



UNICEF HUMANITARIAN ACTION REPORT 2008

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UNICEF Humanitarian Action Financial Requirements for 2008

Region/Country	Original HAR funding requirements (US\$)	Revised HAR funding requirements (US\$)	Percentage of funding received against the revised HAR
ASIA AND THE PACIFIC (ROSA & EAPRO)	1,190,000	1,190,000	25%
Afghanistan	12,925,764	12,925,764	60%
Democratic People's Republic of Korea	15,000,000	15,000,000	35%
Nepal	6,070,000	7,281,047	27%
Pakistan	74,253,000	68,500,000	5%
Sri Lanka**	9,300,000	9,650,000	45%
Timor-Leste	3,406,800	3,506,800	6%
CENTRAL AND EASTERN EUROPE, COMMONWEALTH OF INDEPENDENT STATES REGIONAL OFFICE	600,000	600,000	0%
EASTERN AND SOUTHERN AFRICA REGIONAL OFFICE	2,350,000	3,637,698	39%
Angola	5,123,585	5,123,585	16%
Burundi	4,500,000	7,529,661	22%
Eritrea	12,975,000	17,365,000	22%
Ethiopia	26,540,000	49,247,000	50%
Kenya	11,299,300	20,447,747	56%
Lesotho	2,349,000	3,537,950	42%
Madagascar	5,110,000	10,479,906	0%
Malawi	4,200,000	4,000,000	49%
Mozambique	5,650,000	7,344,300	41%
Somalia	46,959,000	65,837,985	54%
Swaziland	3,137,500	3,137,500	32%
Uganda	58,051,994	34,414,333	48%
Zambia	7,710,000	7,710,000	0%
Zimbabwe	15,786,310	38,950,000	66%
MIDDLE EAST AND NORTH AFRICA REGIONAL OFFICE	500,000	680,000	29%
Djibouti	2,000,000	7,260,155	22%
Iraq	43,282,860	36,831,222	47%
Jordan	16,032,000	4,811,237	0%
Lebanon	5,950,000	3,350,000	0%
Occupied Palestinian Territory	20,578,980	17,007,810	55%
Sudan	150,374,035	169,230,423	46%
Syrian Arab Republic	35,400,000	35,400,000	0%

THE AMERICAS AND CARRIBEAN REGIONAL OFFICE	1,100,000	1,950,000	15%
Colombia	5,250,000	5,250,000	8%
Haiti	6,850,000	6,500,000	12%
WEST AND CENTRAL AFRICA REGIONAL OFFICE	17,050,953	17,050,953	50%
Central African Republic	15,562,069	13,577,140	39%
Chad	44,641,470	30,962,050	27%
Congo	3,500,000	3,539,000	11%
Congo, Democratic Republic of the	106,200,000	115,200,000	40%
Côte d'Ivoire	13,336,798	9,221,937	53%
Guinea	3,857,028	4,690,864	28%
Guinea-Bissau	870,000	1,870,000	21%
Liberia	18,170,000	18,186,983	25%
Mauritania	2,850,000	4,066,516	38%
Niger	7,524,000	13,151,000	29%
TOTAL CAP	530,143,516	548,163,947	46%
TOTAL NON-CAP	325,223,930	369,039,619	25%
GRAND TOTAL*	855,367,446	917,203,566	38%

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

** Appeal within the Common Humanitarian Action Plan (CHAP)

[Appeal within the Consolidated Appeals Framework](#)

Appeal outside the Consolidated Appeals Framework

Note: All income figures in this report are as at 15 July 2008.

Asia and the Pacific

UNICEF HUMANITARIAN ACTION

Asia and the Pacific

Mid-Year Review 2008

Problem Statement/Context: The Asia Pacific region has an emergency profile characterized by a combination of natural disasters, civil/political unrest with pockets of conflict situations, and recent emerging new global threats such as high food and fuel prices crisis, the threat of pandemic influenza and other emerging diseases. In terms of natural disasters, the Asia-Pacific region is considered specifically vulnerable to floods and landslides, a yearly recurrent consequence of the seasonal rains coupled to possible formation of cyclones during the North Indian Cyclone season and typhoons during the North West Pacific Typhoon season, affecting most of the countries in the region. Further to floods, the Pacific seismic belt puts at risk of major earthquakes a large number of nations including Afghanistan, Bhutan, Bangladesh, China, Northern India, Indonesia, Mongolia, Myanmar, Nepal, Pacific Islands, Pakistan, Philippines, Papua New Guinea, Thailand and Timor Leste. Indonesia alone counts currently with four volcanoes in orange alert, meaning they can erupt any time soon.

During the first part of 2008, the region experienced two major emergencies, one in Myanmar - cyclone Nargis - and the other in China - Sichuan earthquake - which both had devastating consequences for millions of people, especially for the most vulnerable.

This year, the risk of drought has been identified as potential threat in three Indian States, and Afghanistan has just launched a joint emergency appeal to respond to the drought and high food price crisis for US\$ 404.3 mio., for which UNICEF has committed to implement nutrition and WASH activities through the nutrition and WASH clusters.

Prolonged and escalating armed conflict in Afghanistan and Sri Lanka, as well as the deterioration of the security situation in Pakistan do not appear to augur of any early solution. Unresolved conflict characterized by fragile ceasefires and escalating tensions, and political instability triggering civil unrest continued to affect the region, especially Nepal, Bangladesh, Timor Leste, Thailand, Philippines and Myanmar further increasing the number of IDPs and refugees in the region. Access for humanitarian aid is still an issue in many of these countries.

The increase in food prices is closely tangled with the emergency profile of this larger region, and further exacerbated by the already high rates of malnutrition including high rates of stunting and pockets of severe acute malnutrition in countries with conflict situations. Prices have increased, which could further escalate given the destruction of crops following natural disasters (cyclone in Bangladesh and Myanmar, drought in Afghanistan, floods in Pakistan and China). Food prices could also put strain on the already fragile political stability in some countries. The threat of pandemic influenza is continuously being closely monitored as well as other emerging diseases such as cholera. Laos reported a sudden and severe cholera outbreak early 2008.

Key Results for Children: As part of direct assistance to new humanitarian crises, the East Asia and Pacific Regional Office has provided support to Laos (Cholera and Floods emergency) and Myanmar (Nargis cyclone) through deployment of regional Emergency and WASH Project Officers for technical support and cluster coordination and to China (Sichuan Earthquake) through deployment of an Emergency officer to support the emergency response. The South Asia Regional Office has provided direct support for a new humanitarian crisis in Bangladesh with the deployment of a WASH Emergency Project Officer and the Regional Telecoms Officer for cluster coordination. Both regional offices have continued to provide support to UNICEF country offices in building their capacity through training, coaching events, workshops and simulation exercises to strengthen their preparedness and response, reinforcing linkages between preparedness and early action to ensure minimum levels of readiness. Myanmar, Papua New Guinea, DPRK and all 8 countries of South Asia have benefited from their respective regional office support. ROSA has developed a preparedness measures checklist sent out to the four major monsoon-affected countries in ROSA (Bangladesh, India, Nepal, Pakistan). ROSA and EAPRO have been actively providing in-country support for WASH cluster awareness raising, cluster mapping and contingency planning exercises in West Bengal, Pakistan, Sri Lanka, Nepal, Bangladesh, Indonesia, the Philippines and China. A WASH coordinators training was held in Bangkok and in Nepal, in which key information management challenges and constraints for the WASH cluster were discussed, the role of the WASH cluster coordinator in setting up an information management system in support of cluster coordination and response and the identification of WASH and inter-cluster Information Management tools and techniques.

ROSA supported Sri Lanka (UNICEF and partners) in nutrition in emergencies with a special focus on case management of severe malnutrition cases and Nepal (UNICEF and partners) in education in

emergencies, building their capacity to deliver education cluster response in emergencies, enhancing communication and collaboration at the regional/district and central levels.

EAPRO supported a regional workshop, hosted by UNICEF Thailand, on children and armed conflict, aiming at building the capacity of key child protection staff from Thailand, Myanmar and the Philippines on the Monitoring and Reporting Mechanism (MRM) for Grave Violations Against Children in Situations of Armed Conflict. One colleague from each ROSA country - Afghanistan, Sri Lanka and Nepal - was invited to share his experiences and lessons learned. In addition, selected modules from the inter-agency training package on Child Protection in Emergencies, recently developed by UNICEF Headquarters, were introduced to all participants. Datacoms equipment standards were revised and disseminated through the installation in ROSA of a UNICEF HF Radio Emergency and Security network-HUB, interoperable with voice telephony. In EAPRO, IT equipment has been procured and pre-positioned in strategic locations for rapid deployment in the event of an emergency requiring UNICEF's involvement in the region. Enhanced collaboration with regional PM&E colleagues in strengthening the information management component within all emergency and response activities in COs (Afghanistan, Nepal, India, Pakistan, Pacific, Vietnam, Myanmar and China) has continued. This includes technical assistance for the development of rapid assessment methodologies, including specific measures for the development of relevant baselines datasets in emergency preparedness activities (i.e DevInfo), performance monitoring and gap analysis as well as other information management tools in line with the latest IASC guidelines. Direct application of some of the tested tools to effective information management between and within clusters has taken place in Bangladesh and in Myanmar emergencies responses.

As part of strengthening regional surge capacity, both regional offices have continued, in close collaboration with HR regional units, to populate the regional emergency surge capacity roster. The effectiveness of this system was noted during the Myanmar Cyclone Nargis crisis and China Sichuan Earthquake emergencies with surge capacity staff being timely deployed. As part of the WASH cluster responsibilities, a WASH cluster coordinators roster has been developed and populated in joint collaboration between ROSA and EAPRO.

For Avian and Pandemic Influenza (A/PI), both ROs have continued to support more long-term and strategic work on risk communication and emergency communication systems to increase community resilience to cope with and respond to a range of threats, including a human influenza pandemic. Collaboration with UN partners on pandemic preparedness initiatives has contributed to increased national capacity to prepare for and respond to a pandemic in other programme areas that have critical implications for children and their families.

Key Challenges: ROSA and EAPRO's varieties of complex and chronic emergencies coupled with the recent food and fuel prices crisis required increased support from both regional offices, stretching its capacity, but also the country office's (CO) capacity beyond existing human resources. Identifying windows of opportunities for the implementation of the cluster approach for those COs in the larger region with Governments strongly involved in the emergency response, and/or with decentralized Government settings remains challenging. Discussions within the organization and with other humanitarian partners will have to take place.

In light of the results of the Organizational Review, the decision was taken to create, starting from July 2008, a shared function unit in Bangkok, including, among others, the Emergency section. The transition from the two regional emergency units to the Asia Pacific Shared Services Centre (APSSC) has required the involvement of all emergency staff in harmonizing their approaches to joint planning and resource utilization, so as supporting the establishment and functionality of the APSSC.

Inter-Agency Collaboration: EAPRO and ROSA have continued to advocate through the regional IASC network for improved in-country inter-agency collaboration and coordination for emergency preparedness and response such as supporting country offices to organise inter-agency emergency preparedness & response planning events, aiming at developing inter-agency specific contingency plans with clearly defined action plans for each cluster/sector, with clear roles and responsibilities for each member partner. In collaboration with Governments and other humanitarian partners, inter-agency contingency planning exercises were conducted in the Philippines and in Pakistan. In Papua New Guinea, an inter-agency simulation exercise was organized as a first part of a review of an inter-agency contingency planning and country office emergency preparedness and response plan (EPRP). During Cyclone Nargis in the early stages of the response when access into the country was a real challenge, the regional IASC was rapidly mobilized and convened to initiate formative activities such as decisions and information sharing.

Funding: For the first semester of 2008, US\$ 298,274 was received against the HAR 2008. Laos and Philippines UNICEF country offices provided essential supplies to respond to the Cholera outbreak (in Laos) and Cyclone Frank emergency (in Philippines). Indonesia UNICEF used the funding to establish centers for the protection and re-socialization of child soldiers in Aceh province. The remaining US\$ 102,600 will be provided to COs to strengthen their emergency response to natural disasters or other rapid onset emergencies.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
General and cluster-specific emergency preparedness and response planning support to COs	750,000	298,274	750,000	451,726
Strengthening emergency response to natural disasters and other rapid onset emergencies (incl. contingency planning and regional surge capacity)	220,000	0	220,000	220,000
Avian and human influenza pandemic & business continuity support and roll-out	220,000	0	220,000	220,000
Total*	1,190,000	298,274	1,190,000	891,726**

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

** In addition to the funds noted in the funding table, the RO has also received funds from global contributions from DFID, ECHO, and CIDA.

Emergency Programme Priorities: July - December 2008

Emergency Preparedness and capacity building:

- Provide technical support to country offices in emergency preparedness and response planning, including at sub-regional and sub-national levels.
- Through the four new technical positions (Education, nutrition, WASH and Child Protection in Emergencies) further strengthening, through cluster-specific trainings and tools, the dissemination of the cluster approach in WASH, Education, Nutrition and Protection, for which UNICEF has been given the global responsibility at the country office level.
- Support interagency workshops for selected UNICEF staff and selected representatives from other agencies and organizations for inclusion of gender in emergency preparedness and response plan (EPRP) activities and inter-agency processes.
- Support the adaptation of an integrated Performance Monitoring and Evaluation emergency package, as well as processes and systems (Rapid Assessment, CCC indicators, emergency Devinfo) in selected countries.

Emergency Response:

- Strengthen response capacity mechanisms, including setting up systems for fast mobilisation of resources (human, funding, supplies) in case of a crisis.
- Support the roll out of the Core Commitments for Children in Emergencies (CCCs) and do performance monitoring in at least two countries.

Building Partnership and Coordination:

- Support, through the regional IASC network, inter-agency WSs in selected emergency prone-countries to develop capacities of local humanitarian communities to implement UN reform & related cross-cutting issues (clusters/gender/M & E) and response to new emergencies.
- Support in collaboration with IASC network inter-agency contingency planning and/or simulation exercises as needed.

UNICEF HUMANITARIAN ACTION

Afghanistan

Mid-Year Review 2008

Problem Statement/Context: In 2008 Afghanistan faced a mixture of natural and man-made disasters. High food prices and drought threat affected 22 provinces across the country. The wheat price rose by 58% across the whole country in 2007, but in some markets the increase reached even 80-100%. By April this year, prices had risen another 30-50%. Since 2002, 4.8 million Afghans have returned home. Over two million registered refugees remain in Pakistan. Since 1 January 2008, the vast majority (99%) of all returnees (about 96,238 individuals), have arrived from Pakistan, while 147,873 persons have been deported from Iran this year as of 20 June 2008. In addition, there are over 150,000 IDPs in the country, mostly in the South and West, including those long-term displaced by conflict, drought and lack of economic opportunities from their places of origin. So far this year anti-government elements have killed 422 people; pro-government forces have killed 255 and 21 deaths were un-attributable. The total of 698 deaths so far this year compares negatively with 430 by the same time last year. The vast majority of the casualties are in the South (447). There have also been 137 serious attacks on NGOs in 2008 with 88 NGO staff abductions. Floods, disease outbreaks and deportation have also been common phenomena this year.

Key Results for Children: Drought, conflict affected IDPs and high food prices have been the main emergencies in the country. UNICEF procured nutrition supplies in response to household food insecurity arising from a sudden and drastic increase of wheat flour prices in Afghanistan. The supplies were distributed to 44 therapeutic feeding centres across the country, where so far around 2,000 children with acute malnutrition have been treated. UNICEF is supporting the Government of Afghanistan in the provision of water tankering in 8 provinces in the North. As a long-term mitigation UNICEF supported the Government in the construction of 7 strategic water points (high yield deep well, equipped with generator and power pump serving) of which one has already been completed; the remaining six are under procurement process. These activities will benefit over 70,000 people in the drought affected areas. Two bore wells and water trucking were provided for returnees in the east, benefiting 736 families. A deadly suicide attack happened in a school in the north, killing 75 people, including 52 school children and 5 of their teachers, and wounding 88 other students. UNICEF provided psycho-social support to 2,600 students and teachers in the school as well as to the surrounding community and affected families. In addition, UNICEF procured recreational kits for distribution to the schools affected by armed conflict or any other type of violence. The supplies will benefit over half a million children. There are more than 150,000 IDPs in the country mainly displaced as a result of ongoing conflict. Over five thousand families affected by conflict or natural disasters and returnees were provided with non-food supplies in the country. The package included cooking sets, warm cloths, blankets and plastic sheeting.

Key Challenges: One of the key challenges lies in inadequate systematic data and humanitarian information management system in the country. In addition, there is limited access to affected populations with 40 to 50 percent of the country not open to UN missions. There is also limited governmental technical and implementation capacity, especially with respect to delivery of community based services. Finally, the centralized system of management and bureaucratic procedures within the Government hampers timely procurement, implementation and utilization of resources.

Inter-Agency Collaboration: The UN Humanitarian Country Team (UNHCT) is the leading body for coordination of humanitarian issues in the country. UNHCT has members from UN, NGOs, donors and the Red Crescent movement. The UNHCT rolled out 8 humanitarian clusters in March 2008 with members from the UN and national and international NGOs. UNICEF is leading the WASH and Nutrition clusters. The cluster approach is now very active at the national level and is getting replicated at the sub-national level as well. In addition to the cluster approach the Humanitarian country team is also replicated at the sub-national levels. The national Emergency Commission chaired by the Vice-President in Kabul and Provincial Disaster Management Teams chaired by provincial governors are the coordination bodies with the government entities at national and sub-national levels. Community based organizations have played an important role in implementation, especially of water and sanitation projects, for example, community development councils were effectively used for this purpose.

Funding: UNICEF Afghanistan Country Office (ACO) requested US\$ 12,925,764 through HAR 2008. Following the sudden rise in food prices the Government of Afghanistan and the UN made two joint appeals. UNICEF requirements in the two appeals were US\$ 9,488,239, making a total requirement of US\$ 22,414,003 for the HAR as well as the Joint Appeals. Of this, UNICEF received US\$ 7,743,444 and therefore the total funding gap to meet the emergency needs in Afghanistan remains US\$ 14,670,559.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised HAR funding requirements	Funding gap
Health and Nutrition	2,210,835	808,866	2,210,835	1,401,969
Water, Sanitation and Hygiene (WASH)	2,434,298	1,864,578	2,434,298	569,720
Education	5,064,541	4,620,000	5,064,541	444,541
Child Protection	674,314	450,000	674,314	224,314
Humanitarian coordination and response	2,541,776	0	2,541,776	2,541,776
Total*	12,925,764	7,743,444	12,925,764	5,182,320

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

Emergency Programme Priorities: July – December 2008

Health and Nutrition

Around 1,200,000 under-five children and 540,000 pregnant and lactating women will be covered by the following nutrition interventions:

- Strengthening the nutrition surveillance system in the 22 affected provinces.
- Evaluating the community based management of malnutrition and use the lessons for preparation of national guidelines.
- Developing and strengthen capacity at health facility and household levels in the prevention, detection and management of malnutrition.
- Detecting and treat malnutrition in under-five children, lactating and pregnant women.
- Providing adequate nutrition supplies in all 22 affected provinces.
- Creating community awareness on the prevention, detection and management of malnutrition in under-five children, lactating and pregnant women.

Water, Sanitation and Hygiene (WASH)

Water and sanitation activities will focus in drought affected provinces where 11 million people in 22 provinces are threatened. The following activities will be carried out in these provinces:

- Provide safe drinking water by water tankering as an immediate solution to 1,200 communities in 90 districts including cities, towns and urban slums including 400 schools and at least 100 health care facilities within 22 provinces covering more than 1,150,000 people for a minimum period of six months
- A longer-term solution is to construct 10 strategic bore wells and 400 community water points (borewell/dug well with handpump) along with hygiene education in affected provinces covering 200,000 people.
- Establish an information network to fill existing gaps and continued assessment of the drought situation.
- Rehabilitation of 400 existing water sources by deepening wells, cleaning karaizes, repairing hand pumps and water storage facilities, training of hand pump caretakers. Over 80,000 will benefit from these activities.
- Undertake hygiene education and promotion in the affected provinces by exposing people to basic hygiene messages on hand washing and collection and storage of water for drinking. The sanitation activities will be delivered in the same package as water (coverage mentioned above).
- Ensure disinfection of water sources and storage facilities at the point of use.

Education

- As part of stability in the bordering areas, UNICEF supports the construction of 62 schools in five bordering provinces of south, east and south-east. The construction work is ongoing and over 30,000 students and teachers will benefit from the child friendly learning spaces.

Child Protection

- By giving out recreational kits to one thousand schools, recreational support can be provided to schoolchildren in the conflict-affected areas. Approximately half a million students will benefit from these interventions.

UNICEF HUMANITARIAN ACTION
Democratic People's Republic of Korea
Mid-Year Review 2008

Problem Statement/Context:

There has been widespread concern about deteriorating food security and vulnerability of children and women following the widespread floods last year. The distribution of food through the Public Distribution System declined steadily since early this year and is now reported to be only 150 grams per person. The Government of DPRK accepted the U.S. Government offer of up to half a million tons of food aid in June this year. As soon as access was allowed to North Hamgyong and Ryanggang, two of the provinces in the north east that were not accessible to international agencies since the end of 2006, a UNICEF team visited these provinces between 12th and 23rd July. We found that 10 to 20 percent of children admitted in the hospitals and institutions visited by us suffer from acute malnutrition and there are indications that the problem could deteriorate further. We observed that diarrhoea was a predominant cause for malnutrition. UNICEF is resuming normal programming in these areas by moving essential medicines, F 100 for treatment of acute malnutrition and Ready to Use Therapeutic Food (RUTF) to reach an estimated 8,900 children under five in these provinces.

Key Results for Children:

Health and Nutrition: Five routine vaccines and devices were procured and distributed through the expanded program on immunization (EPI) nationwide resulting in routine vaccination coverage of above 96% for all the antigens except DPT+HepB which is 92.4 %. 96% of pregnant women received two doses of TT vaccine. The second dose of measles vaccine has been introduced to children aged 15 months from 1 July, 2008 nationwide and is targeted to reach 425,000 children in one year. UNICEF continued the provision of essential medicine to 2,203 health facilities providing primary health care. Approximately 9.6 million people living in accessible counties have benefited from these essential medicines. Ten complete sets of Interagency Emergency Health Kits (IEHK) are ordered and will be pre-positioned at the sub-national levels as part of emergency preparedness. Diarrhea and Acute Respiratory Infections (ARI) are still the leading causes of child morbidity and mortality in DPRK. In order to address these common illnesses, UNICEF continues to support the local production of ORS through provision of raw materials and technical assistance. 2.8 million locally made sachets of low osmolarity of ORS had been produced as of 1st August 2008 and have been disseminated along with Zinc tablets. UNICEF provided multi-micronutrient supplementation to pregnant women during the first and second trimesters of pregnancy in all accessible counties and Vitamin A for women postpartum during the first six weeks after delivery. Approximately 2 million under five children in the country have been reached with vitamin A supplementation and de-worming tablets during the Child Health Day this year. Leaflets on diarrhea prevention and hygiene promotion were distributed as part of the Child Health Day. A poster on the 10 steps for Baby Friendly Hospital Initiatives which promotes, protects, and supports breastfeeding has been distributed to all facilities to be assessed for baby friendly hospital initiative. To ensure the quality of maternal health care, 144 midwifery kits for RI clinic and 15 obstetric emergency kits for county hospitals and 390 section doctor's bags for 2 more counties (Unsan and Unchon) were ordered. Antennal card for pregnant women and partograph for monitoring of delivery were printed and distributed.

Water, Sanitation and Hygiene: The recovery measures to flood affected pump stations continued during the first half of 2008 and pump stations in 26 flood affected counties returned to their normalcy providing drinking water to approximately 650,000 people through spare parts and repair materials provided by UNICEF. Several interagency preparedness workshops have been conducted to improve preparedness for future emergencies. The emergency stock has been updated with procurement of water purification tablets to meet needs of 9800 families in case of an emergency. Procurement is ongoing for additional items in improving emergency Water quality monitoring capacity of 6 provincial city management instates has been strengthened through provision of laboratories and chemicals for testing water quality. Training on strengthening skills of local technicians has been organized. Gravity fed water supply systems will be constructed during the second half of 2008 allowing about 60,000 people to benefit from safe drinking water supply once the project is completed. An emergency recovery module for pump stations affected by floods has been developed and two pump stations in Koksan and Taetan counties have been completed. Procurement of necessary construction materials is ongoing for establishing Model flood proof pump stations in flood prone areas will be constructed for an estimated 2,000 people.

Education: A comprehensive plan on education sector preparedness has been prepared. Supplies to be pre-positioned have been identified and procured to cover around an estimated 20,000 school children in need. Consumables to support the printing of more than 7 million textbooks have been procured and are already in use by the Publishing House of the Ministry of Education. Rehabilitation of 9 schools, 6 kindergartens and 3 Teachers Training centers have been initiated benefiting around 11,800 children and 3,000 teachers in 3 counties (Pyoksong, Singye and Tongrim).

Key Challenges: Collection and availability of coverage data across the programmes is a big challenge because it is either not available or reports are very late. Discrepancy in data is common. Efforts together with the World Health Organization (WHO) to engage the Government on strengthening the Health Management Information Systems (HMIS) have made little progress. Although joint field visits with counterparts have increased and improved in quality, there is still very limited access to families and caregivers which impedes feedback from end-users on services, trainings and materials developed.

Inter-Agency Collaboration: Five inter-agency theme groups comprising UN agencies, development partners and the Government regularly meet to strengthen coordination in key sectors. UNICEF chairs the groups on Health & Nutrition and Water, Sanitation and Hygiene. The Inter-Agency Contingency Planning Working Group (IACPWG) was formed and chaired by UNICEF to support a common contingency planning exercise. UNICEF is actively working in collaboration with UNESCO to strengthen the quality of education and in particular teachers' training. An Education Coordination Group has been initiated during the first half of the year, including several partners and actors working in the sector including the British Council, Swiss Development Corporation, Handicap International, Save the Children UK and the Korea Maranatha Fund.

Funding: Out of the US\$15m humanitarian requirement for 2008, UNICEF currently still needs over US\$ 4m to be able to respond to the needs of children and women in DPRK. The response from the donor community has been limited thus far, with new contributions of only US\$ 5.1m received to date. However UNICEF allocated some of the significant 2007 contributions to meet 2008 humanitarian requirements. As a result as of August, 68 % of 2008 HAR requirements are funded.

Table 1: Funds received against 2008 HAR (US\$)***

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Health and Nutrition	8,000,000	3,255,618	8,000,000	1,963,573
Water, Sanitation and Hygiene (WASH)	6,000,000	1,311,212	6,000,000	2,877,732
Education	1,000,000	622,047	1,000,000	0
Total*	15,000,000	5,188,876	15,000,000	4,841,306**

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

**In addition to the new contributions noted, the CO also used US\$ 5 million carry over from 2007.

*** as of August 11th 2008.

Emergency Programme Priorities: July - December 2008

Health and Nutrition

- Scale up of community based management of severe acute malnutrition (CMAM) in children without medical complications, using ready-to-use therapeutic food. Implementation of this approach has been started in Yontan County and covers 10,000 children. CMAM is an innovative approach to successfully treat the majority of children with severe acute malnutrition at home. The approach also includes a whole range of improved infant and young child caring practices. CMAM is implemented in combination with inpatient care for complicated cases. The CMAM implementation in Yontan County will be reviewed to identify lessons learned to inform the expansion to other provinces/counties.
- Several ongoing interventions targeting diarrhea will be reinforced during the 2nd half of the year.
- Taking into account the likely impact of the winter season, it has been decided that the theme of the Child Health Day in November will be ARI.
- Completion of nation-wide cold chain assessment and the development of national cold chain policy and replacement plan.

Water, Sanitation and Hygiene (WASH)

- Update the Emergency preparedness and response plan in close collaboration with International agencies as the WASH cluster lead.
- Rehabilitate pump stations and provide additional support for maintenance of pump stations affected by floods from 2007. Complete the construction of model flood proof pump stations.
- Start construction activities on field for establishing three new Gravity Fed Systems for three (Unchon, Unsan and Yangdok) county towns. Initiate design and construction work for the 4th county (Pongsan county) town which is planned.
- Strengthen water quality monitoring and surveillance capacity of key institutions through bringing in international expertise.

UNICEF HUMANITARIAN ACTION REPORT

Nepal

Mid-Year Review 2008

Problem Statement/Context: There have been historic changes in Nepal's political scenario over the last six months with the completion of Constituent Assembly Elections in April 2008. Following four months of political debate over power sharing among the main political parties, the first President and Prime Minister of the new Nepal Republic have been elected and government is under way. However new challenges have emerged that are putting authorities under considerable pressure. Rising fuel prices, scarce electricity and increasing food prices have posed major challenges for food security and peace in Nepal. People in the Mid and Far Western Regions especially face serious challenges due to extreme poverty and malnutrition in these regions. The nutritional status of children and women is likely to worsen as a result of increased food and fuel prices. The release and return of children associated with the armed forces and armed group (CAAFAG) continues to face challenges pending the establishment of a new government. Issues over implementation of the peace agreement have until now prevented the immediate and unconditional release of all children associated with the CPN-Maoist PLA. Every year floods and landslides are a threat to the major population areas of the southern belt Terai districts of Nepal during the period June – September. Implications include deterioration in health and hygiene status plus children being deprived of educational opportunities during the floods. The humanitarian response is improving with the Government of Nepal working to improve disaster readiness, including risk reduction and response preparedness with support from UN and IASC partners.

Key Results for Children: Over the last six months UNICEF supported the Government of Nepal (GON) to address the nutritional status of children suffering from severe or acute malnutrition, especially in conflict affected areas. GON has endorsed Emergency Nutrition Policy documents, detailing activities relating to emergency nutrition preparedness and management of severe malnutrition, including piloting of CMAM.

UNICEF in collaboration with CAAFAG working group continued to advocate with both the CPN-Maoist party and the Nepal Government to release and reintegrate children associated with the armed forces and armed group. A total of 2,937 young people were identified as under 18 years old, following the completion of registration and verification of CPN-Maoist People' Liberation Army (PLA) in December 2007. Over 5000 children formerly associated with the armed forces and armed groups (CAAFAG) and over 3000 other vulnerable children have benefited from community based reintegration support. A total of 200 participants from District Education Offices, Woman Development Offices, Nepal Army, Nepal Police, APF, Nepal Red Cross, INSEC and other local NGOs have gained knowledge and skills to conduct Mine Risk Education sessions in the most affected communities.

In anticipation of floods and landslides during the monsoon period, UNICEF is strengthening government and NGO flood preparedness by providing training and orientation on education and protection issues in emergency situations. To date 147 Government and NGO partners have gained knowledge and skills in education programming in emergencies. Similarly 104 Government and NGO partners and over 6700 front line workers/volunteers have gained knowledge and skills on promotion of proper hand washing with soap and use of water purification products to prepare safe water in the event of floods/landslides. These frontline workers/volunteers are expected to disseminate the messages to approximately 700,000 people in the Terai districts. UNICEF has pre-positioned emergency relief materials to enable immediate response in the event of major floods and landslides and other emergencies.

Key Challenges: Nepal has a nutrition crisis which requires scaling up of high impact interventions with a sense of urgency. Nutrition assessment and management of severe acute malnutrition are required to be undertaken in the remote Mid and Far Western Region which in the main do not have road access. Insecurity in the Terai hindered accessibility to affected communities and encouraged ongoing mobilization of children for political purposes. The frequent strikes called by the *terai* Madhesi political parties also hindered timely supply of essential materials to people in need. As the government is still not in place, major policy and programmatic decisions are being delayed. The recent increase in food and fuel prices poses significant challenges for food security and peace in Nepal. Lack of commitment from the Maoists and the Government to release children from the cantonments is posing difficulties in mainstreaming children associated with CAAFAG.

Inter-Agency Collaboration: UNICEF coordinates humanitarian support in Nutrition, Water and Sanitation, Child Protection and in Education (with Save the Children) as cluster lead. UNICEF in collaboration with OCHA supported the development of Inter-Agency (IA) Contingency Plans and a IA Information Management workshop to develop Nepal's Multi-Sectoral Initial Rapid Assessment (IRA) Tools.

Funding: In 2008 UNICEF Nepal Country Office sought US\$ 6,070,000 to support humanitarian activities. The response from the donor community has to date only amounted to \$1,989,874 (32.7%). During the Mid Year Review, funding requirements were revised to align with the UN Common Appeal for Transition Support (UNCATS) as indicated in table 1.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Health and Nutrition	1,620,000	298,316	2,451,695	2,153,379
Water, sanitation and Hygiene	450,000	586,730	1,076,333	489,603
Education	400,000	443,131	638,774	195,643
Child Protection	3,500,000	661,697	2,608,980	1,947,283
Mine-risk Education	100,000	0	385,200	385,200
Programme Communication	0	0	24,600	24,600
Emergency Preparedness	0	0	95,465	95,465
Total*	6,070,000	1,989,874	7,281,047**	5,291,173

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

** UNICEF Nepal has been able to utilize carryover funds from 2007 and some new non-emergency funds received in 2008 to cover part of the HAR 2008 activities.

Emergency Programme Priorities: July- December 2008

Health and Nutrition

- In order to address malnutrition (wasting is at 13% and stunting at 49%), a Community-based Management of Acute Malnutrition (CMAM) pilot project is planned in response to the food security crisis in the Far and Mid West region in collaboration with WFP. UNICEF's contribution will focus on community based treatment of severe acute malnutrition, and micronutrient supplementation for children (aged 6-59 months) and pregnant and lactating women, accompanied by Infant and Young Child Feeding promotion messages.

Water, Sanitation and Hygiene (WASH)

- Building the institutional capacity of government partners to implement water supply and sanitation programs in emergencies.

Education

- Capacity building of partners in education preparedness in emergencies through UNICEF's three regional field offices.

Child Protection

- Provision of reintegration support to approximately 10,000 conflict affected children.
- Support the Government in developing a national plan of action to reintegrate children affected by the conflict.

