disruptions during emergencies in Benin, Gambia, Ghana, Mauritania, Senegal, Sierra Leone and Togo. Police forces and government partners received training on protecting children separated from families in areas of displacement (Chad, Côte d'Ivoire, Ghana, Senegal, Sierra Leone and Togo).

2. According to the July 2011 Nutrition SMART Survey, prevalence of acute malnutrition in four regions of the country exceeds 15 per cent (July 2011 Nutrition SMART Survey Mauritania).



West and Central Africa (continued)

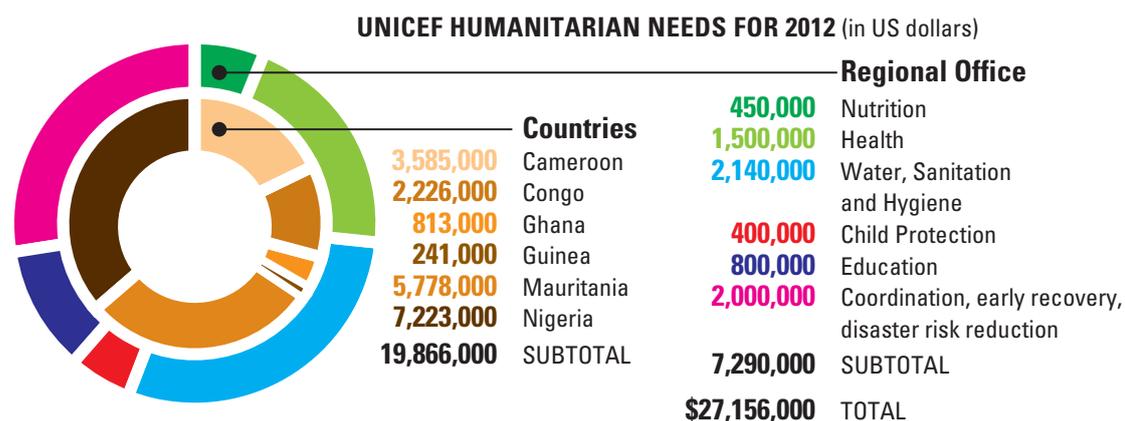
management of acute malnutrition. UNICEF will establish 50 safe school spaces for 15,000 children affected by flooding and violence. UNICEF will continue to strengthen and support community-based child protection networks in emergency-prone states through training on international/domestic human and child rights laws, child protection in emergencies, children and armed conflict and other protection topics. UNICEF will also address the health of children by providing vitamin A supplements and vaccinations for polio and measles.

FUNDING REQUIREMENTS FOR 2012

UNICEF is requesting US\$27,156,000 to provide technical support and coordination for humanitarian work throughout West and Central Africa in 2012. This includes US\$19,866,000 to support countries not separately profiled in this Humanitarian Action for Children publication, including Cameroon, Ghana, Guinea, Mauritania, Nigeria and the Republic of the Congo.³

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the regional office website at www.unicef.org/wcaro.

3. A more detailed funding table can be found at www.unicef.org/hac2012.



Central African Republic

CHILDREN AND WOMEN IN CRISIS

The Central African Republic is beset by an ongoing conflict among the army, national groups and foreign armed groups that destabilizes the environment in which women and children live. Some 192,000 people, of whom at least half are children, are currently internally displaced.¹ The conflict's humanitarian impact is evident in all aspects of daily life. The destruction of infrastructure has hampered access to basic health and education services. School enrolment rates are as low as 46 per cent in conflict-affected regions,² while an estimated 1,500 children have been recruited by armed groups.³ A recent national survey revealed that 40.7 per cent of children under 5 are stunted and 7.4 per cent suffer from moderate or severe acute malnutrition.⁴ In October 2011, a health emergency arose when a cholera outbreak struck south of the capital, with 94 cases and 15 deaths reported.⁵

MEETING URGENT NEEDS IN 2012

In 2012, UNICEF will serve as cluster lead for nutrition, WASH and education in order to ensure coordinated emergency preparedness and an effective response at national and sub-national levels. UNICEF, along with the Government of the Central African Republic, NGOs and other UN agencies, intends to provide humanitarian assistance to reduce the vulnerabilities of 600,000 conflict-affected people, including 294,000 children.

- Therapeutic food and drugs will be provided to treat 8,000 children suffering from severe acute malnutrition – approximately 80 per cent of the estimated total.
- UNICEF will help 60 per cent of health facilities in conflict-affected areas obtain functional paediatric units with trained staff, necessary supplies and essential drugs. The organization will also support 65 health centres in acquiring emergency obstetric and neonatal care.
- In response to the October cholera outbreak, UNICEF will build or rehabilitate water points and gender-friendly latrines in schools and health centres for 50,000 children and women.
- UNICEF, in collaboration with the Ministry of Education and cluster partners, will establish at least 80 child-friendly schools and 9 early childhood development activities in safe environments to benefit some 40,000 children in order to increase enrolment rates by at least 10 per cent for girls and 5 per cent for boys.
- Approximately 45,000 children affected by the conflict, including those associated with armed groups, vulnerable children and children without parental care, as well as 3,000 victims of sexual violence will receive assistance through a tailored reintegration and rehabilitation package providing medical care and psychological, educational and socio-economic reintegration support.

FUNDING REQUIREMENTS FOR 2012

UNICEF is requesting US\$11,018,000 to support an integrated response for the crisis in the Central African Republic. To provide for basic needs and to realize the rights of children and women affected by the country's ongoing conflict, adequate funding across all sectors is crucial. UNICEF has aligned this request with the 2012 Consolidated Appeals Process (CAP) requirements.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012.

1. Internal Displacement Monitoring Centre, 'Central African Republic: New displacement due to ongoing conflict and banditry', IDMC, Geneva, 1 December 2010, p. 24, [www.internal-displacement.org/8025708F004BE3B1/\(httpInfoFiles\)/95AEC93671A035E7C12577EC003BE9EE/\\$file/CAR+-+Dec+2010.pdf](http://www.internal-displacement.org/8025708F004BE3B1/(httpInfoFiles)/95AEC93671A035E7C12577EC003BE9EE/$file/CAR+-+Dec+2010.pdf), accessed 15 November 2011.
2. Central African Republic Ministry of Education, 'Annual Education Statistics 2010–2011', Ministry of Education, Bangui, Central African Republic, p.32.
3. Danish Refugee Council, 'Evaluation Mission of the Situation of Children in Community Self-Defense Groups', Danish Refugee Council, Copenhagen, May 2011, p. 3.
4. Central African Institute for Statistics and Socioeconomic Research, 'Multiple Indicator Cluster Surveys – Round 4: Preliminary results', Bangui, Central African Republic, May 2011, p. 2.
5. United Nations Children's Fund, 'Cholera Cases in the Central African Republic: Week 40', UNICEF Central African Republic, Bangui, 12 October 2011.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

In 2011, UNICEF estimated that US\$11,763,000 was needed to fund its humanitarian work in the Central African Republic. As of end October 2011, a total of US\$5,857,564 – or 50 per cent – had been received. UNICEF achieved key results for women and children, including the following: UNICEF's education projects enabled nearly 160,000 children in conflict-affected areas, including 62,000 girls, to newly enrol in primary school (more than the planned figure of 150,000 children). At least 20 schools and 30 health facilities benefited from new boreholes and sanitation facilities that provide access to clean water and sanitation. Child protection projects assisted 100 per cent of a planned goal of 1,000 children associated with armed groups and also reinforced monitoring and reporting mechanisms. To reduce mortality rates for close to 74,000 pregnant women and nearly 320,000 children under 5, UNICEF provided essential drugs for high-impact health and nutrition services. UNICEF also administered polio vaccines, vitamin A supplementation and deworming tablets to 756,000 children under 5 and measles vaccines to about 500,000 children.



UNICEF HUMANITARIAN NEEDS FOR 2012 (in US dollars)

881,000	Nutrition
3,395,000	Health
1,562,000	Water, sanitation and hygiene
2,755,000	Child protection
1,515,000	Education
500,000	HIV and AIDS
410,000	Cluster coordination
\$11,018,000	TOTAL



Chad

CHILDREN AND WOMEN IN CRISIS

Hunger, displacement and disease mark the lives of millions in Chad. More than 100,000 children under 5 suffer from malnutrition, with 1 out of every 10,000 dying daily.¹ Droughts, floods and pests in 2011, as well as repercussions of the 2009–2010 drought, have heightened food insecurity for people, especially for about 1.3 million in the Sahel strip. In eastern and southern Chad, nearly 350,000 Sudanese and Central African Republic refugees depend on humanitarian efforts. Roughly 180,000 fled conflict in eastern Chad, but only about 56,000 returned to destroyed villages, without access to social and health services. More than 111,000 displaced women and children still depend on humanitarian assistance at resettlement sites.²

About 65 per cent of returnees and internally displaced persons are children at risk of trafficking, economic exploitation and recruitment from armed forces. Women also face exploitation and violence. In eastern Chad, many areas remain afflicted by mines, unexploded ordnance and abandoned munitions. Lack of sanitation and immunizations have caused epidemics – cholera (17,217), measles (7,647), meningitis (5,865) and polio (119, all children under 5) – potentially affecting more than 2.2 million children under 5.³ Conflict and the vulnerability of the educational system (lack of infrastructure, materials and qualified teachers) countrywide still affects access to quality education and outcomes for the most marginalized children in Chad.

MEETING URGENT NEEDS IN 2012

UNICEF, as cluster lead in nutrition, WASH and education, will work with the Government of Chad and international agencies to improve the lives of 2 million vulnerable people, including marginalized nomads in the Sahel belt (440,000 women, 660,000 girls and 640,000 boys). As sub-cluster lead in child protection, UNICEF will continue to increase awareness of gender-based violence for 90,000 children, women and men, including local authorities, religious leaders, members of youth clubs, judiciary and security.

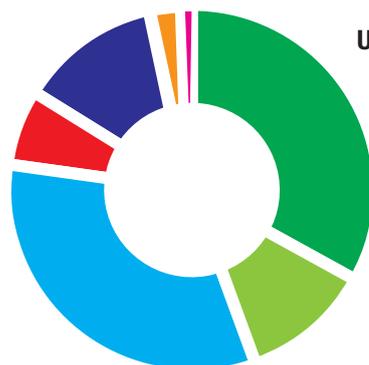
- UNICEF will increase routine immunizations for polio, meningitis, measles and tetanus; provide deworming tablets, vitamin A supplementation and insecticide-treated mosquito nets; and improve prenatal care and obstetric services for approximately 500,000 refugees, internally displaced persons and people in host communities.
- Approximately 100,000 malnourished children in the Sahel belt will be treated through community-based management of services and distribution of Plumpy'doz.
- Access to safe water will be improved for 300,000 people. WASH activities at the school level will protect against health risks and diseases. Provision of potable water and construction of separate latrines will encourage school attendance and retention, mainly for girls. In cholera epicentres (Guerra, Lac, Mayo Kebbi East and West) UNICEF will provide access to potable water.
- Education in the Sahel belt will be ensured for 400,000 pre- and primary schoolchildren among refugees, internally displaced persons, returnees and those living in host communities.
- Psychosocial support and child-friendly activities will be supported for children in eastern Chad, including 12,000 girls and 7,000 boys.
- UNICEF will prevent child military recruitment by training 300 Armée Nationale Tchadienne officers, sensitizing 1,500 members of local child protection committees, training and supporting 20 programme staff, and monitoring visits in military establishments.
- Information on HIV and AIDS prevention, care and treatment will be provided to peer educators in youth centres, and community dialogue to benefit 150,000 people (44,000 boys, 56,000 girls and 16,000 pregnant women).

FUNDING REQUIREMENTS FOR 2012

UNICEF is requesting US\$46,424,000 to continue humanitarian work in Chad. UNICEF has aligned this request with the 2012 Consolidated Appeals Process (CAP) requirements. Inadequate funding will result in loss of the progress achieved in providing access to basic essential services in sites for refugees and internally displaced persons. Lack of adequate resources will also have a negative impact on the morbidity and mortality rates of an estimated 2.2 million children under 5.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the country office website at www.unicef.org/chad.

1. United Nations Children's Fund, 'Preliminary Report Survey: Nutrition and mortality in 11 regions of Chad – From 16 August to 15 September 2011', p. 14.
2. Office of the United Nations High Commissioner for Refugees, 'Estimates of Displaced Persons as of 31 August 2011', UNHCR Chad, Gore, 2011.
3. Government of Chad, 'Integrated Epidemiologic Surveillance Service: Weekly meeting of the national technical committee for the battle against epidemics – Week 45', Chad Ministry of Public Health, N'Djamena, 16 November 2011. UNICEF Chad population estimate with 3.6 per cent annual population growth projections for 2011.



UNICEF HUMANITARIAN NEEDS FOR 2012 (in US dollars)

15,400,000	Nutrition
5,235,000	Health
15,332,000	Water, sanitation and hygiene
3,078,000	Child protection
5,939,000	Education
1,300,000	HIV and AIDS
140,000	Cluster coordination
\$46,424,000	TOTAL

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

As of end October 2011, US\$18,333,375 (40 per cent) of a requested US\$45,639,000 had been received. With this funding, UNICEF treated about 65,000 malnourished children under 5, distributed nutrition supplements to 60,000 children, provided 75,000 children with vitamin A supplements and their families with insecticide-treated mosquito nets, and immunized 90 per cent of infants and pregnant women in refugee and resettlement camps. More than 1,000 teachers for refugees, internally displaced and host community children were trained, and gender-appropriate latrines were installed in 120 primary schools. Some 30,000 youth were educated regarding HIV and AIDS, nearly 6,000 pregnant women were tested for HIV, with almost half of those who tested positive receiving treatment. Survivors of gender-based violence were assisted through listening centres and youth clubs, and psychosocial support was provided to nearly 8,000 children in 32 child-friendly spaces. UNICEF also helped 15,000 children in eastern Chad obtain birth certificates, instructed about 11,000 people in mine risk and unexploded ordnance, reunited 165 children who had been in the military in N'Djamena with family, and provided independent housing and re-entry into the workforce for 13 per cent of those children.



Côte d'Ivoire

CHILDREN AND WOMEN IN CRISIS

The violence and unrest following the November 2010 presidential elections in Côte d'Ivoire left 3,000 dead¹ and displaced almost 1 million people.² An estimated 500,000 people have returned home but struggle to reclaim their lives in areas where the infrastructure crumbled in the upheaval.³ The crisis weakened not only the country's infrastructure, but also its educational system, community and institutional child protection mechanisms. In addition, the overall health of an already vulnerable population suffered when outbreaks of polio and measles spread throughout the country, as access to health facilities was drastically reduced and essential drug supplies dwindled. More than 194,000 people, of whom 25,000 are in internally displaced person sites and camps, remain displaced;⁴ an additional 187,000 Ivorian refugees are in neighbouring countries, including 159,000 in Liberia.⁵ Among those at highest risk are the 440,000 people living with HIV in Côte d'Ivoire, including more than 50,000 children and some 22,000 women who are pregnant and HIV-positive.⁶

MEETING URGENT NEEDS IN 2012

UNICEF is the lead agency for the WASH, education and nutrition clusters, as well as for the child protection sub-cluster. In 2012, UNICEF, in partnership with the Government of Côte d'Ivoire and other international agencies, will assist 8 million people.

- UNICEF will target the overall health of 7 million children under 5 by focusing on high-impact interventions, including polio and measles campaigns, vitamin A supplementation and deworming.
- UNICEF will support the treatment of 12,000 children suffering from severe acute malnutrition at 20 inpatient and 200 outpatient centres and will promote healthy infant and young child feeding practices to about 100,000 caregivers.
- In order to reduce rates of diarrhoea, UNICEF will restore rural water supply services to benefit 200,000 internally displaced persons by strengthening management of water schemes and hygiene promotion. In total, 400,000 persons will benefit from sanitation promotion and community-based interventions, which will be combined with undernutrition interventions. The cholera containment and prevention programme will aim to reach 1 million people in Abidjan and in high-risk areas.
- UNICEF will support 20 temporary learning spaces at resettlement sites and formal schools through the provision of emergency education supplies and teacher training. UNICEF will rehabilitate and provide school supplies to at least 50 schools and support teachers in crisis-affected areas.
- UNICEF will strengthen identification, documentation, tracing and reunification systems with the inter-agency child protection information management system for more than 2,000 separated families, as well as strengthen psychosocial assistance for at least 30,000 children affected by the conflict. Child protection action networks will be strengthened for prevention of violence against children and for assistance to at least 1,500 child victims of violence and abuse.
- UNICEF will train and strengthen capacity building of community-based organizations to provide prevention and care services, including management of common illnesses at community level, active HIV screening among pregnant women, observance of drugs intake, and life-skills education on HIV and reproductive health, benefiting 500,000 adolescents and 500,000 women.

FUNDING REQUIREMENTS FOR 2012

UNICEF is requesting US\$26,929,000 to continue its humanitarian work in Côte d'Ivoire. A shortfall in funding is likely to result in failure to respond effectively to the urgent needs of the country's women and children, who are in a transitional phase after the post-election unrest.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the country office website at www.unicef.org/cotedivoire.

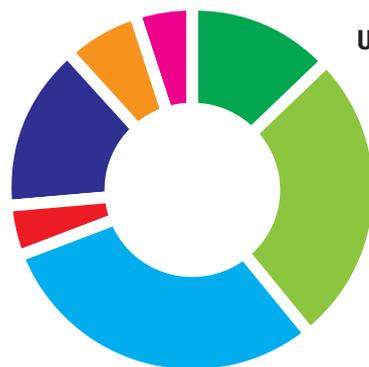
1. United Nations, Twenty-eighth Report of the Secretary-General on the United Nations Operation in Côte d'Ivoire – S/2011/387, United Nations, New York, 24 June 2011, p. 9.
2. Office of the United Nations High Commissioner for Refugees, 'A New Displacement Crisis in West Africa', available at www.unhcr.org/pages/4d831f586.html.
3. OXFAM, Danish Refugee Council, CARE, 'Towards Durable Solutions for Displaced Ivoirians: Joint Briefing Paper', 11 October 2011, p. 5.
4. United Nations Office for the Coordination of Humanitarian Affairs, 'European tour to raise funds for humanitarian action in Côte d'Ivoire', press release, OCHA, Geneva/Abidjan/New York, 19 October 2011.
5. Office of the United Nations High Commissioner for Refugees, Côte d'Ivoire Situation Update No. 35', UNHCR, Geneva, 10 October 2011, p. 3.
6. Secretariat, National AIDS Control Council, 'National Report UNGASS, 2010 Côte d'Ivoire: January 2008 – December 2009', National AIDS Control Council, Abidjan, March 2010, p. 13.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

UNICEF had received half of the requested funding of US\$22,383,121 as of end October, which enabled the improvement of the prospects of women and children, as seen in some key results.

In response to the polio and measles outbreaks, UNICEF reached all 7 million children under 5 with polio vaccinations during immunization campaigns, and all 467,000 children 6 months – 5 years old with measles vaccinations in 13 affected districts. Of 13,000 children treated for severe acute malnutrition, 78 per cent fully recovered. At least 6.5 million children benefited from deworming and vitamin A supplements. Additionally, 7 million insecticide-treated mosquito nets were distributed.

UNICEF also improved conditions of the conflict-affected population through the construction of emergency toilets and showers, which benefited more than 500,000 people. In addition, 530,000 internally displaced persons and returnees gained access to safe drinking water. At least 39,000 students were integrated into formal schools, and more than 20,000 children participated in education activities in temporary learning spaces. Ninety-seven per cent of schools reopened after the crisis, and 55 recreational and child-friendly spaces were established to provide psychosocial support to more than 10,400 children. UNICEF promoted essential family practices (exclusive breastfeeding, handwashing with soap, the use of insecticide-treated mosquito nets and the use of oral rehydration solution for diarrhea) to 8 million people as part of an accelerated child survival and development strategy.



UNICEF HUMANITARIAN NEEDS FOR 2012 (in US dollars)

- 3,200,000 Nutrition
- 6,527,000 Health
- 7,500,000 Water, sanitation and hygiene
- 3,152,000 Child protection
- 3,700,000 Education
- 1,650,000 HIV and AIDS
- 1,200,000 Cluster coordination
- \$26,929,000 TOTAL**



Democratic Republic of the Congo

CHILDREN AND WOMEN IN CRISIS

Ongoing conflict in the east and northeast – along with dysfunctional or non-existent social services and infrastructure throughout the country – make the Democratic Republic of the Congo home to one of the world's worst humanitarian emergencies. The displaced population as of June 2011 is estimated to be at least 1.6 million, more than half of them children. In addition, there are about 800,000 returnees and 120,000 host families.¹ In 2011, attacks by both armed groups and armed forces – which used mass sexual violence – continued, while hundreds of children have escaped armed groups. Since 2010, measles outbreaks have been prevalent. If preventive campaigns are not implemented in time, 11 million children in the four provinces of Bandundu, Bas Congo, Kinshasa and North Kivu will be at high risk.² Cholera has also broken out in new areas and is quickly spreading along the Congo River, with 16,680 cases and 482 deaths as of 20 October 2011.³ Many children have not been able to access education or have had their education disrupted; there is a lack of flexible, appropriate education options, especially for young children and adolescents in such a precarious environment. Estimates indicate that 7.6 million children are out of school, with 34 per cent of them in conflict-affected areas.⁴ Security issues and lack of physical access to communities in need make delivering humanitarian aid extremely challenging.

MEETING URGENT NEEDS IN 2012

As lead agency for the nutrition, education, WASH, child protection, emergency shelter and non-food items clusters, UNICEF will work with the Government of the Democratic Republic of the Congo, other UN agencies and NGOs to meet the following needs:

- Shelter materials and emergency education, as well as basic WASH assistance will be provided to an estimated 1.2 million displaced returnees and people in host communities within the Rapid Response to Movements of Population Programme.
- Some 54,000 families will be assisted with non-food items and shelter in conflict- and disaster-affected provinces outside the eastern conflict-affected zones.
- Supplies and assistance will be given to treat some 154,000 undernourished children. Measles vaccines will be provided for 11 million children 6 months to 15 years old; and deworming treatment and/or vitamin A supplementation will be given to 14 million children. About 30,000 people will receive treatment for cholera.
- Access to water and sanitation facilities will be provided for more than 677,000 people, an estimated 39 per cent of the country's displaced population. Around 208,000 people in cholera-prone communities will benefit from WASH programmes.
- An estimated 275,000 vulnerable and crisis-affected children will receive quality formal and non-formal education, including professional training and socio-economic insertion. Training will be provided for 5,000 teachers and educators.
- Approximately 3,000 children formerly associated with armed groups will be reintegrated into the community; 2,000 unaccompanied children will be identified and reunited with their families, and child-friendly protective spaces will be created for close to 50,000 displaced and returnee children.
- Interventions, medical kits, basic health and treatment will be provided for an estimated 15,000 survivors of sexual and gender-based violence in conflict and displacement zones. Psychosocial care will be provided for 20,000 people.

FUNDING REQUIREMENTS FOR 2012

UNICEF is requesting US\$143,900,000 to carry out its planned humanitarian activities in the Democratic Republic of the Congo. This request is aligned with the 2012 Humanitarian Action Plan (HAP). Immediate and full funding is necessary to support the protection and recovery of women and children.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the country office website at <http://www.unicef.org/drcongo/french>.

1. Democratic Republic of the Congo Humanitarian Action Plan 2012, forthcoming, and UNICEF child population estimate.
 2. UNICEF estimate of child population of children 6 months to 15 years old in four provinces.
 3. Democratic Republic of the Congo Ministry of Public Health 'Epidemiological situation of Cholera in the Democratic Republic of the Congo Bulletin', Ministry of Public Health, Kinshasa, 20 October 2011, p. 1.
 4. 'Multiple Indicator Cluster Survey – 2010' September 2010.
 5. Rapid Response to Movements of Population is a multi-sectoral programme providing emergency humanitarian assistance in non-food items/shelter, WASH and education to conflict- or disaster-affected populations (approximately 1.7 million beneficiaries per year) in eastern Democratic Republic of the Congo (Bas and Haut Uele, Ituri, North and South Kivu).

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

In 2011, UNICEF requested US\$123,070,000 for its work in the Democratic Republic of the Congo. As of end October 2011, US\$62,618,453 (51 per cent) had been received. UNICEF's Rapid Response to Movements of Population assessed the needs of 1.8 million people, provided essential household items and shelter materials to more than 65,000 families, and provided access to water and sanitation to more than 200,000 conflict-affected persons in eastern Democratic Republic of the Congo. Therapeutic feeding supplies were given to more than 95,000 children with severe acute malnutrition. UNICEF responded to a measles outbreak in five provinces by vaccinating more than 5.6 million children 6 months to 15 years old; some 16,000 cholera cases were also treated. More than 630,000 people affected by cholera and displacement (against the programmatic goal of 826,000) improved their hygiene knowledge and gained access to safe water and sanitation facilities.

During the first three quarters of the year, more than 15,000 survivors of sexual and gender-based violence (50 per cent children) were provided with services. Some 71,000 displaced and returnee children accessed the protective environment of child-friendly spaces, and 4,500 children who escaped armed groups were given temporary care. More than 26,000 children received improved access to education and psychosocial services.



UNICEF HUMANITARIAN NEEDS FOR 2012 (in US dollars)

28,700,000	Nutrition
16,500,000	Health
19,000,000	Water, sanitation and hygiene
12,000,000	Child protection
34,500,000	Education
3,200,000	Cluster coordination
26,000,000	Rapid Response to Movements of Population ⁵
4,000,000	Non-food items/shelter
\$143,900,000	TOTAL



Liberia

CHILDREN AND WOMEN IN CRISIS

In 2011, Liberian communities bordering Côte d'Ivoire hosted an influx of refugees fleeing the post-Ivorian election violence. Children and women represent 80 per cent of the more than 176,000 refugees who now reside in camps and host communities, where an estimated 241,000 Liberians have welcomed them during the past year.¹ While attempts have been made to ensure that refugees move towards the camps and designated host communities for security and access to services, a majority of the refugees still remain dispersed along the border. The critical need of refugee locations for essential services has been hampered by lack of adequate funding through the 2011 Liberia Emergency Humanitarian Action Plan. As a result, children and women are at risk of undernutrition, diarrhoeal and infectious diseases, HIV and AIDS, lack of social protection and disruption of education.

While the refugee population is expected to stabilize in 2012, a well-informed, intentional response will be necessary in order to adequately support refugees as well as vulnerable Liberian host communities affected by the crisis.

MEETING URGENT NEEDS IN 2012

UNICEF leads the WASH and nutrition sectors and the child protection sub-sector. In addition, UNICEF is co-lead of the education sector with Save the Children and supports the health and HIV and AIDS coordination and response mechanisms. In 2012, UNICEF will continue to scale up its response not only to the needs of the refugee children and women, but also those in the host communities.

- UNICEF will treat an expected caseload of 4,000 children under 5 with severe acute malnutrition and provide more than 4,000 moderately malnourished children under 5 with high-energy and micronutrient foods, as well as promote optimal infant and young child feeding practices for 32,000 children.
- UNICEF will continue to support the host and refugee populations through county health teams and NGOs by providing technical health assistance and supplies, ambulances and social mobilization, benefiting approximately 191,000 children and women.
- UNICEF will provide at least 85,000 refugees and 100,000 Liberians with safe, clean and accessible water and sanitation, and will also actively promote healthy hygiene behaviours within targeted host communities and schools.
- Child protection efforts will ensure that children separated from their families are cared for while family tracing takes place by giving nearly 32,000 Ivorian refugee and Liberian host community at-risk children access to psychosocial activities and areas that promote attachment, stability and resilience.
- UNICEF will continue to work closely with the Ministry of Education and partners to ensure the provision of relevant and quality pre-primary and primary education for 80,000 Ivorian and Liberian children. The programme will also focus on the delivery of life skills, vocational skills and HIV and AIDS-related education for up to 20,000 Ivorian and Liberian adolescents.
- The HIV and AIDS programme will provide 80,000 children, young people and women with information, and more than 4,000 HIV-positive women and children will have access to treatment and care.

FUNDING REQUIREMENTS FOR 2012

UNICEF requests US\$25,929,000 for an ongoing, multifaceted response to vulnerable communities, including those affected by the refugee crisis. UNICEF requires adequate funding for its focused interventions to the vulnerable women and children living in these locations.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012.

1. Office of the United Nations High Commissioner for Refugees Web portal, <http://info.unhcr.org/lr.locsis>, accessed 19 October 2011, and 'UNHCR Field Situation Report', Zwedru, Liberia, 14-21 August, 2011, p. 2.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

UNICEF Liberia had received US\$12,499,236, or 42 per cent, of the requested US\$29,998,993 for its programmes in Liberia as of end October 2011. While this funding enabled UNICEF to provide essential services to more than 100,000 people in some 100 communities and 6 refugee camps, gaps still remain in the delivery of services.

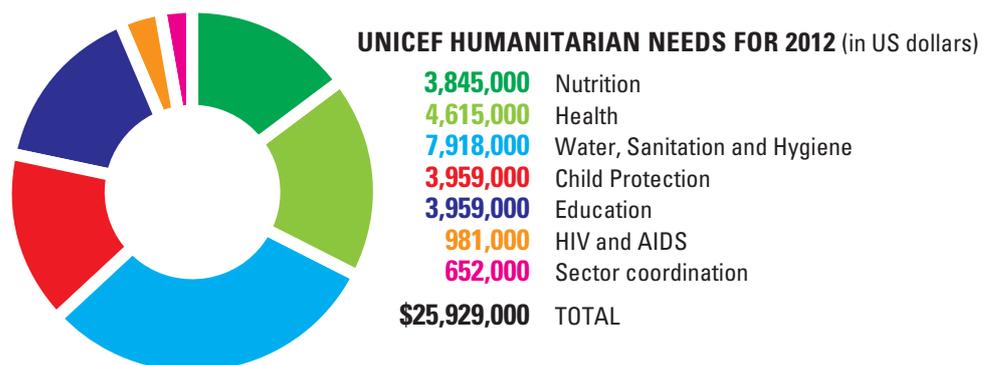
Sectoral coordination structures for WASH, nutrition, education and child protection were established in 4 counties with support from more than 13 donors.

The WASH programme expanded its coverage of essential water and sanitation services in all locations, focusing on the delivery of safe drinking water, soap and water containers, as well as the construction of latrines in affected communities, benefiting more than 102,000 people of the 185,000 targeted.

More than 44,000 children were screened for undernutrition, of which 2,500 were treated for severe malnutrition and 3,400 for moderate malnutrition.

Family based care and tracing services were provided to more than 1,400 children found to be unaccompanied or separated from their parents or guardians.

UNICEF was able to reach slightly more than 10,000 children of the targeted 20,000 in the provision of child-friendly places. More than 40,000 Ivorian and Liberian children (out of the 96,000 targeted) benefited from continued education in crisis-affected areas.





Niger

CHILDREN AND WOMEN IN CRISIS

Insufficient rainfall and pest infestations of crops leading up to the 2011–2012 harvest season have raised concerns of food shortages that would put poor households in the Niger at greater risk for food insecurity and further compromise the nutritional status of children in the country. According to 2011 survey data, one out of two children under 5 suffers from chronic malnutrition, and one out of five children 6–23 months old suffers from acute malnutrition.¹ Every year during the rainy season, populations are affected by floods, in particular in regions bordering the Niger River. The spread of communicable diseases in the region remains a concern, as two cases of polio were confirmed in the Niger in 2011. Additionally, 2,126 cases of cholera and 10,510 cases of measles were recorded as of October 2011.² Besides increased arms trafficking in the north of the country resulting from the war in Libya, an estimated 220,000 migrants returning to the Niger,³ in particular from Libya, have contributed to increased economic, humanitarian and security-related threats.

MEETING URGENT NEEDS IN 2012

As cluster lead in nutrition, WASH and child protection, UNICEF will coordinate activities among partners to mitigate the impact of natural disasters and epidemics by responding to the humanitarian needs of women and children. UNICEF will also help to increase the resilience of the poorest households against undernutrition and disease through prevention activities such as vaccination and hygiene sensitization.

- UNICEF will treat more than 330,000 children 6–59 months old (146,000 girls and 184,000 boys) suffering from severe acute malnutrition through community-based management of acute malnutrition.
- In partnership with the World Food Programme, UNICEF will contribute to mitigate the negative impact of food insecurity on young children in areas most affected by food insecurity through blanket-feeding operations. To increase the effectiveness of blanket feeding, cash grant distribution will be provided to women with at least one child under 2.
- In coordination with the Ministry of Health and its partners within the health cluster, UNICEF will reach more than 3.2 million children under 5 in order to reduce child mortality resulting from polio, measles, meningitis, malaria and cholera.
- UNICEF will reduce the risk of waterborne diseases by providing safe drinking water and sanitation facilities to 140,000 victims of floods or cholera.
- UNICEF will ensure that 8,000 women and children receive gender-sensitive psychosocial support, reintegration services and legal assistance. Community sensitization and capacity building of humanitarian workers will be improved in areas affected by emergencies.
- UNICEF will train 15 youth groups in disaster risk reduction to engage with 20 vulnerable communities in flood-prone areas. Together with partners, UNICEF will support risk reduction activities prioritized by the communities and youth.

FUNDING REQUIREMENTS FOR 2012

UNICEF Niger is requesting US\$30,025,000 to carry out its planned activities in 2012. UNICEF has aligned this amount with the Consolidated Appeals Process (CAP) requirements. Failure to meet this funding target will deteriorate the well-being of tens of thousands of children affected by severe acute malnutrition and communicable diseases.

More information humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the country office website at www.unicef.org/niger.

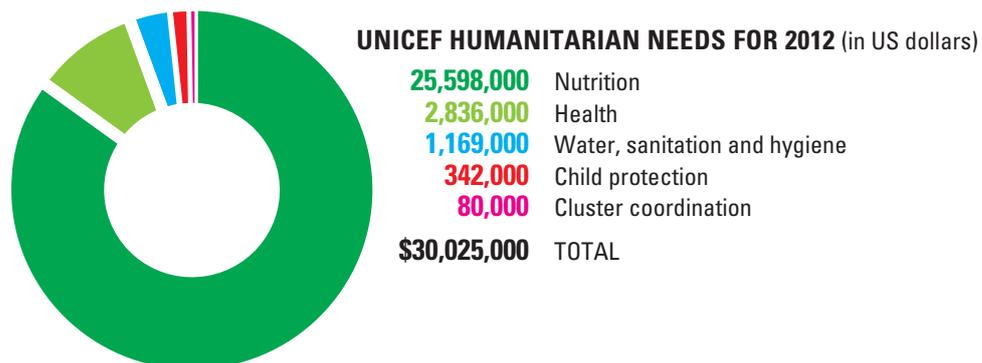
1. National Institute of Statistics, National Nutrition Survey, June 2011.
 2. Integrated Epidemiologic Surveillance database, National Health Information System, October 2011.
 3. Information Note on migrants from Libya and the Ivory Coast, National Early Warning System Coordination cell, October 2011.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

As of end of October 2011, UNICEF had received US\$16,273,812 – or 44 per cent of the requested US\$37,062,000 – for programmes in the Niger. UNICEF treated more than 224,000 children 6–59 months old for severe acute malnutrition, exceeding the expected 200,000 children. In collaboration with the World Food Programme and the Government of the Niger, UNICEF reached nearly 335,000 children and 64,000 breastfeeding women through blanket feeding operations. A cash transfer programme benefiting close to 21,000 highly vulnerable households during the hunger season was implemented in partnership with Save the Children.

As of October 2011, 632,000 cases of malaria among children under 5 were treated, while 733,641 children were vaccinated against meningitis. Another 500,000 children were immunized against measles and 57 children were treated for cholera.

When more than 220,000 people entered the Niger in 2011 fleeing armed conflicts in Libya and Côte d'Ivoire, UNICEF provided counseling and psychosocial services to close to 1,500 Nigeriens in the International Organization for Migration-managed transit centre of Dirkou and improved water and sanitation facilities for 1,000 people. The UNICEF-supported centre of Agadez sheltered and assisted 144 women and children, including 15 separated children.



2012 UNICEF HUMANITARIAN ACTION FOR CHILDREN

Middle East and North Africa

DJIBOUTI • IRAQI REFUGEES IN EGYPT, JORDAN, LEBANON AND THE SYRIAN ARAB REPUBLIC • OCCUPIED PALESTINIAN TERRITORY • SUDAN • YEMEN



Middle East and North Africa

CHILDREN AND WOMEN IN CRISIS

The Middle East and North Africa region has long been marked by political instability, human rights crises and protracted humanitarian emergencies. During 2011, the region witnessed a series of historical transformations – popularized as the ‘Arab Spring’ – ignited by a multitude of root causes, including wide-ranging social inequities and perceptions of inadequate governance. This was aggravated by corruption and constrained political representation, and by record levels of unemployment, soaring food and fuel prices, severe water scarcity and a volatile political and security context.

Tunisia provided the flash point in December 2010–January 2011 with an unprecedented wave of socio-political change that spread to Egypt, Libya, the Syrian Arab Republic and Yemen. Egypt and Tunisia experienced refugee crises along their borders following the forced displacement of 930,000 civilians in Libya.¹ Children throughout the region were exposed either directly or indirectly to scenes of violence.

In the wake of similarly widespread popular contestation, political deadlock and escalating violence in Yemen have contributed to a further deterioration in humanitarian conditions in-country. The disintegration of basic services, regional drought, alarming rates of undernutrition and a lack of state authority to address these challenges are compounding issues for an already weakened population. Yemen remains at risk of slipping into a full-blown subregional humanitarian crisis should the current political crisis remain unresolved.

While not directly impacted by the ‘Arab Spring’, the situation for children in the Sudan remains of extreme concern. In July 2011, South Sudan seceded from the Sudan, relatively peacefully. In the final months of 2011, however, protracted crises in the Sudan continued to severely impact children’s rights to life and access to essential services, while significantly hampering humanitarian access and UNICEF outreach for children in need in Abyei, the Blue Nile, Darfur and South Kordofan. More specifically, the ‘border states’ of Abyei, the Blue Nile and South Kordofan have been characterized by forced displacement of civilians and severe interruptions to the delivery of humanitarian aid. Meanwhile, severe malnutrition grew increasingly worse in the Sudan: acute malnutrition levels, at 16.4 percent, are above the internationally accepted emergency threshold of 15 per cent, with 5.3 per cent of these children suffering from severe acute malnutrition.²

Throughout the region, large numbers of internally displaced people (estimated in the millions) continue to be highly vulnerable and in need of urgent humanitarian assistance, due to protracted conflicts, combined with natural hazards, climate change, rapidly expanding urbanization, and fast water-table resource depletion. Drought and famine continue to threaten lives across the Horn of Africa, causing high levels of undernutrition and food insecurity in Djibouti.

The impact of the ongoing global financial crisis combined with protracted emergencies in Djibouti, the Occupied Palestinian Territory, the Sudan and Yemen, and the extremely fragile situations of Lebanon, Libya and the Syrian Arab Republic require sustained and consistent humanitarian funding in order to meet the critical needs of women and children in 2012.

MEETING URGENT NEEDS IN 2012

UNICEF plans to strengthen disaster risk reduction and crisis preparedness in the Middle East and North Africa by helping country offices with technical assistance and resource mobilization. The regional office will continue to provide surge capacity, leadership and oversight to support UNICEF efforts in countries in crisis, in line with inter-agency cluster coordination mechanisms to meet UNICEF’s commitments as cluster lead in the areas of WASH, nutrition, education and child protection.

- National and regional disaster preparedness systems/infrastructure will be supported with the creation of a regional training hub/centre on emergency preparedness and response. The centre will aim to provide capacity building specifically for government partners at senior levels and other humanitarian stakeholders with emergency preparedness and response training programmes and risk reduction policy development.
- The regional office will continue its efforts towards strengthening and expanding disaster reduction initiatives in support of national ministry partners throughout the region, with a specific focus on the education and WASH sector.
- The regional office will initiate phase 2 of the establishment of a subregional supply procurement capacity by pre-positioning life-saving supplies for some 50,000 people in Iraq, Jordan, Lebanon, the Occupied Palestinian Territory and the Syrian Arab Republic.