Mine-risk Education

- Support the development of a strategy on care and rehabilitation of survivors of IED/Mine explosions
- Support the National Mine Action Authority to develop a national mine action strategy.

UNICEF HUMANITARIAN ACTION

Pakistan

Mid-Year Review 2008

Problem Statement/Context: Pakistan suffered its worst ever natural disaster on the morning of 8 October 2005, when an earthquake measuring 7.6 on the Richter scale struck the hills and valleys of Pakistan's North Western Frontier Province and Azad Jammu and Kashmir. The earthquake left homeless and seriously affected the lives of some 3.3m people. An estimated 73,000 people died, some 150,000 people were seriously injured and 42,000 children orphaned. The rural water systems were also badly affected; some 3,500 of them were seriously damaged or destroyed.

Both the emergency and the early recovery periods of this catastrophe are well behind us, and the immediate response to the earthquake emergency is generally acknowledged to have been a success. The rebuilding of public services has taken more time. Much physical infrastructure that was in reasonable shape before the earthquake still remains in tatters. This is particularly so in the health and education sectors, where only a fraction of the former schools and health centres have been rebuilt. In spite of steady efforts in the first half of 2008; there is still a long way to go till the situation is satisfactory. On August 4, 2008, torrential rain water flooded parts of North and North Western Pakistan. An assessment has confirmed that the most serious situation currently occurred in NWFP, where 130 villages were immersed in rain water affecting 25,000 families (approximately 500,000 people including women & children).

Key Results for Children: UNICEF's efforts for children in the first half of the year have been manifold. The efforts in the reconstruction sector have been particularly noteworthy, and construction has started on some 81 schools (for 9,400 children) and health centres in both provinces. These schools are solid, long-lasting brick and mortar structures that are meant to withstand possible future earthquakes. UNICEF has also constructed, and keeps on constructing; a large number of temporary schools. These schools will house students in the medium term until their schools are completed. Therefore, more children go to school now in the stricken areas than did before the earthquake. There is an estimated 8.5 % increase in the number of children going to school now as compared to prior to the earthquake.

UNICEF has also worked extensively with school water supply and rebuilding of rural water systems. Some 3,200 tented and temporary schools have had water and sanitary facilities installed, and over 700 schemes have been installed benefiting over 1 million people. The reconstruction of these water systems has had many positive effects on communities. Sanitation improves, drinking water is available, and women who otherwise would have to carry water long distances have more time for other pursuits.

Key Challenges: The key challenge for the earthquake affected communities is now to get their public services up and running again. Private housing has been rebuilt, often to better levels than before the earthquake, but public sector investments have not kept up. Nowhere is this more visible than in UNICEF's key sectors of rural health and education. Even if schools kept going in tents in the immediate aftermath after the earthquake, these tents are now weather beaten and in dire need of replacement with lasting school buildings.

Finance and funding remain UNICEF's key challenges from operational points of view. UNICEF's reconstruction program is ambitious, more ambitious than the programs of most other agencies, and this also implies that they require major funding. The donor community has been generous till date, and we have therefore made good progress on the ground, but our construction segments still have large unfunded gaps.

Inter-Agency Collaboration: Many national and international agencies participated in the relief work in the immediate aftermath of the earthquake, but the numbers have since dwindled. UNICEF is still part of a network of agencies that are all working under the guidance of the Earthquake Reconstruction and Rehabilitation Agency. UNICEF also cooperates closely with government ministries, national and international NGOs and several bilateral donor agencies. UNICEF still works with other UN agencies in earthquake rehabilitation, though many of our sister agencies have now completed their earthquake programs and left the area.

Funding: The construction component of the earthquake programme remained heavily under funded and the targets set earlier on in the programme had to be significantly reduced.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Health and Nutrition	34,571,000	1,620,000	20,000,000	18,380,000
Water, Sanitation and Hygiene (WASH)	8,203,000	700,000	5,000,000	4,300,000
Education	26,202,000	482,488	40,000,000	39,517,512
Child Protection	5,277,000	563,290	3,500,000	2,936,710
Total*	74,253,000	3,365,778	68,500,000	65,134,222

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

Emergency Programme Priorities: July – December 2008

The programmatic priorities for the second half of 2008 remain to construct and commission elementary schools and health centres and to construct more rural water schemes. It is particularly important to strengthen the education sector, as the tented schools no longer provide reasonable classroom facilities for tens of thousands of children in the area. Construction of rural water systems and promotion of hygienic practices will likewise be a programmatic priority in the period.

Health and Nutrition:

At least 200,000 people will have access to primary health care services through stationary health facilities and community based outreach services. UNICEF initially aimed to construct 50 Basic Health Units and five of the slightly larger Rural Health Centres. These facilities will generally be placed in rural areas and have adequate medications, equipment and supplies to provide essential health services for the first 12 months. With the reduced funding available, UNICEF will be able to construct 7 BHUs benefiting a total of approximately 70,000 persons. All static expanded programme of immunization (EPI) services will be integrated into these facilities to ensure full vaccination coverage for the relevant target populations. The health workers mentioned above will also contribute to the provision of health services, as they will perform basic diagnostic and curative functions.

Water, Sanitation and Hygiene (WASH):

More than 700 water supply schemes have been restored/installed, benefiting over 1 million people. The impact of the restoration of these water systems is immense and goes beyond the mere convenience of having easily accessible water. Both child health and sanitation will be improved and the work load for women reduced. Sound hygienic practices depend totally on the availability of water. Fetching and carrying water long distances is traditionally women's work in the target areas. When this time is freed for other activities, then the quality of life for women increases correspondingly.

Family level hygiene and sanitation practices determine the overall health of communities. The program will therefore work with partners to ensure that some 1 million people are reached with appropriate hygiene messages on the importance of using clean water. Other hygiene related messages; construction and use of sanitary latrines, hand washing with soap, the relationship between hygiene and diarrhoeal diseases and related themes will also be promoted.

Education:

School construction will remain UNICEF's main intervention in the education sector, and construction will go on at about 120 sites for 14, 640 children in the second half of the year reaching. Many of these sites are located in remote districts and inaccessible areas where construction challenges abound. Suitable land for school construction is difficult to obtain, and even more difficult to receive as community contribution, as there is major land pressure in the area.

Child Protection:

The program will continue its efforts to establish a comprehensive and integrated protective environment to ensure that children will not fall victim to violence, abuse, neglect and exploitation from family and community level to the district level in six target districts. Parents and care givers of vulnerable children will be empowered with knowledge on parental skills, child rights and child rearing to enable them to fulfil their protective roles.

UNICEF HUMANITARIAN ACTION

Sri Lanka

Mid-Year Review 2008

Problem Statement /Context: UNICEF's humanitarian action, in collaboration with partners, is currently centred on the conflict affected areas in the North of the country comprising Jaffna and the Vanni¹. These regions have become increasingly vulnerable by the intensified fighting between the Government of Sri Lanka (GoSL) and the Liberation Tigers of Tamil Eelam (LTTE). The 2002 Ceasefire Agreement between the two parties was abrogated by the Government early January 2008. Consequently, the conflict has been escalating ever since April 2006 and has severely impacted the well-being and livelihood of children and women particularly in the North and East of the country.

As of August 2008, some 213,000 persons² remain displaced due to the resurgence of the conflict. Access to support the increasing number of IDPs in the North has become more and more difficult and many of the communities exposed to insecurity and fighting in the North are facing multiple displacements. In the East, focus is on the returnee population, with an urgent need to support activities that will build confidence and support stabilisation of communities.

The resumption of open fighting has increased the risk of under-age recruitment by armed groups and other child rights' violations related to conflict such as gender based violence, neglect, and child abuse. Displacements and pervasive indiscriminate violence, including claymore attacks, landmines/ unexploded ordinances (UXOs) and aerial bombings, have resulted in a climate of fear and significant disparity in vulnerable areas. This has also resulted in an increased number of children living without family care. There are currently 8,000 children living in institutions in the North and East of the country. Despite a strengthened mechanism in place to monitor and report on grave child rights violations through implementation of Security Council Resolution 1612, the recruitment of children by armed groups continues. The UNICEF database as of June 2008 registered 6,273 children having being recruited by LTTE since 2002; of these 1,415 cases remain outstanding, including 133 children who were under 18 years as of June 2008³.

Access to education for more than 250,000 primary school age children has been seriously disrupted and the current increase in displacements further aggravates this situation. Severe acute malnutrition among children under five in parts of conflict-affected Batticaloa and Jaffna districts was 6% and 6.7% respectively in 2007 (Ministry of Health), while the country prevalence is 3% (Demographic Health Survey 2000).

Key Results for Children: In collaboration with partners, the UNICEF-assisted humanitarian response in the first half of 2008 continued to focus on the priority areas of health, nutrition, water and sanitation, education and child protection.

In response to the deterioration of basic health and nutrition services in the north and east of Sri Lanka, UNICEF continued its support to the Nutrition Rehabilitation Programme (NRP) established by the Government in the Batticaloa, Jaffna, Kilinochchi, Mullaitivu districts in order to rehabilitate children suffering from acute under-nutrition and to prevent and treat micro nutrient deficiencies. The support included procurement of supplementary foods, deworming drugs and the recruitment of health volunteers to support approximately 17,000 children through mobile health clinics covering an estimated 70% of children under five in all IDP camps in the conflict affected areas. Despite implementation challenges, including limited human resources and difficulties in transporting therapeutic and supplementary food, the NRP has been successful in identifying and reducing acute under-nutrition. For example in Jaffna, acute child under-nutrition has dropped from 30 per cent in March 2007 to 11 per cent in February 2008. UNICEF has further supported the restoration of health facilities to provide basic health services to approximately 50,000 persons. UNICEF as cluster lead has supported the Government's coordination of the nutrition sector, through joint planning of activities undertaken by all partners through monthly coordination meetings held at both national and district level. The nutrition cluster has further undertaken training on Nutrition in Emergencies and on Infant Feeding in Emergencies for relevant Government, UN and NGO staff.

Using limited resources, the education sector is making concerted efforts to prepare for and respond to the increasingly disruptive impact of the conflict on children's schooling. Contingency stocks are being prepared with supply items of 65,500 student kits, 400 recreation kits and 2,500 teacher kits for distribution in the affected districts. With UNICEF support in 2008, 35 temporary learning shelters have been constructed enabling 5,250 displaced students to return to school, covering approximately 75% of

¹ The Vanni is the region situated south of the Jaffna peninsula including parts of Kilinochchi, Mannar, Mullaitivu and Vavuniya districts.

² IASC report # 138

³ In 2008 LTTE has recruited and re-recruited 26 children and has released five. As of June 2008, UNICEF has received reports of 517 children recruited by the Karuna faction / TMVP. Of these 129 remain outstanding, including 66 children who were under 18 years as of June 2008. The number of children who are reported to have been re-recruited is 116. In 2008 TMVP has recruited and re-recruited 28 children and released 52.

the needs. Twenty-one schools damaged by conflict have been repaired. More than 10,000 students have been provided essential learning materials. Support was further provided to ensure that 1,500 children received birth certificates to replace those lost in conflict. Approximately 500 more children await birth certificates, a mandatory requirement for enrolling in education and taking exams. Over 30,000 children participated in emergency preparedness training and information dissemination on minimum standards in emergencies. 75 teachers and school principals were trained in emergency education and psychosocial strategies and 30 school principals in developing school-based Emergency Preparedness and Response plans. Training for partners and staff on emergency preparedness and response in the education sector was also conducted to strengthen capacities to address emergency education.

An active education cluster at national and zonal levels has been established, resulting in improved coordination of agencies working in education, a more efficient response and improved advocacy with other agencies for greater input in the sector. Regular sub-committee meetings of the Consultative Committee for Humanitarian Action are held with key partners and policymakers. A sub-group has been formed to work on alternate education for children who lost education and to address the acute teacher shortage in the conflict affected districts.

In 2008, 539 children, formerly recruited by armed groups and released, are being provided with reintegration support, including children participating in vocational training. Up to 50 village protection committees have been established in vulnerable areas. Approximately 200 Child Friendly Spaces providing educational, recreational and protection services to more than 15,000 children affected by conflict are being supported. Mine Risk Education (MRE) benefited 21,296 community members.

Sanitation facilities and safe drinking water and maintained minimum Sphere standards in hygiene have been provided to 20,000 IDPs out of approximately 200,000 IDPs living in camps and in host communities. Sphere standards are being met in the sites developed in 2007⁴, particularly in the East; however the challenge remains in newly displaced areas in the North, where Sphere standards are currently not yet reached. Safe drinking water and adequate hygiene is further being provided for returnees or to IDPs in transitional centres through bowsering and provision of hygiene kits.

Key Challenges: Main constraints of the emergency response relate to security concerns, lack of humanitarian access to the North and Vanni regions and multiple displacements of IDPs. Limits on the importation of food, fuel, medicines, equipment and other materials to the conflict affected areas have made the implementation of relief operations increasingly complex and have added to the cost of operations. Acute shortage of trained staff and volunteers in peripheral areas in all key sectors remains a challenge to the timely delivery of response. Another challenge is the difficulty to monitor, investigate and respond to grave child rights violations such as child recruitment.

Inter-Agency Collaboration: UNICEF as cluster lead for Water, Sanitation and Hygiene (WASH), Education⁵ and Nutrition⁶ supports GoSL's coordination of these sectors on both national and district levels, working together with UN agencies, ICRC, NGOs and community-based stakeholders. UNICEF further actively collaborates with cluster leads: UNHCR, for the shelter and protection sectors (with UNICEF as the sub-cluster lead for child protection), and WHO, for the health sector.

Funding: A Common Humanitarian Action Plan (CHAP) was launched on 22 February 2008. UNICEF requirements in the appeal amount to US\$ 9,300,000. The requirement for the Water and Sanitation sector has been revised from US\$ 2,000,000 to 2,350,000 to cover the increasing needs generated by multiple displacements of IDPs. In order to meet the immediate emergency needs, UNICEF Sri Lanka received an internal Emergency Programme Fund (EPF) loan of US\$800,000. In addition CERF funding amounting to US\$ 1,305,400 was received to cover key priority needs in the following sectors: Nutrition, Protection and Water, Sanitation and Hygiene. Funding from other donors amounts to US\$ 3,027,150. A funding gap of US\$ 5,317,450 remains to be filled in order to be able to adequately respond to the conflict emergency.

⁴ In the East, continued support is being provided to improve conditions and maintain Sphere standards in existing camps.

⁵ UNICEF collaborates closely with Save the Children in Sri Lanka as joint leads of the education cluster.

⁶ UNICEF took over the cluster lead for this sector early January 2008. The nutrition sector was previously part of the WFP-led food security cluster.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Health and Nutrition	2,500,000	401,250	2,500,000	2,098,750
Water, Sanitation and Hygiene (WASH)	2,000,000	1,793,446	2,350,000	556,554
Education	2,800,000	425,849	2,800,000	2,374,151
Child Protection	2,000,000	1,712,005	2,000,000	287,995
Total*	9,300,000	4,332,550	9,650,000	5,317,450

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

Emergency Programme Priorities: July - December 2008

Health and Nutrition

UNICEF is the cluster lead agency for nutrition.

- In order to prepare for the anticipated increase of IDPs, UNICEF will ensure supplies are reaching the conflict affected areas in order to maintain adequate support through NRP and therapeutic feeding centers. UNICEF will further pursue preventive activities through supplementary feeding programmes.
- UNICEF will contribute to the prevention of outbreak of communicable diseases through the provision of vaccines.

Water, Sanitation and Hygiene (WASH)

UNICEF is the cluster lead agency for water and sanitation.

- Up to 65,000 IDPs and 50,000 resettled persons will have access to safe water and sanitation services according to Sphere standards through construction of emergency toilets and tube wells, distribution of hygiene kits and continuation of hygiene promotion activities.
- Advocacy will be strengthened to improve provision of critical WASH services in areas with restricted access.

Education

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

- UNICEF will pursue the much needed emergency education support for children in both displaced and resettled locations through provision of temporary learning spaces for displaced students. In the East, emphasis will be placed on resettled children, ensuring they have support to attend school and providing extra assistance to catch up on lost schooling wherever necessary. Materials such as student's and teachers kit's, recreational kits and blackboards will be provided, as well as psychosocial interventions for students

Child Protection

UNICEF will continue to concentrate an important part of the child protection efforts in areas heavily affected by the armed conflict in the North as well as in the Eastern provinces struggling to recover from major conflict and displacement. UNICEF aims to:

- Reintegrate 200 children formerly associated with armed forces into their communities with support from local partners.
- Focus its interventions on unaccompanied children, children without family care and provision of psychosocial support to displaced children who are living in life threatening situations, with special focus on newly displaced children in the North of the country. The number of children reached will be approximately 50,000.
- Focus on the prevention of child abuse, neglect and violence against children.
- Continue its role in monitoring and reporting grave child rights violations under Security Council Resolution 1612.

UNICEF HUMANITARIAN ACTION
Timor-Leste
Mid-Year Review 2008

Problem Statement/Context: Humanitarian needs in Timor-Leste have been of concern since the crisis of April-May 2006 that resulted in the destruction or damage of 6,000 homes, followed by the displacement of about 100,000 Internally Displaced People (IDPs). Additional unrest caused violence and displacement following the formation of the new Government in August 2007. In 2008, the number of IDPs is slowly decreasing as the Government is supporting their return and reintegration. Despite this recent positive development, the overall situation remains fragile. Civil unrest and natural disasters such as floods, drought, severe storms and landslides are among the major recurrent challenges. The impact of these hazards is substantial in the districts where the coping mechanisms of the population are gradually eroded. Timor-Leste has the highest prevalence of malnutrition in the region; the situation is worsening. The 2007 Timor-Leste Living Standard Survey reveals that 48.6 per cent of all under-five children are underweight, 53.9 per cent are stunted and 24.5 per cent are wasted.

Key Results for Children: UNICEF and the Ministry of Health (MoH) are piloting a Community Management of Acute Malnutrition (CMAM) program in one district and planning to scale-up in 5 districts. UNICEF and partners are monitoring the trends of Global and Severe Acute Malnutrition (GAM and SAM) in the country. UNICEF procured contingency stocks of Ready-to-Use-Therapeutic Food (PlumpyNut, F-100 and F-75) for the treatment of severely malnourished children. UNICEF continues to promote continuing breastfeeding in IDP camps and communities. The provision of water, sanitation and hygiene (WASH) has helped avert disease outbreaks in camps. While UNICEF is committed to address the residual humanitarian needs, the returnee children and families will be targeted in the regular programme which addresses the needs of vulnerable populations. UNICEF is supporting the Ministry of Education (MoE) in enhancing its capacity for emergency education by developing Emergency Preparedness and Response Plans at all levels. Key MoE staff participated in a regional capacity building workshop in April 2008. To strengthen support services to crisis-affected children and women, UNICEF is working with the National Police (PNTL), to establish child-friendly police stations across the country including in areas of return, relocation and displacement. UNICEF is also working with the emergency Child Protection Working Group and the Ministry of Social Solidarity (MSS) to ensure social welfare services to crisis affected and other vulnerable children, and other support services to child victims and children at risk based on a new assignment by MSS of Child Protection Officers in all districts. Life Skills Based Education training was conducted for 3,500 young people in and out of school in 6 districts. Adolescents benefited from basic literacy classes set up in 2 IDP camps. HIV/AIDS peer to peer education sessions were provided for young people in and out of schools in 7 districts. With the participation of displaced children and other young people, radio and television programmes were produced in partnership with children editorial teams. Key preparedness messages prior to the start of the rainy season were developed and disseminated. District-based communication and information centres for adolescents were established in two districts.

Key Challenges: The nutritional situation of children is alarming. Timor-Leste is a net food importer hence the global rise in food commodity prices and its impact on Timor-Leste is of concern. This trend is feared to exacerbate the already precarious nutritional status of many women and children in the country. Food prices increased by 13.1% in 2007 and the trend continued in the first quarter of 2008. As a result, in the absence of formal social safety nets and in order to hold down consumer prices, the Government has been importing rice for resale to local retailers. As stocks of rice imported before the price spike have now been depleted, the Government faces a sharp increase in the cost of market interventions. The population with access to a safe water source (65 per cent) and improved sanitation (49 per cent) is low, with high urban-rural disparities. The National Directorate of Water and Sanitation Service (DNSAS) and the MoH have limited resources to respond to the needs of vulnerable populations and communities affected by natural disasters. Children are greatly at risk of violence, exploitation and abuse. Protective mechanisms for response to such cases are very weak. Chronic natural disasters have impacted children's access to education in disaster prone rural areas.

Inter-Agency Collaboration: As the cluster approach is not formally activated, humanitarian assistance is undertaken by sectoral working groups chaired by the Government. Currently, UNICEF is co-chairing the Protection Working Group and the Emergency Education Working Group. In addition, UNICEF provides significant support in WASH and Nutrition sectors.

Funding: Most of the sectors, except WASH and Education, have not received emergency funds in 2008. Even though no emergency funding was received for Child Protection and Nutrition, UNICEF was able to use other resources to fund some of the planned activities. The rest of the activities will remain on hold until funding is received.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Health and Nutrition	700,000	0	700,000	700,000
Water, Sanitation and Hygiene (WASH)	1,500,000	200,000	1,500,000	1,300,000
Education	200,000	0	300,000	0**
Child Protection	256,800	0	256,800	256,800
Adolescents/Youth and HIV/AIDS	300,000	0	300,000	300,000
Advocacy and communication	200,000	0	200,000	200,000
Emergency coordination, monitoring and evaluation	250,000	0	250,000	250,000
Total*	3,406,800	200,000	3,506,800	3,006,800

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

** Emergency Education is fully funded under the Dutch Emergency Education Fund.

Emergency Programme Priorities: July - December 2008

Health and Nutrition

- Ensure MoH staff is equipped to deliver in-patient therapeutic feeding in 5 districts with under-five population of 82,000.
- Preventative and curative care against malaria and other vector and water-borne diseases
- Conduct a nutritional landscape analysis with support from HQ and RO.

Water, Sanitation and Hygiene (WASH)

- Provide safe, clean and reliable water supply systems and support sanitation and hygiene promotion in at least 30 schools/communities in six districts benefiting about 7,000 children.
- Pre-position in vulnerable districts and maintain a minimum WASH emergency stock.

Education

- Support the establishment of an Emergency Education unit within MoE to co-ordinate Emergency Preparedness and Response Planning at all levels. Production and distribution of school kits based on locally available resources.

Child Protection

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

Adolescents/Youth and HIV/AIDS

- Continue Life Skills-Based Education training for 2,000 young people in and out of school.
- Support sporting activities to reach 10,000 young people in 13 districts.
- Support HIV/AIDS prevention education targeting 4,000 young people in and out of school.

Advocacy and Communication

- Support participation of IDP children and other children in TV and radio programmes.
- Support the establishment of district-based communication and information centres for adolescents.
- Maintain minimum stock of UNICEF advocacy supplies for emergency.

UNICEF HUMANITARIAN ACTION Central and Eastern Europe, Commonwealth of Independent States Mid-Year Review 2008

Problem Statement /Context: The CEE/CIS region remains prone to natural disasters. In January, Tajikistan suffered from its worst winter in three decades, with temperatures dipping in minus twenties (Celsius degrees), heavy snowfall and disruptions in electricity, gas and water supplies. This resulted in a humanitarian crisis, affecting over two million people in the country. A number of countries in Eastern Europe suffered from severe flooding and mudslides during spring, which displaced hundreds of families, damaged houses and roads, and temporarily disrupted basic services. Some parts of Central Asia, especially Tajikistan and Uzbekistan, experienced drought conditions and locust manifestation, which further aggravated the already fragile food security situation in the region. Although the heat wave in South Eastern Europe was not as intense as in 2007, it did cause some forest fires which were particularly devastating for agricultural communities. Weak infrastructures and environmental issues related to energy and water management continue to pose problems for many communities in Central Asia.

The global price rises have also had a serious impact on the purchasing power of poor and marginalized communities in many countries in this region.

The political and security environment remains volatile in the region, affecting survival and well-being of children. Following the unilateral declaration of independence in February, the situation in the Balkans has been tense, as evident through the violence that ensued after the announcement. In South Caucasus, tensions between Georgia and Russia over the breakaway regions of Abkhazia and South Ossetia escalated into an open conflict on August 8, 2008, which displaced tens of thousands of people both in Georgia and the Russian Federation. Sporadic attacks and bombings in Turkey also remain a threat to regional stability.

Key Results for Children: The Regional Office supports country offices in the CEE/CIS region in achieving results for children. As such, the regional office supported a number of countries in implementing emergency responses to meet the humanitarian needs of children as outlined in the Core Commitments for Children (CCCs). In the first six months, support was provided to Tajikistan to implement an emergency programme for children affected by the winter emergency there. In Ukraine and Moldova, UNICEF supported local authorities in responding to children affected by the floods. Country offices are being helped to strengthen their monitoring and surveillance mechanisms to better identify and respond to children's nutritional needs.

Main achievements: January – July 2008

Emergency Response Fund: No funds were received for this component of the HAR 2008. Nevertheless, the CEE/CIS Regional Office (RO) was able to support country-level response efforts. In particular, the Regional Office supported country offices in responding to a number of small-scale, localized disasters such as the floods in Ukraine and Moldova, winter emergency in Tajikistan and a moderate earthquake in Kyrgyzstan. In the first quarter of the year, a major focus was on supporting the UNICEF offices in the Balkans, particularly Kosovo, Serbia and Montenegro, to monitor the humanitarian developments on the ground and to maintain readiness to implement any potential humanitarian response. In addition, country offices were supported in intensifying monitoring to better track the impact of the global food and commodity prices on children and women in the region and identifying and developing appropriate programme strategies/responses to the same, especially for the most vulnerable countries.

Humanitarian Capacity Development: Using the European Commission's Humanitarian Aid Office (ECHO) and funds from the UK Department for International Development (DFID), the Regional Office continues to implement preparedness and training activities involving inter-agency partners. A sub-regional emergency preparedness, protection and response training was organized for UNICEF offices in South Eastern Europe. The Regional Emergency Team facilitated an inter-agency preparedness planning meeting for the UN Country Team (UNCT) in Sarajevo. The UNCT was also supported in developing their draft contingency plan. In Tajikistan, the RO supported the UNICEF office in reviewing the ongoing emergency response to the winter crisis and took part in an OCHA-organized exercise to review contingency plans for the winter and update their appeal. The Montenegro country office was also supported in preparing their first emergency preparedness plan (EPRP).

Risk Reduction: Through the regional component of the Dutch Government's global grant to UNICEF for disaster risk reduction through education, the RO was able to support a series of activities. In collaboration with UN-ISDR regional bureau for Eastern Europe and Central Asia, RO commissioned a study to scan national risk reduction legislation, policies and structures in the region, map key relevant partners and their areas of intervention and identify potential opportunities for UNICEF's programme work

in disaster risk reduction and education. Also, in cooperation with UN-ISDR, the RO supported the organization of a workshop on school earthquake safety for school directors and other staff in Uzbekistan. Participants were introduced to techniques to improve schools preparedness for potential earthquakes in the country. The RO also coordinated the preparation of a funding proposal for the Disaster Preparedness ECHO (DIPECHO) for Central Asia (Kyrgyzstan, Tajikistan and Uzbekistan). This included supporting country offices with the identification of specific activities.

Key Challenges: The lack of funds to support contingency planning remains a major impediment in ensuring timely access to key emergency supplies and critical human resources.

Inter-Agency Collaboration: The CEE/CIS Regional Office coordinates its emergency preparedness and response activities through the ad-hoc inter-agency taskforce, which includes UN agencies like UNDP, WFP, UNHCR, OCHA and WHO. At the same time the Regional office emergency team always tries to brief UNCT as a whole on its missions to countries and to organize where possible inter agency activities. In January, UNICEF organized a work planning meeting in Geneva to collectively review regional trends and risks, share updates on new inter-agency tools and guidelines, share information on planned field missions and trainings, as well as identify and agree on joint inter-agency events and activities. For the first time, the meeting also included the participation of other UN and international organizations, such as UN-ISDR, WMO and UNEP, which are implementing programmes in the area of disaster risk reduction in the CEE/CIS region. In the run-up to the unilateral declaration of independence by Kosovo, UNICEF worked closely with UN partners, especially UNHCR, in monitoring the situation in the Balkans and maintaining readiness, in case there was a need to support humanitarian response in the sub-region. In Central Asia, UNICEF was part of a WFP-FAO food security mission, which assessed the impact of the global food price rise on the most vulnerable populations, including children and women. The assessment surveyed the nutritional status of the affected population, their access to food and the impact on their livelihoods.

Funding: The CEE/CIS Regional Office has not received any funds in response to the US\$ 600,000 appealed in January 2008. The Regional Office has, nevertheless, been able to implement a number of emergency preparedness and capacity building activities through the available funds from ECHO and DFID, as part of their global programme of cooperation with UNICEF. However, the lack of funding, especially for the emergency response component of the appeal, has not allowed the CEE/CIS RO to adequately support contingency planning in the region such as the pre-positioning of key emergency relief items and rapid mobilization of human resources. The table below gives an overview of the funding situation against the CEE/CIS's component of the HAR 2008.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Strengthening emergency response to natural disasters and other rapid onset emergencies (incl. contingency planning and regional surge response capacity)	200,000	0	200,000	200,000
Humanitarian capacity development: Assistance to country offices and inter-agency partners in strengthening capacities in emergency preparedness and response. Training on humanitarian principles, <i>Core Commitments for Children in Emergencies</i> and cluster approach.	200,000	0	200,000	200,000
Risk reduction activities: Assistance to country offices in developing and implementing disaster risk reduction activities mainly through education and early childhood development programmes.	200,000	0	200,000	200,000
Total*	600,000	0	600,000	600,000

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

Emergency Programme Priorities: July – December 2008

- The Regional Office will continue to prioritize its support to country offices implementing emergency response. This includes offices in North Ossetia (Russian Federation), Georgia and other countries in South Caucasus. Support will also be provided to countries in Central Asia, in particular Tajikistan and Kyrgyzstan, which are actively planning to respond to a potential harsh winter.
- In collaboration with DHR and Regional Office for Central and Latin America (TACRO), CEE/CIS RO will be co-hosting a global Emergency Preparedness and Response Training (EPRT) Training of Trainers (TOT) in October 2008. This will be the second global training of trainers' workshop on the new EPRT package. Some 25 participants from various country, regional and HQ offices will participate in the workshop.
- In Uzbekistan and as part of its ongoing collaboration with other UN agencies, UNICEF will be leading an emergency simulation exercise for UNCT in Tashkent in October 2008. The simulation package, which was developed by the UNICEF RO for West and Central Africa, will be adapted to the Central Asian context and plans are there are for introduction in the other countries in the CEE/CIS region.
- The CEE/CIS RO is also planning to support inter-agency preparedness planning exercises in a few of countries, namely Azerbaijan, Moldova and Montenegro. It is coordinating with other regional emergency focal points to organize these workshops.
- As part of UNICEF efforts globally, CEE/CIS RO will continue to monitor and assess the impact of the price increases in food, foodstuffs and commodities on children and women. Country Offices are being supported to strengthen their monitoring and surveillance mechanisms as well as in developing and implementing specific responses, in line with globally identified strategies and priorities, to alleviate suffering among vulnerable children and women.

UNICEF HUMANITARIAN ACTION Eastern and Southern Africa Regional Office Mid-Year Review 2008

Problem Statement/Context: The humanitarian situation in Eastern and Southern Africa remains volatile and continues to affect large number of people. Over one million people were directly affected as a result of major flooding in southern Africa (Mozambique, Zambia, Zimbabwe, Angola, Namibia and Malawi) early 2008. The crisis in Zimbabwe affects over 4 million people in addition to some 3 million who are living as economic migrants in neighboring countries especially South Africa. South Africa has been severely affected by xenophobic violence and continues to have 6,000 internally displaced (IDPs). The present humanitarian crisis in the Horn of Africa is deteriorating with 14 million people in need of humanitarian assistance in Somalia, northern Uganda, Eritrea, Ethiopia and Kenya. The crisis arose as a consequence of multiple factors especially drought, increased food prices and effects of conflict. ESARO received funding to strengthen the quality, analysis and reporting nutrition surveys and interventions. Technical and financial support was also provided to Comoros to support the restoration of essential health care services and the response to immediate health and nutrition needs of vulnerable persons affected by conflict in the island of Anjouan. UNICEF Tanzania responded to the emergency in the North-Western Tanzania to support the refugee programme.

Key Results for Children:

Health and Nutrition

- Nutrition Information Management Systems: Five countries (Eritrea, Ethiopia, Uganda, Kenya and Somalia) have updated Nutrition Survey Guidelines which have been used in surveys conducted in Somalia and Ethiopia. Uganda and Kenya are developing systems to ensure the use of appropriate use of methods and indicators as proscribed in national guidelines. Also, as a result about 60-80% of surveys adhere to national standards.
- Nutrition surveillance and treatment of malnourished children were carried out in emergency affected areas (refugee camps in Tanzania and Anjouan island)
- Procurement and distribution of health and nutrition supplies (e.g. in Comoros, 24,300 doses of Measles vaccine; 55,500 doses of TT; 22,000 doses of BCG; 65,000 doses of OPV; 139,700 AD syringes; reconstitution syringes; 1,800 safety boxes; and 500 Kg of cotton wool).
- Immunization campaigns' micro-planning carried out in all 7 districts of Anjouan in Comoros
- Training of Health Workers on screening of malnourished children, use of Ready to Use Food supported and ongoing.

Protection

- Provision of care and assistance (emergency kits and basic material) to most vulnerable children in the refugee camps in Tanzania especially during camp consolidation and repatriation
- Training of community social workers in monitoring and support of vulnerable children especially orphans and vulnerable children (OVCs) in the refugee camps in Tanzania
- Enhance capacity of communities to prevent Gender Based Violence especially for minors

Key Challenges: Limited access to affected populations due to insecurity, fuel and transport problems has led to the fact that UNICEF ESARO and country offices in many areas have not been able to carry out its planned surveys or expand relief activities. Another major challenge is the high turn-over of trained government staff and implementing partners, especially in the areas of nutrition and WASH.