1. ‘Update on UNHCR’s Operations in the Middle East and North Africa (MENA) – 2011’, Executive Committee of the High Commissioner’s Programme: Sixty-second session, UNHCR, Geneva, 3–7 October 2011, p. 1.
2. ‘Sudan Household Survey, 2010’, analysed using World Health Organization Growth Standards.



During 2011, historical political transformation in the region was ignited by a multitude of root causes, including wide-ranging social inequities and perceptions of inadequate governance. Children and women felt the adverse effects of record levels of unemployment, soaring food and fuel prices, severe water scarcity and the volatile political and security context.

MIDDLE EAST AND NORTH AFRICA



FUNDING REQUIREMENTS FOR 2012

UNICEF requests US\$1,600,000 to continue its work pre-empting risks to women and children in the region. It is important to note that UNICEF, together with the wider UN system, is facing great challenges in the Middle East and North Africa with the multitude of protracted and new humanitarian crises occurring at a time of declining financial resources. Therefore, full funding is critical.

More information on humanitarian action planned in 2012 can be found at www.unicef.org/hac2012.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

UNICEF had received US\$700,394 (28 per cent) of the requested US\$2,540,000 as of end October 2011 for its humanitarian work in the region. An additional US\$10,351,965 was received in response to the Libya flash appeal requesting US\$20,540,000.

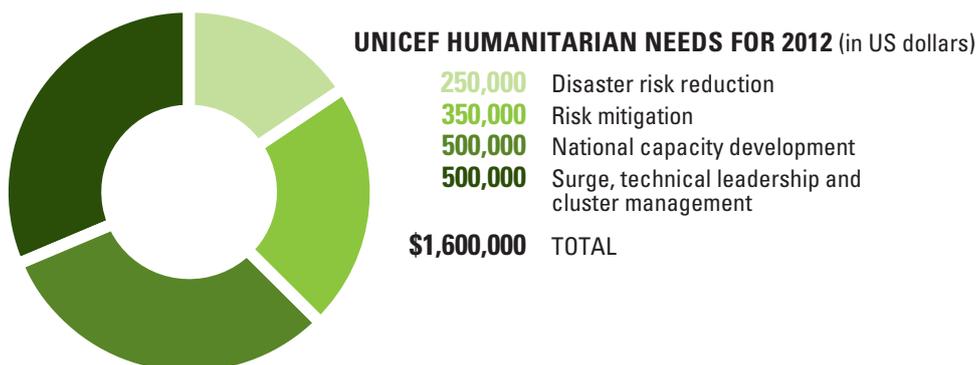
The regional office dispatched emergency and technical staff to Djibouti, Egypt, Libya, the Sudan and Tunisia. The protracted crisis in Libya required the most attention, with oversight and management of finances, surge capacity and programmatic support.

The regional office provided leadership to country offices, technical guidance through contingency planning, simulation exercises and strategic reflection leading up to and during the secession of South Sudan from the Sudan.

In Yemen, field mission support and strategic guidance was provided from the beginning of the Saada crisis and during the persistent political impasse.

The establishment of a sub-regional supply procurement capacity progressed significantly, with long-term agreements with suppliers in Jordan, Lebanon and the Syrian Arab Republic to facilitate quick emergency response within the region.

In response to the Horn of Africa nutrition crisis, emergency advisors worked alongside the Eastern and Southern Africa Regional Office and the UNICEF Djibouti team to strengthen communication and the health and nutrition response.





Djibouti

CHILDREN AND WOMEN IN CRISIS

Some 120,000 people living in the northwest, central and south-eastern parts of Djibouti are in dire need of humanitarian assistance, largely due to five consecutive years of drought and six consecutive years of rainfall deficit. The 2011 July–September Karan/Karma rains have been below average in intensity and spatial distribution, and ineffective in regenerating pastures and water points. This situation, coupled with the rise of staple food prices, has drastically deteriorated the coping mechanisms of the most vulnerable women and children. Additionally, Djibouti City faces a critical shortage of water. The country's children and women are vulnerable to food insecurity and extreme undernutrition. There is also an influx of refugees from Ethiopia, Somalia and Yemen, with an estimated 500 refugees arriving every month.¹ There are currently about 17,000 refugees in camps, many among them children, women and elderly often arriving in poor health and nutritional status.² In Djibouti, 210,000 people – including 120,000 people in rural areas, 60,000 people in urban areas and 30,000 refugees – are in need of assistance.³

MEETING URGENT NEEDS IN 2012

UNICEF provides leadership for the nutrition and WASH clusters in Djibouti. UNICEF will continue to work with the Government of Djibouti, other UN agencies, non-governmental organizations and partners in 2012 to respond to the needs of 180,000 people affected by drought and other hardships, especially women and children, out of which 7,500 women, 37,500 girls and 43,500 boys have already been identified as needing immediate assistance. Given current trends, the numbers of women and children needing assistance during the course of the next 12 months are likely to increase.

- Nutrition interventions will target community management of undernutrition in 40 communities and 30 health centres, promote infant and young child feeding practices, provide blanket supplementary feeding and address micronutrient deficiencies. Other activities will assist prevention of malnutrition and transition towards development.
- The health and nutrition surveillance system will be strengthened through the timely collection of comprehensive data for situation monitoring and early warning systems. More than 100,000 children under 5 (at least 95 per cent) will receive high-impact interventions, including polio vaccines, deworming tablets and vitamin A supplementation. An estimated 26,000 pregnant women and children under 5 will receive insecticide-treated mosquito nets for malaria prevention in 16 localities of Djibouti's peri-urban areas and regions.
- An estimated 120,000 people will have access to drinking water through water trucking as well as construction and/or rehabilitation of water points. Hygiene promotion campaigns will educate 80,000 people on improved hygiene behaviours.
- Both basic primary and early childhood development education will be provided for the 3,000 Ethiopian, Somali and Yemen refugee children in the Ali Addeh and Holl Holl refugee camps. UNICEF will support 20 public early child centres to benefit 600 vulnerable children 3 to 5 years old.
- An estimated 700 orphans and vulnerable children will receive care, support and protection through the provision of social services, including conditional cash transfers and vocational training. Establishment of a youth drop-in centre will provide services to an additional 500 children.
- About 42,000 adolescents will be able to better protect themselves from HIV by increased access to essential information provided through community mobilization, capacity building and communication for development.

FUNDING REQUIREMENTS FOR 2012

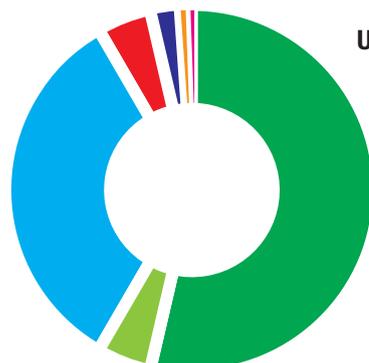
UNICEF is requesting US\$8,390,000 for its 2012 humanitarian work in Djibouti, in order to respond to the increasing needs of the population affected by persistent drought, food insecurity and conflicts in neighbouring countries. Without funding for the key activities described above, the shortfall of food, water and safe housing will continue to threaten the welfare of Djibouti's children and women. This amount is aligned with the 2012 Consolidated Appeals Process (CAP) requirements.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the country office website at www.unicef.org/djibouti.

1. United Nations High Commissioner for Refugees, 'Response to the Somali Displacement Crisis into Ethiopia, Djibouti and Kenya, 2011', UNHCR, Donor Relations and Resource Mobilization Service, Geneva, July 2011, p. 8.
2. U.S. Fund for UNICEF, *Drought in the Horn of Africa: Children in crisis – A proposal*, U.S. Fund for UNICEF, New York, August 2011, p. 7.
3. Global Information and Early Warning System on Food and Agriculture, 'GIEWS Country Brief: Djibouti', Food and Agriculture Organization, Rome, 4 November 2011.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

As of end October 2011, UNICEF had received US\$3,934,765 – or 73 per cent – of the requested US\$5,405,000 for its programmes in Djibouti. This funding enabled UNICEF to achieve key results for women and children. UNICEF supported more than 80 per cent of a total of 6,000 children suffering from severe acute malnutrition, who enrolled in one of 40 health centres and 30 community therapeutic centres. An estimated 96,000 persons in affected areas benefited from rehabilitated drinking-water sources and increased hygiene supplies. UNICEF provided social services that helped to protect and support 700 orphans and other vulnerable children. Furthermore, the conditional cash transfer programme helped to improve the nutritional and educational status of 700 orphans and vulnerable children affected by drought and rising food prices. Among these children, 515 received school kits, access to tutoring and vocational training for out-of-school youth. UNICEF supported 7 early child centres for 300 vulnerable, displaced children 3 to 5 years old. In addition, 200 street children received nutrition in safe, child-friendly spaces equipped with WASH facilities.



UNICEF HUMANITARIAN NEEDS FOR 2012 (in US dollars)

4,500,000	Nutrition
400,000	Health
2,800,000	Water, sanitation and hygiene
400,000	Child protection
200,000	Education
50,000	HIV and AIDS
40,000	Cluster coordination
\$8,390,000	TOTAL



Iraqi refugees in Egypt, Jordan, Lebanon and the Syrian Arab Republic

CHILDREN AND WOMEN IN CRISIS

With a persistent atmosphere of conflict, violence and political discord inside Iraq, more than 1.5 million Iraqis continue to seek refuge in surrounding countries, most notably Egypt, Jordan, Lebanon and the Syrian Arab Republic. According to UNHCR, the Syrian Arab Republic received the largest number of Iraqi refugees (estimated at 1 million by the Government¹) with approximately 113,000 people, including 45,000 children. There are an estimated 34,000 Iraqi refugees in Jordan; 9,300 in Lebanon; and 7,500 in Egypt.² The return of people to their homes is impeded by continuing fears and insecurity, while economic deterioration, a by-product of the current regional instability, presents major financial and social challenges for refugee families in their countries of asylum.

MEETING URGENT NEEDS IN 2012

UNICEF will continue to work with the Governments of Egypt, Jordan, Lebanon and the Syrian Arab Republic, as well as UNHCR, other UN agencies and NGOs to address the needs of vulnerable Iraqi refugees by providing the following interventions:

- In the Syrian Arab Republic, more than 10,000 refugees will receive primary health and nutrition care services; 25,000 Iraqi children will be enrolled in preschool and primary and secondary schools; and 1,000 vulnerable refugees and Syrians from hosting communities will receive vocational training focusing on refugee minors, youth and school dropouts. Another 11,000 Iraqi and vulnerable Syrian children and 600 families will benefit from community-based psychosocial and protection services, and 7,500 Iraqis and Syrian adolescents will benefit from improved adolescent spaces and activities.
- In Jordan, UNICEF will support the Ministry of Education in accommodating Iraqi children in public schools. At the community level, greater emphasis will be placed in providing educational and psychosocial assistance to the most vulnerable groups of Iraqis, including drop-out and out-of-school children, pre-primary school-age children, and children with disabilities. More than 9,000 Iraqi and Jordanian children and their parents will receive assistance through community-based education interventions. Some 3,800 children and their parents and NGO professionals will benefit from psychosocial interventions. UNICEF will continue to co-lead the education sector working group with Save the Children to ensure effective coordination.
- In Lebanon, UNICEF will promote the protective environment within schools and communities for Iraqi refugee children and families. Psychosocial interventions will be provided to 300 Iraqi refugee children and their families. Communities will benefit from outreach activities of 200 services providers in child protection mechanisms. UNICEF will enhance the capacity of 150 teachers and administrators from the Ministry of Education, 50 social development centres and 200 parents to improve the integration of Iraqi refugees in the national school system. In addition, 200 Iraqi children and youth who are dropouts will be supported through vocational training, life-skills activities, recreational activities and assistance for reintegration into the formal educational system. In close coordination with UNHCR, identified cases of at-risk children will be monitored, and advocacy for the integration of Iraqi refugee concerns into the national agenda continued.
- In Egypt, UNICEF will improve access to psychosocial counselling for 1,500 Iraqi children. Capacity building for 25 psychosocial workers will be supported in collaboration with the Psychosocial Training Institute. UNICEF will increase the capacity of 13 primary health centres to operate as healthy baby clinics, and conduct health awareness and screening among Iraqi mothers and 3,000 children.

FUNDING REQUIREMENTS FOR 2012

UNICEF is requesting a total of US\$11,404,000 for its work assisting vulnerable Iraqi women and children in Egypt, Jordan, Lebanon and the Syrian Arab Republic, who require sustained assistance to assure basic living standards and fundamental protection.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012.

1. Office of the United Nations High Commissioner for Refugees, *UNHCR Global Appeal 2012-2013: Iraq*, UNHCR, Geneva, 1 December 2011, p. 154.
 2. Office of the United Nations High Commissioner for Refugees – Regional Data Analysis Group, *Statistical Report on UNHCR Registered Iraqis and Non-Iraqis: Iraq, Egypt, Iran, Jordan, Lebanon, Syria, Turkey, and the GCC countries*, UNHCR, Geneva, 31 October 2011, pp. 5, 7, 9, 11, 13.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

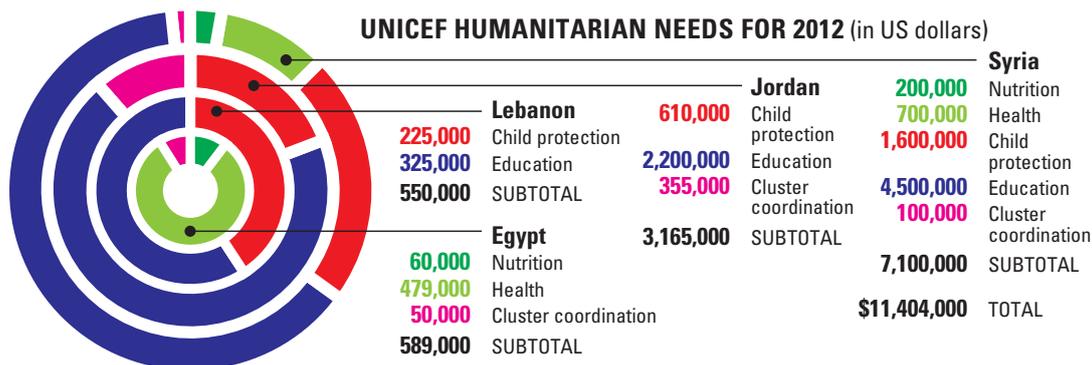
As of October 2011, US\$773,750 (2 per cent) of the US\$40,056,000 requested was received for support to Iraqi refugees.

In Syria, more than 5,000 children benefited from child-friendly spaces, 4,000 education professionals were trained and 60 schools were renovated. Capacity building of health professionals focused on maternal and child health, nutrition and surveillance. National Immunization Days and a localized polio eradication campaign reached more than 90 per cent of children in high-risk areas.

In Jordan, UNICEF successfully advocated for free access to public education and learning materials for Iraqi refugee children. UNICEF supported the Ministry of Education in operating 72 rental schools, 20 double-shifted schools and multi-purpose rooms at 29 schools. Twenty NGOs and community-based organizations provided educational and psychosocial services to 10,000 Iraqi and Jordanian children.

In Lebanon, UNICEF offered psychosocial assistance to 125 cases; support classes to 300 children; vocational training for 25 dropouts; referral of 150 cases to basic social service providers; and training to 100 teachers and social workers in 4 social development centres.

In Egypt, 15 health workers were trained in comprehensive health screening for 3,000 children under 5, in addition to awareness, education and support in nutrition and disease prevention to their mothers. The medical referral system was strengthened for critical cases.





Occupied Palestinian Territory

CHILDREN AND WOMEN IN CRISIS

The protracted conflict and Israeli military occupation continue to take a toll on the children and women in the Occupied Palestinian Territory, resulting in the death of 15 children and the injury of 351 children between January and October 2011.¹ Demolitions of homes, schools and health-care centres continue to cause disruption in services basic to human rights, such as education and health care. Heightened regional tension during the 'Arab Spring', coupled with internal political reconciliation and statehood application have brought about further strain. The Israeli blockade on Gaza has entered its sixth year, with continued serious humanitarian consequences for 1.6 million people, of which more than 50 per cent are under age 18.² Limited access to goods, services and human resources presents a daily challenge for citizens as well as the humanitarian aid community.

MEETING URGENT NEEDS IN 2012

UNICEF leads the WASH cluster, the child protection working group and the Israel/Occupied Palestinian Territory working group on grave violations against children, and co-leads the education cluster in the Occupied Palestinian Territory. UNICEF also contributes to the health, food security and nutrition clusters. Together with the Government of the Occupied Palestinian Territory, other UN agencies and NGOs, UNICEF will provide an effective emergency response to reach 1.8 million children and women (including more than 803,000 children, 240,000 women and 68,000 caregivers) through well-informed, collective and coordinated interventions.

- About 280,000 children and 120,000 women will benefit from mobile clinics, provision of essential drugs and medical commodities. At least 210,000 children and 110,000 women will receive nutritional support through micronutrient supplementation and promotion of exclusive breastfeeding through post-natal home visits. They will benefit from the implementation of the Baby Friendly Hospital Initiative³ in five hospitals (two in the West Bank and three in Gaza).
- Access to safe water and sanitation will be provided to approximately 20,000 children and 10,000 women through water tanks, rehabilitated sanitation facilities and installation of water and sewage pipes.
- As many as 4,800 children will have safe access to education and 12,600 adolescents will benefit from alternate learning opportunities, while nearly 1,500 parents and school staff will have improved capacity to work with adolescents in emergencies.
- Protection and psychosocial support will be provided to about 157,000 children. An estimated 61,000 caregivers will be trained in protection and coping skills, and some 4,000 professionals and volunteers will be mobilized in child protection networks, family centres and child safe spaces.

FUNDING REQUIREMENTS FOR 2012

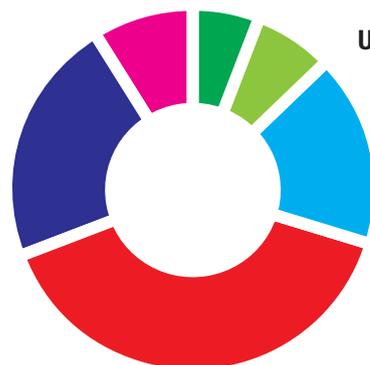
UNICEF requests US\$15,436,000 for its humanitarian work in 2012. UNICEF has aligned the request with the 2012 Consolidated Appeals Process (CAP) requirements. Without the funding, children and women in the Occupied Palestinian Territory will not have basic needs met in terms of clean water, quality education, protection, health and nutrition.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the country office website at www.unicef.org/oPt.

1. United Nations Children's Fund, 'Children Affected by Armed Conflict (CAAC) Bulletin: Israel & the Occupied Palestinian Territory', UNICEF, New York, September 2011, p. 2.
2. United Nations Office for the Coordination of Humanitarian Affairs, 'Occupied Palestinian Territory: Humanitarian situation in the Gaza Strip', OCHA, East Jerusalem, July 2011, p. 1.
3. United Nations Children's Fund, 'The Baby-Friendly Hospital Initiative'. UNICEF, New York, www.unicef.org/nutrition/index_24806.html.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

In 2011, UNICEF estimated that US\$18,295,000 was needed to fund its humanitarian work in the Occupied Palestinian Territory. As of end October 2011, a total of US\$11,274,979 (62 per cent) had been received. UNICEF used these funds to counsel about 18,000 mothers on exclusive breastfeeding, and to provide micronutrient supplementation for 210,000 children and 105,000 pregnant or breastfeeding women. UNICEF also supplied access to safe drinking water for 51,000 people (out of a planned figure of 207,000), improved sanitation through emergency repairs of water and sewage networks, and rehabilitated WASH facilities in 39 schools to benefit 23,000 children and about 800 teachers. Improved access to basic education benefited nearly 14,000 children. Access to alternative learning opportunities was provided for close to 19,000 adolescents at risk of dropping out of school, more than the planned goal of 13,500. Protection and psychosocial services, including group and individual counseling, helped 16,000 girls and boys and more than 4,000 caregivers; emergency and individual counseling benefited about 660 children; and 400 professionals and volunteers received improved knowledge and skills to better support children and caregivers' resilience and coping mechanisms.



UNICEF HUMANITARIAN NEEDS FOR 2012 (in US dollars)

907,000	Nutrition
1,068,000	Health
2,630,000	Water, sanitation and hygiene
6,076,000	Child protection
3,425,000	Education
1,330,000	Cluster coordination
\$15,436,000	TOTAL



Republic of Sudan

CHILDREN AND WOMEN IN CRISIS

The Republic of Sudan experienced an outbreak of armed conflict in the border areas in 2011, as well as a lack of humanitarian access in the wake of the Republic of South Sudan's secession in July. Violence and insecurity, particularly in Abyei, the Blue Nile and South Kordofan, severely affected or displaced more than an estimated 440,000 people¹ – most of them women and children – and is but one example of the urgent need for intervention. In the three Darfur states where 1.9 million people remain displaced in camps,² inadequate humanitarian access due to insecurity, weak physical infrastructure and the sharp decline in funding levels has been a significant challenge.

The nutrition situation in Sudan is characterized by chronically high levels of acute malnutrition, a trend confirmed by the Sudan Household Survey 2010, which showed a prevalence of global acute malnutrition of 16.4 per cent and severe acute malnutrition of 5.3 per cent,³ both well above international thresholds for an emergency situation. This translates to more than 300,000 children in Sudan with life-threatening severe wasting at any given time. Meanwhile, diminishing harvests caused by drought and below-average rainfall, as well as the steady increase in food prices throughout the past five years, rising inflation and increased cost of living have exacerbated the existing socio-economic context and is likely to have further negative effects on children and women, particularly in conflict zones.

MEETING URGENT NEEDS IN 2012

In 2012, UNICEF will aim to meet the urgent needs of more than 7 million at-risk children and women in conflict-affected regions, particularly in Darfur and the Three Transitional Areas,⁴ as well as in East Sudan.

- At least 150,000 severely malnourished children will receive ready-to-use therapeutic food.
- Sustained access to essential health services for high-impact preventive and curative interventions, to reduce common childhood illnesses including diarrhoea, malaria, acute respiratory infections and vaccine-preventable diseases, will reach nearly 7 million pregnant women and children under 5.
- Sustained access to WASH services will be provided to at least 4 million people, including 800,000 children.
- Protective services, for 3 million people, including 500,000 women and 2.4 million children, will be improved by providing reintegration and psychosocial support, capacity building, coordination, mine-risk education and supplies.
- More than 400,000 children in the most disadvantaged and difficult-to-reach communities in Darfur, East Sudan and the Three Transitional Areas will have improved access to quality education.
- More than 2 million children, adolescents and women will have access to information on prevention, care and treatment of HIV and AIDS.
- UNICEF will focus on communication and advocacy to facilitate improved mobilization and community readiness in response to emergencies.

FUNDING REQUIREMENTS FOR 2012

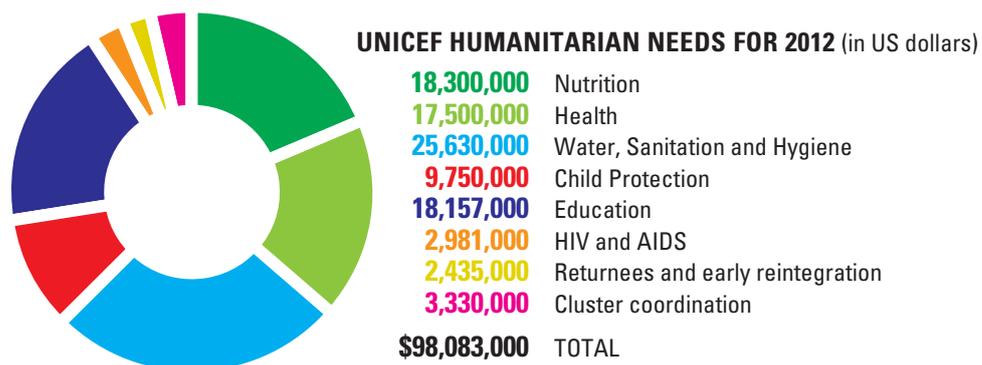
UNICEF is requesting US\$98,083,000 to continue its humanitarian work in Sudan. UNICEF has aligned this request with the Consolidated Appeals Process (CAP) requirements. With the continued disruptions of livelihoods in Darfur, the intensification of localized conflicts and ongoing challenges of HIV, undernutrition, disease outbreaks and food insecurity, funding and support from donors and partners will enable UNICEF to reach more than 7 million children and women throughout Sudan with critical life-saving support.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the country office website at www.unicef.org/sudan.

1. United Nations, 'Sudan Humanitarian Work Plan 2012', forth-coming.
2. United Nations Office for the Coordination of Humanitarian Affairs, 'Sudan: 2011 Humanitarian Snapshot (as of 24 October 2011)', OCHA, New York.
3. 'Sudan Household Survey, 2010', analysed using World Health Organization Growth Standards.
4. The Three Transitional Areas, which include Abyei, Blue Nile State and Southern Kordofan State, were afforded special status under the Comprehensive Peace Agreement.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

In 2011, UNICEF estimated that US\$131,068,300 was needed for its humanitarian work in Sudan. As of end October 2011, US\$40,067,906 (31 per cent) had been received. UNICEF expanded coverage for the treatment for severe acute malnutrition, treating 25,000 children in the first half of 2011. Increased access to primary health-care services benefited at least 6 million people, the majority of whom were children. More than 4 million people were provided emergency WASH services in camps for internally displaced persons, host communities, schools and health centres in Darfur, East Sudan and the Three Transitional Areas. More than 1,000 children associated with armed forces were released and reintegrated; and psychosocial support was provided to more than 70,000 conflict-affected children. Access and quality of education improved for 340,000 children (more than the programmatic goal of 300,000) in the most disadvantaged and difficult-to-reach communities of Darfur, East Sudan and the Three Transitional Areas. Non-food items, such as blankets, sleeping mats, etc., were given to more than 1.4 million displaced people. More than 250,000 people among the returning and resettling population in Khartoum's newly urbanized centre, as well as at Kosti Transit Centre, were reached with communication and advocacy.





Yemen

CHILDREN AND WOMEN IN CRISIS

The civil unrest that began in February 2011 exacerbated pre-existing political and tribal tensions, heightening levels of violence in the main cities and towns of Yemen. This added new sources of instability to an already volatile and impoverished country that has very high levels of undernutrition among children and, increasingly, among pregnant women. The total number of displaced people in the northern, southern and central governorates reached 420,000 people, of whom about 80,000 are children under 5 and another 80,000 are pregnant or breastfeeding women in the emergency sites alone.¹ A lack of safe water resulted in increased outbreaks of waterborne diseases, such as cholera and acute watery diarrhoea.

The unrest led to disrupted education and return to school has been hindered for more than 280,000 children, as their schools are inaccessible, occupied by armies or hosting internally displaced persons.² The recruitment of children by anti- and pro-government militia in the north and by both government formal forces³ and other armed groups in other parts of the country is increasingly a concern. The unrest has also impacted the psychosocial well-being of children and has increased child labour, child trafficking, and the likelihood of forced early marriage for girls as an economic coping mechanism.⁴

Security, political instability and conflict are major constraints to programme implementation that are partially being overcome through remote programming, strengthening local capacity and expanding partnerships with NGOs.

MEETING URGENT NEEDS IN 2012

UNICEF will provide leadership and coordinate the education, nutrition and WASH clusters and the child protection sub-cluster, as well as participate actively in the health cluster to achieve the following results:

- UNICEF will assist community- and facility- level screening, management and treatment of some 105,000 severe acute malnutrition cases, and will provide micronutrient supplements to 1.1 million pregnant or breastfeeding women and children under 5. The availability of supplies such as ready-to-use therapeutic foods, related medicines and micronutrients, in addition to anthropometric equipment, will be provided in all governorates, targeting two health facilities per district.
- Pre-emptive vaccination campaigns and comprehensive outreach services for 1.3 million children under 5 and 325,000 pregnant or breastfeeding women will be provided.
- UNICEF will provide, through formal and non-formal education, an environment conducive to learning for 700,000 of the 1 million children at risk of education disruption.
- More than 240,000 vulnerable and affected people, half of whom are children, in north, central and south Yemen will be assisted with WASH services, including water supply through trucking, household water treatment/storage, repair of water systems and sanitation promotion through safe excreta disposal and solid waste management, while providing hygiene education and supplies.
- Approximately 400,000 conflict-affected and vulnerable children will be provided protection assistance from violence, abuse, exploitation and neglect. UNICEF will also continue to report on grave child rights violations through the Monitoring and Reporting Mechanism.

FUNDING REQUIREMENTS FOR 2012

In line with the Consolidated Appeals Process (CAP) requirements, UNICEF is seeking US\$49,807,000 to procure essential supplies and implement proposed interventions across all governorates in Yemen. Funding shortfalls will seriously compromise the protection of children from violence, exploitation, abuse, neglect and recruitment by armed groups. In addition, some 53,000 children will be at serious risk of undernutrition, and the lack of water and sanitation will increase death and illness.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the country office website at www.unicef.org/yemen.

1. Office of the United Nations High Commissioner for Refugees – IDP Executive Unit, 26 September 2011, and UNICEF population estimate.
2. United Nations Office for the Coordination of Humanitarian Affairs, 'Yemen Humanitarian Emergency Situation Report No. 9', OCHA, New York and Geneva, 14 October 2011, p. 2.
3. The Human Rights Council (A/HRC/18/21) report issued on 13 September 2011 and presented to the Council highlights the use and recruitment of children by armed forces/groups (including security forces); as well as *Children and Armed Conflict*, Report of the Secretary General (A/65/820– S/2011/250), United Nations, New York, 25 April 2011.
4. Internal Displacement Monitoring Centre, 'Yemen: New displacement due to unrest displacement due to Sa'ada conflict continues', IDMC, Geneva, 3 October, 2011, p. 6.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

UNICEF had received US\$23,352,808 as of end October 2011. Full funding enabled UNICEF to accomplish the following results. UNICEF provided nutrition supplies to 37,000 children suffering from severe acute malnutrition; the community management of the moderate malnutrition programme reached 36,000.

An immunization campaign reached 180,000 children under 5; some 54,000 children received measles vaccines. More than 102,000 children received vitamin A supplementation. Of the programmatic goal of reaching 13,000 infants, 86 per cent received oral polio vaccines and 67 per cent received measles vaccines.

UNICEF established a biweekly household survey to monitor key areas related to child health and well-being, providing the only current household data for Yemen.

UNICEF provided WASH assistance to 80,000 people (half of them children), including internally displaced persons, migrants and vulnerable host communities. Out of some 14,000 cases of identified vulnerable children, 79 per cent were referred to protection and other services. The psychosocial well-being of some 102,000 children was promoted through community- and school-based services.

Advocacy on grave child rights violations continued and resulted for the first time in the listing of two parties in Yemen in 2011 in the annual Report of the Secretary-General on Children and Armed Conflict. Concerns about these violations were also raised at the Human Rights Council in September 2011.



UNICEF HUMANITARIAN NEEDS FOR 2012 (in US dollars)

15,785,000	Nutrition
6,527,000	Health
13,880,000	Water, sanitation and hygiene
6,950,000	Child protection
6,665,000	Education
\$49,807,000	TOTAL

2012 UNICEF HUMANITARIAN ACTION FOR CHILDREN

South Asia

AFGHANISTAN • PAKISTAN • SRI LANKA





South Asia

CHILDREN AND WOMEN IN CRISIS

South Asia, where UNICEF has offices in Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka, is one of the most populous and emergency-prone regions in the world. It is marked by a lack of coping and adaptive capacities to natural hazards such as earthquakes, seasonal floods and cold spells. It also suffers from localized conflicts and internal tensions fuelled in part by social-economic disparities and equity issues.

Three countries in the region are among the top 20 high-risk countries for natural hazards, according to the 2011 World Risk Report.¹ In 2011, Bangladesh, India, Nepal and Sri Lanka were all severely affected by monsoon floods. An exceptionally heavy monsoon hit the southern Pakistan province of Sindh between mid-August and mid-September. Of the 5.4 million people affected, half were children.² UNICEF appealed for US\$50.3 million to support its humanitarian response for the health, nutrition, education and protection of flood-affected children and women in Sindh.³ Afghanistan was affected by a severe drought that required the humanitarian community to launch a revised consolidated appeal on 1 October⁴ enabling humanitarian agencies to prevent the situation from further deteriorating for 2.6 million severely-affected persons. On 18 September, an earthquake measuring 6.8 on the Richter scale struck Bhutan, Northeastern India and Western Nepal. The earthquake's impact was particularly severe in Bhutan, where it caused structural damage to more than 8,000 houses, 110 schools and 36 health centres throughout the country.⁵

Ongoing internal conflicts within countries in the region have also aggravated the humanitarian context for women and children. The Afghanistan conflict, now in its tenth year, shows no sign of abating, and internal displacement, civilian casualties and lack of access to essential health services all continue to rise in 2011. According to several reports, humanitarian space dwindled while local communities reportedly were forced to take sides in the conflict.⁶ In Pakistan, the fight against insurgents in the country's tribal belt has continued to displace more than 800,000 people.⁷ The humanitarian funding requirements in 2012 for Afghanistan, Pakistan and Sri Lanka are described in separate chapters; however, technical support from the UNICEF Regional Office for South Asia will be required in 2012 for emergency preparedness and response across eight countries in South Asia.

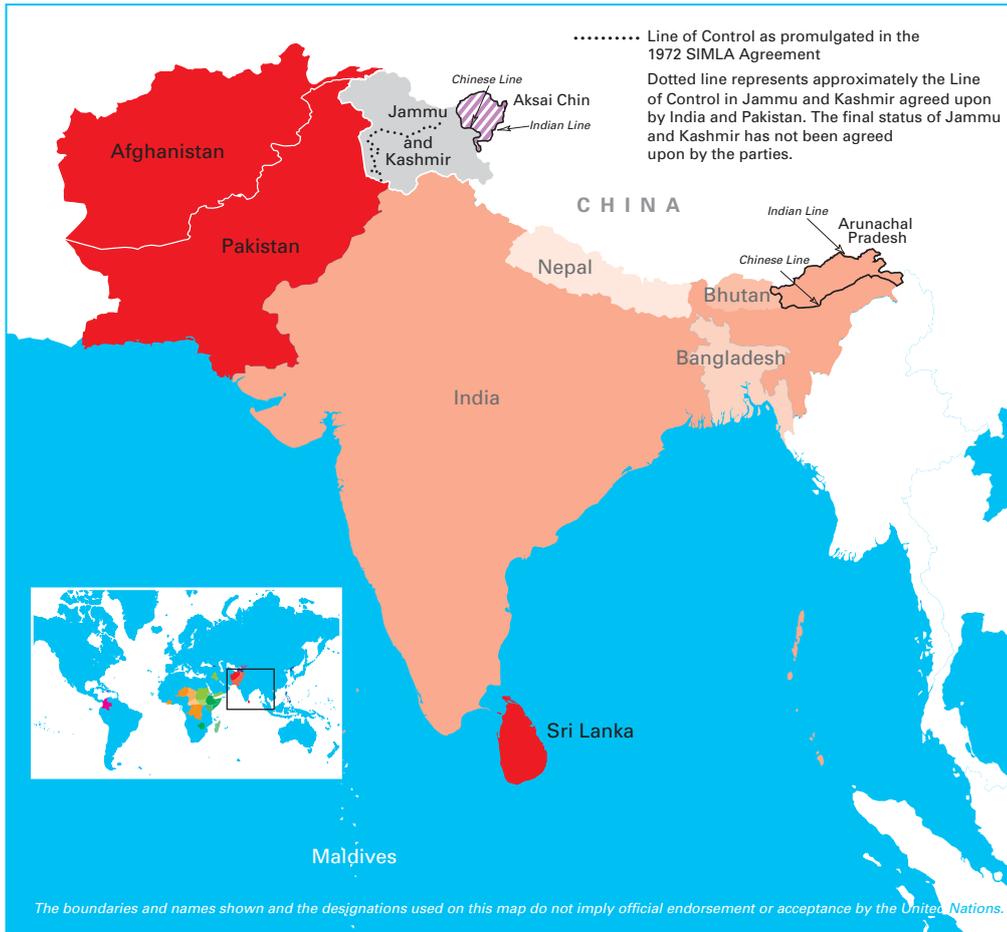
MEETING URGENT NEEDS IN 2012

- In 2012, UNICEF will augment the disaster risk reduction and emergency preparedness capacity of UNICEF country offices and partners in the South Asia region, as well as strengthen regional support to UNICEF country offices in emergency response and UNICEF-led cluster areas/areas of responsibility (i.e., WASH, nutrition, education and child protection).⁸
- UNICEF will also enhance regional support for knowledge management and partnership in humanitarian action.
- Regional support will cover all eight countries in South Asia. The UNICEF regional office will also channel specific emergency preparedness and response contributions received to countries (e.g., Bhutan, Maldives and Nepal) that do not have a stand-alone appeal in this document. In the case of a small-to-medium scale emergency in these countries, national authorities might not prioritize inter-agency appeals as key fundraising tools, yet international support in certain specific sectors would be welcomed. This component of the *Humanitarian Action for Children* will provide such a vehicle for funding and technical assistance.

South Asia, populous and emergency-prone, is marked by a lack of coping and adaptive capacities to natural hazards such as earthquakes, seasonal floods and cold spells. Localized conflicts and internal tensions are fuelled in part by social-economic disparities and inequities.

1. United Nations University Institute for Environment and Human Security, 'World Risk Report 2011', Alliance Development Works, Berlin, 2011, p. 64. The South Asia countries include: Afghanistan (15), Bangladesh (6), and Bhutan (18).
2. United Nations Children's Fund, 'UNICEF Pakistan Update: 2011 Floods – Needs and Response', UNICEF Pakistan, Islamabad, 2 November 2011, p. 1.
3. Ibid., p.3.
4. The 2011 Consolidated Appeal for Afghanistan, Emergency Revision in Response to Drought is an additional funding request in the amount of US\$142 million to enable humanitarian agencies to respond to this drought.
5. United Nations Central Emergency Response Fund, 'Quarterly Update: 3rd Quarter 2011', United Nations Office for the Coordination of Humanitarian Affairs, New York, 14 October 2011, p. 3.
6. Internal Displacement Monitoring Centre, 'Afghanistan: Armed conflict forces increasing numbers of Afghans to flee their homes – A profile of the internal displacement situation', Internal Displacement Monitoring Centre, Geneva, 11 April 2011, p. 80.
7. Office of the United Nations High Commissioner for Refugees, 'UNHCR Global Appeal 2011 Update: Pakistan', UNHCR, Geneva, 1 December 2010, p. 186.
8. For cost-saving reasons, the cluster technical support in WASH, education and child protection will be based in the UNICEF East Asia and Pacific Regional Office in Bangkok, but will be available to South Asian countries.

SOUTH ASIA



HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

In 2011 the UNICEF Regional Emergency Team provided support to all eight countries in the region for emergency-preparedness capacity building through inter-agency missions. It also allowed for direct 'surge' support in the acute emergency-response phase for the Pakistan Sindh flood and cluster coordination support (e.g., WASH cluster support for UNICEF and partners' response to the Afghanistan drought). In addition, it provided support for the WASH, nutrition and child protection working group for the Pakistan Sindh flood and disaster-risk reduction mainstreaming in UNICEF country programmes (e.g., Bangladesh, India, Maldives and Nepal). This regional support represented 35 missions totaling 326 person-days.

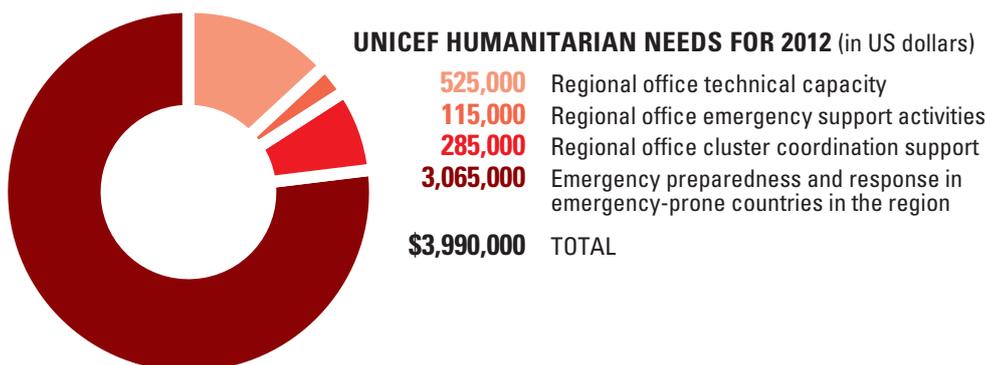
The UNICEF Regional Emergency Team also technically reviewed and cleared the UNICEF humanitarian plans and appeals from emergency-affected countries.