Inter-Agency Collaboration: UNICEF ESARO is an active member in the sub-regional humanitarian coordination fora at Nairobi (Regional Humanitarian Partnership Team (RHPT)) and Johannesburg (Regional Inter-Agency Standing Committee (RIASCO)). Regional emergency focal points are also active members in the regional technical working groups. UNICEF country offices responded to emergencies as a member of the Inter Agency Standing Committee (IASC) Humanitarian Country Team. In the ESA region, the cluster approach has been introduced in seven countries: Ethiopia, Somalia, Kenya, Uganda, Zimbabwe, Mozambique and Madagascar. In addition, three countries have implemented a semi-cluster status: South Africa, Zambia and Comoros.

Funding: UNICEF ESARO requested funds to support Emergency Preparedness and Response, Nutrition, Water and Sanitation and Child Protection. Funds received from ECHO in the amount of US\$298,238.53 were used to support the Nutrition Information Project for the Horn of Africa (NIPHORN). Outputs of this first phase are nutrition bulletins for Eritrea, Uganda and ESARO. ESARO revised the funding requirements in July to meet its commitments over the next four months. There are major concerns regarding the Zimbabwean situation and renewed drought in the Horn of Africa. Additional funding will also be required by Comoros to scale-up recovery activities, respond to the current fragile political situation and support for quality social services and infrastructure.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Strengthening emergency preparedness and response	600,000	0	600,000	600,000
Building partnerships and coordination	50,000	0	50,000	50,000
Nutrition	750,000	124,610	1,124,610	1,000,000
Water, Sanitation and Hygiene (WASH)	250,000	0	300,000	300,000
Child Protection	200,000	0	200,000	200,000
Tanzania	0	913,088	913,088	0
Comoros	500,000	368,936	450,000	81,064
Total*	2,350,000	1,406,634	3,637,698	2,231,064

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

Emergency Programme Priorities: July- December 2008

Strengthening emergency response to natural disasters and other rapid onset emergencies: Undertake simulations, vulnerability analyses, preparedness and contingency planning; support real-time evaluations and country/regional training; strengthen rapid response team; develop regional surge capacity rosters by strengthening the surge capacity mechanism for the region to allow fast deployment of experienced staff.

Building partnerships and coordination:

Continue coordination efforts at the regional and country levels with all partners.

Nutrition:

Support nutrition information in emergencies, clusters, and programmes related to prevention of mother-to-child transmission of HIV (PMTCT) and pediatric AIDS programming.

Water, Sanitation and Hygiene (WASH):

Update and develop water, sanitation and hygiene preparedness and response plans; provide direct technical assistance and training on cluster work planning, coordination, and review mechanisms.

Child Protection:

Support capacity-building on child protection in emergencies; provide technical support to documentation of lessons learned; provide technical support for initiatives promoting the participation of adolescents in emergency and post-conflict transition; enhance capacity-building of UNICEF and local NGO partners on psychosocial counseling; and provide technical support to country offices in HIV/AIDS in emergencies.

UNICEF HUMANITARIAN ACTION

Angola

Mid-Year Review 2008

Problem Statement/Context: The first half of 2008 has seen a considerable rise in vulnerable populations affected by disaster across Angola. Angola was affected by some of the worst floods in recent history in the Southern provinces of Cunene, Kuando Kubango, Moxico, and Benguela. 106,400 people were affected, with 22 dead and 56,200 internally displaced. Cunene and Kuando Kubango were worst hit, with more than 104,000 children and their families affected and 55,500 displaced. Affected communities in Cunene remain in centres for displaced persons; however authorities are building houses for them in a location which will not be prone to future flooding, in the provincial capital, Ondjiva. Despite needs, no such centres were established in Kuando Kubango province, and some communities remain in overcrowded housing with friends and family.

In 2008, as of 27th July, there have been 9,366 cases of cholera, with 215 cholera related deaths, across 15 of Angola's 18 provinces. This compares to 50,315 cases (2,065 deaths) over the same period in 2006, and 16,270 cases (404 deaths) over the same period in 2007; so while the 2008 caseload remains significant there has been a marked reduction in annual cases/deaths. At the beginning of the year, the rise in cholera cases was closely related to provinces affected by flooding/ heavy rainfall. Cholera cases have reduced significantly over the dry season, with the marginal exception of Uige province. The continued threat from cholera is largely due to poor water and sanitation infrastructure, the Government is however engaged in a massive infrastructure renewal programme including a project called 'Water for All'. The flooding in 2008, followed on from the failure of the first rains in October to December 2007 across much of Angola, both the rain failure and flooding resulted in failure of crops in some areas. Crop failure has been particularly acute in Kuando Kubango province, with government estimates of crop losses as high as 70% in some areas, aggravating seasonal malnutrition.

Key Result for Children: In 2008 the overall goal of UNICEF Angola emergency programmes is to reduce the impact of cholera on affected children and families nationwide, with a particular focus on those areas affected by flooding. UNICEF has supported the Inter-Ministerial National Cholera Task Force since the cholera outbreak began in February 2006. UNICEF provides Ringer Lactate, Oral Re-hydration Salts (ORS) and antibiotics for cholera treatment centres (CTC) in provinces and municipalities nationwide. UNICEF has also supported provision of safe water and community awareness raising around cholera prevention and early treatment, reaching 900,000 people in 2008, or 10% of the population in need. All interventions have been made against the Government's 2008 cholera contingency plan, which UNICEF and WHO supported to develop.

To respond to the floods UNICEF has worked with national and local authorities and NGOs to provide safe water and latrines to all the 15,000 people in the camps, with UNICEF providing direct support to 10,000 families. UNICEF has also worked with governments and NGOs to ensure all the 104,000 people affected by the floods have access to essential messages to prevent disease and to promote community recovery, and have basic supplies to prevent communicable diseases such as malaria and cholera and nutritional support. UNICEF ensured supply of health services, Water, Sanitation and Hygiene and basic education for children and women in camps. UNICEF supports the Ministry of Health therapeutic feeding centres for children with severe malnutrition, and is closely monitoring the nutritional status in Kuando Kubango with the National Civil Protection Service (NCPS) and the United Nations Disaster Management Team (UNDMT).

Key Challenges: Affected populations in Kuando Kubango were highly dispersed across the province, often in difficult-to-reach areas. Furthermore, local authorities had insufficient transport to provide relief supplies to some of the affected communities. Cunene is a largely arid area province and therefore provision of water to the populations in the IDP camps has been a major challenge. Food security is a concern given the government data indicating that national food prices have steadily increased in the last 3 years, particularly as a very high proportion of food is imported.

A number of meetings have been held with donors and the Government of Angola. However, limited donor emergency funds were provided locally. Local donors were very supportive of the UN CERF request made in March 2008.

Inter-Agency Collaboration: UNICEF coordinates all emergency response interventions through the UNDMT in coordination with the NCPS. The UNDMT has supported the NCPS to develop the first post-conflict National Plan for Disaster Preparation and Response. In 2008 an inter-UN/NGO disaster co-ordination body was established to coordinate flood response. This body supported coordination of response and interaction with national and provincial Civil Protection Services. UNICEF and WHO support coordination of the cholera response through the national and provincial cholera task forces, including a sub-group on Water, sanitation and Hygiene led by WHO.

Funding: The budget of the Government's annual national contingency plan is US\$ 67 million. The humanitarian community identified key areas for disaster prevention and response in Health, Water, Sanitation and Hygiene, Shelter, Child Protection and Education. UNICEF requested US\$ 5,123,585 for emergency programming in 2008. To date US\$ 798,755 have been received through CERF. Of these CERF funds UNICEF Angola has utilised US\$ 746,026.47.

Table 1: Funding received against 2008 HAR (US\$)

Sector	Original 2008 HAR Requirements	Funds received	Revised funding requirements	Funding gap
Health and Nutrition	2,041,982	30,830	2,041,982	2,011,152
Water, Sanitation and Hygiene (WASH)	2,723,262	767,925	2,723,262	1,955,337
Education	57,617	0	57,617	57,617
Child Protection	300,724	0	300,724	300,724
Total*	5,123,585	798,755	5,123,585	4,324,830

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

Emergency Programme Priorities: July – December 2008

Health and Nutrition

- Cholera treatment supplies replenished nationwide to provide a rapid response to all 5,000 cholera cases predicted with the onset of rains.
- Training health personnel nationwide in effective management of cholera cases, with the Ministry of Health and WHO.

Water, Sanitation and Hygiene (WASH)

- Provide sustainable access to free or highly subsidised point-of-use water treatment solutions to 100,000 of the 2 million people in the communities most vulnerable to cholera.
- Target 900,000 of the 1.5 million people in Huila province, to end open defecation through Community Led Total Sanitation.

Education

- Implement a pilot schools disaster risk reduction (DRR) module, for 4,000 school children to improve awareness on how to prevent and appropriately respond to disasters.

Child Protection

- Support the Child Protection Networks to reach 5,000 of the 70,000 children affected by flooding in Cunene province, through provision Birth Registration and social protection services.

UNICEF HUMANITARIAN ACTION

Burundi

Mid-Year Review 2008

Problem Statement/Context: In April 2008, heavy clashes resumed between the Burundi military and the remaining rebel group – the Palipehutu-FNL- in the provinces of Bujumbura Rural and Bubanza causing internal displacements. On 6th June, a cease fire agreement was signed between the Government and the rebels and a Joint Verification and Monitoring Mechanism was set up. The first half of the year was also marked by increased repatriation of Burundian refugees from Tanzania. In 2008, UNHCR planned to repatriate 90,000 refugees of the 1993 group (out of 120,000) and 30,000 (out of 45,000) of the 1972 set, thus totalling over 425,000 returnees (more than 5% of Burundian population) from 2002 onwards. Of the 1972 cohort, 80% are from the provinces of Makamba and Bururi, 26% of whom has no access to land. The border provinces with Tanzania will face serious reintegration challenges, specifically in the provision of basic social services and will have to ensure the respect of child rights and provide psychosocial support to children in a country where there are already 800,000 orphaned and other vulnerable children (OVCs). For example, 75% of repatriated children out of 48,000 children who studied in primary and secondary schools in Tanzania will put more pressure on already insufficient education facilities. At least 13,000 children from the 1972 old settlements need catch-up courses in French and Kirundi. Food insecurity presents another major challenge within the context of regional increases in food prices. The country's food deficit is estimated at 32% and 65% of Burundi's population lives below the minimum standards of daily energy intake (2,100 kcal per person). Furthermore, Burundi is vulnerable to natural hazards, especially floods. Children are particularly at risk and therefore UNICEF is prioritizing its response in the areas of Water, Sanitation and Hygiene, Education and Nutrition.

Key Results for Children: UNICEF continues to provide support in Community Therapeutic Care projects in five out of a total of 17 provinces to treat 3,320 severely malnourished children, train 25 medical doctors and 630 health workers in improved expanded programmes on immunization (EPI) at provincial and district levels. The goal is to minimize the impact of the ongoing food crisis on the health and nutritional status of under-five children and to ensure that pregnant women in affected areas are identified and provided with micronutrient supplementation. UNICEF emergency water and sanitation interventions in the reintegration areas focus on the provision of safe drinking water and sanitation facilities to 11,738 people but taking into account that only 43% of households have access to water sources within a perimeter of 500 meters. UNICEF provided school material to 11,000 repatriated children from Tanzania out of 48,000 expected to be repatriated and to a total of 40,117 displaced children in two provinces affected by armed conflict in order to support children reintegration into school. UNICEF assisted also 4,183 Burundians expelled from Tanzania out of 20,000 still likely and waiting to be expelled from Tanzania. About 511 victims of sexual gender based violence, of whom 10% are girls under five years old and 46% girls aged between 6 and 18 years old received an integrated assistance package and a comprehensive treatment in the five SGBV rehabilitation centres supported by UNICEF but SGBV remains a problem despite official pronouncements condemning its prevalence. Two hundred twenty children associated with the Palipehutu-FNL dissidents were separated from the adult combatants and received direct and psychosocial assistance during their stay in the reception centre of Gitega. UNICEF, in collaboration with the Integrated Office of the United Nations in Burundi (BINUB) and the Joint Monitoring Mission, is in talks with the mainstream FNL for the release of children still with that group whose number is still unknown. UNICEF, in collaboration with an NGO partner, improved access to information for HIV prevention and voluntary counselling and testing among adolescents and young people in a Congolese refugee camp.

Key Challenges: The late receipt of funds remains a primary constraint in the implementation of activities. This affected UNICEF preparedness and intervention in emergency response in all programme sectors. The incompleteness of baseline data on the potential number of repatriated children, their educational backgrounds and timing of repatriation have led to a difficulty in effective programming of activities (e.g. intensive language programme) and systematic monitoring. In 2008, emphasis will be placed on reinforcing local community capacities to cope with emergencies and supporting the reintegration of returnees in the host communities.

Inter-Agency Collaboration: UNICEF is working within the framework of the Integrated Office of the United Nations in Burundi. UNICEF is joint leader of the food security coordination group dealing with Nutrition and also leads the Education sector, inclusive of an emergency education component. UNICEF will subsequently lead the Water, Sanitation and Hygiene (WASH) sectoral group, whilst contributing significantly to WHO-led coordination of Health. UNICEF also participates in a Coordination Mechanism for Expelled People and Unaccompanied Children and supports a Platform of Agencies and NGOs to rehabilitate and reintegrate Orphans and Vulnerable Children (OVC).

Funding: UNICEF received US\$836,100 from the Swedish Government as emergency thematic funds and US\$786,661 from ECHO for nutrition programs. UNICEF already reprogrammed US\$ 50,000 of its Regular Resources to meet immediate emergency needs for IDPs displacement.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR Requirements	Funds received	Revised funding requirements	Funding gap
Health and Nutrition	500,000	786,661**	786,661	0
Water, Sanitation and Hygiene (WASH)	600,000	210,000	600,000	390,000
Education	2,000,000	210,000	3,893,000	3,683,000
Child Protection	500,000	200,100	350,000	149,900
Emergency Response and Preparedness	900,000	216,000	900,000	684,000
HIV	0	0	100,000	100,000
Total	4,500,000	1,622,761	7,529,661	5,906,900

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

** The additional funds have been used to extend the CTC programs to other provinces.

Emergency Programme Priorities: July - December 2008

Health and Nutrition

- Provide key interventions (immunization, de-worming, micronutrient supplementation, nutrition counselling) to more than 10,000 returnees in targeted areas.

Water, Sanitation and Hygiene (WASH)

- Provide access to safe water and sanitation services to 12,600 people through the rehabilitation and the construction of safe water sources and adequate sanitation facilities in schools and health facilities and provide emergency water trucking services where necessary.

Education

- Provide access to intensive language courses in French and Kirundi to 5,000 repatriated children of 1972 refugees to ensure their reintegration in the school system and distribute school kits to 8,000 repatriated children. Build 7 child-friendly primary schools (42 classrooms) for 3,780 children on double shift in provinces with concentrated returnee population to facilitate school access. Set up a tracking system for the reintegration of returnee children into school system to strengthen the existing data collection.
- Provide 350,000 kits for September new school year in the three most vulnerable provinces.

Child Protection

- Provide psychosocial assistance to about 25,000 repatriated and expelled children in four transit centres and on temporary resettlement. Establish child friendly spaces for recreational activities, information and sensitization on child rights, child protection and life skills.
- Provide medical and psychosocial support to 100 women and girls expelled and returnees victims of sexual gender based violence out of an estimated 600 per year in the five provinces where UNICEF is supporting SGBV rehabilitation centres.

Emergency Preparedness and Response

- Reinforce local partners' capacities in setting up an early warning system (jointly with UN agencies) and in conducting rapid assessment and reinforce UNICEF preparedness through non food items prepositioning.
- Maintain UNICEF operational and programmatic capacities in Ruyigi zone office.

HIV/AIDS

- Train 300 Peer educators on Information, Education and Communication (IEC) and promote HIV/AIDS prevention and voluntary counselling and testing in the refugee camps. Train 20 health workers on the prevention of HIV transmission with particular attention to sexual violence and voluntary counselling and testing. Provide promotional material to refer People living with HIV/Aids (PLWHA) to referral and monitoring centres.

UNICEF HUMANITARIAN ACTION

Eritrea

Mid-Year Review 2008

Problem Statement/Context: The ongoing border stalemate with Ethiopia, drought and crop failure, coupled with high food prices, pose a serious risk for the deterioration of the humanitarian situation in Eritrea which is already being affected by poverty, chronic food insecurity and malnutrition. The estimated 85,500 malnourished children, 300,000 pregnant and lactating women, the urban poor and the population living in drought affected areas are particularly vulnerable, requiring close situation monitoring and assistance. In 2007-2008, an estimated 22,300 internally displaced persons (IDPs) were resettled or returned to their communities of origin which caused an additional burden on the already stretched basic social services in the receiving communities. In addition, the relocation of an estimated 20,000 people from the highland area to the lowland area in Gash Barka for agricultural purposes is adding additional needs in the provision of basic social services. The suspension of the UN Mine Action Coordination Centre (UNMACC)'s de-mining and explosive ordnances disposal activities in April, and lack of donor and technical support to the Eritrean Demining Authority is increasing the risk of mine and unexploded ordnances (UXOs) accidents. Between January and June 2008, 40 people were victimized by mines/UXO, 27 of which were children. This is significantly higher than in 2007: 35 persons were victimized between January and December that year.

Key Results for Children: In partnership and close coordination with line ministries and local Government authorities, as well as with UN agencies and support from donors UNICEF continued to respond to the humanitarian needs of the vulnerable population in Eritrea. Community-based therapeutic feeding (CBTF) has been expanded from 39 sites in 2007 to 61 sites at mid-year in 2008. Between January and June 2008, out of estimated 9,000 severely malnourished children, 1,083 severely malnourished children were enrolled in CBTF with estimated coverage of 12%, with a cure rate of 58 per cent and death rate of 0.9 per cent, a defaulter rate of 20 per cent and 10 percent transferred to facility based treatment centre. In the 53 facility-based therapeutic feeding (FBTF) centres 1,791 severely malnourished children were admitted between January and June 2008, with 93 per cent recovery rate and 4.5 percent death rate. The first round of the nationwide vitamin A supplementation campaign was conducted in May, covering over 400,000 children or 90 per cent of children aged 6-59 months. As part of the campaign, a rapid screening of the nutritional status of children aged 12 to 59 months measuring mid-upper arm circumference (MUAC) was also conducted. Approximately 6,500 under 5 children and 4,300 pregnant and lactating women were estimated in need of supplementary feeding in Debub and Gash Barka IDP resettlement areas. In response to that, up till now, 10,850 people (9,600 children, 535 pregnant women and 715 lactating women) have benefited from supplementary feeding. An estimated 12,000 students are in need of basic educational materials and recreational kits in Debub and Gash Barka region and out of which 6,450 kits have been provided. Construction of schools in the IDP resettlement areas are ongoing but delayed due to import restrictions on construction materials.

UNICEF estimated 60,000 people would need assistance for clean water supply in response to humanitarian response. UNICEF provided seven water bladders to cover the urgent needs of 3,500 people in communities in Gash Barka until a more permanent structure is being established. Boreholes have been drilled in communities in the Southern Red Sea and Northern Red Sea to provide water supply to 8,000 people, and water supply systems in Gash Barka damaged by 2007 floods have been rehabilitated to provide safe water to 24,000 people. In addition, new water supply systems have been constructed covering over 3,000 people in Gash Baka and Debub. Community trainings on hygiene promotion to control of diarrhoeal diseases was conducted in the IDP resettlement villages in Gash Barka. Some 37,000 people including 26,000 children in 64 villages received mine risk education (MRE) information disseminated by the ten MRE teams of the Eritrea Demining Authority and through community -based MRE outreach to all IDP resettlement villages. Non-food items such as blankets, soaps and recreation kits were provided to meet the needs of 4,000 resettled IDPs in Debub region.

Key Challenges: The withdrawal of United Nations Mission in Ethiopia and Eritrea (UNMEE) peacekeepers from the Temporary Security Zone (TSZ) in March has left the border area unmonitored and cause limitation of UN staff monitoring visits to TSZ. Widespread fuel shortages in the country and limitation of access to fuel by UN agencies since April have been critically affecting the monitoring and implementation of activities. The restrictions posed on the importation of iron bars and cement in the country has limited the construction activities. Very few NGOs operating in Eritrea limits the ability of UNICEF to significantly scale up activities.

Inter-Agency Collaboration: UNICEF is maintaining its capacity to provide immediate an initial response to all envisaged emergencies in collaboration with UN, Government line ministries, Regional Administrations. UN joint programmes are currently in place for child health and nutrition and IDP resettlement. UNICEF is cluster lead in nutrition and water, sanitation and hygiene (WASH), Education and protection clusters while WHO takes the lead in the health cluster.

Funding: A total of US\$ 3,833,436 was received against an appeal of US\$ 12,975,000 (as of 30 June 2008), with an unmet requirement of US\$ 9,141,564. To respond to the drought and the impact of the global food price increase, following table explains the revised funding requirement for the remainder of the year with the breakdown requirement and the funding gap for each sector. This brings the revised total appeal amount to US\$ 17,365,000, and the total funding gap to US\$ 13,846,367.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Health and Nutrition	4,000,000	1,126,293	6,240,000	5,133,707
Water, Sanitation and Hygiene (WASH)	5,000,000	1,751,317	8,000,000	6,248,683
Education	1,300,000	641,023	1,300,000	658,977
Child Protection	1,500,000	0	650,000	650,000
Cross Sectoral	0	314,803	0	0
Mine Risk Education	375,000	0	375,000	375,000
Shelter and non-food items (NFI)	800,000	0	800,000	800,000
Total*	12,975,000	3,833,436	17,365,000	13,846,367

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

Emergency Programme Priorities: July - December 2008

Health and Nutrition *(UNICEF is the cluster lead for nutrition)*

- Continue support for implementation of both facility and community based therapeutic and supplementary feeding programme, including training of staff and technical support for quality assurance of programme ; strengthening community outreach services in order to expand coverage and education for integrated child and maternal health services including immunization, tetanus toxoid for women of child bearing age, malaria control; procurement of essential drugs and other supplies such as ORS, insecticide treated nets, disinfectants, solar power systems cold chain etc to reach out estimated 40,000 vulnerable populations.
- Conduct vitamin A supplementation to children aged 6-59 months in November 2008 to reach 90% coverage, and strengthen the nutrition information management system and surveys, community education including response to HIV-related interventions in emergency.
- Promote infant and young child feeding practices through advocacy, training and social mobilization in the community.

Water, Sanitation and Hygiene (WASH) *(UNICEF is the cluster lead for water, sanitation and hygiene)*

- Provide emergency supplies including water bladders, jerry cans, water purification tablets and water trucking to IDP resettlement areas; rehabilitate 20 unprotected water dug wells, drill 20 boreholes and install hand pumps in drought-affected villages and expects total of 16,000 people will benefit from such facilities.
- Construct run-off cisterns and rehabilitate water supply system in five drought-affected communities, and IDP resettlement villages and training of village technicians, introducing community sustainable model, water, sanitation and hygiene promotion in ten pilot villages to become 'open defecation free' and adequate water points and sanitary facilities in ten schools will be the priority for 2008.

Education *(UNICEF is the cluster lead for education)*

- Support enrolment in the IDP resettlement area in Gash Barka and Dehub through the provision of teaching and learning materials, school furniture and supplies to cover 6,400 students and 540 teachers.
- Provide psychosocial training to 160 school teachers and community workers; completion of 12 makeshift classrooms in three IDP communities in Dehub, to accommodate 600 children out of 12,000 estimated IDP students, and strengthening Parent/Teachers' Associations to monitor school attendance and reduce drop-out, will be the priority for 2008.

Child Protection and Mine Risk Education

- Provide alternative income-generating activities to 650 identified vulnerable families including child-headed and female-headed households, and those caring for orphans and vulnerable children.
- Conduct MRE awareness targeting 40,000 people, including 10,000 in areas contaminated with landmines and unexploded ordnances.

Shelter and non-food items

- Maintain a minimum level of readiness of Non Food items for any emergencies to respond to the needs of 10,000 people; and provide non-food items to the most vulnerable population including the resettled displaced population.

UNICEF HUMANITARIAN ACTION
Ethiopia
Mid-Year Review 2008

Problem Statement /Context: Since the beginning of 2008, the food security situation in Ethiopia has deteriorated as a result of a complex set of factors. The poor performance of the *meher/hagaya/deyr* rains combined with below normal *belg/gu/ganna* rains and the prevailing high market prices resulted in food insecurity in Oromiya and Southern Nations Nationalities and Peoples (SNNP) regions forcing people to resort to extreme coping mechanisms and where the nutrition situation of children has reached critical levels. Furthermore, signs of deteriorating food security conditions have been recorded since July 2008 in areas of Tigray, Amhara and Afar regions. The humanitarian situation remains of great concern also in Somali region, where access is still being an issue. According to the last Humanitarian Requirements document launched by the Government on 12 June, the number of emergency relief beneficiaries reached 4.6 million people from 2.2 in April 2008, including 75,000 children directly affected by severe acute malnutrition (SAM). More children could be acutely malnourished in additional districts where screening has not yet taken place. The onset of the *belg/gu/ganna* rains from June to September increases the risk of a large-scale outbreak of diarrhoeal disease; and its impact would be aggravated by the current levels of malnutrition. In 2006-2007, the Acute Watery Diarrhoea (AWD) epidemic had a protracted course resulting in a total cumulative number of 110,549 cases with 1,200 deaths. From January to July 2008, a total of 1,079 cases, including 11 deaths (Case Fatality Rate 1%), have been reported in Amhara, Oromiya, SNNP and Somali regions. Currently all risk factors for an increase in AWD cases are present: limited clean water supply; poor hygiene and sanitation; and limited knowledge of preventive measures. Finally, in light of the 2007 experience, the current drought risks to be followed by flooding, with the consequent possible destruction of crop, later in the year. This would further jeopardize household food security and increase the needs for assistance. Furthermore, according to the joint Government/ UN agencies/NGOs *belg* assessment made in July 2008, food security has not improved and hence the number of people requiring emergency food aid is expected to increase although official figures yet to be released.

Key Results for Children: Since the beginning of the year, UNICEF procured over 1,900 tons of Ready-to-Use Therapeutic Food, which can enable the treatment of about 190,000 children for one month. To the same end, UNICEF is supporting the training of approximately 6,000 Health Extension Workers (HEWs) from 100 hot spot districts in the treatment of severe acute malnutrition. In Somali region, during the month of April UNICEF together with NGOs supported extensive water trucking operations with 70 water tankers to benefit up to 150,000 people out of an estimated 500,000 people in need. In Oromiya region, UNICEF supported water distribution with 10 trucks in Borena, East Harerge and Arsi zones, reaching an estimated 10,000 people. For the prevention of case management of Acute Watery Diarrhoea, UNICEF has provided comprehensive support through distribution of drugs and 16 Community Treatment Centres (CTCs) kits, operational fund to run the CTCs technical assistance, and transportation of drugs and supplies to affected communities. At least 7,145 measles cases have been reported since the beginning of 2008, mainly in Oromiya and Somali regions. A measles vaccination campaign was conducted in Somali, part of Oromia, SNNP, Dire Dawa and Addis Abeba targeting 5,398,355 children 6 to 59 months with an overall coverage of 90%. A total of 14 mobile health, nutrition and WASH teams supported by UNICEF with funds, equipments and training were deployed in six zones of Somali region, since November 2007 providing services in catchment areas where about 1,000,000 people live. During the first three months they treated 53,401 patients, of which around 40% were children under the age of 5 years. From April to June 2008, preliminary figures indicate that 16 mobile teams (2 implemented by ADRA international) made 73,760 consultations including children.

Key Challenges: The capacity of individual health facilities, in terms of human resources, infrastructure and supplies, is insufficient to treat the great number of malnourished children currently in need. The insufficient quantity of ready-to-use therapeutic food (RUTF) available on the world market, combined with the timeliness of funding and logistic limitations linked to the quick delivery of therapeutic foods to the affected areas in Ethiopia is another major constraint faced when having to save lives of children affected by severe acute malnutrition (SAM). Last but not least, a major constraint remains the limited humanitarian access in the conflict areas of the Ogaden in Somali region.

Inter-Agency Collaboration: UNICEF is providing cluster coordination leadership in nutrition and water, sanitation and hygiene (WASH), whilst contributing significantly to WHO-led coordination in health, and supporting education and child protection. To strengthen this, experienced international experts have been brought into the country to support nutrition and water and sanitation programmes.

Funding: The revised Government - UN Humanitarian Requirements document from 12 June 2008 brought the number of emergency relief beneficiaries to 4.6 million people, including 75,000 children directly affected by severe acute malnutrition, and requested US\$ 325 million for food and non-food assistance. As noted in the Humanitarian Action Update of 24 June 2008, UNICEF Ethiopia has increased its funding needs from the US\$ 26.54 million announced in the 2008 HAR to US\$ 49.24 million. In addition to the funds below received against the 2008 HAR, a total programmable amount of US\$ 4,847,863 was carried over from 2007. Moreover, the country office received a total amount of US\$ 16,605,000 in loan from the EPF, while a total amount of US\$ 24,517,090 has been received against the 2008 HAR.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Health and Nutrition	16,300,000	17,382,091	38,747,000	21,364,909
Water, Sanitation and Hygiene (WASH)	5,000,000	3,246,111	4,850,000	1,603,889
Education	1,150,000	106,998	1,500,000	1,393,002
Child Protection	3,240,000	579,345	2,150,000	1,570,655
HIV / AIDS	850,000	0	0	0
Emergency non-food items (NFI)	0	192,797	2,000,000	1,807,203
Cross-sectoral	0	1,146,425	0	0
Communication	0	130,378	0	0
Total*	26,540,000	22,784,145**	49,247,000	27,739,658

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

** In addition to the US\$ 22,784,145 noted above, US\$1,732,944 has been received from UK Natcom and SIDA and remains to be allocated.

Emergency Programme Priorities: July – December 2008

Health and Nutrition

- Procure therapeutic feeding products (RUTF, F75 and F100 therapeutic milk, ReSoMal), drugs and anthropometric materials for the running of the Therapeutic Feeding Programme (TFP) to treat 75,000 children.
- Prevention and treatment of AWD and other diarrhoeal diseases, through purchase of drugs and materials, coverage of operational costs and trainings of health workers;
- Support existing health facilities (health centres and hospitals) to start TFU/OTP in districts with high number of children.
- In districts without any TFP, conduct ad hoc screening of all children under five and provide to the SAM cases (MUAC < 11 cm and/or oedema) a 3 months RUTF take home ration (implementing partners: MOH/RHB, DPPB Food Distribution agents, NGO etc.) Refer the moderate and severe malnutrition cases (MUAC<12cm and/or oedema) to the targeted supplementary food (TSF) programme.
- Prevention of measles outbreaks for an estimated target population of 6.6 million of children between 6 and 59 months.

Water, Sanitation and Hygiene (WASH)

- Support rehabilitation of 150 drinking water supplies in drought affected areas improving access to safe water for an estimated 150,000 people and support the establishment of 20 new ground water schemes benefiting 60,000 people and as last resort support water trucking to an estimated 40,000 people. The target population for water supply is estimated at 802,000.
- Support emergency hygiene promotion and information, education and communication (IEC) focusing on awareness, prevention and action to mitigate water and faeces related diseases. Ensure that the Nutritional and AWD response is supported by WASH interventions, focusing on the provision of water treatment chemicals to up to 100,000 households in the affected areas out of an estimated 802,000 in need.
- Support the establishment of basic sanitation facilities, hand washing facilities and water points in selected CTCs and Therapeutic Feeding Centres, including the deployment of ten emergency water treatment (EMWAT) kits which will benefit about 50,000 people.

Education

- Ensure effective assessments of the impact of the drought on school drop-out and advice on response strategies and provide education materials, school uniforms and tents to 5,000 children in 20 schools located in 5 drought affected districts.
- Procure and distribute 1,000 school-in-a-box kits to benefit 80,000 school children in potential flood affected areas which represents 70% of the children at risk.

Child Protection

- Provide cash grants to 10,000 households with depleted livelihoods for priority families in the drought affected areas of Somali, SNNP and Oromiya regions;
- Enhanced preparedness in case of floods or other emergencies resulting in displacement and separation, support tracing, registration and reunification of separated and unaccompanied children.

Emergency non-food items

- Support displaced populations through the provision of shelter and basic household goods for 70,000 people in Somali, Oromia, and SNNPR.

UNICEF HUMANITARIAN ACTION

Kenya

Mid-Year Review

Problem Statement/Context: More than a million children and women in Kenya are at risk due to multiple crises including the continuing damaging effects of post-election crisis, dramatically increasing prices of food, fuel and other basic commodities as well as erratic rainfall in arid and semi-arid districts (ASALs). An estimated 1.34 million people are affected by food insecurity -- 840,000 in ASALs and the rest displaced by recent or former conflicts or natural disasters. Those most seriously impacted by the escalating food prices are those dependent on the market for their food and with low or irregular incomes. Over 95,000 (22%) children under-five are suffering from moderate acute malnutrition while 10,000 (2.3%) are severely malnourished. Numbers of severely malnourished presenting at health facilities in semi-arid and other marginal areas are increasing every day. Findings of a nutritional survey conducted in six arid and semi-arid (ASAL) districts indicate a serious nutrition situation in all districts except Moyale. Moreover, 16 ASAL districts are suffering livestock losses due to *Peste des Petits Ruminants* (PPR), a viral disease of sheep and goats. PPR has killed 350,000 (2.1% of total livestock at risk) sheep and goats in Turkana district alone. There are fears that Kenya will soon experience food riots. Prices have risen because of reduced food production due to displacement of farmers, as well as a 20 per cent hike in prices of farm inputs like fertilizer. Overall, food prices are up by almost 50% per cent since last year and are expected to increase more rapidly after August 2008 when current food stocks will run out and Kenya will have to import food.