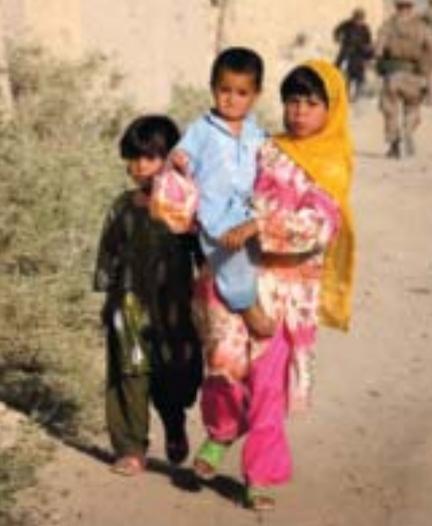
FUNDING REQUIREMENTS FOR 2012

In order to carry out its planned regional emergency support actions in 2012, the UNICEF Regional Office for South Asia is requesting US\$3,990,000 from donors. This includes US\$3 million for preparedness and response activities in emergency-prone countries in the region that are not included in a separate chapter in the *Humanitarian Action for Children* and which are likely not to benefit from inter-agency flash appeals for small-to-medium size emergencies. The funding is critical to continue to provide technical assistance for emergency preparedness, disaster risk reduction, and cluster support costs for WASH, nutrition, education and child protection.

Adequate funding will enable the UNICEF Regional Office for South Asia to deliver on its full range of regional accountabilities under UNICEF's Core Commitments for Children in Humanitarian Action.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the regional office website at www.unicef.org/rosa.





Afghanistan

CHILDREN AND WOMEN IN CRISIS

Violence in Afghanistan continues to inflict severe suffering and is undermining efforts to provide a protective and secure environment for children. A total of 147,661 people were displaced between January and August 2011, bringing the cumulative number of the conflict-related displaced population to 473,000 (73,452 families).¹ Recruitment and use of children in armed conflict emerged as an increasing concern. Children represented at least 81 per cent of mine/explosive remnants of war casualties in the country.

Up to 3 million Afghans are severely affected by an unprecedented drought, the eighth in 11 years. There is a significant shortage of safe drinking water, deteriorating sanitation, and an increase in waterborne or water-shortage disease outbreaks. Some 525,000 children under 5 are at risk of severe acute malnutrition, and trends registered in the second half of 2011 show that roughly 60,000 children nationwide will need nutrition therapeutic care in 2012.² Measles outbreaks are common, with 107 small-scale outbreaks reported and 1,606 measles cases captured by active surveillance systems from 107 districts as of August 2011.³ Afghanistan is one of four polio-endemic countries in the world. The harsh winter conditions, which are often accompanied by flooding, disrupt education for children, particularly in schools that are not adequately designed for the conditions.

MEETING URGENT NEEDS IN 2012

UNICEF is lead of the nutrition and WASH clusters and the child protection sub-cluster in Afghanistan, as well as co-lead for education. Together with the Government of Afghanistan, other UN agencies and NGOs, UNICEF will seek to meet the basic humanitarian needs of an estimated 2.4 million vulnerable people. Efforts will include:

- Approximately 48,000 severely malnourished children and 91,000 pregnant or breastfeeding women living in emergency-affected areas will benefit from community-based nutrition care, as well as counseling on infant and young child feeding and supplementary feeding. In order to address micronutrient deficiencies for more than 210,000 pregnant or breastfeeding women, UNICEF will promote complementary feeding and protection from use of unsolicited infant formula and other inappropriate baby foods.
- More than 345,000 children under 5 and 69,000 pregnant women from drought- and conflict-affected areas will benefit from immunization and basic maternal, newborn and child health care.
- Sustainable safe drinking-water sources, sanitation facilities and hygiene services will be provided to 800,000 internally displaced persons (480,000 of them children). This population of displaced persons includes 100,000 refugee returnees mainly from Iran and Pakistan, 200,000 persons displaced due to conflict and other disasters and 400,000 people affected by natural hazards. Services will include repair of 2,000 non functional water points and systems and construction of 600 community water systems. Provision of WASH facilities in 150 schools will benefit 100,000 students (about 50 per cent girls and female teachers). UNICEF will also construct 30 strategic water points, provide WASH emergency supplies and train hygiene educators, mechanics and pump caretakers on the operation, maintenance and management of WASH systems.
- Emergency education will be provided to 580,000 students, focusing on girls, and 800 teachers affected by conflict and natural hazards through provision of safe, secure child-friendly learning environments and relief supplies of emergency teaching and learning materials. In addition, some 450,000 students and teachers will be able to continue schooling during the harsh winter season.
- Psychosocial support, structured play and recreational activities, along with mine-risk education, will be provided to at least 4,000 people, including 3,000 children, who are at risk of violence, abuse and neglect.

FUNDING REQUIREMENTS FOR 2012

In line with the Consolidated Appeals Process (CAP) requirements, UNICEF is requesting US\$31,661,000 for its emergency activities in Afghanistan. Underfunding will leave millions of Afghans without safe drinking water and life-saving health and nutrition services, as well as deny thousands of children the opportunity to attend school and access to protection services. Full funding will ensure that UNICEF and partners can strengthen emergency preparedness and response at national and community levels.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the country office website at www.unicef.org/afghanistan.

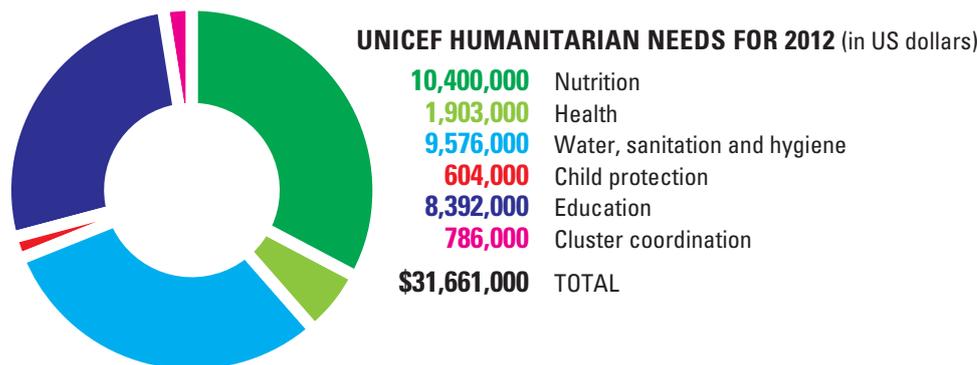
1. United Nations Office for the Coordination of Humanitarian Affairs, 'Monthly Humanitarian Update', OCHA Afghanistan, Kabul, August 2011, p. 1.
2. United States Agency for International Development and iMMAP, 'Afghanistan: Emergency Food Security Assessment', USAID and iMMAP, Washington, D.C., 27 July 2011.
3. Measles/Rubella Case Finding Indicators in Afghanistan between 1 January 2011–20 August 2011, 6 September 2011 and Ministry of Public Health, 'Weekly Morbidity and Mortality Report 44 (5th Yr)', Afghanistan, 6 November 2011.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

As of end October 2011, UNICEF had received US\$5,642,548 of the US\$22,698,000 requested for its humanitarian work. With only one fourth of the funding needs received, UNICEF was able to achieve results in the following areas: Some 149,000 children under 5 and 28,406 pregnant or breastfeeding women received life-saving basic maternal and child health and nutrition services. An additional 245,000 children 6–59 months old and 246,000 pregnant or breastfeeding women received multiple micro-nutrients and folic acid. More than 12,000 children 9–59 months old (99 per cent of the programmatic goal) were immunized against measles.

A total of 20,000 family kits were distributed to internally displaced families. Additionally, 10,000 sweaters for children under 2 were distributed and some 14,000 blankets were pre-positioned for thermal protection.

At least 200,000 displaced and drought-affected people gained access to safe drinking water and sanitation facilities. Nearly 4,000 community-based classes were established, providing education to 125,000 children. Some 400 schools, which had been closed due to insecurity, were reopened with a community-based protection initiative. A total of 1,050 cases of violations dealing with children in conflict with the law, family separation, sexual abuse and child trafficking were identified, followed up with and referred to support services.





Pakistan

CHILDREN AND WOMEN IN CRISIS

In 2011, an estimated 5.4 million people in Pakistan were affected by floods that ravaged the country in the wake of heavy monsoon rains.¹ Some 1.8 million people were displaced as homes were swept away and livelihoods lost.² The devastation left around 2 million children and 1.7 million women vulnerable to diseases, undernutrition, abuse and exploitation.³ With 40 million people living in poverty,⁴ recovery from such natural disasters is hampered. In northwestern Pakistan, nearly 950,000 people (126,224 families) remain displaced, residing either in displacement camps or in host areas.

Given the occurrence of devastating floods for two years in a row, disaster risk reduction activities for flooded areas are essential. The scale of the disasters affecting Pakistan, the frequent population movements, ongoing strife and an insufficient number of implementing partners continue to pose serious challenges to humanitarian relief efforts in the country.⁵

MEETING URGENT NEEDS IN 2012

UNICEF is the cluster lead in WASH and nutrition, co-lead in education and lead in the child protection sub-cluster⁶ in Pakistan. In 2012, UNICEF will work with the Government of Pakistan, other UN agencies and NGOs to respond to the needs of the millions of children and women affected by the floods of 2010 and 2011 and the 950,000 displaced due to conflict.

- More than 2.8 million children under 5 will be vaccinated against preventable childhood diseases, including measles and polio. More than 260,000 pregnant or breastfeeding women and an estimated 83,000 newborns will be provided with life-saving interventions and essential health services.
- More than 1.2 million children 6–59 months old and 800,000 pregnant or breastfeeding women will be provided nutrition services, including micronutrient supplementation, screening, outpatient and clinical treatments, and education on infant feeding and hygiene.
- UNICEF will provide 1.5 million people with access to safe drinking water and sanitation facilities and promote healthy hygiene practices in order to reduce vulnerability to preventable diseases.
- Nearly 319,000 children will be provided with educational opportunities at protective learning spaces and transitional school structures. UNICEF will also support child friendly schooling, teacher training and the provision of necessary school supplies.
- More than 399,000 children, adolescents and women will benefit from protective learning and care services, including psychosocial support, recreation activities, non-formal education and gender-based violence prevention programmes. UNICEF will also distribute information on HIV prevention to 29,000 at-risk women.

FUNDING REQUIREMENTS FOR 2012

In 2012, UNICEF is requesting US\$88,400,000 for humanitarian action in Pakistan.⁷ This funding will provide critical support to women and children in both flood- and conflict-affected regions. Underfunding will greatly increase the vulnerability of displaced children and women to potentially fatal diseases, undernutrition and social protection risks.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the country office website at www.unicef.org/pakistan.

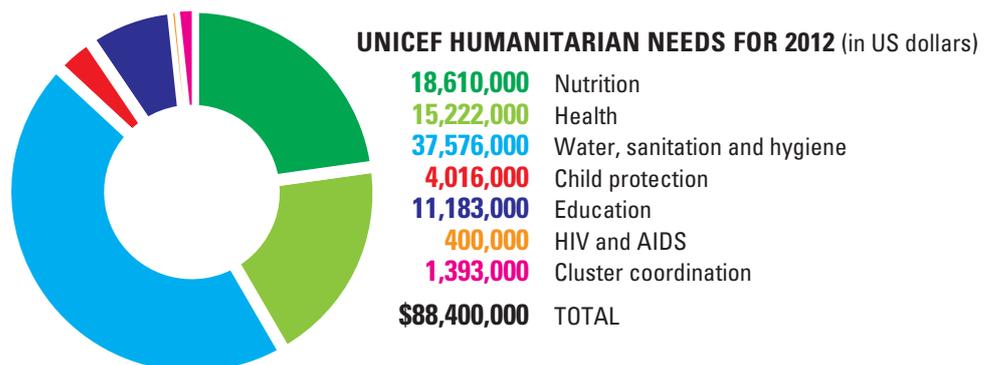
1. United Nations, 'Multi-sector Needs Assessment 2011-Pakistan', presentation, UN, 30 November 2011, p. 10, <http://pakresponse.info/LinkClick.aspx?fileticket=CraH1C3PyWQ%3d&tabid=41&mid=597>, accessed 12 December 2011.
2. Ibid., p. 11.
3. Ibid., p. 11.
4. Ibid., p. 3.
5. Government of Pakistan FATA Disaster Management Authority, 'FATA IDPs Statistics', FATA Disaster Management Authority, Peshawar, Pakistan, http://fdma.gov.pk/index.php?option=com_content&view=article&id=30&Itemid=27, accessed 20 November 2011.
6. The humanitarian clusters of WASH, nutrition, education and protection are operational in KP, FATA; the early recovery thematic working groups are operational in the areas affected by the 2010 floods; and the WASH cluster and the nutrition, education and child protection working groups are operational in the areas affected by the 2011 floods.
7. This includes the US\$50.3 million requested by UNICEF in the inter-agency Pakistan Floods Rapid Response Plan launched on 18 September 2011 for September 2011–March 2012.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

In 2011, UNICEF estimated that US\$104,359,947 was needed for its humanitarian work in Pakistan. As of end October 2011, US\$16,247,179 had been received, or 16 per cent of the goal. With that funding, UNICEF quickly responded to devastating floods that struck the country in 2010 and again in late 2011. In flood-affected areas, sanitation facilities were improved for nearly 3 million people and safe drinking water was provided to approximately 2 million people. A hygiene promotion campaign reached more than 1.7 million people.

UNICEF improved the health of millions of children, distributing more than 183,000 antigens and vitamin A supplementation to at-risk children, providing 2.5 million doses of measles vaccines and 2.5 million doses of polio vaccines, and treating some 400,000 acutely malnourished children.

In conflict-affected areas, UNICEF vaccinated 3.7 million children against polio and provided vitamin A supplements for 4.2 million children. More than 200,000 people received safe drinking water and nearly 120,000 acutely malnourished children were treated. Approximately 205,000 children received education services, while an additional 56,000 children and 22,000 at-risk women were supported by protection services.





Sri Lanka

CHILDREN AND WOMEN IN CRISIS

The end of a nearly 30-year civil war in May 2009 marked a period of promise in Sri Lanka, which needs to be translated into tangible new opportunities for the most vulnerable children and youth and their families in the Northern and Eastern Provinces. As of end August 2011, nearly 382,000 people had returned to their districts of origin with hopes of reclaiming their lives. Yet the years of war have taken a serious toll on already limited health services, water and sanitation facilities, education systems and protective safety nets. Landmines and unexploded ordnance remain deadly, hidden threats throughout the North and East of Sri Lanka.

Recovery efforts, including improving local infrastructure and expanding educational opportunities, are critical for the future of the newly returned population, which includes nearly 112,000 families. Additionally, 7,500 displaced persons, including close to 2,300 families, remain in camps. The number of returnees and displaced, including the long-term displaced population, is more than 500,000.¹ The humanitarian goal remains to support these Sri Lankans in returning to their homes and provide access to improved social services, particularly to the most vulnerable returning children, to support building upon the current momentum towards reconciliation.

MEETING URGENT NEEDS IN 2012

UNICEF Sri Lanka is leading the WASH and nutrition clusters and the child protection sub-cluster, and is co-lead of the education cluster together with Save the Children. In 2012, UNICEF will work with the Government of Sri Lanka, other UN agencies, local and international NGOs, and host communities in addressing the needs of vulnerable women and children in the Northern and Eastern Provinces.

- Nutritional assistance will be provided to an increasing number of vulnerable returnees, including 30,000 children under 5 and 12,700 pregnant or breastfeeding women. Access to quality health, nutrition and early childhood care services will be enhanced for 42,700 pregnant or breastfeeding women and children in resettlement areas.
- Access to improved water supply and sanitation facilities will be provided and better hygiene behaviour will be promoted for 65,000 people in resettled areas. UNICEF will support child-friendly WASH facilities that are also accessible to children who are disabled in 90 schools and 20 health centres.
- Child-friendly environments will be promoted in 750 schools benefiting 150,000 schoolchildren. An Accelerated Learning Programme (ALP) will support reintegration and retention within the formal education system for up to 150,000 conflict-affected children. Psychosocial support will be provided for 300,000 children to improve learning environments and enhance ALP achievement levels.
- Career guidance, life-skills training and employment will be provided for 3,000 vulnerable adolescents for whom formal education is no longer an option. Engagement will be increased in family support programmes, such as cash transfers, to 8,000 single-headed families, as well as psychosocial support, family mediation and referrals for 11,500 conflict-affected families and 110,000 children to strengthen family capacity to care for and protect children. UNICEF will assist restoration of social protection services through village-level child rights monitoring committees and through additional human resources and capacity building of child protection officers. Mine-safe behaviour will be promoted through education to approximately 400,000 resettled persons in the Northern and Eastern Provinces.

FUNDING REQUIREMENTS FOR 2012

UNICEF is requesting US\$20,512,000 to carry out its planned activities in the Northern and Eastern Provinces of Sri Lanka. This amount is more than that requested in 2011 due to the increasing numbers of displaced people being resettled in areas where limited or no infrastructure and services are available, livelihood opportunities are lacking and mines/unexploded ordnance remain serious threats. Funding support by donors remains crucial to ensure that urgent services will be provided for children and women rebuilding their lives in former conflict-affected areas.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the country office website at www.unicef.org/srilanka.

1. United Nations Office for the Coordination of Humanitarian Affairs, 'Joint Humanitarian and Early Recovery Update: Report #35', OCHA, New York, August 2011, p. 1. There are two major caseloads of displaced people in Sri Lanka. Those recently displaced or 'new' internally displaced persons refer to those displaced after April 2008 and the 'old' protracted caseload refers to those displaced prior to April 2008. Note that the total population returned to the Northern Province includes returns from both categories of internally displaced persons.

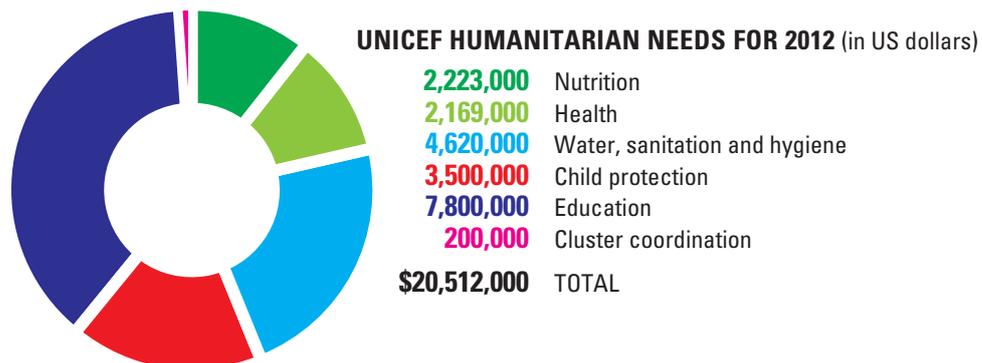
HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

As of end October 2011, donor funding had provided 85 per cent of the requested US\$14,750,000. This funding enabled the provision of nutritional and therapeutic supplements to more than 16,000 severely and moderately malnourished children. More than 10,000 children under 5 and pregnant or breastfeeding women gained access to health services in the recently refurbished Mullaitivu General Hospital. The general health status in resettlement areas was improved with the ongoing construction and renovation of 13 primary health-care centres in Kilinochchi, Mullaitivu and Mannar districts in the Northern Province.

Safe water was provided to more than 33,000 resettled people through the cleaning and upgrading of 874 dug wells and drilling of 27 tube wells. The rehabilitation and construction of 597 toilets improved sanitation and hygiene, and 105 educational sessions promoted better hygiene practices.

Access to quality education was improved for approximately 37,000 children by rehabilitating 80 schools and training more than 700 teachers in the ALP.