Post-election violence exposed inter-ethnic stress, revealed deep-seated economic and social inequalities, stoked political turbulence and economic uncertainty and revealed the dangerous exclusion of youth from development participation and benefits. Consequences included mass destruction of property and loss of livelihoods, widespread gender-based violence, separation of children, and displacement. The protection of children and women from violence, abuse and exploitation poses serious challenges in displaced communities. Thousands of separated children are living in charitable children's institutions, including orphanages, and many children have been abandoned. Keeping schools open is vital as an emergency protection strategy and to aid peace building, yet education continuity and quality is threatened by vandalized schools, staff shortages and rising poverty. Close to 300,000 school children were directly affected as a result of the violence and an additional 1 million school children are facing the threats of the impending drought and rising costs of living.

The government plan "Rudi Nyumbani" (Return Home) introduced in early May 2008 to resettle displaced families has resulted in a multiplication of smaller poorly serviced "transit" camps, most of which lack access to education, water, sanitation, protection or health services. In addition to the more than 81,000 IDPs living in 119 IDP camps, there are about 46,000 IDPs in 67 transit camps in the North Rift Valley and Nyanza Province and a further 40,000 in communities and transit camps in Molo district. The pace of return has slowed in recent weeks due to continuing concerns over insecurity.

Key Results for Children: The overall goal is to minimize the impact of the ongoing drought and the post-election crisis on the health and nutritional status of children under-five children and to ensure that pregnant women in affected areas are identified and provided with integrated care. UNICEF has provided health and nutrition support for almost 2 million out of 6.5 million children under five years and nearly 500,000 out of 2 million pregnant/lactating women; including many living in 244 camps located in 55 districts in Nairobi, Rift Valley, Nyanza and Western Provinces. UNICEF helped increase staff in health facilities, provided emergency nutrition and medical supplies, backed emergency immunization programmes and assisted effective coordination of emergency health and nutrition partners. Almost USD\$ 400,000 worth of specialized nutrition therapeutic food supplies and anthropometric equipment have been procured since January for the benefit of over 46,000 children and pregnant and lactating women in ASAL areas. The agency is already assisting 4 out of every 5 children needing emergency nutrition support in ASAL areas and is seeking partners/funds to reach the remaining 20 percent.

UNICEF together with its local partners has so far provided 200,000 people (out of estimated total 250,000 to 300,000 IDP population) living in camps with access to safe water through chlorination, hygiene promotion and hand washing materials. UNICEF has distributed over 19,000 family kits benefiting almost 100,000 people. UNICEF partner DHL extended US\$ 100,000 worth of in-kind assistance to aid the delivery of emergency supplies.

Key Challenges: Donors seem to have fled the Kenya crisis, partly due to the challenges of emergencies elsewhere but also due to apparent fatigue in addressing the Kenya situation. Many of the NGOs that had been implementing partners on the ground are withdrawing from areas of displacement, and lack resources to address the growing emergency in northern Kenya. The response to the last Emergency Humanitarian Response Plan, launched in April, was very limited. The crisis has led to cuts in government development expenditures as budgetary resources have been reallocated to fund activities arising from the effects of the violence. Meanwhile political discord is undermining the ability of the Government to address these multiple emergencies.

Inter-Agency Collaboration: UNICEF is providing cluster coordination leadership in Education, Nutrition and Water, Sanitation and Hygiene (WASH), whilst also leading the sub-cluster on Child Protection and contributing significantly to WHO-led coordination in health. To strengthen this, experienced international experts have been brought into the country to support Education, Child Protection, Nutrition and the WASH response. UNICEF has also assisted adoption of standard assessment tools to monitor the scope and impact of the crisis.

Funding: In January 2008, the UN system and NGOs in close coordination with the Government and the Kenya Red Cross Society launched an Emergency Humanitarian Response Plan. UNICEF requirements in the appeal, focusing on Health, Nutrition, Child Protection, Education, and Water, Sanitation and Hygiene, amounted to US\$ 11,299,300 (out of US\$ 41.9m) revised to US\$ 18,497,747 (out of US\$ 181m) in July 2008 and US\$20,447,747 in September 2008. Prior to the election crisis, UNICEF Kenya had an Emergency Preparedness plan with US\$1.5 million worth of pre-positioned supplies and a specific multi-sectoral fund of US\$900,000 to respond to the needs of children affected by conflict. Due to the unforeseen scale of the crisis the Country Office requested support through an internal loan from UNICEF's Emergency Programme Fund (EPF) for an amount of US\$1.5 million. CERF funding was received amounting to US\$1,468,032. In addition, the Flash appeal for US\$7,791,957 together with the HAR received US\$11,356,308.39. The revised MYR requirements take into account the additional funding needs.

Table1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Health	2,325,000	1,242,879	1,525,140	282,261
Nutrition	2,980,800	2,845,949	2,500,000	0
Child Protection	1,700,000	2,473,279	2,440,000	0
Water, Sanitation and Hygiene	2,123,500	2,692,567	4,025,307	1,322,740
Education	1,105,000.00	1,042,848	4,885,100	3,842,252
Shelter and emergency coordination	1,065,000	0	1,259,564	1,259,564
Monitoring, evaluation and reporting	0	0	3,322,200	3,322,200
Communication	0	273,995	250,000	0
Planning	0	54,681	0	0
Programme support	0	730,111	240,436	0
Total*	11,299,300	11,356,308	20,447,747	10,039,018

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

Emergency Programme Priorities: July - December 2008

Health and Nutrition

UNICEF and partners will assist the Ministry of Health (MOH) in the areas of nutrition surveillance as well as nutrition supplies, capacity development of health workers and technical support to the MOH to ensure that critical curative and preventive nutrition services continue to be delivered to approximately 45,000 children needing emergency nutrition support in the arid and semi-arid areas. The key interventions include i) management of acute malnutrition; ii) promotion of proper infant feeding practices; iii) nutrition education; iv) screening referrals and v) micronutrient supplementation. Other critical needs include emergency immunization services and medical supplies for the Ministry of Health as well as staff support in emergency areas affected by severe staff shortages.

Water, Sanitation and Hygiene (WASH)

100,000 children and their families out of the estimated 250,000 displaced IDPs affected by water shortages and displaced due to drought or violence will have access to safe water and sanitation services through UNICEF supported interventions which will include rehabilitation and construction of safe water sources and adequate sanitation facilities in schools and health facilities.

Education

UNICEF will provide school in a box and other education supplies to keep children in school as well as training and support for production of peace education materials to reduce violence in schools in conflict zones for 200,000 primary age children out of the estimated 1 million school age population in the affected areas.

Child Protection

The post election violence scenario in Kenya has served as a springboard for building the capacity of partners on child protection and developing child protection systems, including at the community level. During the latter half of 2008, CP will continue to work with the Department of Children's Services on the *Collaborative Programme of Response to the Issue of Separated Children*. The programme focuses on the placement of a "hub" in Nakuru where all registration forms will be sent, that will also serve as a central location for systemizing the process of identification, documentation, tracing, reunification and mediation (IDTR&M). Currently the Programme is focusing on the registration of children placed in Charitable Children's Institutions (CCIs) and the identification of Child Headed Households (CCHs), for which 1700 and 803 children have been identified thus far. (Registration is on-going). The programme goal for year end-2008 is to identify *and* reunify at least 900 children. The programme also includes "mentorship" initiative – currently being piloted in Nakuru - which trains community members to serve as guardians of children in CCHs.

For survivors of Gender Based Violence (GBV), UNICEF will continue to support partners in post-rape care and PEP distribution activities, and contribute to the strengthening of prevention and response to GBV through the dissemination of IEC materials, the training of health care providers on the delivery of post rape care, as well as other actors engaged in GBV, including counselors, police and legal actors. In terms of psychosocial support, UNICEF will continue to support partners in operationalizing the Child Friendly Space concept in areas that continue to be adversely affected by post election violence as well as engage in capacity building initiatives. Finally, UNICEF will support a child protection specific Emergency Preparedness and Response Planning (EPRP) workshop for Government counterparts (including the Ministry of Education and Ministry of Health) and child protection partners. The EPRP workshop will serve as a step towards establishing a permanent child protection in emergencies working group and will serve to improve coordination and partnership among child protection actors in Kenya engaged in the current crises and future emergencies.

UNICEF HUMANITARIAN ACTION

Lesotho

Mid-Year Review 2008

Problem Statement/Context: The effects of 2007 drought have been compounded by increases in food prices, low agricultural production, HIV and AIDS, high stunting (42%) and underweight (14%) levels. The Vulnerability Assessment Committee (VAC) assessment in May 2008 revealed that 350,000 people will need humanitarian assistance in 2008-09, and more than 200,000 under-five children are at risk of malnutrition. Malnutrition rates have recorded a steady increase in all drought-affected regions of the country. The current major challenges facing the country include access to safe drinking water and sanitation, health care and availability of adequate nutritious food. UNICEF is currently working closely with the Disaster Management Authority and the Food and Nutrition Coordinating Office to strengthen the Early Warning System. The number of people requiring humanitarian assistance is likely to increase due to expected further increases in food prices. Though some rains have been reported, weather forecasts indicate that these are unlikely to replenish water sources and pasture and carry pastoralists through to the next rains in October 2008. In many parts of the country, the sanitation and hygiene status is inadequate with limited access to safe drinking water. According to government estimates, about 40% of the people are currently in need of safe drinking water, hygiene and sanitation assistance. This figure is likely to increase with the onset of the rainy season in October, which may contribute to outbreaks of Diarrhoeal diseases and other types of water borne illnesses. Children are especially at risk, and UNICEF is prioritizing its response in the areas of screening of children for malnutrition, strengthening the nutrition surveillance system, strengthening the Early Warning system, and the management of severe malnutrition, Water, Sanitation and Hygiene interventions.

Key Results for Children: Since mid 2007, the focus has been on minimizing the impact of the drought and ongoing food crisis. UNICEF has supported the establishment of 49 outpatient and inpatient therapeutic feeding centres with a plan to reach 77 therapeutic feeding sites by end of 2008, targeting more than 1,000 under 5 moderate to severe malnourished children. Through the Memorandum of Understanding signed with WFP supplementary food rations will be provided to all under fives with moderate malnutrition, pregnant and lactating mothers using the health infrastructure. The therapeutic feeding programme is currently providing treatment/ rehabilitation services to about 1,300 children (80%) of the moderate to severe underweight/ malnourished children every month. The national surveillance system was not functioning over the last five years. UNICEF has revitalized the national nutrition surveillance system. As a result, monthly surveillance reports and quarterly bulletins are available on time.

Through strengthened collaboration and coordination with Government and NGO partners, emergency water and sanitation interventions in drought-prone areas were initiated to provide the affected 193,000 people with safe drinking water and sanitation facilities. To date, UNICEF with local partners has reached over 100,000 people with safe drinking water through rehabilitation and construction of water facilities alongside hygiene and sanitation campaigns. In anticipation of acute watery diarrhoeal disease outbreak and to reduce the associated morbidity and mortality, UNICEF provided 185,000 low Osmolar ORS sachets, 9,300 packets of water sterilization/ purification tablets and 40,000 WASH kits and helped in drilling and installation of 40 new hand pumps and the rehabilitation of over 100 pumps. A key achievement for children in late 2007 was the successful implementation of the first National integrated measles campaign, including vitamin A supplementation and de-worming, targeting 213,032 children less than 5 years of age. The coverage of the campaign was 92.2% for measles, 85.7% for Vitamin A and 81.1% for de-worming.

In 2008, UNICEF received funding contribution from the Government and the People of Japan amounting to US\$ 1,500,000 to advance Adolescent HIV Prevention in Lesotho. The following activities have been implemented using the funds:

- Disseminated two set of IEC materials with 10,000 copies each on Adolescent HIV prevention for and with young people;
- Signed a project cooperation agreement with a youth-led organization for developing inter personal communication package for and with young people as well as for the parents/guardians on HIV prevention among young people.
- Conducted capacity assessment of service institutions providing services for adolescent for their adolescent friendliness.

Key Challenges: The main challenge to programme implementation is the shortage in human resources in all sectors. The topography of the country makes it difficult for affected populations to access the services and for service providers to reach these populations through decentralisation of the health services, setting up outreach services, mobile teams and child health days. The Government of Lesotho has recently finalised the health sector emergency HR plan and this is currently under implementation.

Inter-Agency Collaboration: Within the UN, UNICEF is providing cluster coordination leadership in Nutrition and Water, Sanitation and Hygiene (WASH), whilst contributing significantly to WHO led coordination in health, and supporting education and child protection interventions.

Funding: In 2008, UNICEF implemented emergency related activities focused on Nutrition, Water Supply and Sanitation using funds received through Lesotho 2007 Flash Appeal for drought. In 2008, the only emergency contribution that UNICEF received was from the Government and People of Japan amounting to US\$1,500,000 (SM/08/0111) to support Adolescents HIV Prevention (AHP) activities. These funds were allocated to the Adolescent HIV Prevention Programme. The remaining funds used for implementation of emergency activities in 2008 come from 2007 Flash Appeal which were re-phased to 2008.

The table below shows the revised funding requirement and gaps based on the needs and on what can be implemented during the remaining part of the year. The funding gaps represents the difference between revised funding requirement and funds available in 2008 irrespective of whether the funds represent new funds or rephased from 2007.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Health and Nutrition	634,000	0	600,574	200,000*
Water, Sanitation and Hygiene (WASH)	990,000	0	1,137,376	200,000*
Education	150,000	0	100,000	100,000
Child Protection	575,000	0	200,000	200,000
Adolescent HIV prevention	0	1,500,000	1,500,000	0
Total***	2,349,000	1,500,000	3,537,950	700,000

*Although no funds were received for these activities in 2008, \$ 400,574 was received in 2007 against the flash appeal and was rephased to 2008 for implementation health and nutrition activities. \$ 937,376 was rephased from 2007 for water and sanitation activities in 2008.

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

In order to offset the effect of food prices increases the office also received US\$ 350,000 (GS/2008/0019) which is currently used to strengthen nutrition surveillance, provision of therapeutic feeding and development of water and sanitation schemes and hygiene promotion

Emergency Programme Priorities: July - December 2008

Health and Nutrition:

- Improving routine immunization services through implementation of the Reaching Every District (RED) approach in all the 10 districts, establishment of outreach services and implementation of Child Health Days.
- Expanding therapeutic feeding programme to 77 sites, targeting about 100,000 moderate to severely underweight children.
- Ensuring the availability of the required Therapeutic and supplementary feeding supplies.
- Continued support to strengthening the Nutrition surveillance system as well as setting up 50 sentinel sites to monitor the trends of severe malnutrition and household food security.
- Development and dissemination of a comprehensive child survival social mobilization package.
- Promotion of improved infant and young child feeding practices including: early initiation, exclusive breastfeeding and timely introduction of age-specific, home made nutrient-rich complementary foods.
- Supplementation of children 6-59 months with sprinkles and pregnant and lactation women with multivitamin and mineral tablets.
- Deworming programme through the MCH and the school health services.

Water, Sanitation and Hygiene (WASH)

- Continuing hygiene education training and social mobilization campaigns in schools, health centres and communities as well as distribution of Family WASH kits.
- Provision and rehabilitation of hand-pump facilities and provision of spare parts kits.

Education

- Provision of 300 school-in-a-box kits.
- Provision of essential learning kits and materials for herd boys to facilitate learning.

Child Protection

- Continuing child protection activities on sexual and gender based violence and abuse as part of a comprehensive HIV prevention package.

Avian Flu:

- Maintaining adequate stock of avian flu supplies and continue vaccination of UN staff and their dependents with seasonal flu vaccine;

Adolescent HIV Prevention

- Initiate the process of developing social and behaviour change communication strategy for and with young people;
- Develop the guidelines for adolescent friendly services;
- Procure supply items for adolescent friendly health corners as identified by the rapid capacity assessment;
- Initiate the process of establishing a youth radio centre for and with young people;
- Develop a Q&A booklet on reproductive health related issues including HIV.

UNICEF HUMANITARIAN ACTION

Madagascar

Mid-Year Review 2008

Problem Statement/Context: Madagascar is continuously afflicted by natural disasters, primarily cyclones, flooding, drought and insect infestations; together they cause additional hardship for an already vulnerable population where 61% of people live on less than \$1/day. As in any disaster, children and women suffer most. Vulnerable to hunger, trauma and stress, women and children in poverty-stricken areas require immediate assistance.

Early in 2008, Madagascar was hit by three cyclones, Fame, Ivan and Jokwe. Cyclone Ivan caused severe flooding in many parts of the country and is being cited as the worst since the 1980s. According to the National Office for Disaster Risk Management (BNGRC), approximately 342,000 people were affected, 190,000 lost their homes. Around 106 people died, more than 585 have been injured and 177 people were reported missing. The continued rainfall and resulting floods left almost 18,900 people without shelter in the capital alone. In addition to the impact on the population, a recent Joint Damage, Loss and Needs Assessment, estimated damages and losses caused by cyclones in 2008 stand at US\$ 333 million.

Key Results for Children:

Health and Nutrition: 12,202 infants were vaccinated with DPT3HepB3. Populations affected by malaria, acute respiratory disease and diarrhoea benefited from 10,200 free medical consultations including 4,244 children under 5 years old. 32,907 pregnant women and children under 5 years of age were protected against malaria through the distribution of impregnated nets. Routine nutrition surveillance was rapidly conducted in 89 affected communities triggering nutritional surveys in flood affected districts which uncovered a nutritional emergency in one region to which UNICEF is currently responding.

Water, Sanitation and Hygiene: 312,022 people (95% of those in need) were given access to safe drinking water and hygiene through the provision of Water, Sanitation and Hygiene (WASH) kits, and through the cleaning and disinfection of 3,373 flooded/contaminated wells. 110,000 students in 440 schools benefited from WASH kits alongside an intensive hygiene awareness campaign. Latrines and hand washing facilities were also set up in displacement camps. Schools and health centres will shortly benefit from safe water and appropriate sanitation through the construction of 58 water points and 45 latrines. Innovative household water treatment initiatives are being conducted, using ceramic filters, water makers, and solar disinfection systems.

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

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

Shelter: A total of 600 households were equipped with materials to ensure adequate shelter and appropriate living conditions, kitchen equipment, beds and electricity. Communities were also trained to rehabilitate and construct houses themselves.

Key Challenges: In some areas, UNICEF is the only government partner for the emergency response. Moreover, many parts of Madagascar are inaccessible by land during rainy season and even more during the cyclone season, unless by air. After the initial emergency response to Cyclone Ivan, UNICEF is now focusing on mobilising resources towards its activities on recovery and rehabilitation.

Inter-Agency Collaboration: UNICEF is providing cluster coordination leadership in WASH, Nutrition and Education, and is also an active participant in the Health cluster, led by the World Health Organisation (WHO), and is currently developing a focus group on Protection. The National Office for Risk and Disaster Management (BNGRC) is the overall coordinator of all partners for all emergency related activities (preparedness and response).

Funding: Following the Governments request for international assistance, a cyclone Flash Appeal for a total of US\$ 36,476,586 was issued in the beginning of March 2008. Within the framework of the Flash Appeal, the humanitarian community identified key priority needs. The UNICEF requirements in the appeal amount to US\$ 14,735,039. UNICEF already reprogrammed US\$ 200,000 of its regular resources and also received an internal UNICEF Emergency Programme Fund (EPF) loan of US\$ 1,750,000. In addition CERF funding was received amounting to US\$2,524,000. The revised Mid Year Review (MYR)

requirements take into account additional nutrition funding needs, due to the arising nutritional emergency in one cyclone-affected region.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Health	1,700,000	0	2,880,976	2,880,976
Nutrition	1,300,000	0	800,000	800,000
Water, Sanitation and Hygiene (WASH)	550,000	0	3,077,024	3,077,024
Education	1,200,000	0	3,531,282	3,531,282
Child Protection	60,000	0	104,624	104,624
Shelter and non-food items	300,000	0	86,000	86,000
Total*	5,110,000	0	10,479,906	10,479,906

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

Table 2: Funds received against 2008 Flash Appeal (US\$)

Sector	Flash Appeal 2008 requirements	Funds received against Flash Appeal **	Funding gap
Health	4,656,050	1,775,074	2,880,976
Nutrition	499,800	504,238	0
Water, Sanitation and Hygiene (WASH)	4,501,704	1,424,680	3,077,024
Education	4,607,485	1,076,203	3,531,282
Shelter and non-food items	170,000	84,000	86,000
Child Protection	300,000	195,376	104,624
Coordination and operational support	0	342,482	0
Total*	14,735,039	5,402,053	9,679,906

* The totals include a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006. Please also note that the totals exclude the EPF loan of US\$ 1,750,000.

** Sectoral totals may differ from the HAR Madagascar Donor Update (dated 2 June 2008) due to reallocation of funds between sections.

Emergency Programme Priorities: July – December 2008

Health and Nutrition

UNICEF is the cluster lead agency for nutrition.

- UNICEF will support physical and functional rehabilitation of damaged health centres in affected regions, as well as assisting the Ministry of Health in improving the vaccination system, including cold chain rehabilitation, vaccination storage facilities (for both vaccines themselves and other vaccination components).
- 82,000 children under five years of age and 17,000 pregnant and lactating women living in 20 affected municipalities will be screened by 30 mobile teams before the end of August 2008. The children diagnosed malnourished by health staff in the 46 health centres will be treated with Ready To Use Therapeutic Food (RUF) and systematic drugs. A second active screening for acute malnutrition is planned for the end of September. In addition, UNICEF will work with the Government to prevent a separate emergency in the southeast part of Madagascar. An estimated 90,000 children will be supplemented with RUF and 51,000 pregnant and lactating women will be supplemented with Multi-micronutrients (MMN) on a daily basis.
- UNICEF will conduct an evaluation on the use of plastic sheeting provided by UNICEF as part of the rapid emergency response, and the results will be taken into account in planning for the 2008-2009 emergency response.

Water, Sanitation and Hygiene (WASH)

UNICEF is the cluster lead agency for water, sanitation and hygiene

- A second phase of Information, Education and Communication (IEC) materials on hygiene practices and the 3 key WASH messages (following those first disseminated directly after the emergency) will take place before the end of 2008.
- 312,446 people will have access to safe water and sanitation services through UNICEF construction of 35 water harvesting systems, 56 sanitation facilities, 81 latrines and 22 wells.

Education

UNICEF is the cluster lead agency for education

- 6,500 students will be able to resume their education in adequate learning facilities through UNICEF rehabilitation and/or reconstruction of 129 classrooms.
- 48,000 students will receive 600 schools-in-a-box kits and 276 recreation kits alongside with first aid kits in case of subsequent emergencies. Tables, benches and blackboards will also be distributed.

Child Protection

- UNICEF aims to build capacities for the next emergency season (late 2008 to early 2009) and has started a training cycle for national and local authorities on protection in emergencies, focusing on child protection. 320 individuals from regional and local administration, health, education, justice and police sectors will be trained, including 20 trainers who will in turn be available to train others as part of the ongoing training cycle.

UNICEF HUMANITARIAN ACTION

Malawi

Mid-year Review 2008

Problem Statement/Context: Preliminary results from the Malawi Vulnerability Assessment Committee (MVAC) indicate that the number of people at risk for food insecurity will triple (as compared to 2007/08 season) during the 2008/2009 lean season with 1,490,146 people or 14 percent of the total population being at risk. Isolated incidences of dry spells and floods contribute to the increased number of people at risk with the majority of these vulnerable population located mainly in the Southern Region. Compounding these issues are the major increases in food prices and high prevalence of HIV, especially in the southern region. Maize prices are currently twice or three times higher than that of last season. Prices of other food commodities are also higher this year with paddy rice prices increased by 85 percent and soya beans by 300 percent compared to last season. There are concerns that overselling is a major problem for most farmers who are also net buyers of maize later in the season as they will be affected by the high consumer prices. These food price increases are posing a threat to household food security, particularly among children and pregnant women. The national HIV and AIDS rate is at 12.4% but some districts in the south have prevalence as high as 30%. The nutrition situation in the South, Chikwawa / Nsanje, is worse than other livelihood zones and even the same zone compared to last year. Rates of moderate and severe acute malnutrition were 5.4 percent in June 2008 compared to 2.7 percent in June 2007. This suggests a need to target these areas as the situation is likely to worsen as the season progresses. Cholera season was over as of April 2008 with a general decline of number of cases observed since January 2008. Overall in 2007/2008 season, 1039 cholera cases were registered in various districts especially in the southern region with Chikwawa and Nsanje representing 65% of the total number of cholera cases observed. The case fatality rate (CFR) was 1.9%, higher than the standard WHO CFR of 1 percent.

Key Results for Children: UNICEF continued to support 95 Nutrition Rehabilitation Units, 250 Community-based Therapeutic Care and 199 Supplementary Feeding Centres, treating approximately 18,200 children with severe acute malnutrition and 24,000 children, pregnant and lactating women with moderate acute malnutrition. Rates of severe and acute malnutrition was low in all emergency areas from January to June 2008 except in Chikwawa and Nsanje. 90 percent of children between the ages of 6-59 months received high impact interventions aimed at accelerating child survival. Over two million children (representing 90% of the coverage) and just over half a million women benefited from Vitamin A and the de-worming tablets, and optimal infant and young child feeding practices were promoted. National level information systems were supported to target emergency programmes. 8924 LLINs were distributed to NRUs as part of plan to distribute total 15,000 nets. As part of objective to provide safe water and sanitation in the flood prone areas, around 8,000 flood affected people have benefited from safe water and hygiene through new or rehabilitated boreholes and improved sanitation facilities (total affected were 28,685). UNICEF held large scale hygiene promotion campaigns in schools and in order to improve response time, supplies were pre-positioned in cholera and flood prone districts. In order to enhance capacity for districts and health officials to effectively respond to a cholera outbreak – UNICEF has focused on supporting the dissemination of information and social mobilization to prevent and treat cholera, and training health officials in rapid and efficient response in five cholera prone districts. With a rapid response, UNICEF was able to ensure that the learning of a total of 7,500 school children in the flood affected schools were continued, where about 5000 children were assisted from the affected schools. As part of efforts to protect children against exploitation and abuse, 30 relevant officials (such as law enforcement and humanitarian workers) have been trained. Various strategies to increase awareness through radio programs and programme communication materials in the emergency districts have been instrumental in a decreased number of reported cases and has led to 59 child abuse cases being handled, 89 child labourers being repatriated, and 635 street children being identified and registered. There are a total of 8000 street children in Malawi.

Key Challenges: Limited access to therapeutic and supplementary feeding centres by the affected population due to floods, rivers and increased transport costs resulted in high default rates in some areas. Limited financial support to the nutrition sector has also been a challenge as food security has not necessarily translated into nutrition security. There is still need to invest in nutrition to reduce excess mortality and morbidity among under five year old children and women due to malnutrition.

Inter-Agency Collaboration: UNICEF cooperates with the Government, UN, NGOs and donors and participates in National Humanitarian Coordination fora (Early Recovery Coordination Group), the UN Country Team (UNCT), UN Disaster Management Groups, and various technical working groups. UNICEF participates in all Clusters and leads in child protection, education, water and sanitation and nutrition sub-clusters. Targeted Nutrition Programme (TNP) meetings are held on a monthly basis to coordinate the nutrition response by the Malawi Government, UN agencies and NGOs.

Funding: The CO has not received any funds under the HAR. However, to date the Country Office has received total contribution of US\$1,995,490 from the Flash Appeal issued in response to the 2007/2008 Floods. When taking into consideration of what was received under the Flash Appeal and the revised requirements, the total gap for the year 2008 is US\$ 2,004,510. This requirement includes preparedness and response to the impact of rising food prices. Supplies for education were adequately pre-positioned and there were less number of schools that needed rehabilitating than expected for the first half of year – however, it is important to note that rainy season approaches and efforts for rehabilitation and construction of schools will be critical for the period of July to December 2008. Child protection and WASH used funds from regular resources before emergency funds were disbursed.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements**	Funding gap
Health and Nutrition	2,000,000	606,324	2,000,000	1,393,676
Water, Sanitation and Hygiene (WASH)	1,000,000	906,432	1,300,000	393,568
Education	600,000	257,933	300,000	42,067
Child Protection	600,000	98,743	400,000	301,257
Programme Communication	0	126,058	0	0
Total*	4,200,000	1,955,490	4,000,000	2,004,510

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

** The Revised Funding Requirements take into account the needs noted in the Southern Africa Floods Flash Appeal.

Emergency Programme Priorities: July - December 2008

Health and Nutrition

- Strengthen Food and Nutrition Surveillance for ongoing tracking and monitoring of the evolution of the impact of the rising food prices on women and children.
- Distribution of supplies and drugs for routine treatment to all 95 NRUs and provision of registers and monitoring forms. It is anticipated that 20,000 children with severe malnutrition and about 30,000 moderately malnourished children, pregnant and lactating women will be treated from July to December 2008 due to the fact that the hunger gap starts from September, increased morbidity during the rainy season from diarrhea and malaria and also due to the continued increase in food prices.
- Scale up the number of community-based therapeutic care centres providing Ready-to-Use Therapeutic Food from 250 to 312 (36,000 people benefiting) to increase the access to life saving services
- Promote, protect and support exclusive breastfeeding and timely introduction of complementary foods with continued breastfeeding in most affected areas.
- Conduct a national micronutrient survey and increased coverage of micronutrient control programmes, including iron folate and vitamin A supplementation, promotion of use of iodized salt and deworming.
- Continue with Cholera IEC materials and launch a Cholera campaign to promote awareness in the next six months •Orient District Preparedness committees and enhance their capacity to respond rapidly and effectively to cholera outbreak
- Replenish Cholera supplies for proper management

Water, Sanitation and Hygiene (WASH)

- Pre-positioning of key sanitation and hygiene materials in 20 emergency prone districts
- Drilling of 45 additional boreholes (with 11,250 total benefiting) in flood-affected and official relocation areas using existing funds and construction of 460 new improved sanitation facilities in schools using new funding (27,600 pupils benefiting)
- Continue with hygiene promotion campaigns and ensure local and national governments are prepared for possible cholera outbreaks during rainy season

Education

- UNICEF will improve school infrastructure in flood prone areas – a critical component in the July to December period with approaching rainy season. Stocks have already been well pre-positioned during first half of year. There are 5 blocks (each block has 2 classrooms) in 3 schools and this will benefit 800 children in the flood prone areas.
- Support will be provided to communication initiatives to increase preparedness for flood in the area.
- Strengthen the District Education officials' preparedness

Child Protection

- Support the Sentinel sites with resources and support community interventions, putting in place monitoring and reporting mechanisms.
- Train Child Protection Workers in prevention of sexual exploitation and abuse and train at least 200 workers at the district level.
- Support the trainers in prevention of sexual exploitation and abuse to train their staff and put in place reporting mechanisms in their organizations and impact areas.

UNICEF HUMANITARIAN ACTION

Mozambique

Mid-Year Review 2008

Problem Statement/Context: While still recovering from the devastating floods of early 2007, during the first months of 2008, Mozambique experienced two simultaneous natural disasters, the Zambezi River Basin Flood Emergency and Cyclone Jokwe. The floods affected highly vulnerable areas of Central Mozambique, where the majority of households depend on subsistence agriculture and basic services are already overstretched. These floods were the consequence of high levels of rainfall in Mozambique since late December 2007, compounded by persistent heavy rains in neighbouring countries (Zambia, Zimbabwe and Malawi). The floods affected an estimated 102,486 people⁷ who were accommodated in resettlement centres established during the floods in 2001 and 2007. Following a multi-sectoral assessment conducted in the flood affected areas by the Government, UN and NGO partners the immediate priorities were identified as: food, health, water and sanitation, hygiene promotion, education, basic health education and agricultural seeds and tools. Cyclone Jokwe, which hit the coastal areas of northern Mozambique, affected over 201,695 people¹. The damage was mostly infrastructural, with 800 classrooms and 33 health centres partially or completely destroyed. Electricity and water supplies were affected in areas where those services are provided, but all were restored within a week. The current political events in Zimbabwe are having an impact regionally and Mozambique is no exception. UNHCR has led the contingency planning process with support from the Humanitarian Country Team (HCT) Working Group in case the population movements into Mozambique increase dramatically. UNHCR are currently responding with the Government and NGO partners but should the situation deteriorate and a large-scale humanitarian response be necessary, UNICEF will require additional resources to be able to support the response.

Key Results for Children:

Education: Access to education was restored for over 90,000 and achieved 96% coverage of affected children through the installation of 66 school tents and provision of basic learning materials including 84,234 learners' kits and 168 school kits. In addition, 220 teachers were trained and 732 teachers' kits were distributed. In addition, the section responded to Cyclone Jokwe by providing 70 tents for temporary classrooms, 68,205 learners' kits and 888 teachers' kits reaching all the 114,627 affected school children.

Health and Nutrition: Nutrition surveillance and treatment of malnourished children was carried out in all centres. In total 25,109 children were screened which represents just over 60% coverage; 2,008 were moderately malnourished and received supplementary feeding and 130 severely malnourished who received treatment at the nearest health facility. Of the children screened, 13,136 were de-wormed and 14,998 received vitamin A supplementation. 44 health hospital tents were procured and distributed which would benefit around 880 people per day. Of the 89,814 long-lasting insecticidal nets (LLIN) distributed, UNICEF procured 44,814 LLINs. UNICEF supported both technically and financially the cholera outbreak that occurred in three districts of the Zambezi Valley. The appropriate response resulted in a relatively low case fatality rate of 1.6, there were no cases of cholera during the last year's emergency.