Business training and self-employment grants were provided to 667 youth, while 644 vulnerable families, including 1,900 children, received cash grants. Education about landmines and explosive remnants of war (ERW) benefited approximately 170,000 children and 152,000 adults living in at-risk areas.



2012 UNICEF HUMANITARIAN ACTION FOR CHILDREN

East Asia and the Pacific

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA • PHILIPPINES



East Asia and the Pacific

CHILDREN AND WOMEN IN CRISIS

Multiple natural hazards – earthquakes, monsoons and cyclones – affect countries in the East Asia and Pacific region each year, their impact heightened by the extreme poverty and weakened infrastructure that characterize the region. Eight countries in the region are among the top 20 high-risk countries for natural hazards, according to the 2011 World Risk Report.¹ In 2011, heavy flooding caused by typhoons and heavy seasonal rains affected more than 9.5 million people across Southeast Asia, including Cambodia, the Lao People's Democratic Republic, the Philippines, Thailand and Viet Nam. The number of casualties in the region surpassed 800, with several thousand injured.² By mid-October, 1.2 million people were affected in Cambodia, 430,000 in the Lao People's Democratic Republic, 4 million in the Philippines, 2.4 million in Thailand and 3.3 million in Viet Nam.³ On average, half of those affected were children. Although varying from one country to another, the humanitarian impact of these floods was vast and multifaceted, with temporary displacement of populations and destruction of schools and health centres essential to the well-being of children.

MEETING URGENT NEEDS IN 2012

UNICEF's East Asia and Pacific Regional Office will continue to work to strengthen its coordination of swift and effective aid in the face of the many natural disasters across the region, with an emphasis on preparedness and risk mitigation, including:

- The regional team will strengthen disaster risk reduction and emergency preparedness capacity of UNICEF country offices and partners in the East Asia and Pacific region.
- Strengthened regional support will be provided to UNICEF country offices in UNICEF-led cluster areas, including WASH, nutrition, education and child protection.⁴ Strengthened regional support will also be provided to UNICEF country offices in emergency response and cluster areas through a cluster support platform serving two regions, thereby creating economies of scale.
- Enhanced regional support will be provided in terms of knowledge management and partnership in humanitarian action.
- Regional support will cover all 14 countries in the East Asia and Pacific region. The UNICEF regional office will also channel specific emergency preparedness and response contributions received to countries that do not have a stand-alone appeal in this document. In the case of a small- to medium-scale emergency in such countries, national authorities might not prioritize inter-agency appeals as key fundraising tools, yet they would welcome international support in certain specific sectors. This component of the *Humanitarian Action for Children* will provide such a vehicle for funding and technical assistance. Potential beneficiary countries include Fiji, the Lao People's Democratic Republic, Malaysia, Mongolia, Thailand and Timor-Leste.



Multiple natural hazards – earthquakes, monsoons and cyclones – affect countries in East Asia and the Pacific each year, their impact heightened by extreme poverty and the region's weakened infrastructure. In 2011, heavy flooding affected more than 9.5 million people across Southeast Asia.

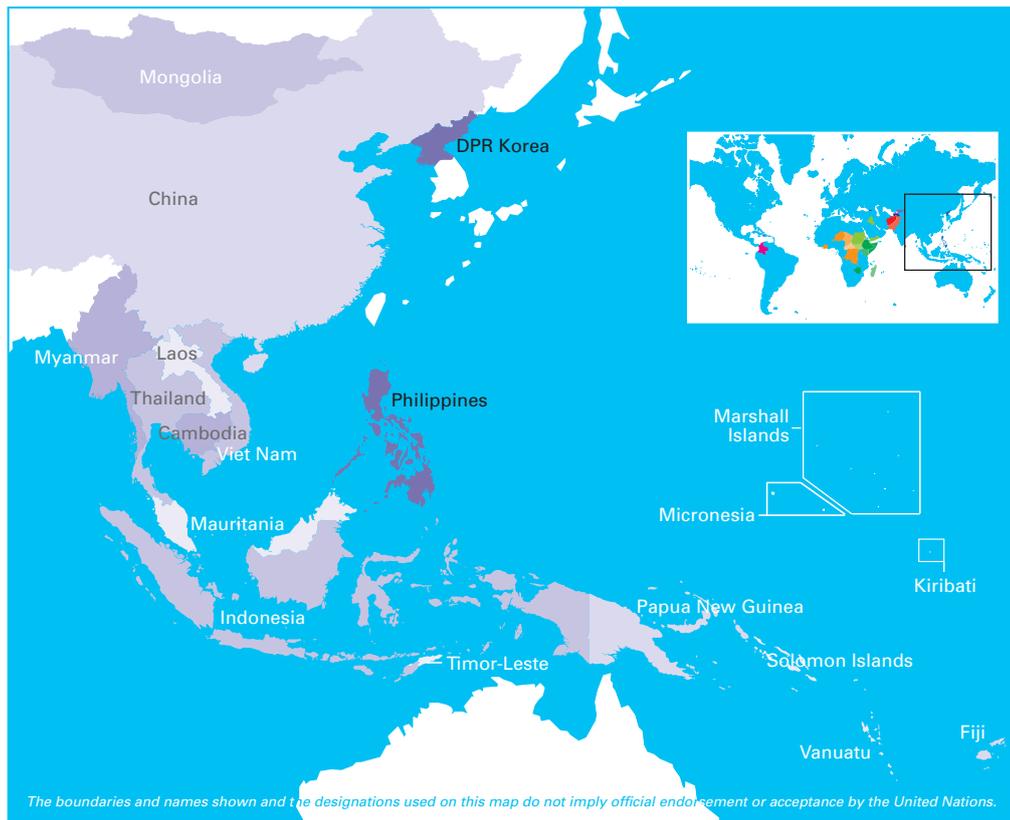
1. United Nations University Institute for Environment and Human Security, 'World Risk Report 2011', Alliance Development Works, Berlin, 2011. The eight countries include: Cambodia (9), Fiji (19), Papua New Guinea (12), Philippines (3), Solomon Islands (4), Timor-Leste (7), Tonga (2) and Vanuatu (1).

2. Yale/Tulane ESF-8 Planning and Response Program Special Report: Threat of flooding – Bangkok', 30 October 2011, p.2.

3. Food and Agriculture Organization, 'Southeast Asia Flood Update', FAO GIEWS, Rome, 21 October 2011, p. 3-4.

4. For cost-saving reasons, this technical cluster support capacity will be based in the UNICEF East Asia and Pacific Regional Office in Bangkok, but will be covering South Asian countries as well.

EAST ASIA AND THE PACIFIC



HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

In 2011, the UNICEF Regional Emergency Team provided support to 9 of the 14 countries in the region for emergency-preparedness capacity building, including inter-agency missions to the Democratic People's Republic of Korea, Fiji and Thailand. Cluster coordination support was also provided through WASH, education and nutrition cluster trainings for UNICEF and partners. Support was further provided to mainstream disaster risk reduction in UNICEF country programmes in the Lao People's Democratic Republic, Myanmar and the Philippines.

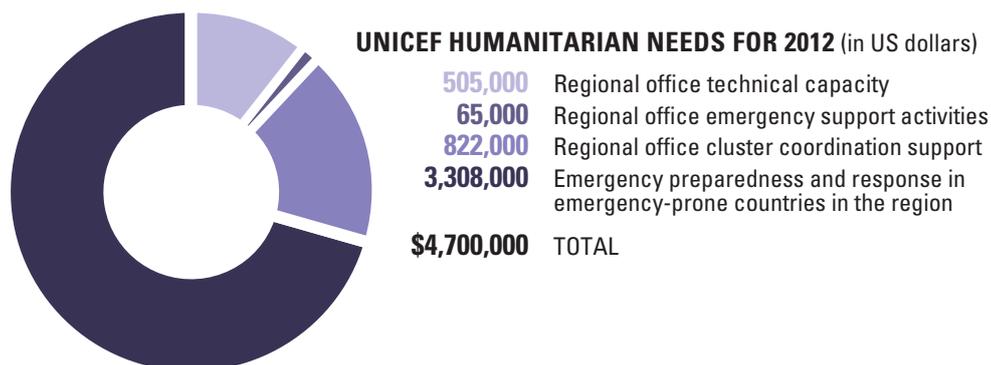
The regional team undertook a total of 31 separate support missions totaling 256 persons/days. UNICEF also launched an Integrated Capacity Development Approach in Education in Emergencies, including a road map in Timor-Leste. The UNICEF Regional Emergency Team also ensured quality control of humanitarian plans and appeals from emergency-affected countries.

FUNDING REQUIREMENTS FOR 2012

In order to carry out its 2012 planned regional emergency support actions, the UNICEF East Asia and Pacific Regional Office is requesting US\$4,700,000. This includes US\$3,308,000 for preparedness activities in emergency-prone countries in the region not included in a separate chapter.

This funding is critical in order to continue to strengthen emergency preparedness and disaster risk reduction and provide support for the UNICEF-led WASH, nutrition, education and child protection clusters. Fulfilled funding needs will enable the regional office to deliver on its full range of regional accountabilities under UNICEF's Core Commitments for Children in Humanitarian Action.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the regional office website at www.unicef.org/eapro.





Democratic People's Republic of Korea

CHILDREN AND WOMEN IN CRISIS

Undernutrition defines the reality for many children and women in the Democratic People's Republic of Korea. A failing economy and recurrent natural hazards have added new dimensions to a landscape marked by food insecurity. In 2010, the infant mortality rate increased to 26 per 1,000 live births, compared with the 1990 level of 23 per 1,000 live births.¹ Pneumonia and diarrhoea, stemming from a lack of access to safe water and sanitation facilities, particularly in rural areas, account for the deaths of 28 per cent of children under 5.² Additionally, a shortage of education resources has deteriorated school infrastructure and quality of education.

Although UNICEF continues to implement the Expanded Programme on Immunization and micronutrient supplementation, access to people in need remains challenging. UNICEF and other UN agencies follow the principle of 'no access, no support' and continue to advocate for transparency of information and population access.

MEETING URGENT NEEDS IN 2012

UNICEF, together with the Government of the Democratic People's Republic of Korea, NGOs and other international agencies, will focus on assisting the most vulnerable and hard-to-reach people in rural areas. As lead of the WASH, education and nutrition clusters, UNICEF expects to reach approximately 10.6 million people, including 5.9 million women of childbearing age and more than 855,000 girls and 892,000 boys under 5.

- In 2012, an integrated package of nutrition, WASH and health interventions will address severe acute malnutrition for at least 13,300 children 0–59 months old in four provinces (Kangwon, North Hamgyong, Ryanggang and South Hamgyong) and in 14 orphanages. In addition to biannual Child Health Days, interventions will address chronic malnutrition in the first 1,000 days of life via preventive actions such as infant and young child feeding interventions and micronutrient supplementation. These interventions will target more than 1.6 million children 6–59 months old and more than 6 million pregnant or breastfeeding women.
- Some 350,000 infants and 356,000 pregnant women will be vaccinated, with the goal of reaching and sustaining 95 per cent of total vaccine demand. UNICEF will provide 10,500 essential medicine kits in hospitals and health facilities and 300 kits for newborn care, midwifery and emergency obstetrics.
- More than 209,000 people in underserved towns and RIs and more than 39,000 children in child-care, education and health institutions will benefit from access to safe water from gravity-fed water supply systems and repaired water and sanitation facilities, as well as hygiene education.
- UNICEF will support government rehabilitation of school infrastructure for the benefit of more than 7,000 children and will strengthen early learning for some 14,000 preschool children by providing new early child development kits and training caregivers in their efficient use. To cover the needs for nutrition, health, water and sanitation and education interventions, UNICEF will pre-position supplies for 100,000 people in affected populations.

FUNDING REQUIREMENTS FOR 2012

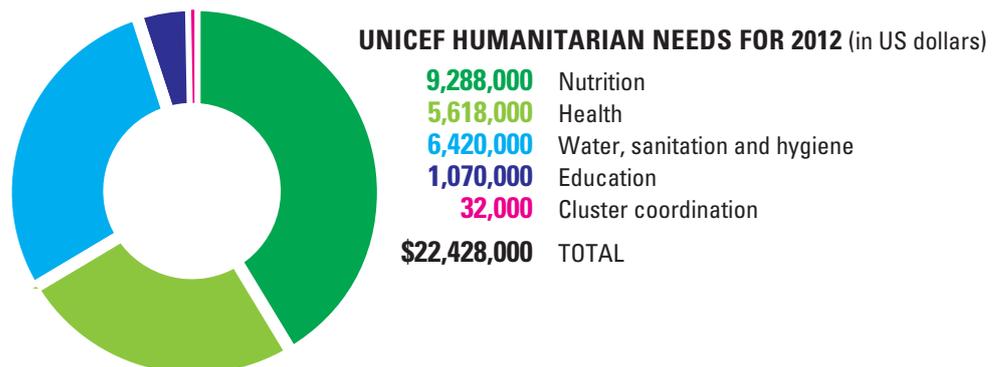
UNICEF is requesting US\$22,428,000 for its humanitarian work, an increase reflecting the expanded geographical reach of its programme, which now covers more people and children affected by undernutrition in four of the most vulnerable provinces. Without funding for key activities, the adverse effects of undernutrition; lack of vaccines for tuberculosis, polio and tetanus; lack of essential medicines; and unhealthy water and sanitation will continue to threaten the lives and well-being of the country's children and women.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the country office website at www.unicef.org/dprk.

1. United Nations Children's Fund and World Health Organization, *Levels & Trends in Child Mortality: Report 2011 – Estimates developed by the UN inter-agency group for child mortality estimation*, UNICEF, New York, 2011, p. 13.
 2. World Health Organization and United Nations Children's Fund, *'Countdown to 2015 Decade Report (2000–2010): Taking stock of maternal, newborn and child survival'*, WHO and UNICEF, Geneva and New York, 2010, p. 70.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

UNICEF had received US\$5,096,810 as of end October 2011 towards the requested US\$20,435,477 to prevent a full-scale nutrition crisis, particularly among children. With only one fourth of the funding needs received, UNICEF gave priority to the following key interventions for highest impact: providing multiple micronutrient interventions to all children 6–24 months old in 14 baby homes, as well as 182,000 pregnant women and 42,000 breastfeeding women nationwide; extending community management of acute malnutrition from 4 to 29 emergency counties, with some 3,000 children with severe acute malnutrition to be under treatment by end 2011; providing routine vaccines to more than 335,000 infants and 339,400 pregnant women; distributing an estimated 8,500 essential medicine kits, benefiting 695,000 children under 5 in four provinces; reaching more than 1 million children 24–59 months old with deworming tablets, and 3.4 million school-age children and 1.5 million children 6–59 months old with vitamin A supplementation during biannual Child Health Days; providing access to safe water through gravity-fed water supply systems to nearly 82,000 people, including some 25,000 children under 18, in 6 rural communities; reaching at least 75,000 families with hygiene education material; improving water connections to 1 county hospital, 3 RI clinics, 12 child-care institutions and 6 schools, benefiting some 3,000 children; and providing approximately 14,000 children in 74 other institutions with emergency water and hygiene kits, more than 1,000 flood-affected families in North and South Hwanghae with emergency water kits and more than 3,000 children in 16 institutions with early child development kits.





Philippines

CHILDREN AND WOMEN IN CRISIS

The Philippines is a country affected by natural hazards and armed conflict. In 2011, erratic weather and tropical cyclones caused heavy floods in nearly every region of the country, including Eastern Visayas, Central Mindanao and Central Luzon. Millions of women and children suffered because their homes and communities were submerged in floodwater when storms struck throughout the year. A lack of preparedness and ability to respond to these disasters by local government authorities left the most vulnerable of this already fragile population exposed to a host of negative consequences, including contaminated water sources and waterborne diseases, loss of food and livelihood and a prolonged disruption of schooling. Despite the resumption of the formal peace talks between the Government of the Philippines and the major non-state armed groups, the *rido* – clan wars – infighting within the Moro Islamic Liberation Front and military operations against other rebel groups persisted, with at least 375,000 displaced, returned, resettled and home-based people in Mindanao affected by armed conflicts and flooding and requiring humanitarian assistance in 2011.¹ A lack of formal protections plague the hazard-prone and politically unstable communities, causing grave child rights violations and increasing risks of abuse and exploitation for women.

MEETING URGENT NEEDS IN 2012

In 2012, UNICEF, together with the Government of the Philippines, other UN agencies and NGOs, will continue to provide leadership to emergency clusters on WASH, nutrition, education and child protection, and will work to promote improved and child-centred disaster risk reduction efforts.² UNICEF will specifically target the needs of approximately 200,000 children and 50,000 women in disaster-stricken and conflict-affected areas.

- Community-based management of acute malnutrition will be expanded in order to mitigate the chronic prevalence of severe acute malnutrition in the areas struck by both conflict and natural hazards. Micronutrient supplementation will be provided to some 20,000 pregnant or breastfeeding women and 100,000 children under 5 will be screened for acute malnutrition.
- WASH services will be provided to at least 38,000 families in areas affected by typhoons, floods and conflict. Interventions will include monitoring water quality in flood-prone areas and ensuring comprehensive WASH services for highly vulnerable communities, with special attention given to WASH in schools and health facilities. Construction/rehabilitation of water supply systems, toilets and bathing spaces and improving hygiene practices will be essential in preventing morbidity and death, as well as in building resilience.
- UNICEF will target the quick restoration of health services and deployment of emergency mobile health teams in areas affected by disasters. Health kits containing essential medicines and basic medical equipment will be provided to damaged health units. A total of 150,000 doses of measles vaccines and immunization supplies will be pre-positioned to ensure children in vulnerable areas are fully vaccinated.
- Young and school-aged children in conflict- and disaster-affected areas will be supported through alternative and formal education in safe and secure environments. UNICEF will advocate for disaster risk reduction and capacity-building initiatives to benefit 100,000 children in affected areas, particularly the more vulnerable young children and adolescents.
- Some 135,000 at-risk children will be provided with protection and psychosocial services through child-friendly spaces, youth clubs and capacity building of public social welfare offices.
- UNICEF will provide approximately 8,000 children, young people and pregnant women with HIV awareness interventions, including informative games and educational materials, as well as referrals, should an emergency hit the higher-HIV burden metropolitan areas.

FUNDING REQUIREMENTS FOR 2012

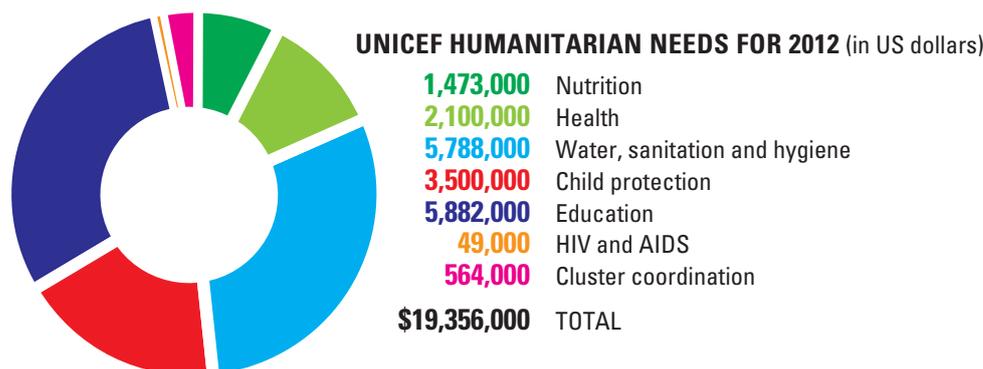
UNICEF is requesting US\$19,356,000 to continue its ongoing humanitarian activities in Mindanao and other flood- and conflict-affected parts in the Philippines, as well as to prepare for and respond to new emergencies that may occur elsewhere in the country.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the country office website at www.unicef.org/philippines.