WASH: 65,700 flood affected out of 110,486 people in transit and resettlement centres were provided with safe drinking water and 63,355 people were provided with communal (temporary) and household latrines. 57,000 people benefited from the distribution of hygiene kits (soaps, jerry cans, buckets and water purifications products at household level), including sessions on hygiene promotion and 291 community activists were trained in hygiene promotion.

Protection: Approximately 37,500 people were reached including 22,500 children, through the distribution of 7,500 emergency kits of basic materials to vulnerable families by UNICEF, whilst the remaining 2,534 families received kits from other actors. Training on Code of Conduct to prevent sexual exploitation was provided to police (107 police officers), military, INGC staff and humanitarian workers working in the flood-affected areas (150 in total), in collaboration with UNAIDS and UNFPA.

Key Challenges: Lack of accessibility was a key challenge to the humanitarian response. The limited accessibility to the affected areas and the affected population made it difficult to have a precise estimation of the number of people displaced and residing in the resettlement centres, which made planning very challenging. Roads and bridges had been washed away making access by land to the most affected communities impossible. A high proportion of the humanitarian response relied on air or boat transport for aid delivery to reach vulnerable groups, which include pregnant and lactating women and children.

Inter-Agency Collaboration: UNICEF supported the efforts of the Government of Mozambique to respond to the emergency as a member of the Mozambique Inter Agency Standing Committee (IASC) Humanitarian Country Team and through the implementation of the Cluster Approach Framework. UNICEF Mozambique is providing cluster coordination leadership in water, sanitation and hygiene

⁷ Source INGC

(WASH) and nutrition as well as being the co-chair, with Save the Children Alliance, in Education and Protection. UNICEF is also an active participant in the Health, Logistics, Shelter and Telecommunications Clusters.

Funding: On 7 January, UNICEF Mozambique issued, through Geneva, an Immediate Needs Document for a total of US\$ 2.4 million and received US\$ 116,618. On 10 January, UNICEF Mozambique received Emergency Programme Funding (EPF) for a total of US\$ 1.2 million. UNICEF Mozambique also reprogrammed US\$ 2.7 million of its regular resources to meet the immediate humanitarian needs. A Floods Flash Appeal for the Southern African region was issued on 11 February for a total of US\$ 35.26 million (Mozambique only), out of which UNICEF Mozambique requirements amounted to US\$ 4.836 million. A total of US\$ 2.59 million has been received through the Flash Appeal, out of which \$ 1.23 million is from CERF. UNICEF Mozambique is closely monitoring events in neighbouring Zimbabwe and remains on alert should the office be required to respond. At this point in time, it is difficult to gauge just how much additional funding might be required but the revised funding requirements are based on the worst case scenario of 80,000 refugees taken from UNHCR's Contingency Plan. In addition, UNICEF seeks support for reimbursing its EPF loan of US\$ 1.2 million. In order to support the emergency response during the 2008 flood, EPF funds were allocated to activities under the following programmes: Child Health and Nutrition (US\$ 375,000), WASH (US\$ 375,000), Education (US\$ 200,000), Protection (US\$ 100,000), Programme Communication (US\$ 75,000), Emergency Coordination and Operations (US\$ 75,000). The EPF funds were critical in initiating a quick and timely emergency response.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Child health and Nutrition	2,200,000	0	1,125,000	1,125,000
Water, Sanitation and Hygiene (WASH)	1,500,000	2,473,800	3,348,800	875,000
Basic education	800,000	0	600,000	600,000
Child Protection	400,000	0	1,170,000	1,170,000
Programme communication	100,000	321,000	496,000	175,000
Emergency coordination and operations	650,000	205,200	604,500	399,300
Total*	5,650,000	3,000,000**	7,344,300	4,344,300

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

** The US\$ 3 million received from the Japanese Government are for school WASH activities.

Emergency Programme Priorities: July – December 2008

The HAR 2008 was based on natural disasters, namely floods and cyclones, which regularly occur in Mozambique during the January – April period. Therefore, the key priorities for the remainder of the year are:

- Support the Government of Mozambique to update their Contingency Plan for 2008/2009;
- Provide technical assistance and support for the Government of Mozambique's simulation exercise;
- Support the updating of the Humanitarian Country Team Inter-Agency Contingency Plan 2008/2009.

In addition, UNICEF Mozambique is closely monitoring events in neighbouring Zimbabwe and coordinating with the HCT, including UNHCR, in case the situation deteriorates and a large-scale humanitarian response is required.

UNICEF HUMANITARIAN ACTION

Somalia

Mid-Year Review 2008

Problem Statement /Context: The situation in Somalia – already in a state of humanitarian crisis – continued to deteriorate in 2008. Since the early 1990s, Somalia has not witnessed such a dire situation. The resurgence of violence in Central and South Somalia has led to numerous civilian casualties, including children, additional population displacements and the increased targeting and kidnapping of humanitarian aid workers. The number of displaced has doubled since 2007 and is now 1.1 million. Somalia is also experiencing a sharp devaluation of the Somali shilling and a dramatic rise in food prices which along with drought and severe water shortages is further exacerbating access to staple foods. By May, 2.6 million people were in an acute food and livelihood crisis and humanitarian emergency, with most concentrated in Central and South Somalia. This figure had risen to 3.2 million people by July (43% of the total population) including some 640,000 children under five. This represents a 77% increase in the number of people in need of humanitarian assistance since January. Malnutrition levels among children are alarmingly high in North East and Central and South Somalia, well above the emergency threshold of 15%. The number of acutely malnourished children estimated at any point in time, has risen from 160,000 to 180,000 children, of which 26,000 are severely malnourished. Access to basic health services, at an estimated 29%, and access to safe water sources, at 37% remain low throughout the country, as are vaccination rates. The influx of IDPs from the south to the north further aggravates access to limited resources, especially in IDP camps where outbreaks of acute watery diarrhoea (AWD) remain a constant threat to children. UNICEF is prioritizing life-saving activities in health, nutrition and water, sanitation and hygiene.

Key Results for Children: Approximately 1.65 million under-five children, out of 1.8 million targeted, were vaccinated against polio during two rounds of UNICEF/WHO National Immunization Days (NIDs). Over 45,000 children under-five, 75% of UNICEF's target, are benefiting from blanket nutritional supplementary feeding in the Mogadishu-Afgoye corridor and about 90% of severely malnourished children in Bossaso IDP camps were treated through a UNICEF supported stabilization center. A total of 1.06 million people throughout Somalia, including 246,000 in the Mogadishu–Afgoye Corridor - out of an initial target population of 1.2 million - benefited from improved access to safe drinking water, sanitation facilities and hygiene promotion, in addition to drought interventions. UNICEF is ensuring access to basic education for approximately 160,000 school aged children in Central and South Somalia, including 71,000 children in UNICEF supported IDP schools, out of a total of 250,000 in the area. More than 3,000 children and over 500 adults, out of the annual target of 20,000, received psychosocial care and support, including in areas of displacement and conflict. Shelter and non-food items were distributed through partners to more than 67,000 most vulnerable people in targeted IDP areas.

Key Challenges: Somalia is considered the most dangerous place for aid workers. Since January 2008, 23 aid workers have been killed, 18 have been kidnapped and eight are still being held. The insecurity and threats to aid workers resulted in international organizations withdrawing or relocating their staff in the North East and Central and South Somalia. In addition, delivering aid is becoming more complicated and costly, for which funds are not readily available. Particularly in Central and South Somalia, UNICEF is depending largely on partners on the ground and mobilizing new partnerships with local NGOs. The increasingly limited availability of such partners challenges the capacity of UNICEF to undertake program oversight, technical support to partners and proper monitoring. To ensure accountability, UNICEF is therefore looking into innovative methods for monitoring aid delivery in a changed environment.

Inter-Agency Collaboration: UNICEF works with numerous national and international NGOs, UN agencies, donors, Somali administrations and local communities. UNICEF continues to rely on local and international partners as well as the dedication of essential staff on the ground. UNICEF serves as cluster lead for Nutrition, Water, Hygiene and Sanitation (WASH) and Education and works closely with WHO in support of Health cluster coordination.

Funding: In January, UNICEF appealed for US\$46.9 million. By June, this appeal was increased by 40% to meet the increasing humanitarian needs and is now US\$65.8 million. To date, UNICEF has received US\$35.6 million (54%), including US\$3 million in CERF for nutrition interventions.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Health and Nutrition **	21,763,100	19,479,583	34,459,130	13,329,548 **
Water, Sanitation and Hygiene (WASH)	9,975,000	7,008,166	12,175,600	5,167,434
Education	9,842,000	6,113,502	11,353,450	5,239,948
Child Protection	1,821,400	2,961,022	4,292,305	1,331,283
Shelter and Non-food items (NFIs); Emergency Preparedness	2,452,500	117,647	2,452,500	2,334,853
Coordination & Operation Support Services	1,105,000	-	1,105,000	1,105,000
Total*	46,959,000	35,679,920	65,837,985	28,508,066

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

** In addition to the \$19.4 million noted in the funding received column, the Country Office received a special allocation of US\$ 1,650,000 from Regular Resources which have been allocated in support of Child Health Days.

Emergency Programme Priorities: July - December 2008

Generous donor funding enabled UNICEF's response thus far. However, with a 77% rise in the number of people in need of humanitarian assistance and livelihood support since January, allocation of additional funds is urgently required for the Child Health Days (CHD) Campaign and nutritional feeding programmes.

Health

- UNICEF/WHO will scale-up the CHD Campaign to reach 1.475 million children under-five (90% of the targeted population) and 800,000 women of child-bearing age (60% of target)
- Malaria campaigns will continue. Long-lasting insecticide treated nets will be distributed throughout Somalia with particular attention to IDP camps, including an additional 415,000 nets to cover the entire Central and South region, by year end.

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

- Life-saving nutritional support will be scaled-up to reach the latest estimates of 180,000 acutely malnourished children throughout Somalia (including 26,000 severe acute malnourished children) through selective feeding programmes.
- A new strategy of providing Ready to Use food (Plumpy Doz) is being piloted in locations with the worst rates of malnutrition, targeting over 138,600 children between 6-36 months

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

- Approximately 1.4 million people (500,000 located in CSZ) will have increased and improved access to safe drinking water, sanitation facilities and hygiene education.

Education: *UNICEF is the cluster lead agency for education.*

- 175,000 displaced or emergency-affected children and youth (out of an estimated 250,000) will have access to basic education, especially girls.
- Skills and capacity of teachers and school managers will be enhanced to provide quality education, including on HIV prevention and psychosocial support.

Communication, Empowerment, HIV and Protection (CHEP)

- 100 host and IDP communities will be supported through the Participatory Integrated Community Development mobilization strategy to enhance community based emergency response with a strong focus on WASH and HIV.
- 192 host and IDP communities will be facilitated to identify and address key protection concerns using specific child protection mobilization strategies.

Operation support and security

UNICEF requires urgent funding for the increasing cost of essential security and operational support, which together underpin our ability to implement all other life-saving interventions.

UNICEF HUMANITARIAN ACTION
Swaziland
Mid-Year Review 2008

Problem Statement/Context: 2008 has seen a deepening of vulnerability in Swaziland. An assessment⁸ conducted in early 2008 revealed that an average 35% of the rural population in all 4 regions is food insecure or is experiencing borderline food insecurity. Escalating food prices emerged as a new threat to food security in 2008 posing a major challenge given the reliance on food purchases. The nexus between drought, food price increases and poverty has resulted in deepening vulnerability in an already severe HIV/AIDS situation. The effects of the current humanitarian situation on households are multi-dimensional. Specifically, some of the effects on children and families include (1) worsening⁹ child health evidenced through nutritional status of children, (2) increased vulnerability among children and families with potential impact on uptake of anti-retroviral therapy among approximately 228,000 people living with HIV 3) Access to safe water and sanitation remains a major health concern and has been reflected in the 5508 cases of diarrhoea recorded since January 2008.

Given the vulnerability of children UNICEF Swaziland is prioritising its response in the area of child health and nutrition, water, sanitation and hygiene and child protection for children at risk.

Key Results for Children: In response to the current food insecurity the following key areas were prioritized: child health and nutrition, paediatric HIV care, and protective environment for children affected by HIV and AIDS. The following results have been achieved:

Capacity building: 20 health workers drawn from clinics from all 4 regions were equipped with skills in management of childhood illnesses including pneumonia, diarrhoea, and PMTCT. 5 districts were supported to scale up integrated management of acute malnutrition and strengthen linkages between community and health facilities. Six hospitals participated in a capacity building programme under the Baby Friendly Hospital Initiative resulting three hospitals being designated “baby friendly.” Six health facilities with maternity services were supported to provide integrated quality HIV and maternal and new born care services.

Nutrition surveillance: To build knowledge base and evidence on the nutrition situation, UNICEF supported the Swaziland Vulnerability Analysis, community systems for nutrition monitoring, and the establishment of Integrated Community Based Growth Monitoring in all four regions. This will contribute to effective monitoring and enhance early referral of children at risk.

In commemoration of Breastfeeding week, over 1000 people participated at the national launch during which key messages on infant and young child feeding were disseminated.

Protective environment for vulnerable children: To create a protective environment for vulnerable children UNICEF supported the establishment of a database on violence and abuse against children. The database is a joint initiative of 10 NGOs in partnership with the Ministry of Health and Social Welfare.

Key Challenges: Several challenges have affected emergency response namely (1) understaffing in partner organisations for nutrition interventions (2) skills gaps in nutritional surveillance and monitoring emergency response (3) limited capacity in emergency preparedness and response among key national partners (4) food price hikes in the context of heavy reliance on food purchases.

Inter-Agency Collaboration: UNICEF is providing leadership in nutrition and child protection. UNICEF convenes the nutrition working group while in child protection UNICEF is working closely with NGOs through standby agreements. The absence of a protection working group dealing with emergency issues remains a gap. In health, UNICEF is an active member of the WHO-led health working group.

Funding: In 2008 UNICEF received US\$1,000,000 towards emergency response in the following areas: child health and protection. The UNICEF requirements in the 2008 HAR amounted to \$3,137,500. Funding gaps therefore remain in water, sanitation and hygiene (WASH) and education which have not received funding to date. The revised funding requirements outlined below are based on gaps as a direct result of areas, which are currently not funded.

⁸ Cited in Food and Crop Assessment conducted in 2008

⁹ According to VAC the prevalence of underweight increased from 7.4% in July 2007 to 10.5% in March 2008.
Humanitarian Action Report 2008 -Mid-Year Review-

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds Received	Revised funding requirements	Funding Gap
Health and Nutrition	600,000	679,007 ¹⁰	600,000	0
Water, Sanitation and Hygiene (WASH)	1,200,000	0	1,200,000	1,200,000
Education	737,500	0	737,500	737,500
Child Protection	600,000	320,993	600,000	279,007
Total*	3,137,500	1,000,000	3,137,500	2,216,507

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

Emergency Programme Priorities: July- December 2008

Child Health and Nutrition

The following will activities will be prioritised (1) scale up coverage of therapeutic feeding programmes to an additional 9 facilities, 1 hospital and 8 clinics potentially reaching 100 children per month (2) conduct national de-worming programme will be conducted in all primary schools targeting approximately 360 000 children (3) Child Health Days will be conducted to provide health services (Vitamin A supplements, vaccination, treatment of minor illnesses) to about 30 000 children under-five, especially the orphaned and vulnerable.

Child Protection

- Abused children and women will be provided with psychosocial and material support.
- A national database on abuse with particular emphasis on child abuse will be established
- A child to child radio programme for improved child participation will be supported.
- A police station situated in Lubombo region (drought prone region and worst vulnerable) will be assisted to set up child friendly rooms within the police station for easy reporting of sexual abuse cases within the region.
- 10 schools will be supported to produce a newsletter by children around sexual abuse issues potentially benefiting 4 000 children.

Overall coordination of emergency preparedness and response

- Ensure coordinated emergency preparedness and response a key priority is to contribute towards strengthening UN wide initiatives through the technical team for emergency issues. A UN Disaster Management Team will be instituted soon to coordinate inter agency emergency issues.
- Community based disaster committees in 2 regions will be equipped with skills and knowledge on emergency preparedness and response.

¹⁰ \$130 000 is for M & E

UNICEF HUMANITARIAN ACTION

Uganda

Mid-Year Review 2008

Problem Statement/Context: Progress in the Juba Peace Talks over the past six months has been mixed. While critical agreements were finalized for the release of children and women associated with the Lord's Resistance Army (LRA) under the Disarmament, Demobilization and Reintegration (DDR) agenda, the final peace agreement remains unsigned. Despite the lack of progress on the political front, there has been slow but steady improvement in the humanitarian situation over the last six months. The last official restrictions on the freedom of movement were lifted and a further 10% of the displaced population started the return process. However, the pace of return has been uneven across the region. While 100% of Lango's displaced population has returned to traditional homesteads – only 13% of Kitgum District's camp-based communities have returned. In total, approximately 600,000 persons in Acholi and Teso sub-regions continue to reside in camps and just over 370,000 in transit sites. Rural areas of return continue to be characterized by a stark lack of basic infrastructure and community services. Access to water, sanitation, primary health care and primary education services remain limited in many areas. The consequences of critical gaps in coverage are evidenced by the Hepatitis E outbreak which has spread through 16 of 19 sub-counties of Kitgum District, into neighbouring Pader and Gulu, resulting in over 6,550 cases and 106 deaths.

Unfortunately, little progress was made in the Karamoja sub-region to address the gross disparities in coverage of basic social services and human development. The region remains structurally vulnerable to a variety of shocks including increases in food prices – and is currently experiencing a nutrition emergency with moderate and severe acute malnutrition exceeding emergency thresholds.

Key Results for Children:

- UNICEF's support to general health systems strengthening included enhancing the capacity of Village Health Teams, rehabilitating the cold chain system and consolidating malaria control efforts. UNICEF continues to support 12 therapeutic feeding centers in Northern Uganda and Karamoja for treatment of acute malnutrition. In addition, more than 35 sites are being supported for the outpatient management of acute malnutrition. Moreover, UNICEF has supported the Government to prevent and respond to several emergencies including the nutrition crisis in Karamoja and a major polio immunization campaign on the border with DR Congo reaching close to 800,000 children.
- The number of health units providing prevention of mother-to-child transmission (PMTCT) services in conflict-affected areas rose from 32 to 141 with UNICEF support, meaning that coverage increased from 12% to 54%. In these sub-regions, approximately 40% of mothers attending Ante-Natal Care were tested for HIV. Of those that tested positive, some 56% were given Anti-Retro Virals representing an increase of 15 percentage points in coverage since January.
- As a result of the WASH Cluster's efforts and ongoing population movements, the coverage rates for safe water access in camps have increased (between 14-18 l/p/d) – however, the situation in transit sites and rural villages has worsened. Sanitation coverage levels remain inadequate at approximately 75 persons per latrine stance in institutions.
- Approximately 72% of schools in Acholi sub-region and 100% of Lango and Teso have returned to home villages in rural areas. Thanks to the efforts of all partners in the Education Cluster, approximately 31% of schools in Lango have received some rehabilitation work and 62% have received some improvements to WASH facilities. However, stark infrastructure and service gaps still remain.
- Coverage of Child Protection (CP) systems has increased but with variations ranging from Amuru District at 62.5% to Amuria at 11% coverage. It is also estimated that less than half of these structures are fully functional, with the capacity to adequately identify, support, refer, follow-up and report on children. In Karamoja, no CP system is yet in place. Approximately 300-500 children are still held by the LRA however only 70 children have been formally released/assisted this year through the DDR programme.

Key Challenges: Managing the transition from a programme that has focused on humanitarian service delivery to one focused on strategic capacity development of the Government to manage the recovery process has been the primary challenge of the year. Assistance in a recovery phase requires a different mode of programme delivery; new, more strategic partnerships focused on long-term development and cultivation of new skill sets and competencies on the part of technical programme staff. UNICEF's primary challenge has been the realignment of programmes and delivery structures to ensure that children and women remain at the centre of the recovery process, while continuing to prepare and respond to emergencies such as Hepatitis E and the nutrition situation in Karamoja, with limited (or no) funding (WASH and NFI programmes have received no humanitarian contributions to this year's appeal).

Inter-Agency Collaboration: UNICEF is providing IASC Cluster Coordination for the Water, Sanitation and Hygiene (WASH) Cluster, and for Primary Education Cluster, whilst contributing significantly to WHO-led coordination in health, nutrition and HIV/AIDS. UNICEF also serves as the sub-Cluster Coordinator for Child Protection and contributes significantly to the sub-Cluster for Gender-Based Violence, led by UNFPA. All Clusters in Uganda are in the process of visioning the integration/handover of IASC Cluster Coordination to the formal Sector Working Groups.

Funding: Through the Mid-Year Review of the 2008 CAP for Uganda, UNICEF requirements have been downsized for all sectors, reducing the UNICEF appeal from approximately US\$ 54 million to just over US\$ 34 million. This reduction is not due to any change in the distribution of needs on the ground, or to a change in UNICEF's internal absorption capacity, but a strategic decision to remove a substantive portion of the Early Recovery needs in each CAP project so that the CAP remains an exclusively humanitarian appeal. UNICEF will rearticulate these needs with the broader UN Uganda Country Team effort to develop a joint strategy supporting the Government's Peace, Recovery and Development Plan (PRDP).

Several CAP sheets have preserved their original requirements due to the persistence or emergence of additional humanitarian needs. These include the Nutrition Response project, which takes into account the nutrition crisis in Karamoja. Also, due to the Hepatitis E outbreak, UNICEF has appealed for USD2 million under the new WASH Cluster CAP Sheet which focuses on containment. Three UNICEF CAP projects (exclusively recovery-oriented and which had received no pledges to date), were cut from the CAP. These critical programmes continue to need support, but their budget for implementation will be captured within the evolving UN support strategy to the PRDP. The table below represents the revised CAP appeal.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original HAR requirements	Funds Received	Revised Requirements	Funding Gap
Health and Nutrition	8,191,920	8,582,280	13,307,436	4,725,156
Water, Sanitation and Hygiene (WASH)	17,619,593	0	4,628,990	4,628,990
Education	13,717,400	4,346,113	6,850,000	2,503,887
Child Protection	9,784,755	2,854,450	5,627,907	2,773,457
HIV/AIDS	3,439,900	799,004	1,500,000	700,996
Family Shelter and non-food items	5,298,426	0	2,500,000	2,500,000
Total	58,051,994	16,581,848	34,414,333	17,832,485

* The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006. This table/total does not include emergency contributions given by DFID (US\$ 140,000 passed through WHO) and SIDA, (\$150,000 passed through the Joint UN Programme) towards the interagency, Joint UN Programme for Rapid Response to the Ebola Epidemic Outbreak in Western Uganda. These contributions are excluded since they do not contribute to the geographic regions of the CHAP.

Emergency Programme Priorities: July - December 2008:

The priorities and approaches outlined in the 2008 appeal for each sector remain largely unchanged. However, there is a strong, renewed focus on expanding partnerships and accelerating programme interventions in the Karamoja sub-region, which requires both emergency humanitarian interventions (to expand identification, referral and treatment of severe acute malnutrition) and more long-term child survival and development interventions. Over the next six months, UNICEF Uganda will direct over 500,000 long-lasting insecticide treated mosquito nets to the Karamoja and Lango sub-regions, kick-starting a series of child survival initiatives in multiple sectors. Containment of the Hepatitis E outbreak also remains a pressing programme priority, requiring concentrated interventions in water, sanitation, hygiene promotion and accelerated social mobilization.

UNICEF HUMANITARIAN ACTION

Zambia

Mid-Year Review 2008

Problem Statement/Context: Unusual heavy rainfall in late 2007 continued in January and February 2008, covering parts of Western, Southern, Central, Lusaka and Eastern provinces. This caused severe floods in low-lying areas, in particular in the Luangwa and Zambezi river valleys, and over-soaked fields in the central, southern and western plateaus. In January, the Government activated its national contingency plan for floods, providing the framework for preparedness and response activities and the President asked for the support of the international community. UNICEF supported the Government's Disaster Management and Mitigation Unit (DMMU) to conduct an in-depth vulnerability assessment in 37 districts affected by the floods. Most of these are rural with poverty levels exceeding 70%. Approximately 500,000 people were displaced and found in need of food assistance. Estimated crop and income loss ranges from 40 to 60%. The reported Global Acute Malnutrition (GAM) is 7.7% and Severe Acute Malnutrition (SAM) is 2.3% (Zambia's chronic malnutrition rate is 56.6% and under weight of 20.1%.)

Key Results for Children: Specific results achieved in the first half of 2008 include the following. Essential drugs, therapeutic milk and other medical and nutrition supplies were distributed to 70,000 affected people (As per the 2008 *Multi-Sectoral In-Depth Vulnerability and Needs Assessment Report*, the overall number of affected people in thirty-seven (37) districts assessed was 958, 448.)

- Ministry of Health staff were trained in integrated disease surveillance, reporting and emergency preparedness and 27 health workers trained to prevent diarrhoea using zinc and oral rehydration salt.
- 15 Ministry of Health staff were trained in Integrated Management of Acute Malnutrition (IMAM) and Community-based Therapeutic Care for the management of severe acute malnutrition in five affected districts, targeting 19,373 under-5 malnourished children.
- Emergency water and sanitation supplies were delivered to 37 emergency-affected districts benefiting more than 70,000 affected people. Emergency water supply system and sanitation facilities were constructed for approximately 1,000 people in IDP camps in Southern Province.
- Construction and rehabilitation of 190 latrines in 91 affected schools combined with hygiene education campaigns (impacting up to 25,000 children and their families.)
- 58 "schools-in-a-box" kits, 40 recreation kits, 58 moveable chalk-boards, and 36 tents were distributed to 20 flood-affected schools benefiting approximately 10,000 children.
- Child-friendly spaces were established in more than 15 camps and communities affected by the floods covering a population of over 10,800 people amongst whom 5,800 are children.
- Household basic-needs kits were provided to 5,000 families, providing direct support in terms of caring for children – part of wider multi-agency operations to reach out to the most affected, particularly 130,086 people (about 20,000 families) in Southern Province.
- More than 5,000 people in affected communities were provided with information on prevention of gender-based violence. Following awareness raising activities very few cases (8 in a population of over 100,000) of child abuse have been reported, none resulting directly from the current situation.

Key Challenges: Low sub-national capacity for emergency preparedness compounded with slow national-level partner response made timely actions a challenge. Emergency planning commenced late and there was a lack of established implementation partnerships and clear co-ordination mechanisms, and slow consensus development surrounding assessment and release of information delayed response. The limited access to affected areas due to impassable roads also meant that UNICEF and its partners initially had difficulties in addressing the needs of affected communities. The lack of prepositioning of emergency supplies delayed effective response due to the lead times required for procurement and delivery. Health facilities experienced a shortage of therapeutic foods due an inefficient supply system and overall food shortages in the country. Erratic power supplies delayed the local production of chlorine for distribution.

Inter-Agency Collaboration: Based on mutual agreement among agencies, UNICEF is providing sector coordination leadership in Health and Nutrition, Water, Sanitation and Hygiene and Protection, and is the co-lead for Education (with Save the Children). To strengthen this, experienced international experts have been brought into the country to support nutrition, water and sanitation, and protection programmes. UNICEF also provided technical, logistical and financial support to DMMU in the rapid and in-depth assessments of the impact of the floods, and joint monitoring trips to affected districts have been carried out.

Funding: The UNICEF priority intervention areas, as articulated in the HAR, are Health and Nutrition, Water, Sanitation and Hygiene, Education, and Child Protection, and funding requirements amount to US\$ 7,710,000. UNICEF has not received any funds specifically against the HAR in 2008. However, in response to the Zambia Flood Flash Appeal, some funding has been received, which has been utilized as described in the programmatic overview, above. Against the flood response appeal, funding was received amounting to, \$1,438,892 from the UNICEF Global Thematic Humanitarian Fund, from the Governments of Sweden and Norway, US\$ 399,202 from UK, US\$ 300,814 from New Zealand, US\$ 198,410 from Denmark and US\$ 102,249 from CIDA/IHA.. The cost of cluster co-ordination was factored into sector plans to enable the recruitment of international experts to support this crucial role. In addition, UNICEF received a grant of US\$ 2,000,000 from the Government of Japan as a result of discussions at the 4th Tokyo International Conference for African Development (TICAD).

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original HAR requirements	Funds received	Revised funding requirements	Funding gap
Health and Nutrition	4,000,000	0	4,000,000	4,000,000
Water, Sanitation and Hygiene (WASH)	1,410,000	0	1,410,000	1,410,000
Education	1,550,000	0	1,550,000	1,550,000
Child Protection	750,000	0	750,000	750,000
Total*	7,710,000	0	7,710,000	7,710,000

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

Table 2: Funds received against Zambia Floods Flash Appeal (US\$)

Sector	Sweden and Norway	Denmark	CIDA	New Zealand	UK	Total
Health and Nutrition	470,562	-	-	109,500	9,984	590,046
Water, Sanitation and Hygiene (WASH)	-	179,867	51,394	76,764	95,477	403,502
Education	60,485	-	-	-	-	60,485
Child Protection	56,305	-	-	59,298	-	115,603
Policy, Advocacy, Monitoring and Evaluation	851,540	-	-	-	256,580	1,108,120
Cross-sectoral support	-	18,543	50,855	55,252	37,161	161,811
Total*	1,438,892	198,410	102,249	300,814	399,202	2,439,567

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

Emergency Programme Priorities: July - December 2008

Health and Nutrition: *UNICEF is the sector co-ordination lead agency for health and nutrition.*

- Support will be given to on-going disease surveillance activities countrywide and a second round of the Nutrition surveillance in Nov/Dec 2008 in 23 districts of Zambia. Emergency Nutrition Guidelines will be developed, printed and disseminated and monitoring of the management of malnutrition will take place in all 72 Districts.
- Support will be provided to the second round of Child Health Week in Nov/Dec 2008 targeting over 2 million children under 5 years with high impact interventions such as immunization, vitamin A supplementation, de-worming, provision and re- treatment of mosquito nets, health and nutrition education.

Water, Sanitation and Hygiene (WASH): *UNICEF is the sector co-ordination lead agency for water and sanitation.*

- A sector emergency preparedness and response plan will be developed including risk mapping, consultation on the capacity of Governments and partner agencies to react to a given emergency scenario, the establishment of clear stakeholder roles and development of key strategic partnerships in the context of an operational response plan.
- Through ongoing collaboration with OCHA, UNDP and DMMU a permanent emergency response mechanism will be developed for 12 districts most vulnerable to disasters. An all sector emergency preparedness workshop targeting these districts will take place followed by comprehensive WASH-specific emergency preparedness training targeting implementing partners.

- UNICEF emergency capacity will be developed through training, as well as strengthening co-ordination and collaboration mechanisms with partner agencies and counterparts.
- Monitoring and evaluation of the impact of emergency WASH projects will be initiated.
- Emergency WASH supplies will be prepositioned to ensure timely response to future emergencies.

Education: *UNICEF and Save the Children are the sector co-ordination lead agencies for education.*

- Emergency supplies, such as school in a box and recreation materials will be pre-positioned to ensure timely response to future emergencies.
- The section will participate in the UNICEF organized all sector emergency preparedness workshop for Government counterparts, including the Ministry of Education District Planning Officers.

Child Protection: *UNICEF is the sector co-ordination lead agency for protection.*

- The section will endeavour to ensure that all organizations responding to any emergency have in place an acceptable code of conduct for staff and will campaign to institutionalize the code of conduct amongst Government counterparts, NGOs, CBOs and FBOs.
- To sustain the gains resulting from awareness raising on issues of protection, UNICEF is further supporting the Government to conduct follow-up campaigns to ensure all those that might be affected in any future emergency are aware about issues of protection of children and women.

UNICEF HUMANITARIAN ACTION
Zimbabwe
Mid-Year Review 2008

Problem Statement/Context: Political violence in the build up to the run-off of the presidential elections complicates an already complex and multi-faceted humanitarian situation and is leading to internal displacement and an outflow of Zimbabweans into neighboring countries. Other crises include:

- Hyperinflation (over 11,000,000% as of August 2008); chronic shortages of basic essentials; declining economic access to social services; high levels of unemployment; and deteriorating infrastructure;
- The severe impact of an HIV/AIDS epidemic that has left almost 1 million orphans in its wake.
- Increasing rates of chronic under nutrition (29% according the 2005/2006 demographic and health survey); high levels of child (82 per 1,000 live births) and maternal mortality (555 per 100,000 live births); an increased number of children dropping out from schools (18% for grade 7); an unprecedented brain drain that has caused severe shortages in skilled human resources, frequent strikes and low morale for those remaining because of low remuneration;
- The erosion of livelihoods, food insecurity (the crop for 2008 is only 26% of needs), increasing poverty and overall vulnerability of children and women. The Crop and Food Supply Assessment Mission estimates that 3.8 million people will be food insecure by October 2008 peaking to about 5.1 million (about half of Zimbabwe's population) between January and March 2009.
- Increasing cholera and other waterborne epidemics.

Key Results for Children: UNICEF has provided antiretroviral drugs (ARVs) for 26,000 people (about 8% of all Zimbabweans on treatment) as well as supplies and equipment for 16 districts. Essential drugs covering 80% of national needs and expanded programme on immunization (EPI) supplies have been procured and are being distributed across the country. About 1,800 out of 9,000 severely malnourished children have been treated in 10 districts and 3 additional sites in Harare. Emergency nutrition supplies have been procured including 11.5 metric tonnes of ready-to-use-food (RUTF). 114 health workers have been trained in infant and young child feeding (IYCF) with a focus on emergencies. 168,000 orphaned and other vulnerable children (OVCs) have been assisted through a range of different interventions. Despite the NGO ban UNICEF has been able to assist around 10,000 victims of political violence with non-food items such as blankets, buckets, soap, cotton wool, and vaseline through informal networks of churches and community organizations. The 80,000 people residing in two disadvantaged areas in Harare have been assisted by emergency water and sanitation interventions.

Key Challenges: The main challenge to UNICEF's humanitarian response has been the NGO ban which was instituted on 4 June 2008. A rapidly declining economy with high inflation also makes procurement of vital goods such as drugs and medical supplies extremely challenging. The transport system is inadequate and there are chronic fuel shortages preventing effective response to all areas in need. There is a high national HIV prevalence rate (15.6%) and substantial staff attrition at all levels in all sectors due to emigration, displacement, and death.

Inter-Agency Collaboration: UNICEF co-leads the nutrition, education and WASH clusters and is a key participant in the health cluster chaired by WHO as well as the protection cluster (and working group). A small inter-cluster (WASH and health) Cholera response group has recently been formed and UNICEF is one of its key members.

Funding: The revised funding requirement is due to substantial new costs, which are expected for the rapid scale up of services if the NGO ban is lifted. If the ban remains in place additional funds are required for UNICEF to implement programs in the absence of NGO partners.

Table: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Health and Nutrition	8,021,310	15,793,391	25,000,000	9,206,609
Water, Sanitation and Hygiene (WASH)	3,000,000	5,055,031	7,600,000	2,544,969
Education	2,615,000	1,965,691	2,800,000	834,309
Child Protection	1,250,000	2,454,999	2,650,000	195,001
HIV/AIDS	900,000	459,073	900,000	440,927
Total*	15,786,310	25,728,185	38,950,000	13,221,815

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

Emergency Programme Priorities: July - December 2008 (based upon worst case scenarios)

Health and Nutrition

- Child Health Days reaching 1.7 million children (all children aged between 9-59 months) with measles vaccination and vitamin A supplementation in August and December.
- Malaria and cholera supplies and personnel for 7,000 and 10,000 women and children, respectively.
- Support to 15,000 home-based care (HBC) clients and post-exposure prophylaxis (PEP) for 250 victims of violence.
- The procurement of ARVs, supplies and equipment for 16 districts (26,000 out of 340,000 persons).
- Support to the Government's therapeutic feeding programmes to benefit 4,500 children out of an estimated total of 25,000 according to previous surveillance data.¹¹

Water, Sanitation and Hygiene (WASH)

- Support to urban centres and their satellites including water provision and sanitation initiatives for an estimated 1.5 million people out of 2.5 million in need.
- Develop capacity to support an estimated 300,000 persons with clean water and sanitation facilities in case of disease outbreaks.
- Develop a cluster-wide emergency resource inventory; support emergency response training; pre-position emergency WASH materials; and strengthen the newly formed cholera response team.

Education

- Emergency preparedness manuals for schools and other institutions are being procured to benefit 20,500 children and teachers. Tents for learning spaces and schools-in-a-box are also available to respond to the post-election upheaval.
- Coordinate emergency education response through the education working group now working on the elaboration of an education atlas to identify who is doing what where and partners' capacity to implement programmes and respond to the emergency.
- UNICEF and FAO will continue to strengthen human resources through the school based training workshops and will also ensure continued support to 20,000 children and their 12,000 families in the 5 worst affected districts through local district field officers. UNICEF and FAO will supply some agricultural inputs through the community outreach programme.
- The introduction of UNICEF/WFP school based feeding programme will help to keep the children in school, thus, reduce the number of dropouts.

Child Protection

- Emergency psycho-social support for over 10,000 (including 5,000 children) out of a total 50,000 victims of sexual violence.
- 4,000 separated children will need to be reunited with their families or provided with alternative care.
- 300,000 affected children and family members will benefit from psychosocial support interventions according to their age and types of distress experienced.
- 5,000 adolescents involved in conflict-related activities will be provided with legal, psychosocial and reintegration assistance.
- Mainstreaming of child protection issues within other sectors humanitarian assistance interventions and provision of basic social services to children affected by violence, separation and distress.

¹¹ Recent data on the total numbers of severely malnourished children is not available. Estimates based on previous rounds of surveillance puts this figure around 25,000 in total but this needs to be put into context as UNICEF is looking at HIV related malnutrition rather than the severe malnutrition from the rapid onset of the current crisis.

Humanitarian Action Report Middle East and North Africa Mid-Year Review 2008

Problem Statement/Context: The Middle East and North Africa (MENA) feature a range of humanitarian concerns due to the combination of economic divisions and rising hardships for vulnerable populations. There are a number of chronic and protracted conflict situations in the region, including Sudan, oPt and Iraq, that have resulted in massive population displacement. Countries in the region are also prone to natural and man-made disasters, including earthquakes, floods, drought, causing vast economic and environmental crises. The first half of 2008 has seen negative security developments in Algeria, Lebanon, oPt, Sudan and Yemen. The attack against the UN building in Algeria in December 2007 raised serious security concerns for the UN operating environment and pressed the implementation of urgent preventive measures. After an escalation in sectarian fighting, the Doha Agreement has temporarily saved Lebanon from an acute political crisis and the immediate risk of conflict. Growing poverty, forced displacements and increasing internal sectarian tensions have been the pattern in oPt, with major humanitarian concerns raised by the progressive cut-off of Gaza and the resulting disastrous consequences on access to essential commodities and quality of services. The dispute around Sudan's Abyei region and the recent International Criminal Court indictment of President Bashir has complicated the stalled Darfur peace process and the CPA implementation. Security phase for most of North Sudan has increased due to multiple attacks against UN staff and other humanitarian actors, hampering delivery of humanitarian assistance. In Yemen, growing fighting amongst the Government and rebels in Sa'dah, and increased terrorist threats and recurrent violent demonstrations in the South have raised serious humanitarian concerns of a progressive geographic and sectarian divide. In Iraq, despite security improvements, humanitarian needs and security threats remain considerable. The situation of Iraqi refugees in neighbouring countries still poses unprecedented coordination and assistance challenges. The global food security crisis has impacted negatively on the region, compounding an already strained capacity to access basic commodities particularly by vulnerable groups throughout the region. Djibouti has been acutely affected where the absence of coastal rains has worsened the situation. The country has launched a joint plan for the drought, food and nutrition crisis to support the most vulnerable.

Key Results for Children: In 2008, the Middle East and North Africa Regional Office (MENARO) worked to increase capacity in emergency preparedness and response in the region, particularly in countries facing ongoing and/or potential new emergencies such as Iraq, oPt, Sudan, Lebanon and their sub-regional implications. Building on capacities to anticipate future crises and improve preparedness levels against the related humanitarian consequences of such events, the Regional Office initiated a partnership with Oxford Analytica to monitor regional developments and trends. The result will be an enhanced capacity to identify possible threats to women and children in the region, and to enable a timely and efficient response by UNICEF in five priority countries: oPt, Yemen, Lebanon, Algeria and Iran. More than 150 staff members have acquired knowledge on humanitarian response policy and UNICEF tools through Emergency Preparedness and Response Training (EPRT) and simulations facilitated by the Regional Office in Syria, North Sudan and Morocco. In collaboration with UNICEF Division of Human Resources, the West & Central Africa (WCAR) and East & South Africa (ESAR) regional offices, MENARO organized an "All Africa" EPRT of trainers in Morocco in March. As a result, 35 staff members have acquired knowledge on the new EPRT package developed by UNICEF and increased capacity of the three regions to respond to country offices' training demands. In collaboration with regional IASC networks in West and Central Africa and Middle East and Northern Africa, MENARO worked to develop an inter-agency emergency simulation exercise package to enable UN Country Teams to improve their emergency preparedness and response knowledge and skills within the framework of Humanitarian Reform. An Inter-agency emergency simulation test conducted in Iran in June 2008 contributed to the improvement of modules and to enhanced UNCT awareness on humanitarian issues. A number of initiatives were taken to promote and disseminate humanitarian reform principles, including cluster approach mainly through trainings, guidance and briefings. MENARO has supported cluster awareness trainings and briefings for the WASH sector in Djibouti, Yemen and Iraq and financed cluster coordination training for senior UNICEF WASH and ITD staff based in the region. The IASC regional network has been active in monitoring and supporting countries' preparedness status through reviews of UNCT contingency plans in Lebanon, Morocco and Syria. The MENARO Humanitarian Response Team continued to serve as first port of call for country offices facing humanitarian crisis, facilitated the coordination of the sub-regional response to the Iraq crisis and strengthened UNICEF-UNRWA collaboration in favor of Palestinian children.

Key Challenges: The varieties of complex and chronic emergencies in the region, coupled with limited access to affected populations due to insecurity are key challenges. Small UNICEF country office teams

had limited capacity to scale up emergency response, as seen in Jordan and Syria with the response to Iraqi refugees, or to a lesser extent in Djibouti, with the drought response. Large scale protracted crises in the region required increased support from MENARO, stretching its capacity beyond existing human resources. This, along with challenges in filling key technical posts at the country level, has put a strain on the response effectiveness.

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

Funding: US\$200,000 received against the HAR 2008 will fund a technical post for psychosocial support (PSS) to help strengthen multi-sectoral PSS programmes in country offices in line with UNICEF's mandate and approach. In addition to original requirements, US\$180,000 is needed for the remainder of the year to support -

- the newly established partnership with Oxford Analytica to improve regional political and economical analysis and develop stronger early warning mechanisms: US\$60,000
- a system for the routine collection, analysis and reporting on the impact of conflict on children in order to establish stronger evidence base advocacy: US\$120,000

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Emergency Preparedness and capacity building	100,000	0	160,000	160,000
Emergency response	350,000	200,000	470,000	270,000
Building Partnerships and coordination	50,000	0	50,000	50,000
Total	500,000	200,000	680,000	480,000

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

Emergency Programme Priorities: July - December 2008

Emergency Preparedness and capacity building:

- Provide technical support to countries in response planning, including at sub-regional and sub-national levels within an interagency context and where UNICEF has cluster or "area of responsibility" leadership.
- Expand staff and partners skills through training on emergency preparedness and response for effective response in times of crisis.
- In collaboration with the Global Clusters (Nutrition, WASH and Health), organise a Tri-Cluster Coordinator training in Jordan (November). The purpose is to build capacity of 30 technical coordinators and prepare them to be deployed as cluster coordinators in the region.
- Implement advance training on humanitarian negotiation with Non-State Entities in October.
- Organise two "child protection in emergency" training for some 70 UNICEF staff and partners.

Emergency Response:

- Strengthen response capacity mechanisms, including setting up systems for fast mobilisation of resources (human, funding, supplies) in case of crisis.
- Support the roll out of the Core Commitments for Children in Emergencies performance monitoring in at least two countries; and work with supply division on a regional supply hub feasibility study.
- Provide technical support for psychosocial programming in relation to the Iraqi crisis.

Building Partnership and Coordination:

- Continue coordination efforts on Iraq and oPt crises at the sub-regional level together with strengthening of inter-country and inter-agency coordination.
- Test inter-agency emergency simulation at country level before finalising modules by October.
- Support inter-agency contingency planning as needed.

UNICEF HUMANITARIAN ACTION

Djibouti

Mid-Year Review 2008

Problem Statement/Context: During the first six months of 2008, the situation of drought and the nutrition crisis worsened. In fact, drought has become a chronic emergency with cycles of varying intensity so that it is no longer a slow-onset disaster but one that is ever present in the country, and accepted as a “normal” phenomenon. The current worsening of the nutritional situation can be explained by a combination of multiple factors such as low food consumption related to food insecurity, morbidity, lack of potable water and safe conditions of sanitation and in the context of combined effects of drought and food crisis. The rising food price during this semester come in addition and has put a larger part of population at risk, including the poor urban population.

The nutritional survey conducted at the end of 2007 indicated an overall acute malnutrition rate of 18%. In some regions like the North West region, the prevalence rate is higher than the national average reaching 25%. The last rapid assessments using Mid-Upper Arm Circumference (MUAC) conducted among under-fives in the high vulnerable areas during the first semester 2008 showed a mean global acute malnutrition rate of 30% reaching 42% in some localities. This is an alarming level by any standard, and largely exceeds the critical threshold of 15% as defined by WHO. Therefore, due to the trend, more than 25,000 children under five years old nationally are estimated to be acutely malnourished requiring urgent action in order to avoid any further loss of life among them.

Activities related to the promotion of infant and young child feeding have been developed mainly for the improvement of exclusive breastfeeding and the timely and adequate complementary feeding.

Vitamin A supplementation is strengthened for children under five years old and launched for mothers during the post partum.

Key Results for Children: Action undertaken enabled UNICEF to respond to the life-saving needs of malnourished children. Support has been provided to the Ministry of Health to improve social mobilization and communication for the screening and management of moderate and severe acute malnutrition at all levels, particularly for the strengthening of intervention capacity at community level. With the community-based approach, the coverage of the affected population has been improved from less than 30% to about 40% and malnutrition case management activities have been extended to all the country. According to available data, the recovery rate among severe malnourished children treated was 75,44% while the case fatality rate was 5,26%. A key achievement for the promotion of exclusive breastfeeding is the development of a community-based strategy using the social influence of grand mothers.

For water and sanitation, the support has allowed access of water to 45,000 of the worst-affected people in the rural areas out of which 25,000 people through water trucking and the rehabilitation of 55 traditional wells throughout the country.

Key Challenges: According to the critical nature of the nutrition emergency situation, the response was quickly conducted in order to save lives of severely malnourished children. To do this several activities were simultaneously implemented. Also, there was a need for a daily follow-up of interventions by the National Nutrition Programme but there were not enough qualified staffs from the Ministry of Health (MoH). This shortage of the number of qualified health workers was the main constraint encountered.

So far, the nutrition program has been struggling to find appropriate facilities to store nutrition products, materials and equipments. The MoH central warehouse has been used but its storage capacity is limited. The Minister of health has been asking for support since last year to expand the capacity of warehouses at central and district levels. Since the start of the nutrition program in 2006 the need for space to store products, materials and equipment for this program has been increasing. The logistical system of the Ministry is also weak and the supply chain is not efficient. Capacity building support to the Government in the area of logistics is needed and is under discussion with the support of the Supply Division at UNICEF Copenhagen.

The Ministry responsible for water issues lacks also adequate qualified manpower. Very few of them have expertise in hydrology and water resources. The water directorate has only one hydrologist. In addition, with decentralization, it has become glaring that those grassroots communities and districts as yet do not have adequate technical and analytic capabilities.

Inter-Agency Collaboration: There has been a close collaboration with United Nations Agencies especially WHO, WFP and UNHCR. UNICEF, WFP and WHO conducted joint missions for the assessment of the nutrition situation within the highly vulnerable areas.

For the improvement of the screening of moderate and severe acute malnutrition throughout the health facilities and at the community level using mobile units and community workers, UNICEF worked in close collaboration with WHO.

As in the past, UNICEF and WFP continued to complement each others responses for malnourished children. While WFP was providing food for dry rations within the supplementary feeding centres for moderate malnourished children, UNICEF provided therapeutic milk, essential drugs and other materials and equipment for the management of moderate and severe malnutrition within supplementary and therapeutic centres. UNICEF collaborates in a similar way with UNHCR for the management of malnutrition within the refugee's camp.

Funding: The initial planned budget was respectively US\$ 700,000 for nutrition and US\$ 1,300,000 dollars US for water and sanitation. According to the needs, the budget has been revised during the Joint Appeal process in June 2008 and estimated to US\$ 2,322,007 for nutrition and US\$ 4,938,148.

The main funding received was from the CERF and OFDA/USA. The amount received for nutrition was US\$ 926,727 representing about 40% of the total needed budget, and for water and sanitation US\$ 684,800 representing about 14% of the total needed budget.

For the additional budget, a joint appeal has been launched by the Government and the UN system in July 2008. The main gaps remain in the coverage of nutrition intervention throughout the country which is still too limited (an estimated of only 40% of malnourished children are covered by interventions). There is still a need to organize water trucking in a larger number of areas, and that takes a larger part of the budget. This limits the findings of longer-term solutions.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Nutrition	700,000	926,727	2,322,007	1,395,280
Water, Sanitation and Hygiene (WASH)	1,300,000	684,800	4,938,148	4,253,348
Total*	2,000,000	1,611,527	7,260,155	5,648,628

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

Emergency Programme Priorities: July - December 2008

The expected outcomes for the forthcoming six months are:

Nutrition

- Increase from an estimated coverage of 40 per cent to 60 per cent of under five children severely malnourished taken in charge at health facilities and at community levels ;
- Reduction of the fatality rate of severe acute malnutrition treated in hospitals below 5 per cent;
- Improvement of infant and young child feeding, and household food security;
- Improvement of micronutrient status for children and pregnant and lactating women.

Water, Sanitation and Hygiene (WASH)

- Provide 55,000 people with safe water supply, adequate sanitation and hygiene education.

UNICEF HUMANITARIAN ACTION

Iraq

Mid-Year Review 2008

Problem Statement/Context: Following 15 years of hardship and repression and five years of violent conflict, millions of Iraqis continue to suffer widespread vulnerability, deprivation and serious human rights abuses. The rule of law is widely absent, and violence is a leading cause of death. It is estimated that at least 60% of Iraqis do not have access to one or more essential social services. The current war continues to affect the infrastructure and social services, and there are millions of children trapped in communities where access to water, health care, education and protection continues to be unpredictable at best, and absent at worst. However, conditions for families remain variable between governorates, districts and towns and villages. To view Iraq as a homogenous territory with the same vulnerabilities and needs is to undervalue the plight of the Iraqi family. But while one size does not fit all, the themes of violence, fragmentation of communities, the deterioration of essential services and lack of humanitarian access touch every family. An increased willingness to proactively engage insurgency movements by the Iraqi Government has seen the emergence of several humanitarian crises caused by military operations. The most notable example of this was the conflict in Sadr City, Baghdad, between the Sadrist militia and government and coalition forces. Triggered by a Government crack-down against Sadrists in Basrah in late March, the Shia-dominant zone occupying the northeast of Baghdad, home to over one million children, was the theatre of heavy combat for seven consecutive weeks. Other locations including Basrah, Amarah, Samawah, Kut, Ba'quba and Mosul were also affected by similar military operations, although far less severely. The most common concerns for children caught in such conflicts are reduced freedom of movement and consequently lack of access to affected services, often leading to shortages of water, food and medical assistance. Direct strikes on municipal infrastructure, including water, health and education facilities compounds the potential for longer-term impact on children, both physical and psychological. In such crisis, UNICEF provides technical, financial and in-kind support to a range of actors including key line ministries of the GoI, national and international NGOs, and civil society partners.

Key Results for Children: Over the first half of 2008, UNICEF has responded to numerous rapid-onset crises, most commonly bombing attacks targeting public areas such as markets, hospitals and municipal buildings. Children are often amongst those injured and killed. The single most significant humanitarian crisis of 2008, however, was the conflict in Sadr City, Baghdad, mentioned above. Highlights of UNICEF's humanitarian action in Iraq for 2008 include:

- **Emergency Assistance to Victims of Bombing Attacks:** In response to the explosions in Mosul, Ba'Quba, Sulaymaniyah, Baghdad, Basrah and other locations, UNICEF has assured that health facilities are equipped with emergency medical supplies sufficient for over 50,000 children (covering immediate needs plus contingency supply) including emergency health kits, gauze and bandages, cannulas and needles, as well as surgical items;
- **Response to Measles Outbreak:** UNICEF in collaboration with WHO supported the Ministry of Health (MoH) and local health officials to implement an emergency measles immunization campaign in west and northwest Iraq. Over 500,000 children were immunized over a four-week period in Anbar, Mosul, Salah-al-Din and Kirkuk;
- **Emergency Water Intervention in Basrah:** Despite major difficulties in accessing affected populations, UNICEF supported water tankering operations in 15 sites across Basra city, including three hospitals. Prior to the normalization of the situation, over 20,000 of the most affected children received safe drinking water through this operation, with over 700,000 litres delivered with supplementary hygiene materials;
- **Sadr City Response:** Included rehabilitation of four damaged schools serving 4,000 children, distribution of hygiene products to over 15,000 children, establishment of Child Friendly Spaces for over 2,000 affected children, re-establishment of the water supply for Sheikh Dari Hospital, provision of emergency water through daily tankering operations serving over 50,000 affected children in the most affected accessible areas (and four hospitals) daily, and supplying health facilities (via the MoH) with emergency medical supplies sufficient to serve over 10,000 injured children (covering immediate needs plus contingency supply).
- **Emergency Water Intervention in Anbar and Missan:** Provided over 6,000 children and their families with reliable access to safe drinking water in six villages through rehabilitation of water supply networks in six villages, covering all vulnerable families in the area.
- **Drought Preparedness in northern Iraq:** Support to Kurdistan Regional Government authorities concerned with the growing drought crisis in the north of Iraq was ongoing, including the co-financing of technical assessments on the impact of the drought on wells in the most affected locations.

Key Challenges:

Limited humanitarian access: The single most important challenge faced by humanitarian actors in Iraq today is that of insecurity. Safe movement for UN Agencies and international NGOs is severely limited although in 2008 there has been an overall gradual improvement. Aside from some notable exceptions (e.g. Sadr City crisis), communities are also increasingly able to access humanitarian organizations, and vice versa.

Narrow focus on IDPs, to the exclusion of other groups: There are over 25 million Iraqis who are neither IDPs nor refugees, many of whom are living in equally if not more precarious conditions. Limiting funding to IDP-only activities has risked the wellbeing of non-IDP children in other highly vulnerable communities. The challenge of identifying the most acutely vulnerable Iraqis amongst a large and often urban population has been difficult, but through its “needs not status” approach, UNICEF has been able to proactively engage other actors in order to better reach the unreached (details of the methodology used to identify, prioritize and respond to acutely vulnerable communities is available from UNICEF Iraq). In this way, limited humanitarian resources are being targeted more effectively and leading to greater lasting impact of action for communities.

Insufficient funding: Despite growing humanitarian need, support for humanitarian action has been limited. However, although response to the Iraq CAP 2008 has been moderate, UNICEF has enjoyed the strongest donor support for humanitarian action inside Iraq for the past three years.

Paucity of data: Up to end-2007, Iraq’s most recent national child indicators dated from 2005 and 2006, prior to the current escalation in violence. More recent data reflecting nationwide information was hard to source because of insecurity and lack of local monitoring and reporting mechanisms, particularly for child protection issues.

Inter-Agency Collaboration: In late 2007, Iraq’s humanitarian community underwent a reform of its coordination structures, creating new opportunities for strengthened collaboration between agencies and including NGOs. The former “clusters”, which differed from the classic IASC cluster approach, were reformed into Sector Outcome Teams (SOT), which more closely reflect the principles of the cluster approach. UNICEF is the leader of two SOTs – Education and Water & Sanitation – and the deputy leader of two others – Health & Nutrition and Protection. In addition, UNICEF is also an active participant of multi-sectoral coordination mechanisms such as the Humanitarian Working Group, chaired by OCHA, and the Information & Analysis Unit of the UN Assistance Mission for Iraq (UNAMI).

Funding: As stated in the HAR 2008, UNICEF initially anticipated a requirement of US\$ 43.3 million to be able to respond to the immediate needs of the most vulnerable Iraqi children. To date, this requirement is funded at 40.3%. However, following the development of the HAR requirement in mid/late 2007, a CAP was announced for Iraq and subsequently launched in February 2008, giving the Country Office the opportunity to review planned humanitarian action for the year. As a result, and as outlined in the CAP 2008, UNICEF Iraq required a reduced amount of US\$ 36.8 million for the year. The current funding position means that UNICEF Iraq will be able to respond to the immediate humanitarian needs of 171,000 children and their families from the planned target of 360,000.

Table 1: Funds received against 2008 HAR (US\$)*

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Health and Nutrition	10,519,579	4,365,724	9,513,682	5,147,959
Water, Sanitation and Hygiene (WASH)	16,295,290	5,238,868	13,869,026	8,630,158
Education	10,964,147	4,365,724	8,740,356	4,374,633
Child Protection (includes mine action)	5,503,844	3,492,579	4,708,158	1,215,579
TOTAL**	43,282,860	17,462,894	36,831,222	19,368,328

* Does not include a commitment of \$16 million from OFDA, still to be received.

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

Emergency Programme Priorities: July - December 2008

Health and Nutrition

- Support for vaccination of children against measles and women against maternal and neo-natal tetanus (MNT); provision of emergency medical supplies, drugs and nutritional support ranging from oral rehydration salts (ORS) to micronutrient supplements; support for therapeutic and supplementary feeding for malnourished children as well as nutrition surveillance; support to health outreach services; and provision of emergency supplies such as blankets, tarpaulins and cooking sets. 180,000 of the most vulnerable children to be assisted over 2008 (equivalent to 1% of Iraqi children).

Water, Sanitation and Hygiene (WASH)

- Provision of safe water through rehabilitation of networks or water trucking; provision of home-based options for water purification; providing water carrying and storage items such as jerry cans; hygiene promotion, including distribution of soap and other hygiene supplies; carry out health education campaigns; support construction of sanitation facilities such as latrines, taking into account the special needs of women and girls. 360,000 of the most vulnerable children to be assisted (equivalent to 2% of Iraqi children).

Education

- Providing temporary learning spaces, supporting schools through supply of basic learning & other school materials, helping to re-integrate pupils and teachers and organizing recreational activities; improving water and sanitation facilities in schools. 150,000 children to be assisted (equivalent to less than 1% of Iraqi children).

Child Protection

- Supporting a monitoring system for child protection violations and abuses; providing support to separated and unaccompanied children; assisting survivors of gender-based violence through medical treatment and psychological support. 12,000 of the most acutely vulnerable children and women to be assisted.

Humanitarian Action Report
Jordan
Mid-Year Review 2008

Problem Statement/Context: Jordan has been hosting significant numbers of Iraqis since the conflict erupted in Iraq in 2003. The numbers of Iraqis fleeing the country reached their peak in 2006. As relatively few new refugees have been arriving since then and not many Iraqis have made the decision to return to Iraq, the overall number of Iraqis in Jordan remains relatively stable. That overall number is unclear; government sources suggest between 450,000 and 500,000 – yet only 54,000 are presently registered with UNHCR and only just over 40,000 are receiving any type of assistance. What is evident on the ground in Jordan is that many of the Iraqis here – regardless of their total number - are becoming increasingly vulnerable.

The generosity of the Jordanian Government and people in opening up their country and the country's institutions (schools, hospitals etc.) can not be overstated. Despite this generosity, Iraqis remain 'in limbo' here in Jordan. As most of them are here illegally they do not have the right to work in formal employment, nor do they enjoy the benefits of formal legal protection. Consequently, they are becoming increasingly poor, frustrated and vulnerable as each day goes by.

Jordan is not immune to the effects of the global credit crunch - nor to the increasing prices of oil on the world markets. Clearly, although this has touched many Jordanians as well, the poor Iraqis who do not have the right to work – and have been relying on the selling of assets or remittances – have particularly suffered during the last few months. Related to this, and putting more pressure upon the Iraqis in Jordan, is the fact that Jordanians are increasingly going back to using public services rather than more expensive private facilities. For example, some 40,000 Jordanian children who were last year in the private education system have this year transferred over to the public education system. In Amman (where 97% of the private schools and an estimated 83% of the Iraqi population are) the effect has been particularly profound – with virtually all schools now having established waiting lists of around 200 children and having up to 60 children in each classroom. In these conditions it is evident that a school principal, with limited numbers of places in his school, who is confronted by a Jordanian and Iraqi mother wishing to get their child into school is going to have real practical difficulties (despite government policy of equal access) to allow the Iraqi child in and keep the Jordanian child out.

Finally, the inherent fear of many Iraqis of any type of state, and even of their next door neighbours means that some of the state and social mechanisms that normally help protect families and children are missing amongst the Iraqis in Jordan. One result of this is that we still have very little concrete information about what is happening to the Iraqis in Jordan; yet we fear – given the stresses of no work, fear of leaving the home, discrimination etc - that a number of key protection concerns remain unaddressed amongst the community. The specialist bodies who could address these concerns - for example the Jordanian Government's family protection unit - are linked to the Ministry of Interior. Thus the Iraqis either do not report problems or shrink back into the shadows and disappear when these bodies appear – fearing potential repercussions with the Minister of Interior over their illegal status.

Key Results for Children: In 2008, the UNICEF Jordan Country office has worked in 3 key domains to improve the lives of Iraqi children in Jordan:

Education: UNICEF is the domain leader and co-ordinates activities across the sector of all the partners working in the field – including donors, local and international NGOs and other UN agencies. This co-ordination remains widely respected and has once again proved to be particularly effective in persuading the Government to allow Iraqi children to again access Jordanian public schools in 2008 – 2009 as all agencies spoke with one voice to the Government. Practically, UNICEF continued to support the Ministry of Education (MoE) in the integration of Iraqi children into Jordanian schools with support to heating costs over the harsh winter, school fees / textbooks for Iraqis for the school year 2007 – 2008, provision of IT equipment and some rehabilitation of classrooms. Additionally, UNICEF works with the Save the Children Federation and Relief International to get 20,000 vulnerable children of all nationalities into Jordanian schools for the first time, or to provide alternative informal education to them where appropriate (for example, if they have been out of school for more than 3 years).

Health: UNICEF has, after one year of negotiation with the Government of Jordan, received final authorization to complete a Health study of Iraqis in Jordan, in partnership with Johns Hopkins University. This will be the 1st complete survey of health needs of Iraqis in Jordan completed, and the 1st real survey of them for 18 months – the results are eagerly anticipated by all parties as they will heavily influence programming strategies in the health domain in 2009.

Psychosocial: UNICEF is dealing with emotional, environmental and social distress caused by the displacement to Jordan and the consequences of Iraqis living in Jordan (living here illegally, increasing poverty, inability to participate actively in society, discrimination) – UNICEF has launched a highly successful pilot project with the Ministry of Education to integrate basic psychosocial skills into the training curriculum of all staff dealing with Iraqi children in schools. Some 900 of the country's 1,700 school counsellors have been trained to date. UNICEF also supports the French Red Cross and the

International Medical in their work of building up – respectively - the capacity of the Jordanian Red Crescent and the Ministry of Health / local NGOs in this domain.

Inter-Agency Collaboration: UNICEF co-ordinates closely its actions with other key UN players working with Iraqis in Jordan – in particular the UNHCR and WHO.

Key Challenges: The openly stated sensitivity of the Jordanian Government in their handling of the Iraqis in their country is understandable, however, it makes the completion of assessments, monitoring of programmes and evaluations extremely difficult. This, ultimately, means that programming is based around ‘best guesses’ and is not as efficient as it should be. The lack of legal status – the ability to feel safe walking down the street or hold a job – means that metaphorically speaking much of the work that is being done is treating the symptoms, not the disease. For example, you can offer psychosocial support to a father who is depressed because he can not work and provide for his family, but the best way for him to feel better is give him the chance to work. The dispersed nature of the Iraqis in Jordan – within predominately its large towns / cities presents unique challenges to both reach the Iraqi community and ensure that host communities are seen to be treated equally as well as the Iraqis. In the immediate short term, all kids – whether Jordanian or Iraqi or another nationality – need to find a place in school. The Government of Jordan needs to be supported to find immediate measures to do this (double shifting, renting buildings for schools, teacher recruitment etc.).

Funding: To date, no funding has been received through the 2008 HAR. Significant funding (US\$8,169,199) has been received against requests for support in the education domain through a joint appeal made with UNHCR, and US\$289,564 for health / nutrition activities against a joint health appeal completed with WHO, UNFPA and UNHCR. Funding requirements below thus reflect that this alternative funding has arrived and that in health the quantity requested has been revised downwards due to the late start of the comprehensive health study mentioned above – meaning that proper programming in this domain will not start until the last quarter of this year and the use of just an additional US\$460,436 is planned (if funds arrive). Finally, Funding in child protection has been revised upwards as there is increasing recognition that more support to child protection structures is rapidly required in order to help address some of the issues raised through psychosocial work.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Health	3,812,000	0	460,436	460,436
Education	11,770,000	0	3,600,801	3,600,801
Child Protection	450,000	0	750,000	750,000
Total*	16,032,00	0	4,811,237	4,811,237

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

Emergency Programme Priorities: July - December 2008

Health

- Complete health assessment, disseminate results and start to act upon priority actions discovered within it.

Education

- Provide the country’s remaining school counsellors (762) with a comprehensive 1 week psychosocial training, and all the country’s school principals (4,000+) with a one day introduction to psychosocial work
- Provide support to the Government of Jordan to the integration of Iraqi children into the Jordanian public school system. The scale and type of this support to be defined with the Government when the numbers of Iraqis enrolling in public for school year ‘08 - 09 is known.
- Provide support for up to 20,000 vulnerable children in geographical areas where there are concentrations of Iraqis to go to school – to include school uniforms / appropriate clothing and stationary (pens, exercise books etc...).
- Provide support for up to 2,500 children who can not attend public schooling to attend informal education facilities.

Child Protection: Psychosocial

- Continue to support capacity building efforts in this domain for the Government (MoH) and the Jordanian Red Crescent through the French Red Cross and International Medical Corps
- Provide level 3 referral facilities that extremely vulnerable children and their families can access (eg. one to one counselling with psychologists)

UNICEF HUMANITARIAN ACTION

Lebanon

Mid-Year Review 2008

Problem Statement/Context: Lebanon is on-track to achieve many of its MDG Goals by 2015, and has made much progress since the end of the Civil War in 1990. Yet in the past three years alone, nine senior political figures have been assassinated (including former Prime Minister, Rafic Hariri). Since November 2007, the election of a new President has been postponed 19 times and the Parliament has not met in over a year due to political stalemate, blocking progress on the very economic, social, and political reforms that would allow the country to make further progress towards the MDGs. In addition, there are lingering, unresolved issues with Syria, with whom until recently Lebanon has not had official diplomatic relations or commonly recognized borders. Thus, communities along the border are particularly sensitive, especially in poor Northern Lebanon, where political and religious tensions remain high.