1. Philippines (Mindanao) Humanitarian Action Plan, forthcoming.
 2. Cluster coordination is done both at the national and sub-national levels. In most instances, clusters are also formed at the sub-national level, such as in Mindanao. It would also include promotion of child-centred disaster risk reduction among the clusters and national government agencies.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

UNICEF requested US\$15,107,400 to fund its work in the Philippines in 2011. As of end October 2011, US\$2,767,790 (18 per cent) had been received. Complemented by carry-over emergency contributions, UNICEF was able to mobilize early recovery efforts for rebuilding basic social services in the conflict-affected communities in Central Mindanao and swift emergency response in the flood-affected regions. At least 54,000 families – more than the 14,000 planned for the year – were provided with WASH services, including access to safe water and sanitary facilities, hygiene promotion and distribution of kits. Some 64,000 children under 5 – more than the programmatic goal of 37,500 – from more than 20 target municipalities employing the community-based management of acute malnutrition programme were screened and provided with micronutrient supplementation. Of those screened, more than 600 children suffering from severe acute malnutrition were treated and nearly 80 per cent cured. More than 360,000 children (out of a programmatic goal of 136,000 children) and 14,000 families affected by armed conflict and flooding participated in psychosocial services. More than 22,000 children were provided access to quality early and basic education.



2012 UNICEF HUMANITARIAN ACTION FOR CHILDREN

Latin America and the Caribbean

COLOMBIA • HAITI





Latin America and the Caribbean

CHILDREN AND WOMEN IN CRISIS

From hurricanes, flash flooding and landslides to earthquakes and volcanic eruptions, environmental disasters regularly hit the Latin American and Caribbean region. In the past 10 years, about 64 million people have been affected and tens of thousands of people struggle to survive the aftermath of these crises: the indigenous populations living in remote areas; the urban poor settled on slopes prone to landslides; and the growing poverty-stricken population along river basins. In a region facing the highest economic disparities in the world, these crises lead to disease outbreaks, chronic undernutrition, population displacement, child abuse and trafficking.

In 2011, people were affected by heavy rainfall and large-scale flooding in El Salvador, Guatemala, Honduras and Nicaragua. Severe droughts reduced access to water and increasing food prices pushed countries such as Bolivia, Guatemala, Honduras and Paraguay closer to nutritional crises. Flooding affected about 150,000 people across seven countries in South America. The region experienced cholera outbreaks in Haiti and the Dominican Republic and dengue in Bolivia and Paraguay. In Andean countries, such as Bolivia and Peru, cold temperatures, combined with poor living conditions and lack of health services, continue to cause fatal respiratory diseases in children annually.

Socio-political conflicts add to the challenge of recovery from disaster. In Colombia, abuse and the displacement of thousands of people occur annually, especially among indigenous populations. Increasing violence in Central America and the sub-Caribbean region is leaving children, adolescents and women especially vulnerable to sexual abuse, trafficking and gang recruitment.

MEETING URGENT NEEDS IN 2012

In 2012, UNICEF's regional office for Latin America and the Caribbean, together with government agencies and other international NGOs, will strengthen its ability to enhance disaster risk reduction, preparedness and response in a region marked by natural disasters, with a focus on improving the lives of children most vulnerable to disease, undernutrition and exploitation during these crises.

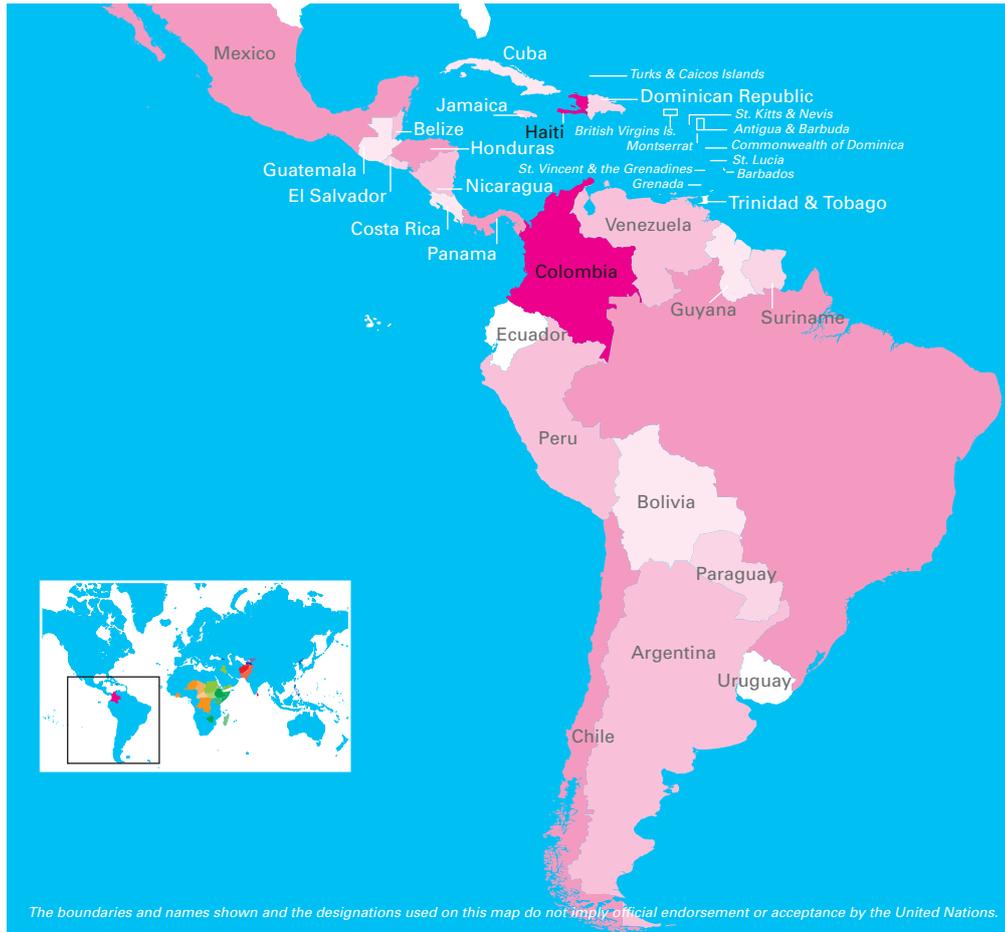
- The regional team will strengthen its ability to provide aid during natural disasters and other humanitarian situations, with improved UNICEF technical and direct operational support for country offices in the region.
- Disaster risk reduction will be strengthened, focusing on education on disaster risk; resilience of school, water and sanitation infrastructure to survive hazards; and readiness of community networks to protect children in emergencies.
- Access to safe water and sanitation services will be increased during emergencies and health supplies will be provided in order to reduce the outbreak of disease.
- Advocacy will take place regionally with governments and will support building capacities to improve assistance to children in crises.
- The regional team will provide technical support to UNICEF country offices in the region and quality insurance to ensure improved preparedness in areas such as supply, provision and readiness of coordination mechanisms in education, WASH, protection and nutrition.
- UNICEF will work on preventing exploitation and also delivering educational services to children during emergencies.
- The regional team will work to combat child undernutrition and provide immediate emergency response and preventive action, especially in Central American countries hit by floods and droughts.

Guatemala

Guatemala is annually affected by large-scale floods or extreme droughts. In 2012, UNICEF will continue to provide emergency assistance to populations affected by the 2011 floods and the Santa Rosa earthquake, as well as recovery assistance to communities affected by the 2010 Pacaya volcanic eruption and Tropical Storm Agatha. UNICEF will improve access to safe water, sanitation and hygiene for 35,000 children, and provide access to education for 26,500 children, a protective environment for 19,000 children and 2,800 adolescents in 200 shelters, and HIV and AIDS prevention for 12,500 people. UNICEF will provide health and nutrition services for 6,200 women and 25,000 children in order to prevent child undernutrition as erratic rains, high temperatures and rising food prices increase food insecurity. UNICEF will continue to support government institutions to enhance disaster risk reduction, especially for children.

Natural hazards have affected 64 million people in the region over the last ten years. Tens of thousands of people – indigenous populations living in remote areas; urban poor settled on slopes prone to landslides; and the growing poverty-stricken population along river basins – struggle to survive the aftermath of these crises.

LATIN AMERICA AND THE CARIBBEAN



HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

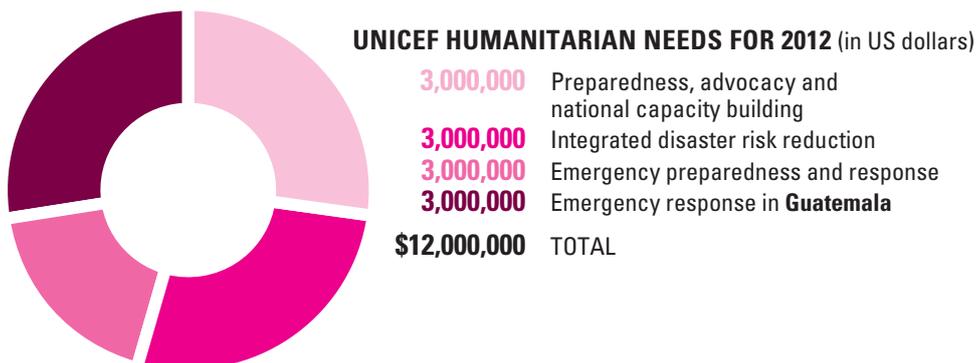
UNICEF had received US\$966,987 (7 per cent) of the requested US\$13,000,000 by end October 2011. The regional office worked with partners to mobilize supplies and technical assistance, providing critical support during severe flooding in seven countries. In Haiti, UNICEF improved access to safe drinking water for more than 325,000 people at high risk of cholera, constructed 160 semi-permanent schools for some 85,000 students, and supported the registration of 10,000 children separated from family. In Guatemala, UNICEF delivered micronutrient supplementation to 22,000 children and provided emergency treatment to 650 undernourished children, as well as provided assistance to the earthquake-affected population.

The regional office worked with local government and partner groups in disaster risk reduction efforts. In Brazil, UNICEF supported the adoption of a national protocol for children in emergencies. A regional conference produced the Panama Declaration on Disaster Risk Reduction for the Education Sector, which was signed by 18 education ministries. Efforts to build national capacities in emergency response and disaster risk reduction resulted in training Bolivia's 99 most disaster-prone municipalities and the development in Guatemala of an Emergency Master Kit for the media to communicate about disaster prevention, mitigation, preparedness and response, with a focus on children.

FUNDING REQUIREMENTS FOR 2012

UNICEF is requesting US\$12,000,000 for its humanitarian work in the Latin America and Caribbean region to improve preparedness, response and disaster risk reduction efforts to the severe weather, natural hazards and complex emergencies that characterize this part of the world.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the regional office website at www.unicef.org/lac (Spanish) and www.unicef.org/lac/english.html (English).





Colombia

CHILDREN AND WOMEN IN CRISIS

The armed conflict in Colombia, which has now lasted for nearly 50 years, continues to fuel a protracted humanitarian crisis and represents a considerable challenge to governance, the respect of human rights and sustainable economic development in the country. Overall, the security of the population and the humanitarian situation continue to be profoundly affected.

Children in Colombia live in a most vulnerable environment and are continually victimized by recruitment by armed groups, indiscriminate attacks, sexual violence, displacement, confinement and threats from anti-personnel mines and unexploded ordnance. The occupation and attacks on schools have continued. In this context, girls remain among the most vulnerable segments of the population. The Secretary-General of the United Nations has indicated that the commission by the armed groups of grave forms of sexual violence against recruited girls is of particular concern.¹

Many communities are still recovering from the consequences of the rainy season of 2010, which include the loss of homes, displacement and disruption of schooling. No less than 4 million people were affected by the rains during 2010–2011.²

MEETING URGENT NEEDS IN 2012

UNICEF leads WASH and education clusters. Together with the Government of Colombia, other UN agencies, the Catholic Church and NGOs, UNICEF will aim to address the needs of 190,000 people, including 8,000 women, 83,000 boys and 88,000 girls. UNICEF expects to achieve the following key results:

- UNICEF will provide an estimated 50,000 children and 4,000 pregnant or breastfeeding women in communities affected by the armed conflict or natural hazards with access to nutrition services and emergency health supplies, including oral rehydration salts, micronutrient supplements, ready-to-use therapeutic foods and insecticide-treated mosquito nets. UNICEF will strengthen the capacity of 110 mobile units of the National Institute of Family Welfare, as well as local partners and authorities of 10 prioritized departments for the comprehensive care of children and pregnant or breastfeeding women affected by natural hazards and armed conflict.
- Approximately 15,000 children and women in rural communities affected by natural hazards will have access to safe and sufficient water and sanitation services through the installation or repair of community systems and education on best hygiene practices.
- Some 20,000 children from schools affected by the armed conflict will be able to exercise the right to education. The schools will display signs as places protected by international humanitarian law, and UNICEF will support the development of comprehensive programmes to prevent recruitment of children and accidents by landmines and unexploded ordnance.
- An estimated 40,000 children will be educated on landmine risk, and 80,000 children will participate in programmes on prevention of recruitment by armed groups. Some 250 children rescued from armed groups will be protected by an integral attention programme of the Colombian Family Welfare Institute that guarantees return to their families. The Monitoring and Reporting Mechanism on Grave Child Rights Violations (UN Security Council Resolution 1612) has improved its information system and monitoring of cases. Some 5,000 children will receive psychosocial support from the mobile units of the National Institute of Family Welfare, trained by UNICEF.

FUNDING REQUIREMENTS FOR 2012

UNICEF is requesting US\$6,200,000 to continue its humanitarian work in Colombia. Full funding is essential to ensure direct assistance to thousands of children who are affected by the armed conflict and recurrent natural hazards.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the country office website at www.unicef.org/colombia.

1. United Nations, Children and Armed Conflict: Report of the Secretary-General, – A/65/820–S/2011/250, United Nations, New York, 23 April 2011, p. 37.
2. United Nations Office for the Coordination of Humanitarian Affairs, 'Humanitarian Situation No. 40', OCHA, Geneva and New York, p. 1.
3. Using an approach based on the Convention on the Rights of the Child, the methodology of the Return to Happiness strategy aims to reduce, through a game, the aftermath of the emotional damage that can occur in children affected by emergencies, as well as build their capacity resistance and recovery, and help them to return to a normal life.

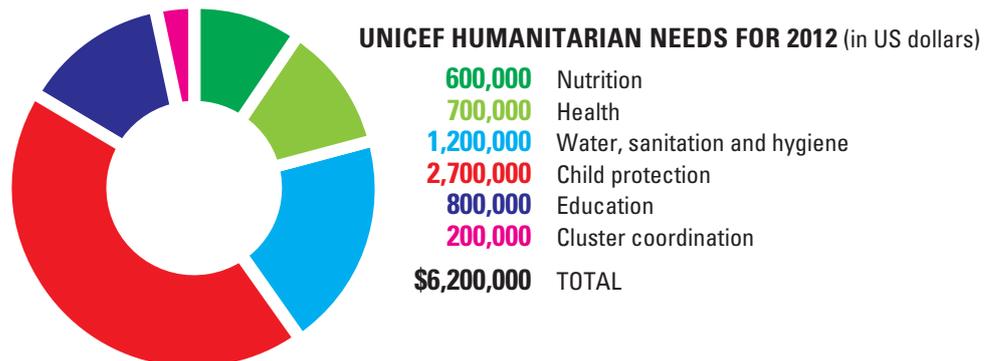
HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

UNICEF requested US\$10,300,000 for its humanitarian work in Colombia in 2011. As of end October, US\$1,396,114 (14 per cent) had been received. Complemented with funds from regular sources, UNICEF assisted 75,000 people affected by natural hazards or armed conflict. More than 37,000 children and 900 pregnant or breastfeeding women in the north and west of Colombia received integrated assistance in health, nutrition, education and protection. Some 17,000 children impacted by the rainy season in these regions were assisted with education kits, recreational kits and school tents.

Approximately 20,000 people gained access to safe water with the installation or repair of community systems.

Nearly 17,000 indigenous children and their families in rural communities in the Pacific Coast region received food, nutrition and protection assistance, and more than 3,000 indigenous children under 5 were supported in early childhood development.

More than 41,000 children and adolescents participated in programmes to prevent recruitment by armed groups. Some 11,000 children benefited from psychosocial support through the Return to Happiness strategy.³





Haiti

CHILDREN AND WOMEN IN CRISIS

Women and children in Haiti struggle to emerge from a series of catastrophic emergencies that began in 2010: a devastating earthquake, a cholera epidemic and the floods that followed severe storms and hurricanes. Today, almost two years later, the aftermath remains. Approximately 600,000 people, including more than 250,000 children, continue to live in crowded settlements¹ that increase vulnerability to health and nutrition problems as well as the possibility of abuse and exploitation. Eviction cases have increased by 400 per cent in the past year, with about 121,000² people currently reporting being harassed from their shelters by landowners. Since the outbreak in October 2010 through the end of September 2011, more than 450,000 people contracted cholera, with some 6,300 people dead as a result.³ Although incidence rates are declining, localized outbreaks continue to spread, primarily in rural areas. The unstable situation is worsened by stark disparities in access to social services across the country. UNICEF's ability to respond to these far-reaching crises, as well as to the earliest stages of the disasters, is critical to the well-being of the country's women and children.

MEETING URGENT NEEDS IN 2012

The challenge for UNICEF in Haiti will be to ensure the continuity of humanitarian support for women and children in camps, while at the same time supporting and encouraging sustainable returns and relocation through multi-sectoral investments in communities. UNICEF will lead the transition of the WASH, education and nutrition clusters as well as the child protection sub-cluster to national counterparts, and will continue to work with the Government of Haiti, other UN agencies and NGOs to reach millions of women and children.

- Up to 100,000 children and women will receive improved access to integrated primary health-care services in return and relocation areas, and at least 2.3 million children under 9 will be vaccinated against measles.
- More than 5,000 children under 5 suffering from severe acute malnutrition will be treated with timely, quality care. At least 70,000 women, representing 22 per cent of all pregnant or breastfeeding women, will be provided with information on breastfeeding, complementary feeding and cholera prevention.
- UNICEF will provide at least 150,000 women and children in camps, return and relocation areas with access to safe drinking water. An additional 250,000 school-age children in high-risk cholera areas will have access to safe water, sanitation and hygiene facilities at school. More than 1.6 million people will be reached with a health and hygiene promotion campaign designed to prevent child illness, especially diarrhoea.
- Learning and teaching materials will be provided to teachers in the most vulnerable schools impacted by emergencies, benefiting at least 120,000 children. More than 12,000 students in earthquake-affected areas will be provided with a safer learning environment through the construction of 20 additional semi-permanent schools.
- Approximately 50,000 extremely vulnerable children in residential care will benefit from registration, social documentation and minimum standards of health and hygiene. More than 100 child protection committees and 500 child-friendly spaces (hosting 120,000 children) will be established and/or strengthened in communities, facilitating referral (including for gender-based violence) and encouraging return/relocation and overall recovery.

FUNDING REQUIREMENTS FOR 2012

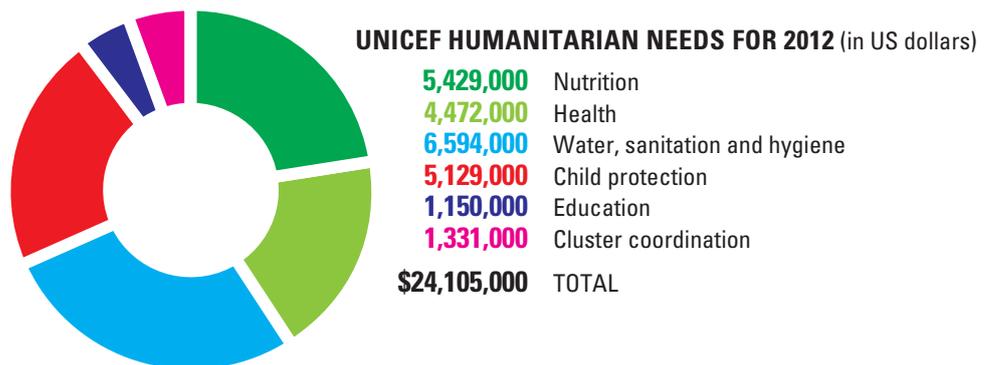
In 2012, UNICEF is requesting US\$24,105,000 for its humanitarian work in Haiti. This amount is in line with the Consolidated Appeals Process (CAP) requirements. Immediate and adequate funding is needed to build on the resilience already demonstrated by the country's women and children.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the country office website at www.unicef.org/haiti (French).