In May 2008, tensions between the two main political factions renewed and erupted into armed hostilities with around 60 persons killed in the streets of Beirut and in the countryside. After a long series of negotiations brokered by the Arab League, a compromise between the opposition and the majority has been achieved that enabled the country to elect a new President and form the government in July. Though this is a welcomed development that seems to have somewhat diffused tensions in the short term, the mid to long term challenges remain daunting. A zone of perpetuating conflict around Tripoli (in North Lebanon) remains a hot spot where the Sunni and Allawi populations of, respectively, Bab El Tebbaneh and Jabal Mohsen neighborhoods has been fighting since July leaving the toll of several dozens killed, hundreds injured and thousands displaced from endangered areas.

The main challenge facing the 2008 programme has been to continue addressing the impact of the July 2006 war, Nahr El Bared 2007 crisis and the armed clashes between rival political factions in summer 2008 combined with decreasing socio-economic indicators, specifically affecting under-served areas within the country. Increasingly through the format of joint UN programming, UNICEF aims at strengthening and expanding the scope of multi-disciplinary programmatic interventions in the most underserved areas of the country (especially, in North Lebanon and Beqaa Valley) where the potential of social unrest that may drag the country into yet another cycle of civil war (or localized but permanent conflict) is especially high.

Key Results for Children:

Health:

The UNICEF Country Office (CO) has supported the Ministry of Public Health (MoPH) in strengthening the national Expanded Programme of Immunization (EPI), which has allowed to increase the immunization coverage in 5 targeted underserved districts from 40-50% to 70%.

A national Neonatal Resuscitation Programme was initiated to further reduce infant and child mortality in Lebanon, focusing on targeted underserved districts. All medical staff in delivery units will be trained by the end of this national programme to cover 100% of births; in 2008 the training will have positive effect on at least 20% of the birth cohort.

Alliances of MoPH, NGOs and local municipalities were brokered, which aimed at strengthening community-based networks to provide health promotion activities and services to populations in hard-to-reach areas not covered with affordable and/or good quality health care infrastructure. In addition, community-based networks were strengthened to provide health promotion activities and services to hard-to-reach areas. 120 community health workers bring these activities and services to about 60,000 people, thus demonstrating a model for decentralised service delivery.

Water, Sanitation and Hygiene (WASH):

UNICEF has engaged in various activities to rehabilitate water and sanitation facilities, which were destroyed during the 2006 conflict. 460,000 people got access to secured regular supply of safe drinking water thanks to the installation of 7 major water reservoirs (six of 200m³ capacity and one - of 1,000m³), 22 water storage tanks with chlorination units, 40 km of pipes, electrical generators for 6 pumping stations and 10 mobile water treatment units. In 90 schools, 30,000 children profit from improved sanitation and have access to safe drinking water thanks to the rehabilitation of water and sanitation facilities. Drinking water was provided to the population of the Palestinian Nahr El Bared camp destroyed after the hostilities in summer 2007 and water supply schemes were restored as part of the camp's comprehensive reconstruction plan. 20,000 people (including 6,000 children) have access to safe drinking water distributed from regularly re-filled water tanks; 300 housing units will be connected to a water supply network after the reconstruction.

Education: An innovative model of partnership between public, private and NGO stakeholders around the "Adopt-a-School" initiative was built, which is aiming at upgrading the capacity of public schools to address the issues of school drop out, illiteracy, weak hygiene and sanitation practices, neglect of environmental considerations and the non-utilisation of local recreational opportunities and cultural heritage, thus playing the role of community development centres. At present the model is being tested in 20 pilot "adopted" locations in the most impoverished areas in Hermel, Beqaa, Tripoli and Akkar directly

benefiting about 3,000 children, 8,000 family members and about 300 teachers. The documented set of “school as a community centre for all” standards (supported by a cost analysis) provides a reference for national public school upgrade plans. Up to 100 schools, benefiting about 20,000 children, (including water and sanitation facilities) were physically rehabilitated in the South and other areas affected by the 2006 conflict; similar to the “Adopt-a-School” approach, various aspects of school life have been addressed, such as training teachers in class management techniques and basic psycho-social counselling; offering remedial and literacy classes and organising hygiene awareness campaigns.

Child Protection and Youth:

UNICEF Lebanon initiated an open public debate around the sensitive issue of children in residential care facilities based on a UNICEF-supported study of almost 140 facilities; the organized discussions and brainstorm sessions paved the way for an official launch of the study’s findings and recommendations. As a result the Government committed itself to review the situation in Lebanon’s residential care system.

As a continuation of UNICEF’s successful advocacy for the adoption of Law 422 in 2002 introducing the elements of the juvenile justice system in the country, the application of “community work” verdict (as one of possible alternatives to detention) increased from barely 1% of cases involving youth in 2002-2005 to up to 20% in 2007-2008.

UNICEF has helped to build sustainable Child Protection Networks on the basis of infrastructure and alliances originally established for emergency psycho-social assistance to the displaced populations during the 2006 conflict reaching some 250,000 children and young people. As a result, there is increased ownership by local municipalities and NGOs of child protection issues and responsibilities, with the ultimate purpose being the institutionalisation of Child Protection focal points as regular staffing in targeted municipalities.

All schoolchildren will benefit from Mine Risk Education (MRE) curriculum and up to 100,000 people in nearly 150 especially endangered villages were reached with MRE awareness campaigns.

UNICEF also assisted national NGOs in consolidating factual and statistical data on youth as a basis for a draft National Youth Policy concept¹² developed in collaboration with the Ministry of Youth and Sports, national NGOs and the UN Task Force on Youth (chaired by UNICEF). As a result, the national debate on youth issues is supported by evidence collected and presented by young people themselves.

Key Challenges: In the context of MDGs, Lebanon is likely to achieve goals 3 (Gender Equality), 2 (Universal Primary Education) and 5 (Maternal Health), and may achieve 4 (Child Mortality). Goals 1 (Poverty), 7 (the Environment) and 8 (Global Partnership) remain a challenge, but are not insurmountable by 2015.

While these results and its middle-income status augur well for the future, these gains can easily be compromised overnight if further conflict erupts. Lebanon may be resilient but its social fabric is fragile, and the hard-won national development gains are not equally distributed demographically or geographically. The source of future conflict lies in these feeders of political aggravation, and part of the solution lies in addressing these disparities more comprehensively and systematically, thus making the border line between a *humanitarian* and longer-term *development* action in the Lebanese context more and more invisible.

The chronic nature of the conflict in Lebanon affected the way it is presented and perceived by the donor community, with the latter’s attention diverted to more open and/media-driven emergencies. This is a likely explanation of the fact that no HAR funding has been received by UNICEF Lebanon in 2008. Although it has not seriously undermined programme implementation (continuously funded from other sources, such as Global Thematic funds, bilateral donor contributions, ECHO and MDG Fund), a number of activities had to be dropped from the Annual Work Plans (mainly, related to the expansion of health outreach networks to underserved districts, establishment of additional child protection focal points, national water survey and some others). UNICEF Lebanon Country Office staffing capacity has also been under significant pressure due to low predictability of funding available to maintain critical posts, including in the health and water, sanitation and hygiene sections.

Inter-Agency Collaboration: An array of UN actors contribute to stability, development, and peace building in Lebanon, however coordination remains a major challenge given the wide-ranging mandates and sensitivity of the beneficiary populations.

In recognition of the inchoate and piecemeal nature of the UN’s results in Lebanon, a Special Coordinator was appointed to lead UNSCOL, with the Deputy acting as the UN Resident Coordinator. Thus, the operational precedent has been set to establish a more coherent approach to attaining the MDGs.

On the other hand, UNICEF and other UN agencies (UNDP, ILO, UN-Habitat, UNRWA and the UN Resident Coordinator Office) have already formulated a joint programme that will be implemented in the Nahr-el-Bared Palestinian camp and surrounding municipalities, and which aims at providing the necessary assistance and relief to Palestinian refugees in Lebanon and the most vulnerable Lebanese affected by the conflict in the Nahr el Bared refugee camp and its repercussions. Another joint UN project will address the challenge of conflict prevention and tolerance, with a special emphasis on youth.

¹² *Lebanon Youth Profile* consists of nine thematic papers on demography, emigration, employment, physical and psychological health, social integration, participation in public and political life, youth NGOs, cultural participation, youth and the law.
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Funding: In 2008 emergency / recovery activities have been funded from previously-received Global Thematic Humanitarian budget (45% of the total annual budgetary allocation of US\$ 8.8 million categorised as "emergency" funds) and supported by such donors as the Australian Agency for International Development (28%), Governments of Spain (12%) and Italy (9%), and the Kingdom of Saudi Arabia (6%). For 2009 funding from ECHO and MDG Fund has already been pledged to activities designed as joint UN projects (that UNICEF is part of).

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap**
Health and Nutrition	2,000,000	0	900,000	200,000
Water, Sanitation and Hygiene	2,500,000	0	1,300,000	300,000
Education	700,000	0	500,000	200,000
Child Protection	600,000	0	550,000	200,000
Mine Action	150,000	0	100,000	0
Total*	5,950,000	0	3,350,000	900,000

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

** Funding gap is calculated as *remaining unfunded needs* after a mid-year revision of plans and overall reduction of 2008 planned budget (entirely funded from other sources than HAR).

Emergency Programme Priorities: July - December 2008

Health and Nutrition

- Emergency assistance supplies to the populations trapped in Bab El Tebbaneh, Jabal Mohsen and other areas near Tripoli affected by the recent round of armed violence between the allies of rivaling political sides.

Water, Sanitation and Hygiene (WASH)

- Distribute family hygiene kits to the above mentioned populations.

Education

- Facilitation of the "back to school" campaign in areas affected by the recent clashes in the North / Tripoli (in the situation where a number of public schools in Tripoli have been used as temporary shelters for internally displaced populations).

Child Protection

- Expansion of the Child Protection Network coverage to the areas in the North that have been the most recent arena of deadly confrontation between different religious/political groupings.

UNICEF HUMANITARIAN ACTION
Occupied Palestinian Territories
Mid-year Review 2008

Problem Statement/Context: Although an Egyptian-mediated ceasefire with Israel has largely held since mid-June, Gaza remains under virtual siege, its borders closed by Israel, and with intermittent violence among Palestinian factions and clans. Shortages of all basics including fuel, electricity and safe water impede the delivery of life-sustaining services and degrade all aspects of daily life. Everyday, some 70,000 cubic litres of raw or poorly treated sewage is released into the sea¹³. Over 95% of industrial operations are suspended¹⁴ and previously self-reliant families are increasingly food insecure¹⁵. A UNICEF assessment this year linked child malnutrition to lower household income. Military incursions and search and arrest warrants have increased across the West Bank, and construction of the Barrier continues, fuelling violent protests that inevitably draw in children. House demolitions have shot up since last year, as have attacks by Israeli settlers, including against Palestinian children walking to and from school. The closure regime restricting the movement and access of people and goods has improved little. At end-June 2008, there were at least 602 manned and unmanned physical obstacles across the West Bank¹⁶, up from 376 when the Access and Movement Agreement was signed in November 2005. As of 12 July, 69 children had died in the conflict with Israel since the beginning of the year, which is more than the total child death toll for 2007 (50). Distress levels, particularly among the young, are extremely high.

Key Results for Children: During 2008, UNICEF's overarching goal is to mitigate the impact of violence on children, and reverse recent declines in children's and women's well-being. UNICEF is focusing on eight out of 16 districts where the needs are greatest. To this end, UNICEF continued to support the Ministry of Health in maintaining service delivery through the procurement of vaccines and related supplies covering needs for all 117,000 children under 12 months, and tetanus toxoid for their mothers (117,000 pregnant women out of 880,000 women of child-bearing age). Despite extraordinary challenges, immunization rates have remained above 90%. UNICEF has tankered drinking water to some 200 schools, reaching over 200,000 students; provided emergency fuel to keep water and sanitation systems operational; and supported efforts to clean up wastewater treatment facilities. To reverse falling scores in school examinations, UNICEF provided summer remedial classes for 3,400 low-performing students in 90 schools. To improve secondary school retention and reduce violence among adolescents, 68 UNICEF-supported youth centres have reached 44,000 vulnerable teenagers with remedial learning sessions in Math and Arabic, and recreational activities focused on minimizing violence. UNICEF continues to support 14 psychosocial teams, each composed of 25-35 professionals and volunteers who provide emergency psychosocial support to children and families in conflict affected areas. As of mid-2008, these teams had assisted over 40,850 children and 10,100 caregivers (direct beneficiaries), with services ranging from in-depth counselling, emergency hospital or house visits, and stress relief. In addition, 100,000 children and 40,000 families were reached with mine risk and small arms and light weapons (SALW) education activities.

Key Challenges: The political divide between Gaza and the West Bank poses a constantly evolving hurdle for UNICEF, both in terms of financial transactions and implementation. Since June 2007, more than 185 community-based organizations including a number of UNICEF-supported youth centres have been raided or shut down by the de facto government security forces. Although access of UNICEF goods into Gaza has improved, the long-lasting blockade has left infrastructure and equipment in water and sanitation systems, hospitals and schools, in urgent need of major repair, and UNICEF partners remain unable to bring in needed goods and equipment. New procedures applied to the movement of UN agencies, including searches of UN property and refusal to accept UN identification, pose new challenges to humanitarian operations. Since January, no Palestinian West Bank or Jerusalem-based staff has been allowed into Gaza.

Inter-Agency Collaboration: UNICEF provides sector coordination leadership in Water, Sanitation and Hygiene, child protection and education, and contributes significantly to WHO-led coordination in the health sector.

Funding: UNICEF's appeal was budgeted at US\$ 20.5 million based on the needs assessment framework completed by the humanitarian community in November 2007. In June 2008, under the mid-year review for the CAP, the health, education and adolescent programmes revised their funding requirements downwards slightly because of funds made available, and due to the limited capacity of ministries and partners to disburse funds within the remaining calendar year. During the first quarter of

¹³ OCHA Humanitarian Monitor, June 2008

¹⁴ West Bank and Gaza Update, June 2008, World Bank

¹⁵ FAO / WFP / UNRWA Food Security Survey, 2008

¹⁶ Checkpoints, roadblocks, trenches, earth mounds, etc. that severely restrict Palestinians' freedom of movement. Humanitarian Action Report 2008 -Mid-Year Review-

2008, UNICEF-oPT received an EPF loan of US\$ 1,010,000 from HQ to meet immediate emergency needs.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Health and Nutrition	7,508,650	2,112,720	6,140,321	4,027,601
Water, Sanitation and Hygiene (WASH)	2,792,800	1,542,478	2,792,800	1,250,322
Education	5,160,000	2,639,211	3,424,701	785,490
Child Protection	2,973,530	2,272,658	2,973,530	700,872
Adolescents	2,144,000	835,132	1,676,458	841,326
Total*	20,578,980	9,402,200	17,007,810	7,605,610

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

Emergency Programme Priorities: July – December 2008

For the remainder of 2008, UNICEF will focus on Gaza, which is reeling from over one year of closures and restrictions to almost all goods and movement. UNICEF will work with partners on the ground to continue providing quality, timely and reliable emergency assistance to children and women who have become increasingly dependent on external support. UNICEF will also work to reach West Bank communities living in enclaves or isolated by the Barrier, with quality basic health care, education and protection services that would otherwise be unavailable.

UNICEF will support partners in bolstering the networks and systems that protect and shield children from violence, beginning with households and communities, and including schools, health and social protection systems; and continue to advocate for humanitarian access for goods, services and staff critical to the survival and well-being of children and women.

Health and Nutrition:

- Ensuring that children and women have access to essential vaccines, drugs and services;
- Providing extra micronutrient support, including iron, folic acid, vitamin A and D.
- Promotion of improved infant and young child feeding practices including: early initiation, exclusive breastfeeding and timely introduction of age-specific, nutrient-rich complementary foods.
- Supplementation of children 6-59 months with sprinkles and pregnant and lactation women with multivitamin and mineral tablets.

Water, Sanitation and Hygiene (WASH):

- Rehabilitating and constructing water and sanitation facilities at 42 schools and 20 health centres.

Education:

- Running remedial education programmes for students in vulnerable areas.
- Providing at-risk children and adolescents with active learning, recreational and life-skills opportunities.

Child Protection:

- Continuing to provide immediate, comprehensive psychosocial assistance to children and caregivers in distress.
- Providing support to socio-legal defence services.
- Monitoring and reporting on Security Council Resolution 1612 on children in armed conflict.
- Co-ordinating Child Protection sector emergency preparedness and response planning.
- Working to reduce violence in a school setting.
- Raising awareness in the community on ways to protect children affected by conflict and violence.

UNICEF HUMANITARIAN ACTION

Sudan

Mid-Year Review 2008

Problem Statement/Context: The first half of the year has been a challenging one, with floods, threat of a malnutrition crisis and increased conflict worsening the situation in many vulnerable communities. Darfur remains the major humanitarian crisis in Sudan. 200,000 have been newly displaced since the beginning of 2008, bringing the total number of IDPs to 2.46 million. Due to the bad crops especially in South Darfur, combined with the global increase in food prices, rising transport costs, and limited humanitarian access, the nutrition status of children is a growing concern. Several crisis since the beginning of the year – bombing in northern parts of West Darfur, by which close to 60,000 people were displaced, eruptions of fighting in Abyei, contested by both north and southern Governments, and consequent displacement of 50,000 people required urgent interventions in collaboration with the UN, NGO partners and Governments. Epidemics and floods continue to affect the country.

In April, there was considerable concern that the nutritional situation in Southern Sudan would deteriorate significantly as the height of the hunger gap period was entered. Floods in 2007 had led to failed harvests in many areas, resulting in food insecurity and a dramatic increase in food prices. Insecurity on trade routes preventing food from reaching towns and an increased number of returnees further exacerbated the problem. Nutritional levels went above the emergency threshold in five focus states, placing 70,000 children between 6-59 months at risk of malnutrition at the height of the hunger season in May-June.

In mid-May, large scale fighting broke out in Abyei town between the Sudan Armed Forces (SAF) and the Sudan People's Liberation Army (SPLA) causing UN and NGOs to evacuate and the majority of the population to flee. Although fighting stopped on 21 May, 50,000 people were estimated as displaced and in need of food and shelter, with 240 children registered as missing and a further 72 children registered as unaccompanied or separated. UNICEF response was fast and effective in all sectors with work currently on-going in Abyei and the surrounding areas.

Recent reports suggest that at least 3,350 persons, from 480 homesteads, have been left homeless following an overflow of the river Nile in Jonglei State and there are 31 reported cases of acute watery diarrhoea (AWD) in Aweil with four reported deaths. Contingency plans are currently being developed in response to the floods.

Key Results for Children:

North Sudan

In the first half of 2008, in the health and nutrition sector, approximately 1.9 million conflict and disaster-affected people in the Darfur States were provided with essential and emergency primary health care services. In addition 2.7 million children aged under-five have been vaccinated against measles in 9 states, 3.4 million under-five children were vaccinated against polio in 10 states as part of the Accelerated Child Survival Initiative (ACSI) and 6.2 million during the March Polio National immunization Days (PNID) campaign. 3.6 million under-five children were dewormed, 680,000 under-five children and 124,000 pregnant women were provided Lipiodol and 760,000 households received long-lasting insecticidal nets (LLITNs) as part of ACSI. Over 21,229 moderately acutely malnourished children were rehabilitated in the Supplementary Feeding Centres (SFCs) and 6,838 severely acutely malnourished children in the Therapeutic Feeding Centres (TFCs) from January- August 2007 and approximately 4.4 million under-five children received vitamin A supplementation in 15 states. In the water sanitation sector, access to improved drinking water facilities was increased for 332,850 and it was reestablished or sustained for over 1.9 million internally displaced people, returnees and host communities. Access to safe means of excreta disposal increased, re-established or sustained for 81,800 internally displaced people, returnees and host communities.

In education, a total of 496,142 children (47% girls) registered as grade 1 students compared to 300,000 children as annual target; in 10 focus states including nomadic children. Moreover 255,273 children received educational materials. 328,116 children in basic education (38% girls) have access to Food For Education in collaboration with WFP; the majority of them in Darfur IDPs camps. 3,054 teachers and 200 head masters were trained on child centred learning methodologies and core subjects (out of target of 6,000 teachers) benefiting 152,700 children. Over 80,000 young people in the Greater Darfur region received correct information and relevant life-skills to reduce their risk of acquiring HIV/AIDS thru peer-education and awareness-raising sessions and 3,091 pregnant women and infants had access to prevention of mother-to-child transmission of HIV (PMTCT) services in South Darfur.

For the child protection sector, a total of 88 children released and reunified with families in Blue Nile state; through process led by the Southern Sudan Disarmament, Demobilization and Re-integration Commission (SSDDRC) in coordination with the Northern Sudan Disarmament, Demobilization and Re-integration Commission (NSDDRC). 373 former children associated with armed forces and groups (CAAFG) followed up by case workers; 166 former CAAFG attending schools and 31 participating in vocational training/apprenticeship opportunities. 7200 other vulnerable children benefiting from

psychosocial support programmes, including former CAAFG and 1100 benefiting from vocational training and accelerated learning programmes. More than 122,253 children out of an annual target of 150,000 are benefiting from psychosocial support activities in Darfur, Khartoum, Gadarif and South Kordofan through Child Friendly Spaces and Youth Centres. A total 100,129 individuals were reached with mine risk education.

Southern Sudan

The Abyei conflict dominated activities in the second quarter of the year in Southern Sudan. Over 50,000 displaced individuals received emergency assistance, with UNICEF reaching approximately 80% of the affected populations whilst also responding to Acute Watery Diarrhoea and cholera outbreaks affecting over 6,000 people. In an effort to tackle the underlying causes of child and maternal mortality, primary health care services were strengthened and in four focus states are providing a minimum nutrition package. 11,326 severely malnourished children have been treated, which is 45% of the target population. Vitamin A supplementation during the 3rd round Polio National Immunization Days (NIDs) covered over 95% of the target population, with 2,196,176 children aged 6-59 months receiving Vitamin A and 2,000 children aged 1 to 5 years received deworming tablets during World Breastfeeding week celebrations in Central and Eastern Equatoria State. 63,500 long-lasting insecticide treated mosquito nets (LLITNs) were distributed, benefiting over 125,000 women and children.

The Water, Sanitation and Hygiene programme reached over 300,000 people, including those in rural and returnee host communities, Guinea worm endemic villages and way stations, with the provision of improved water sources and safe sanitation facilities. School water and sanitation was addressed with 5 water points serving 7,500 school children constructed and 37 improved latrine compartments constructed/upgraded providing 1,850 school children with safe sanitary facilities. In education, over 1.3 million students and teachers have benefited from distribution of school supplies, including education emergency stock and school tents that have been pre-positioned in key locations and child protection activities have continued with 158 children benefiting from psychosocial support and 464 children benefiting from reintegration services. A further 56,000 people were reached by Mine Risk Education.

Key Challenges: Security remains one of the major challenges in Darfur. Due to the frequent attacks on humanitarian personnel and assets, only 70 per cent of those in need of assistance Darfur Humanitarian Profile No. 32 – 01 July 2008 can be reached. Security concerns combined with the global fuel price increase makes the transport of supplies to Darfur more expensive if available at all.

Outside of Darfur the attack on Omdurman, Khartoum's twin city, by a Darfur rebel group in April, as well as uncertainty over potential indictment of the Sudanese President by the International Criminal Court, that resulted in security phase increase in the whole of North Sudan, further restricted movements of humanitarian actors including UNICEF. The increasing of the security phases in North Sudan has impacted staff ceiling and some programme deliverables. At the beginning of the year following protests against the re-printing of the cartoons of the Prophet Mohammed in Denmark the Government of Sudan banned the import of goods from Denmark. Most offshore supplies for Sudan pass through Copenhagen based Supply Division. This has complicated and significantly slowed the process of clearing supplies for North Sudan programmes with the Sudanese customs authorities.

Early onset of rains slowed progress on implementation of drilling activities and hampered the distribution of education supplies in some areas. However, the key challenge for the first half of the year was lack of funding, particularly for the nutrition programme which had to delay procurement of emergency nutrition supplies due to funding constraints. A concerted push for funding to address this issue has resulted in funding to procure sufficient supplies to address the current situation and to prepare for any further crisis. UNICEF now has the opportunity to scale-up nutrition response as NGO partners- ACF France, MSF France, Tearfund, Concern, ACF-USA are present in many key locations and have set up out patient treatment and community based therapeutic services in affected communities.

Inter-Agency collaboration: As sector lead for education, WASH, and Child Protection, and co-chair with WHO for health and nutrition activities, UNICEF played a key role in the coordination and implementation of emergency activities in the first half of the year; in Southern Sudan a Sector Strategy and Coordination Advisor has recently been brought on board to further strengthen coordination activities in the WASH and education sectors.

Funding: Funding requested in the HAR 2008 was based on humanitarian activities in the UN Workplan for Sudan. No additional emergency appeals were launched during the year, although \$ 2,378,055 was mobilised through CERF in response to the Abyei crisis¹⁷. As sector lead for WASH and lead partner for nutrition, much of the funding received for emergency activities, particularly in response to the Abyei crisis has been channelled through NGO partners.

¹⁷ The HAR figures have not increased as the CERF funding was allocated from UN workplan projects.
Humanitarian Action Report 2008 -Mid-Year Review-

Table 1: North Sudan: Funds received against 2008 HAR (US\$) **

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Health and Nutrition	23,373,800	16,745,922	39,309,550	22,563,628
Water, Sanitation and Hygiene (WASH)	22,595,000	13,633,388	22,595,000	8,961,612
Education	13,634,329	7,730,974	13,378,929	5,647,955
Child Protection and Mine Action	16,738,000	9,011,869	16,638,000	7,626,131
NFI and emergency coordination	12,000,000	5,807,970	12,000,000	6,192,030
HIV/AIDS	3,380,000	776,949	3,380,000	2,603,051
Communication and Advocacy	1,805,680	1,632,844	902,840	0
Basic Infrastructure	0	907,190	300,000	0
Total*	93,526,809	56,247,106	108,504,319	53,594,407

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

** these figures do not include Abyei response, please see next six months section of narrative.

Table 2: Southern Sudan: funding received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Health and Nutrition	13,274,526	8,132,873	17,774,526	9,641,653
Water, Sanitation and Hygiene (WASH)	16,463,500	4,402,379	16,463,500	12,061,121
Education	10,745,000	4,332,256	10,745,000	6,412,744
Child Protection and Mine Action	7,855,200	1,455,434	7,855,200	6,399,766
NFI and emergency coordination	5,538,000	1,982,141	5,538,000	3,555,859
HIV/AIDS	2,000,000	1,211,966	1,747,038 ¹⁸	535,072
Communication and Advocacy	971,000	486,490	602,840	116,350
Total*	56,847,226	22,003,539	60,726,104	38,722,565

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

Emergency Programme Priorities: July - December 2008

North Sudan

Health and Nutrition

- In response to the new Polio case in North Sudan, besides the October and November National Immunization Days (NIDs) which were planned in the beginning of the year an additional round of NIDs will be conducted from 25- 27 August. In each round about 6 million children will receive two drops of polio vaccine. The routine expanded programme on immunization (EPI) targeting 1.1 million children under one continues.
- UNICEF will continue with the provision of essential medical supplies and drugs to 2.7 million conflict affected people in Darfur, and plays an active role in response to the flood emergency in Gadaref and other northern states.
- Through pulse campaign of the African Child Survival Initiative (ACSI) 95% of under-five children in three states (700,000) will receive bednets (LLITN), vitamin A supplementation, deworming tablets and awareness messages.

¹⁸ This is reflected in the UN Workplan as Recovery and Development, not Humanitarian funding.
Humanitarian Action Report 2008 -Mid-Year Review-

- 15,000 acutely malnourished children per month (70% of estimated under-fives acutely malnourished) will be treated through support to 137 therapeutic and supplementary feeding centres.
- Approximately 6 million children will receive vitamin A supplementation through the NIDs planned in October / November.

Water, Sanitation and Hygiene (WASH)

UNICEF is the sector lead for water, sanitation and hygiene

- Water, sanitation and hygiene services will be sustained for 1.9 million persons through operation and maintenance of facilities and maintaining adequate level of emergency response capacity.
- Access to safe water, sanitation and hygiene services will be provided or re-established for 100,000 persons through rehabilitation on water and sanitation services and provision of emergency water tankering where no other options are available.
- Capacity of communities and water, environment and sanitation (WES) partners will expand and be reinforced to ensure water, sanitation and hygiene services are sustained through training and provision of essential emergency supplies and equipment.

Education

UNICEF is the sector lead for education

- West Darfur: teacher training on child centered learning approaches and Child-friendly schools (CFS); rehabilitation of temporary classrooms; training of accelerated learning program (ALP) teachers and initiation of pilot ALP centres.
- North Darfur: construction and rehabilitation of 40 temporary classrooms in Abu Shouk and Kassab IDP camps benefiting 2000 IDP children (50% girls), distribution of 4000 school uniforms, over 18,000 children in difficult to reach areas will participate in education through in-service training, increased knowledge and skills of 400 volunteer teachers on child - centred teaching and learning approaches.
- South Darfur: construction and rehabilitation of classrooms in camps and rural areas in general, Kalama camp in particular; enrolment campaign/efforts to bring children out of school to school specially in camps and among nomads; assist the State Ministry of Education (some) to update the Education Management Information System (EMIS) to ensure a better info system and reliable data.

Child Protection

- UNICEF aims to reintegrate more than 1,000 children formerly associated with armed forces and groups into their communities with support from partners and through an inclusive community based approach.
- UNICEF will reach 24,000 children with psychosocial support through the education system as part of Child Friendly Schools.
- UNICEF will build the capacity of social workers to be able to respond to cases of missing children or separated and unaccompanied children and to be able to provide social work follow-up to children released from armed forces and groups.

HIV/Aids

- Training of 300 teachers on the HIV life-skills curriculum to equip over 30,000 children and young people (in the Greater Darfur region) with information and skills to reduce their vulnerability to HIV.
- Provision of prevention of mother-to-child transmission of HIV (PMTCT) services in the three Darfur States benefiting over 7,000 pairs of pregnant women/infants.
- Provision of basic HIV information in IDP camps reaching over 30,000 young people.

Non-food items (NFIs) and emergency coordination, preparedness and response

- Continued coordination with the NFI Common Pipeline partners to ensure timely and adequate assistance to IDPs, Returnees, and Floods affected people, and timely procurement of winterisation items (blankets, sleeping mats, plastic sheets) for the Pipeline.

Southern Sudan Health and Nutrition

- Support will continue to 25 therapeutic feeding centres previously established and run by partners for 13,737 severely and an estimated 300,000 moderately malnourished children;
- Carry out an annual needs and livelihoods assessment in collaboration with WFP, FAO and the Ministry of Agriculture and the Government of Southern Sudan;
- Essential emergency drugs and equipment will be provided to 225 health centres and 2.4 million capsules of vitamin A and 2.4 million deworming tablets will target all under-five children.

Water, Sanitation and Hygiene (WASH)

UNICEF is the sector lead for water, sanitation and hygiene

- Focus for the coming months will be on flood response, with emphasis on hygiene education and good sanitation practices, including training of hygiene promoters to minimize outbreaks of Acute Watery Diarrhoea;
- Rehabilitate/construct wells and sanitary facilities in 70 schools; equip 400 new and existing water points with handpumps to provide safe drinking water to some 200,000 individuals, including in areas of return; and 10,000 households and 182 institutions will benefit from latrines.

Education

UNICEF is the sector lead for education

- If funding allows, access will be increased through the creation of 500 tented learning spaces and construction of 80 classrooms to accommodate 30,000 primary and accelerated learning programme (ALP) schoolchildren.
- 100 education managers will be trained in emergency preparedness and response within the Education in Emergencies Framework in ten states.

Child Protection

- Through the Ministry of Social Development, UNICEF will provide support to recently trained NGO staff and social workers deployed to undertake Family Tracing and Reunification;
- Reintegration and rehabilitation services will be offered to 1,000 children and the situation of 10,000 returnee children will be monitored to ensure they are protected from abuse;

Non-food items (NFIs) and emergency coordination, preparedness and response

- In Southern Sudan, some 20,000 displaced persons, host communities and impoverished persons will benefit from the procurement and distribution of NFIs. Supplies will be prepositioned to ensure rapid response.

UNICEF HUMANITARIAN ACTION
Syrian Arab Republic
Mid-Year Review 2008

Problem Statement/Context: Officially, there are an estimated 1,5 million refugees from Iraq in Syria, half of whom are children, despite the fact that UN agencies and NGOs are unable to confirm the exact numbers of Iraqis living in Syria. Security improvement in Iraq has not led to a significant return movement and conditions for voluntary return are not met at this stage. Clear indications show that most refugees are here to stay, particularly the most vulnerable ones. The attitude of the Syrian Government towards the refugees is generally positive, and access to basic social services is open to Iraqi nationals while creating huge pressure on the government services and infrastructures. New visa regulations were introduced at the end of 2007 stopping the massive influx of Iraqis into Syria. The new visa regulations still allow for a continuous movement in and out of Syria; however, those who are now coming are not necessarily the people with the ones most in need of protection. The current explosion of basic commodity prices in Syria is increasing Iraqis' vulnerability. For example, a sharp rise in the price of foodstuff (between 20 and 50% over the last 36 months) and diesel fuel for heating and transport (increased in May by 360% after the latest cut in government subsidies) have a dramatic impact on a population living on savings and small remittances as most Iraqis cannot legally work. Loss of purchasing power may result in increased difficulties in access to basic social services and in deteriorated conditions for children with a potential increase in child labour and exploitation. This situation requires enhanced support from donors.