1. Camp Coordination and Camp Management (Haiti) website, www.ccmhaiti.info/, and UNICEF estimate of child population.
 2. Camp Coordination and Camp Management Cluster, 'Eviction Situation in Camps Hosting Internally Displaced Persons (IDPs)', Haiti, July 2011, p. 1.
 3. Ministry of Population and Public Health, 'Daily Report', 18 September 2011, p. 1.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

In 2011, UNICEF requested US\$86,581,014 to continue its humanitarian work in Haiti. As of end October 2011, US\$40,873,722 had been received, or 47 per cent of the goal. UNICEF and partners were able to reach approximately 50,000 children with immunizations, boosting coverage in 36 hard-to-reach communities. Access to safe drinking water was improved for more than 325,000 people at high risk for cholera. More than 2.2 million people were reached with health and hygiene campaigns designed to prevent the spread of cholera. UNICEF constructed 160 semi-permanent schools, benefiting 86,000 children, and met its target in providing 750,000 children and 15,000 teachers with learning and teaching materials. UNICEF also targeted undernutrition in Haiti: approximately 400,000 children under 5 were screened and nearly 12,000 severely malnourished children received treatment. UNICEF coordinated a campaign of 85 national organizations and performed constant cholera prevention activities that reached 130,000 households. Some 120,000 children benefited daily from the 445 child-friendly spaces across the country. About 8,200 separated children were registered through the family tracing and reunification network, and close to 2,500 children were reunited with their families. An additional 8,000 children living in 220 residential care facilities were also registered.



2012 UNICEF HUMANITARIAN ACTION FOR CHILDREN

Central and Eastern Europe and the Commonwealth of Independent States



Central and Eastern Europe and the Commonwealth of Independent States

CHILDREN AND WOMEN IN CRISIS

Central and Eastern Europe and the Commonwealth of Independent States is a region prone to natural hazards, which have caused major economic and human loss, destroyed social infrastructure and left children and women highly vulnerable to displacement, protection concerns and severe health problems. Political instability within the region and in neighbouring countries continues. An estimated 2.5 million people were still displaced at the end of 2010 in Europe and Central Asia as a result of conflict arising from independence claims and territorial disputes.¹

In July 2011, an earthquake measuring 6.1 on the Richter scale in the Ferghana Valley, felt along the Kyrgyz-Uzbekistan border, served as a reminder of the risk to populations and highlighted the need for accelerated disaster management planning. Turkey witnessed an influx of more than 11,000 people from Syria who were fleeing civil unrest – the majority of them children² – in addition to a 7.2-magnitude earthquake in October. The resurgence of polio in 2010 after more than a decade in Central Asia and the ongoing measles outbreaks since 2008 – mainly in Eastern European countries and in Uzbekistan – reflects the fragility of the region with regard to vaccine-preventable diseases.

MEETING URGENT NEEDS IN 2012

Regional office

In 2012, the regional office will focus on:

- Supporting governments in developing national capacity in emergency preparedness and response through simulation exercises.
- Strengthening emergency risk analysis to anticipate, prepare for and respond to humanitarian situations.
- Continuing disaster risk reduction activities in Central Asia and the South Caucasus and expanding to other disaster-prone countries to build systems.
- Developing regional capacity in inter-agency and cluster coordination for the WASH, nutrition and education sectors.
- Strengthening government capacities in immunization, surveillance and early warning systems and risk/crisis communication, in collaboration with the World Health Organization.
- Improving regional coordination among agencies regarding the mapping of emergency risks and strengthening national disaster management and response.

Georgia

In 2012, UNICEF will continue to respond to the needs of 40,000 children and their families in Abkhazia, Georgia, in collaboration with local and international NGOs and UN agencies. Support will focus on post-conflict recovery interventions to strengthen delivery of basic social and health services. The expected priority results are:

- Some 40,000 children will be protected from vaccine-preventable diseases through strengthened routine immunization.
- Some 10,000 schoolchildren in 50 schools in Abkhazia will be protected from poor hygiene and sanitation-related diseases through rehabilitation of school water and sanitation infrastructure.
- Approximately 12,000 of the country's most vulnerable children, including children with disabilities, will have more equitable access to basic social services through a network of 54 community support centres.

Kyrgyzstan

In 2012, UNICEF will continue to work with the Government of Kyrgyzstan, other UN agencies and NGOs to increase the sustainability of the emergency response in affected areas and strengthen emergency preparedness mechanisms. As agency lead of the WASH, education and nutrition clusters and child protection and gender-based violence sub-clusters, UNICEF is taking an active part in the inter-agency contingency planning.

- Child protection will focus on the development of sustainable social services for children and families.
- UNICEF will procure, for 40,000 persons, emergency stockpiles as well as water tanks, hygiene kits, water purification tablets and soap for distribution, and will contribute to the physical construction and rehabilitation of latrines and WASH facilities in schools and hospitals.
- Education activities will focus on disaster preparedness through risk reduction in 20 pilot schools and 10 preschools and the procurement and pre-positioning of emergency education supplies for 10,000 children.
- Health and nutrition efforts will focus on developing sustainable and quality health services, ensuring adequate access to micronutrients for 250,000 children and 50,000 women, and managing the cold storage chain for vaccines to cover immunization needs.

1. Internal Displacement Monitoring Centre, 'Internal Displacement in Europe', Internal Displacement Monitoring Centre, Geneva, 2010, [www.internal-displacement.org/8025708F004CE90B/\(httpRegionPages\)/89DF093F3A3371D6C125786A00495575?OpenDocument](http://www.internal-displacement.org/8025708F004CE90B/(httpRegionPages)/89DF093F3A3371D6C125786A00495575?OpenDocument), accessed 20 November 2011.

2. United Nations Children's Fund, 'UNICEF Situation Report: Turkey borders with Syria', UNICEF, New York, 28 June 2011, p. 1.



Central and Eastern Europe and the Commonwealth of Independent States are prone to natural hazards that have caused major economic and human loss and left children and women highly vulnerable to displacement, protection concerns and severe health problems.

CENTRAL AND EASTERN EUROPE AND THE COMMONWEALTH OF INDEPENDENT STATES



HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

As of end October, UNICEF received US\$100,000 (5 per cent) of the requested US\$2,200,000. Due to funding shortfalls, UNICEF used other sources for its regional activities. The regional office supported Bosnia and Herzegovina, Kazakhstan, Turkey and Uzbekistan country offices, national authorities and partners in emergency preparedness planning and management and assisted Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan in implementing disaster risk reduction activities in education.

Disaster risk reduction capacity was developed for more than 28,000 children, educators and staff. Teaching materials were adapted and methodologies for the assessment of school safety were developed as a pilot in Kyrgyzstan.

UNICEF responded to the humanitarian and protection needs of 40,000 children and their families in Abkhazia, Georgia. Training, equipment and supplies for maternal and child health care were provided and a network of community centres was established to provide basic social services.

In Turkey, UNICEF supported the government by providing psychosocial training to teachers and getting children back to school after the October earthquake.

In Kyrgyzstan, several post-conflict projects in health, education, child protection and WASH were implemented.

UNICEF assisted the response to the 2010 polio outbreak in Tajikistan and neighbouring countries; the region has been confirmed polio-free once again.

Tajikistan

In 2012, UNICEF will further strengthen capacity and coordination to respond to disasters as they occur – in the context of its role in the various humanitarian clusters – focusing on ensuring children’s continued access to essential health and nutrition, protection, education and water and sanitation services. The expected results in the ongoing programmes are:

- More than 5,000 severely and moderately malnourished children will be treated with essential life-saving nutritional items and micronutrient/food supplements.
- A one-time countrywide diphtheria supplementary immunization activity will be conducted among 3–21-year-olds to prevent a potential large-scale outbreak given the existing immunity gaps, thus also preventing spillover to neighbouring countries.
- More than 20,000 children will benefit from improved water and sanitation facilities and hygiene education, and some 400 children will benefit from a new school facility following a disaster.
- As follow-up to the polio outbreak, more than 700 people, mainly children affected by the polio epidemic and children with physical disabilities and their families, will be provided with sustainable social services through community-based rehabilitation in 24 districts.
- Efforts will focus on preparedness to respond to affected populations in the event of an emergency for improved access to quality life-saving primary health-care services through supply of essential health kits; access of children to psychosocial support, learning spaces, essential learning materials and early childhood development activities; and access of families to essential WASH supplies.

FUNDING REQUIREMENTS FOR 2012

UNICEF is requesting US\$8,241,000 for humanitarian efforts in the region to work with governments and partners in delivering quality and timely assistance during emergencies. This includes simulation exercises and capacity development of UNICEF staff, as well as governments and partners. The regional office will continue supporting offices with integrating disaster risk reduction into regular programmes to build resilience and mitigate the impact of natural hazards on children and women.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the regional office website at www.unicef.org/ceecis.

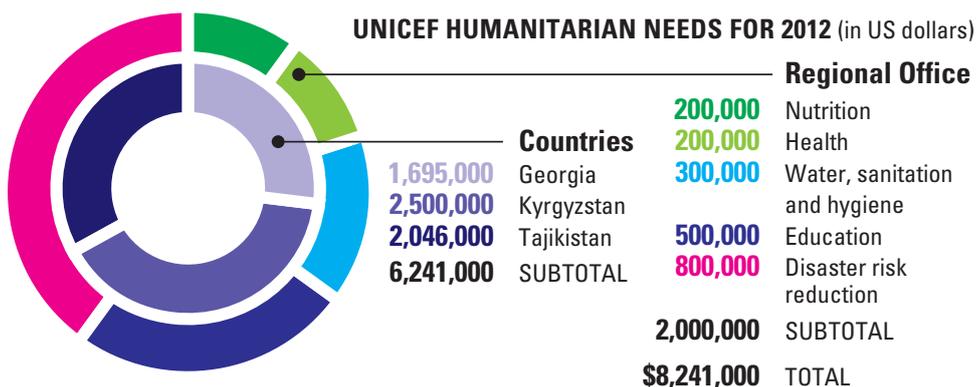


Photo Captions

COVER

SOMALIA

© UNICEF/NYHQ2011-1182/Holt

Children and women displaced by drought and conflict line up for food in Mogadishu, Somalia. The nutrition and drought crisis in the Horn of Africa is the largest of the many protracted emergencies that challenged the rights and welfare of children in 2011.

FOREWORD

KENYA

© UNICEF/NYHQ2011-1121/Holt

UNICEF Executive Director Anthony Lake visits drought-affected villagers in Kenya's northern Turkana District, in early July, 2011.

Page iv.

INTRODUCTION

PAKISTAN

© UNICEF/NYHQ2011-1379/Page

Women fetch water at the edge of rising flood waters, during Pakistan's second year of extreme flooding. Climate-related disasters, joined by political and economic shocks, are exposing already vulnerable children to repeated cycles of crisis.

Page viii.

GLOBAL SUPPORT

HAITI

© UNICEF/NYHQ2010-1310/Ramoneda

Quake-affected girls attend a UNICEF-assisted temporary school in Port-au-Prince, Haiti. UNICEF's timely response to more than 250 annual emergencies depends on coordination, surge capacity, enhanced tools and guidance at the global level.

Page 11.

EASTERN AND SOUTHERN AFRICA

© UNICEF/NYHQ2011-1019/Holt

A dust storm invades a camp for Somali refugees near the town of Dadaab in Kenya. More than 13 million people are affected by drought in the Horn of Africa. Poverty and conflict continue to exact a harsh toll on children throughout the region.

Page 15.

ERITREA

© UNICEF/NYHQ2008-1646/Pirozzi

A girl receives a dose of vitamin A during a UNICEF-assisted nutritional screening in Anseba region. Eritreans continue to be affected by drought, poverty and the political impasse with neighbouring Ethiopia.

Page 18.

ETHIOPIA

© UNICEF/NYHQ2011-1567/Lemma

Kurfa Wario draws water from an underground collection tank in a village in the drought-affected Borena zone. Diminished water resources and food insecurity have left 4.5 million Ethiopians in need of humanitarian assistance.

Page 19.

KENYA

© UNICEF/NYHQ2011-1111/Holt

Children and women attend a nutrition session at a health centre in the drought-affected pastoralist Turkana District. UNICEF aims to reach 1.4 million Kenyan children with humanitarian assistance in 2012.

Page 20.

MADAGASCAR

© UNICEF/NYHQ2009-1229/Pirozzi

A girl holds a doll in a poor neighbourhood in Antananarivo, the capital. Madagascar, beset by poverty, an isolated location, natural hazards and an ongoing political crisis, is one of the poorest in the world.

Page 21.

SOMALIA

© UNICEF/NYHQ2011-1194/Holt

A displaced girl and her younger brother stand in war-ravaged Mogadishu. Two decades of conflict, compounded by severe drought, have left fully 30 per cent of all children under age 5 acutely malnourished.

Page 22.

REPUBLIC OF SOUTH SUDAN

© UNICEF/NYHQ2011-0453/De Viguerie

A newborn sleeps in Wau Hospital, in Western Bahr el Ghazal State, South Sudan. The world's newest country faces complex humanitarian challenges, including high infant mortality and continued rebel activity.

Page 23.

ZIMBABWE

© UNICEF/NYHQ2009-0828/Li

A baby is vaccinated against polio at a mobile outreach unit in Masvingo District, Zimbabwe. The continuing political crisis has heightened threats to children, including unsafe water, food insecurity, natural hazards, violence and HIV and AIDS.

Page 24.

WEST AND CENTRAL AFRICA

© UNICEF/NYHQ2010-1532/Asselin

A woman and her new-born wait to be treated at a village health post in Bandundum Province in the Democratic Republic of the Congo. Climate change, political upheaval and epidemics threaten the region's stability.

Page 25.

CENTRAL AFRICAN REPUBLIC

© UNICEF/NYHQ2011-0801/Grarup

A baby girl is treated for malaria in a hospital in Haut Mbomou Prefecture. Conflict has affected all aspects of the country's daily life, destroying infrastructure, disrupting health and education services and displacing 192,000 people.

Page 29.

CHAD

© UNICEF/NYHQ2010-1172/Gangale

Eta Brahim washes her undernourished baby's hands at a nutrition centre in Chad's Bar-El-Ghazel region. More than 100,000 children under 5 are undernourished. Food insecurity also affects 460,000 internally displaced and refugees from neighbouring countries. Page 30.

COTE D'IVOIRE

© UNICEF/NYHQ2011-0580/Asselin

A girl receives food at a camp in the western town of Duékoué for people displaced by violence that followed the November 2010 presidential election. Stability has returned but basic health and education services remain severely hampered. Page 31.

DEMOCRATIC REPUBLIC OF THE CONGO

© UNICEF/NYHQ2009-1315/Asselin

A boy passes a United Nations peacekeeping compound in a remote part of war-torn Oriental Province. Conflict, extreme levels of sexual violence and almost non-existent social services continue to define one of the world's worst humanitarian crises. Page 32.

LIBERIA

© UNICEF/NYHQ2011-0025/Sautereau

A refugee child attends class in remote Nimba County, host to most of the 176,000 refugees that fled conflict in neighbouring Côte d'Ivoire. This is severely straining local resources in a country that is itself recovering from years of civil war. Page 33.

NIGER

© UNICEF/NYHQ2010-1592/Holtz

Children eat a meal of cooked leaves from a communal plate in a village in the Niger's Maradi region. Half of all children under 5 suffer from chronic undernutrition in a country where rainfall is persistently insufficient. Page 34.

MIDDLE EAST AND NORTH AFRICA

© UNICEF/NYHQ2011-1422/Diffidenti

A girl watches a peaceful demonstration in Tripoli. The region, long marked by social inequity and crisis, is undergoing an unprecedented 'Arab Spring' of socio-political change, with multiple long- and short-term effects on children. Page 35.

DJIBOUTI

© UNICEF/NYHQ2011-1353/Mekki

Children and women queue for water at a UNICEF-supported distribution point in a slum area near Djibouti City. The country is one of the most water scarce in the world and one of the worst affected by the Horn of Africa drought. Page 38.

IRAQI REFUGEES

© UNICEF/NYHQ2007-0750/Noorani

Volunteers work at an early childhood development centre in a camp for Palestinian Iraqi refugees in Syria. More than 1.5 million Iraqis are still seeking refuge in neighbouring countries, having fled ongoing political violence in their country. Page 39.

OCCUPIED PALESTINIAN TERRITORY

© UNICEF/NYHQ2007-2527/Brooks

Children returning from school pass through an Israeli military checkpoint in the town of Ras Atiya in the West Bank. The ongoing Israeli blockade of Gaza and heightened political tensions throughout the OPT continue to disrupt children's lives. Page 40.

REPUBLIC OF SUDAN

© UNICEF/NYHQ2004-0863/Noorani

A girl sits on a bundle of firewood in the Abu Shouk camp in North Darfur. Conflict in different parts of the Sudan, and restricted humanitarian access to the 1.9 million displaced people in Darfur, have exacerbated crisis levels of undernutrition. Page 41.

YEMEN

© UNICEF/NYHQ2010-2846/Stirton

Eight-year-old Abbas, injured in a landmine blast that killed other family members, sits in a camp for the displaced in Hajjah Governorate. High rates of undernutrition and poverty characterize a country beset by violent political unrest. Page 42.

SOUTH ASIA

© UNICEF/NYHQ2011-1662/Page

A girl carries a baby in a camp for people displaced by flooding in Sindh Province, Pakistan. The region, one of the world's most populous, suffers from natural hazards, conflict and internal tensions fuelled by economic disparities. Page 43.

AFGHANISTAN

© UNICEF/NYHQ2010-0790/Holt

Children walk on a street patrolled by military forces in Garmsir bazaar, in Helmand Province. A decades-long conflict continues to undermine children's development; 525,000 children under 5 are at risk of severe acute malnutrition. Page 46.

PAKISTAN

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A girl sleeps beside a flooded field in Shaheed Benazirabad District, in Sindh Province. Amid ongoing political strife, heavy monsoon rains have devastated Pakistan for the second consecutive year, affecting 5.4 million people. Page 47.

SRI LANKA

© UNICEF/2009-2127/Pietrasik

Chandra and her nephew work in their vegetable garden, in Palchenai village, Batticaloa District. They lost family to both conflict and the 2004 tsunami in Sri Lanka. After 30 years of war, nearly 112,000 returning families need assistance.
Page 48.

EAST ASIA AND THE PACIFIC

© UNICEF/NYHQ2011-1813/Perawongmetha

A boy paddles a makeshift raft through floodwaters near Laksi Temple in Bangkok. Natural hazards, weakened infrastructure and extreme poverty have affected more than 9.5 million people throughout the region.
Page 49.

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

© REUTERS/Sagolj

A child suffers from undernutrition in a hospital in Haeju, in South Hwanghae Province. Many children are chronically malnourished as a result of food insecurity, typhoons and flooding, a failing economy and limited access to safe water.
Page 52.

PHILIPPINES

© UNICEF Philippines/2011/Santos

A boy tends to his baby brother in a school being used as a temporary shelter for families displaced by flooding in Central Luzon. Cyclones and ongoing conflict have disrupted schooling and left children at greater risk of disease.
Page 53.

LATIN AMERICA AND THE CARIBBEAN

© UNICEF/NYHQ2007-2757/Versiani

An indigenous girl attends class in Guatemala, which recently experienced widespread flooding. Environmental disasters in this region of high income disparities are hardest on the poor, who also face the highest income disparities in the world.
Page 55.

COLOMBIA

© UNICEF Colombia/2011/Amador

Miguel Campos is among 4 million Colombians affected by seasonal flooding in 2010 and 2011. Natural disasters are compounding a humanitarian crisis caused by 50 years of armed conflict, now including attacks on schools and increased sexual violence.
Page 58.

HAITI

© UNICEF/NYHQ2011-1322/Dormino

A girl walks in a camp for the displaced in Port-au-Prince. Despite progress since the 2010 earthquake and a subsequent cholera epidemic, crowded temporary settlements remain and stark disparities underscore the need for continued humanitarian support.
Page 59.

CENTRAL AND EASTERN EUROPE AND THE COMMONWEALTH OF INDEPENDENT STATES

© UNICEF/NYHQ2011-1654/Bell

A woman walks her children home from a community kindergarten, in Samarkandek village, Kyrgyzstan. The school is piloting a disaster risk reduction programme to better prepare for emergencies in a region prone to natural and human-made hazards.
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UNICEF

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