Key Results for Children: During 2008, the overall goal is to support the health and nutritional status of under-five children. Over 2,011 Iraqi children under five (1103 boys and 908 girls) have been screened in 20 Public Health Centres (PHC) covered by the UNICEF Nutrition Surveillance system. Training has been dispensed to 220 doctors and health workers as well as 12 trainers on nutrition surveillance techniques, to follow the nutrition status of children. 400 health workers have been trained on primary child healthcare from 20 Ministry of Health PHCs. Routine immunisation, and two mopping-up immunisation campaigns serving both Iraqi and Syrian families, have been carried out. Syrian schools in Rural Damascus have been provided with educational supplies and water & sanitation (WASH) equipment benefiting 111,345 primary school-aged children, including 20,000 Iraqi pupils (out of a total of 47,500 enrolled Iraqi students). Work is ongoing relating to the rehabilitation, water and sanitation and painting works to be implemented in schools in Damascus, Quneitrah and Aleppo. A total of 253 schools benefit of rehabilitation through UNICEF. This important work is made possible through the financial support of the European Commission and the USA. Training on Child Friendly School framework was conducted for around 420 staff members of 60 schools attended by Iraqi children. The goal is to reach 75,000 Iraqi children in the next school year 2008-9. Additionally, over 14,000 Iraqi children have benefited from UNICEF's psychosocial support activities. According to statistical analysis of data collected in the Child Friendly Spaces, more than 80% of the children manifest a number of psychological symptoms. Most of these children are supported in the CFSs or through Mother Groups or even the Adolescent Empowerment Groups. Small amounts (ca. 6%) of the children have severe symptoms and are referred to the UNICEF/SARC Child Protection and Psychosocial support Unit. UNICEF's child protection support focuses on creating a protective environment for children and adolescents, and building capacities at national and community levels to effectively run and sustain this environment.

Child Friendly Spaces: From 15 February to end of June 2008, a total of 4,008 children were registered in the UNICEF-SARC Child Friendly Spaces (CFSs), 1882 girls and 2126 boys. The most frequent symptoms which the new cases registered in June 2008 manifest are passivity, aggressiveness, fear, sleeping disorders, speech problems, increased attachment to others. Cases meeting specific criteria (need of psychological or psychiatric assessment, parental consent) are referred to Child Protection & Psychosocial Support Units. During June 2008 the total of 88 new cases were received by the Psychosocial Support units

Key Challenges: Only a limited number of International NGOs have received authorisation to work on refugee issues in Syria. To date only 5 INGOs are operational which limits the possibilities for potential partnerships for UNICEF. However, there are signs indicating that the Syrian Government has adopted a more flexible attitude towards both international and local NGOs, which paves the way for an increase in number of potential UNICEF partners for future work for the benefit of both refugees from Iraq and host communities. In addition, it is not possible to estimate the total number of Iraqis in need of assistance beyond those registering with UNHCR and those receiving assistance from the Syrian Red Crescent Society (SARC), UN agencies and NGOs.

Inter-Agency Collaboration: UNICEF plays an active role in multiple ongoing coordination mechanisms including: UN Interagency Working Group on Iraqi Refugees, UNHCR Information Sharing Coordination Meeting (with donors and INGOs), Education Coordination Meeting (UNICEF holds secretariat), Health Coordination Meeting, PSS & Mental Health Coordination Meeting, Child Protection Coordination

Meeting and other thematic groups including: sexual and gender-based violence (SGBV), UNHCR Registration Centre, Al Tanf Camp, and Community Centre Development.

Funding: The Syria office has not received any funding through the 2008 HAR. However, in 2008, 4 contributions totalling \$ 8.2 million were received against the Education and Health inter-agency Appeals (UNICEF-WHO-UNFPA-UNHCR) issued in 2007.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Health and Nutrition	7,400,000	0	unchanged	7,400,000
Education	24,000,000	0	unchanged	24,000,000
Child Protection	4,000,000	0	unchanged	4,000,000
Total*	35,400,000	0	unchanged	35,400,000

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

Emergency Programme Priorities: July - December 2008

Health and Nutrition

- Support continuation of immunization and nutrition activities including flour fortification and reduction of iodine deficiency.
- Training on Integrated Management on Child Illness (IMCI) will be provided in target areas.
- A comprehensive assessment on the Health and Nutrition status of refugees from Iraq will be carried out.

Education

- Support systems for children with learning difficulties through remedial classes, as part of the Child Friendly School framework.
- Develop school capacity to organise and run second-chance programmes for Iraqi and Syrian adolescents,

Child Protection

- Adoption of School-based child protection guidelines in 140 Ministry of Education schools.
- Increase the number of affected children receiving psychosocial support and participating in PSS activities and provide protection assistance to vulnerable children including orphans/unaccompanied children, abused children, and children in conflict with the law and/or in detention.
- Conduct awareness raising campaign on the individual and social consequences of the phenomenon of trafficking in persons.

UNICEF HUMANITARIAN ACTION The Americas and Caribbean Mid-year Review 2008

Problem Statement/Context: In the Latin America and Caribbean (LAC) region, during the first six months of the year, various countries suffered from emergencies provoked by natural disasters. Tropical storms Arthur and Alma affected Central American countries, floods were reported in Bolivia, Ecuador, Colombia, Suriname, Nicaragua, and landslides were reported in Guatemala. The reactivation of volcanoes in Montserrat, Chile and Ecuador and an earthquake in Colombia have— with the above— presented a scenario where children and their families were those who suffered the most.

The apparent social/political stability in Haiti was suddenly broken as the high prices of food generated severe social unrest as the population accused the Government of not taking the necessary measures to improve their lives. Additional efforts from the International Community helped Haiti to temporarily cope with the arising problems.

The political crisis that arose after Colombian armed forces conducted a raid on a FARC guerrilla camp situated on Ecuadorian territory was a clear demonstration of the ongoing tensions in the region. The political polarization on one hand, the push for regionalization on the other, as well as the spill-over effects of the ongoing humanitarian situation in Colombia has exacerbated the tense relationship between Colombia and Ecuador, Venezuela and Nicaragua.

Key Results for Children: The overall goal of UNICEF in the LAC region is to improve the capacity of government counterparts and partners to cope with emergency situations by maintaining a child rights perspective. Emergency preparedness and response and the development of risk reduction actions focusing on the education sector are the two main pillars of UNICEF's approach to the cooperation with governments and partners. Direct technical support, training of government officials, training of NGOs and UN/UNICEF staff at country level and production and dissemination of technical documents were among the most important activities supported by the regional office.

Governments' actions in areas such as child protection, psychosocial support, education and HIV/AIDS have lately increased. This is the result of an intense advocacy and technical assistance activities (i.e organizing training, sharing technical documents and standards) provided by UNICEF to national and local authorities which has generated a "change" in the way children and their families are being treated in emergencies by governments.

Important results were also achieved in activities for the reduction disaster risk thanks to better preparation of the vulnerable population in the areas most prone to natural disasters and for the promotion of children's right for life and education at all time. All this was possible thanks to a strong collaboration and coordination between TACRO and the Ministries of Education of the Central American countries, the Central American Center of Coordination for the Prevention of Natural Disasters and NGO partners.

Key Challenges: The regional/national strategy to enhance UNICEF's approach to government institutions and key NGO partners needs to be implemented; the production and dissemination of key advocacy and technical reference documents will support this process.

Inter-Agency Collaboration: The Regional Emergency Task Force (REDLAC- which corresponds to the IASC for LAC countries) and UN National Emergency Teams (UNETT) are the two interagency coordination mechanisms that are well functioning on a regular basis. UNICEF at both levels has dedicated time and efforts to strengthen the interagency work. Elaboration of common guidelines and tools as the interagency multisectoral rapid assessment, cooperative emergency supporting missions to affected countries and participation in training events are some of the activities conducted jointly

UNICEF has actively participated in the implementation of the cluster approach at country level. Training events in WASH, education and child protection have started a process which aiming at the assumption of leadership responsibility in clusters.

Funding: To follow-up in the results achieved on disaster risk reduction with focus on the education sector in the Central American countries, a project proposal was presented to the European Commission Humanitarian Aid Office/ Disaster Preparedness ECHO (ECHO/DIPECHO) for a total amount of EUR

642,000 (US\$1,014,000 approx.) for a period of 15 months starting in October 2008. Preliminary information provided by ECHO confirms the possibility for the proposal to be approved.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Capacity-building of national counterparts	400,000	178,103**	400,000	221,897
Strengthening emergency response	350,000	0	350,000	350,000
Support to risk reduction initiatives, with focus on education sector	350,000	115,265	1,200,000	1,084,735
Total*	1,100,000	293,368	1,950,000	1,656,632

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

** This amount was sent to Barbados CO for Humanitarian Emergency Activities.

Emergency Programme Priorities: July - December 2008

Capacity building of national counterparts

- The Regional Office will continue to support with technical and advocacy assistance the efforts LAC's Country Offices to improve national capacities to deliver in emergencies.

Strengthening emergency response

- UNICEF will continue to strengthen its capacity to coordinate those clusters where the organization has the leadership.

Support to disaster risk reduction initiatives, with focus on education sector

- UNICEF will increase its cooperation on Disaster Risk Reduction focusing on the education sector. The relationship with Sub-regional Entities and the Ministries of Education will be enhanced.

UNICEF HUMANITARIAN ACTION

Colombia

Mid-Year Review 2008

Problem Statement/Context: Over the first semester of 2008, armed fighting between the illegal armed groups and the Colombian military and police forces have intensified in different areas of the country. As a consequence, many communities in the South and West of the country have been affected. The deterioration of the situation has been particularly serious in the departments of Chocó, Nariño and Cauca, generating internal displacement, increasing the association of children with armed groups and the number of child victims of landmines. Preliminary data estimate that there have been more than 83,900 IDPs in the first half of 2008¹⁹. The ties between the illegal armed groups and drug trafficking continue. There has been greater organization and territorial control by the illegal armed groups that have emerged following the demobilization of the paramilitary groups, especially in the border regions with Ecuador and Venezuela, the Montes de María region and the Middle Magdalena valley. All these situations could be producing an increase in the number of children recruited by illegal armed groups, although there is no precise information available. Colombia has suffered natural disasters from flooding and landslides, and an earthquake that struck the centre of the country in May. As a consequence of these emergencies, 518,638 persons have been affected in the first seven months of the year²⁰. Landmines and unexploded ordnance are a serious and growing concern in Colombia. During 2007, 1,886 events were recorded, with 884 victims.

Key Results for Children: UNICEF has continued carrying out humanitarian interventions in areas severely affected by the armed conflict. The strategy is mainly directed at families that have been forcefully displaced or are at high risk of displacement, as well as at communities severely affected by armed conflict. 37,074 children and adolescents from indigenous populations affected by the conflict have received psychosocial, primary health care and nutritional attention. A total of 23,810²¹ persons in 4,441 families living in 56 small towns and rural communities affected by flooding in November and December 2007 have received assistance in the area of safe drinking water and basic sanitation in the framework of a coordinated response by UN agencies. 21,799 persons have been trained to prevent accidents from landmines and unexploded ordnance, through 7,052 workshops and sessions implemented in rural communities highly affected by landmines. Three consolidated departmental plans for Action against Mines have been prepared and approved in Antioquia, Cauca and Nariño. These plans establish actions and specific responsibilities for local authorities. The continued use and presence of mines and UXOs and the absence of humanitarian demining in Colombia means that activities in Mine Risk Education and awareness-raising are the only opportunities available to mitigate the threat to the lives of the civilian population. For that reason, UNICEF and its partners have given the highest priority to an accident prevention strategy based on risk reduction education methodologies. 70,153 children and adolescents are protected against recruitment by illegal armed groups in 17 of the country's departments. With UNICEF's support, a National Plan for the Prevention of the Association of Children in Illegal Armed Groups was established. From January to July 2008, 239 new children have entered the National Programme for Children Separated from Illegal Armed Groups. One-hundred and two children are currently being cared for in foster home settings supported by UNICEF.²²

Key Challenges: Security conditions have deteriorated significantly in some of the zones where UNICEF performs humanitarian action operations. This deterioration is particularly serious in some areas of Chocó, Nariño and Cauca, where UNICEF-supported actions had to be suspended due to lack of access, undermining the timely implementation of activities. Safety and security considerations have also increased the costs of interventions. Local governments' interest in the protection of children during emergencies has increased significantly, demanding increased technical and financial response capacity on UNICEF's part. The devaluation of the US dollar against the Colombian peso by 11% has taken a toll on UNICEF's budget.

Inter-Agency Collaboration: UNICEF leads the Basic Services cluster of the Interagency Cooperation Mechanism²³ and participates in the clusters on Protection and Early Recovery. A Memorandum of Understanding has recently been signed to work jointly with UNHCR to support the displaced population. During natural disasters, UNICEF support emergency efforts of the National Directorate for Disaster Prevention and Response within the context of the UN Emergency Country Team. The Study on the Nutritional Situation of Indigenous Populations of Chocó, has been developed with the technical and

¹⁹ Registro Único de Población Desplazada. Agencia Presidencial para la Acción Social and international cooperation agencies.

²⁰ Sistema Nacional de Prevención y Atención de Desastres (National System for Disaster Prevention and Response). www.sigpad.gov.co

²¹ In total, 711,017 people (114,617 families) were affected by the floods in Colombia during the period October to December 2007.

²² In 2007, 380 children and adolescents were officially demobilized from illegal armed groups.

²³ A mechanism similar to the IASC, whose existence is not recognized as official by Colombia

financial cooperation of four agencies of the United Nations System (WHO/PAHO, UNDP, WFP and UNICEF). This joint programme is optimizing each agency's specific technical strengths and capacities in a synergic and complementary manner, and will ensure a coordinated humanitarian response through joint advocacy efforts for decision-making in the design of public policies addressed to the improvement of food and nutrition security of the indigenous populations.

Funding: In early January 2008, CERF funding was received in the amount of US\$ 393,764 to support life-saving WASH interventions for flood victims affected by the heavy rains of December 2007. This grant represents the only contribution received to date against the HAR 2008. In addition, the amount of US\$ 457,000 has been requested and approved as EPF to respond to the floods and the earthquake which struck Colombia in May. It should be noted that the country office has a current budget of US\$ 5,497,895 from Other resources - regular to support the humanitarian action and protection component under the Country Programme ceiling. This funding has enabled UNICEF to achieve the results described above. However, the shortfall in emergency funding has undermined the ability of UNICEF to increase its field presence and operate in an emergency mode through in situ UNICEF staff conducting humanitarian action. As a result, UNICEF is operating from its sole office in Bogotá with staff visiting the field locations and with the collaboration of consultants, implementing partners and sister UN agencies.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Assisting and protecting children affected by internal displacement and other complex emergencies	1,000,000	0	1,000,000	1,000,000
Emergency assistance	2,500,000	393,764	2,500,000	2,106,236
Humanitarian mine action	750,000	0	750,000	750,000
Prevention of child recruitment and protection of children demobilized from armed groups	1,000,000	0	1,000,000	1,000,000
Total*	5,250,000	393,764	5,250,000	4,856,236

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

Emergency Programme Priorities: July - December 2008

Assisting and protecting children affected by internal displacement and other complex emergencies: In coordination with the other agencies with humanitarian presence in the zone, UNICEF aims to reach 5,000²⁴ indigenous children living on Colombia's Pacific coast that are confined, displaced or strongly affected by the internal conflict.

Emergency Assistance: Weather forecasts predict that many areas of the country will be hit by heavy rains during the second semester. Flooding will be recurrent thus UNICEF aims to support the formulation and implementation of the Government's WASH emergency preparedness plan to ensure appropriate interventions to ensure safe drinking water and basic sanitation. In accordance with the UNICEF Emergency Preparedness Response Plan, emergency support will include the provision of tents, educational kits and other school materials, as well as psycho-social care, civil registry and identification.

Humanitarian Mine Action: UNICEF and partners will continue to implement mine risk reduction education methodologies in those municipalities and communities that are directly affected by mines and UXOs. By the end of 2008, at least 20,000 families will be informed about the risk of accidents caused by mines and UXO.

Prevention of child recruitment and protection of children demobilized from armed group:

- The implementation of a system to monitor and report on the situation of children affected by the armed conflict, within the framework of United Nations Security Council Resolution 1612; and
- UNICEF support in the implementation of the National Plan for the Prevention of the Association of Children in Illegal Armed Groups and the expansion of projects to prevent the involvement of children in illegal armed children to 80,000 children.

²⁴ As per partial information gathered from the Registry of Displaced Population, at least 52,841 indigenous people have been internally displaced due to violence during the last decade.

UNICEF HUMANITARIAN ACTION

Haiti

Mid-Year Review 2008

Problem Statement/Context: The first half of the year 2008 showed new signs for political and social instability resulting in ongoing insecurity and civil unrest during the month of April in different cities of the country due to the rise in food and gas prices. Haiti was the only country where civil unrest, related to food crisis, led to the fall of the Prime Minister and its Government. Since then, no political consensus has been found leading to uncertainty after a two year period of relative stability. After the riots in April, President Préval announced a rice subsidy for three months which had appeasing effects on the social and political situation. Although these measures showed encouraging results, the food crisis and high gas prices continued to put more pressure on the country's population, especially on already vulnerable women and children. Beyond socio-economic concerns, the hurricane season also constitutes a threat to the population and could bring more hardship when combined with the food and social crisis and back-to-school in September. Recent analysis undertaken jointly by UN agencies, the National Committee for Food Security (CNSA) and other government bodies indicate that the crisis hit peri-urban centers in particular where the highest number of deprived people is concentrated. Isolated rural areas are also highly exposed. On the basis of information available, it is estimated that 2,500,000 people are most affected by the rising prices of food in urban and rural areas.

Key Results for Children:

Health and Nutrition:

- 500 children treated for Acute Severe Malnutrition.
- 7,000 children immunized, given a dose of Vitamin A and screened for malnutrition.
- Procurement of emergency supplies for 2,000 families.

Water, Sanitation and Hygiene:

- 25,000 children and their families in rural and urban deprived areas have access to safe water with the construction of six gravity water systems and rehabilitation of one water system to provide safe drinking water and 30,000 people have access to safe drinking water and 50 water management committees are in place in areas where population had no or very poor access.
- Construction of 4 community latrines in most vulnerable urban poor areas.
- Promotion, material distribution and technical support for the construction of facilities for hand-washing and safe excreta disposal for more than 300 disadvantaged families (2,000 people) and community to assure life saving hygiene practices.
- Construction and distribution of 500 water filters to households for people affected by the flooding.
- Rehabilitation of one pumping station and installation of a water treatment system for about 150,000 people in violence affected areas.
- Provision of drinking water for 3,000 people affected by emergencies for 5 consecutive days.

Education:

- 1,200 children affected by violence benefited from improved learning conditions, rehabilitation of schools, sanitary infrastructure, canteen, furniture, school supplies, and teachers training.
- 2,000 children in 6 public schools affected by Tropical Storm Noel, benefited from rehabilitation of classes, sanitary facilities and water points.
- 12,000 children in 20 public schools in the West department benefited from hygiene and health education programme in one area affected by natural disaster.
- Fabrication of school furniture and purchase of school supplies for 30,000 students and 498 teachers for public schools in most deprived areas.

Protection:

- More than 3,000 identified most vulnerable children have increased access to basic social services and psychosocial support are reinforced in deprived urban areas and in those affected by violence.
- A monitoring mechanism is reinforced at the national social welfare institute (IBESR) through evaluation visits and information collection on child care institutions.
- Training is provided to child protection agencies to ensure that child rights, protection principles and standards are respected, applied and to reinforce coordination and referral mechanisms.

Key Challenges: The key challenges and constraints were mostly linked to the access of already vulnerable population to basic social services which became further limited by the food crisis and political uncertainty. The main concerns for women and children are related to opportunity costs for health and education, malnutrition and food insecurity, child labor and natural disaster risks associated with the hurricane season.

Inter-Agency Collaboration: UNICEF is providing cluster coordination leadership in nutrition, water, sanitation and hygiene (WASH), education and child Protection for adequate natural disaster response whilst contributing significantly to WHO-led coordination in health and shelter management led by IOM. Other partnerships with governmental institutions, UN agencies and NGOs are set to address the food crisis through: reinforcement of national nutritional surveillance system; specific health interventions; school-feeding program; school furniture and materials for students; water and sanitation in schools and communities.

Funding: To address the longer term implications of rising of food prices and potential natural disasters, additional resources will be needed in nutrition, education, child protection, WASH and emergency response. During the first half of 2008, funds were utilized to rehabilitate damaged social infrastructures and replenish nutrition and WASH emergency stocks used for the 2007 natural disasters.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Health and Nutrition	2,000,000	348,056	<i>unchanged</i>	1,409,927**
Water, Sanitation and Hygiene (WASH)	1,500,000	-	<i>unchanged</i>	1,500,000
Education	1,500,000	209,996	<i>unchanged</i>	1,290,004
Child Protection	1,500,000	209,996	<i>unchanged</i>	1,290,004
Emergency preparedness	350,000	-	0	-
Total*	6,850,000	768,048	6,500,000	5,489,935

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

** In addition to the funds noted above, the CO has also re-phased \$ 258,584 for health and nutrition activities in 2008.

Emergency Programme Priorities: July - December 2008

Responding to the potential threats associated with natural disasters and food crisis will be the main focus of UNICEF Haiti for the next semester. Preparedness activities, through Cluster approach, such as sector coordination mechanisms, standard assessment, monitoring and evaluation tools, reinforcement of actors' capacities and pre positioning of emergency stocks will guarantee the necessary and efficient level of response in case of emergency.

Health and Nutrition

Priorities are set on strengthening national information and monitoring system and increase of existing interventions addressing prevention and treatment of malnutrition focusing on infants and pregnant and lactating women.

Water, Sanitation and Hygiene

The WASH programme is prioritizing areas that have been affected by natural disasters and are susceptible to be again during the next six months.

Education

Supporting children in public primary schools is the main focus and UNICEF Haiti will provide student kits to lessen the burden of education costs on families in most deprived areas, aggravated by the rise of food and transportation prices and to those families that are affected by natural disasters.

Child Protection

Advanced training for protection emergency response is planned in 2008 to improve Government and NGO/CBO partners' capacities. Strategies will focus on strengthening social protection programs to support the most vulnerable children at-risk of adverse consequences due to rise of food prices and natural disasters.

West and Central Africa

UNICEF Humanitarian Action West and Central Africa Mid-Year Review 2008

Problem Statement/Context: The risk of medium and large scale emergencies in the West and Central Africa region remains high in 2008. In addition to volatile political and socio-economic situations in Guinea, Cote d'Ivoire, Guinea Bissau, Chad and CAR, the region continues to be affronted by malnutrition in the Sahel countries and recurrent emergencies such as floods and epidemics of cholera and meningitis. The impact of soaring food prices across the region is an added concern that will require careful monitoring to ensure timely and appropriate responses.

The rise in food and energy prices combined with the volatility in financial markets and climate change pose a threat to food and nutrition security in developing countries. The West Africa region experienced three successive shocks that began during the last agricultural campaign (2007/2008), and which are affecting food security and nutrition across West Africa. This is likely to have direct consequences for the nutritional status of children and women. In addition, vulnerable households may resort to coping strategies which will have detrimental consequences on children in other social sectors such as education and health. The new shock will exacerbate existing vulnerabilities for many countries in our region already affected by climatic change and increasing natural disasters, endemic HIV and AIDS and protracted conflict and political crises.

Initially, the sub region was beset by a late start to the rainy season in 2007, which then gave way to torrential rains and flash flooding. Seasonal rains have begun this year and UNICEF is already responding to floods in Benin, Liberia, Niger, Mauritania and Togo as well as cholera outbreaks in Guinea Bissau, Benin and Senegal.

Key Results for Children: In terms of improvements in the area of preparedness in 2007, UNICEF in collaboration with WFP and OCHA built on the success of UNICEF's internal simulations and designed, piloted and will roll-out an inter-agency simulation methodology across the region in 2008. Pilots have been undertaken in Guinea Bissau (March) and Mauritania (April) and Cote d'Ivoire is scheduled for mid-September. Recognizing the need for timely distribution of essential supplies, UNICEF has spearheaded the creation of a sub-regional supply hub in Cameroon (Douala) and Côte d'Ivoire (Yamoussoukro), the former to soon become an inter-agency initiative. Furthermore, the establishment of a global rapid response team and the development of external standby arrangements for emergency deployment continue to be strengthened. More recently, UNICEF Country Offices have sought to improve their support to government preparedness planning (Burkina Faso) and community disaster preparedness (Togo). These are new areas of capacity building for UNICEF in West Africa that will require ongoing support, documentation and possible expansion to additional countries in the years to come.

In the area of nutrition, national protocols for an integrated management of acute malnutrition have been developed or adopted in all West Africa CAP countries, as well and in newly integrated countries (e.g. Guinea Bissau, Guinea Conakry and Senegal). An active national capacity building for the management of acute malnutrition is also undertaken in all these countries.

In response to epidemics, and in particular meningitis, UNICEF Regional Office has provided technical support to country offices to reinforce their capacity to respond to the epidemics. Support was provided to Cote d'Ivoire and Burkina Faso offices to organise cross-border vaccination activities to prevent the spread of meningitis epidemics in these two countries. Likewise, the regional office has coordinated the availability of vaccines and laboratory furniture at sub-regional and country level, allowing countries to be able to respond immediately and prior to the arrival of vaccines from ICG, a positive step in preparedness particularly for Burkina Faso this year.

The newly piloted and revised emergency preparedness response training materials have been rolled out in Ghana (with 80 participants from Unicef, UN agencies, I/NGOs and Government) and Cameroon (30 participants). In addition, a UNICEF simulation was carried out in Sierra Leone for the entire CO (approximately 50 participants). During the month of July two missions were undertaken to assist the Guinea Country Office to strengthen their emergency preparedness. The first sought to have the CO review a rapid checklist of key activities as the situation became extremely precarious. During the second, a full 1 week mission, a full diagnostic of the CO current preparedness status and recommendations for accelerated preparedness was completed. The exercise involved approximately 20 senior staff members of the CO.

To support national capacity building in Burkina, the emergency specialist supported the design and launch of a first multi-risk contingency plan for the Government of Burkina Faso in March, 2008. Following the mission, the regional office funded and identified a consultant to work for 3 months with the Government to complete their plan.

As part of regional efforts to get greater exposure of the issues of underlying chronic emergencies, support was given to the visit of UNICEF Goodwill Ambassador, Mia Farrow, to the Central African

Republic - the main theme of these events was the widespread kidnapping of children and ordinary people for ransom and the violation of women and girls. It is a country she knows well, but the enduring issues there lack traction on international agendas. In addition to providing support in working with international & national media, the country team ensured that exposure went beyond the life of a briefing. A film has been developed with Ms Farrow which will be finalised and distributed in the second half of the year.

Key Challenges: One of the main challenges for WCARO is to find enough experienced candidates who have the skills that match the response requirements both for emergency preparedness and response (experience, minimum language requirements and readily available). In addition, WCARO is contending with the challenge of supporting COs requests for assistance as well as competing with the COs need to have qualified people to fill vacant posts. However, the ROs capacity has increased with the arrival of 2 nutrition specialists during the month of July who will be joined by a Child Protection Emergency Specialist in September.

Lack of traditional WASH actors at the regional level has been a challenge. The current regional working group is limited to ECHO, OFDA and IFRC. As a first step to help overcome this gap, UNICEF is currently negotiating to co-finance a regional WASH position within OXFAM.

WCARO, as other regions, is concerned that soaring food prices will have a deleterious impact, both direct and indirect, on the most vulnerable – especially the urban poor and those who already depend on humanitarian assistance. The potential impact of increasing food prices in West Africa however does not shift the region's priorities but rather reinforces the need to strengthen coordination mechanisms at both regional and national levels, to strengthen preparedness, and to rapidly scale up food security and nutrition interventions (both curative and preventive). New methodologies to address the issue of malnutrition in urban areas will also be required.

Inter-Agency Collaboration: In the West and Central Africa region, timely WASH support is being continuously provided to official cluster countries (DRC, Liberia, Chad, CAR and Guinea) on Global cluster tools and resources. Cluster/Emergency support missions have been conducted to Chad, Guinea, Guinea-Bissau, Mauritania, CAR, Ghana, DRC and Liberia. The Global WASH Cluster Capacity Mapping Tool was introduced in Guinea with the participation of UNICEF WASH cluster leads from Chad and Cote d'Ivoire; the tool is being piloted in Guinea currently and will be in CAR and Côte d'Ivoire as soon as necessary staff is recruited. As part of the responsibility to ensure the recruitment of qualified technical staff, the regional WASH team continues to be strongly involved in the recruitments of all cluster leads and emergency consultants.

A Regional Cholera Risk Reduction workshop, jointly organised with WHO, was held in May in Dakar bringing together participants from Government, NGOs, UN agencies and academic institutions (80 participants from 8 countries).

Planning has been completed for the development of regional French language emergency WASH training certificate program with the Burkina Faso University International Institute for Water and the Environment (2iE). The course objective is to reinforce the coordination and technical skills of partners (Governments, UN, NGOs) working in the sector. The course development will implicate interested WASH cluster partners (to date, this includes IFRC, OXFAM, ACF, and CARE) and will be managed by consultants from BioForce. The first course is expected to be delivered in late 2008 or early 2009.

For the first time since its inception, WASH needs were identified as a stand alone focus area in the 2008 regional West Africa Consolidated Appeal process.

The UNICEF regional office ensures the coordination of a regional wide effort to provide quality and timely care for children with acute malnutrition in West and Central Africa. The regional office continues to strengthen inter-agency coordination, synergy and accountability among UN agencies and humanitarian partners in nutrition as per IASC agreements for emergency preparedness and response. UNICEF participates actively in the regional Food Security & Nutrition working group. The regional office contributed to a joint regional effort by mapping the existing capacities and programmes at country level to better define the needs and partner's capacities. Technical support to planning and implementation was also provided with field visits to Cameroon, CAR, Guinea, and Niger.

Funding: WCARO has received a total of US\$ 8,456,713. The funding shortfall, most notably in the areas of Water, Sanitation and Hygiene (WASH) and Child Protection have had an important impact on achieving the results set out in the CAP. WASH objectives in the CAP focus on important regional coordination initiatives and so do not just impact UNICEF but the sector as a whole.

Table 1: Funding received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirement	Funding gap
Strengthening emergency response to natural disasters and other rapid onset emergencies	1,091,400	350,000	<i>Unchanged</i>	741,400
Child survival and nutrition	7,489,478	6,903,307	<i>Unchanged</i>	586,171
Water, sanitation and hygiene	4,215,800	650,878	<i>Unchanged</i>	3,564,922
Education	1,147,975	209,997	<i>Unchanged</i>	937,978
HIV/AIDS	909,500	0	<i>Unchanged</i>	909,500
Child protection	2,196,800	342,531	<i>Unchanged</i>	1,854,269
Total *	17,050,953	8,456,713	<i>Unchanged</i>	8,594,240

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

Emergency Programme Priorities: July – December 2008

UNICEF WCARO will work with Country Offices and partners to increase effective and timely preparedness and response capacity to meet the needs of women and children living in instable environment in the following key areas:

Inter-Agency and UNICEF emergency simulations

With the direct support of WCARO and the Regional Inter-Agency task Force, high risk countries will undertake either inter-agency or UNICEF specific simulations. The simulation is tailor designed for each country and exposes UN Coordination Teams (UNCTs), key partners and UNICEF country offices to the reality of the first 24 hours of an emergency. The simulation assists those targeted to identify weaknesses and commit to the required actions to strengthen their emergency preparedness. UNCTs that have requested inter-agency simulation support in the coming months include; Benin, Togo, Cote d'Ivoire and Cameroon.

Contingency planning support to Country Offices

After the completion of simulation, country offices will complete a contingency planning exercise with the support of the WCARO emergency team. Specific actions for each sector, including operations, will be identified to address the weaknesses identified in the simulation and ensure preparedness for an initial response. The contingency plan also includes the identification of funding requirements and appropriate funding mechanisms to address the gaps.

Definition and establishment of minimum level of readiness

The minimum level of readiness is an integral part of the contingency planning and preparedness exercise. Country offices' at high risk of an emergency can be supported to establish a minimum level of readiness for a specific number of beneficiaries. This minimal level of readiness typically varies between 10,000 and 20,000 persons depending on the estimated humanitarian consequences of a worst case scenario.

Capacity building

Training and coaching on emergency preparedness and response and the context specific tailoring of core tools and methodologies, including rapid assessments, sector emergency action plans, supply assessment needs and resource mobilization plan development will be held. Countries that will benefit from capacity building in Family Tracing and Reunification in the coming months include; Burkina Faso, CAR, Chad, DRC. Guinea will benefit from coaching in support of cluster coordination in the areas of child protection and education. In addition, trainings on selected key topics in supply and logistics management and WASH cluster coordination will be a priority for the remainder of 2008.

Immediate human resource deployment

Following the regional emergency technical surge deployment to help kick start the emergency response, additional emergency support will be deployed for a period of 1-3 months, if required. Areas of emergency technical support will depend on the country specific needs and can include program coordination, operations, sector or direct field implementation functions.

UNICEF HUMANITARIAN ACTION
Central African Republic
Mid-Year Review 2008

Problem Statement/Context: A deep humanitarian crisis is looming in the Central African Republic's (CAR) remote northern regions. High insecurity levels, now primarily posed by groups of armed road bandits, and extreme poverty has sent children and women's welfare into rapid decline in recent years. Since the signature of a tri-party agreement between UNICEF, the Government of CAR and *Union des Forces Démocratiques pour le Rassemblement (UFDR)*, one out of three rebel groups operating in northern CAR, an extensive number of affiliated children have been registered. Moreover, in June 2008, *Armée Populaire pour la Restauration de la Démocratie (APRD)* rebel leader agreed to release all children from within its ranks as soon as UNICEF and partners provide a comprehensive reintegration programme to protect the children. According to OCHA and UNHCR in CAR, as of April 2008, the number of IDPs in CAR stands at approximately 197,000. Additionally, some 108,000 Central African refugees reside in neighboring countries. There are health and safety fears for the displaced populations. Large numbers live in makeshift shelters without protection or access to healthcare facilities. UNICEF has already started tending to IDPs in need by distributing fundamental items such as impregnated mosquito nets and essential drugs to during emergency interventions in the area. In June 2008, 1,500 people took refuge in the northern towns of Kambakota; 800 in Batangafo; and 400 in Bouca. In response to this, the humanitarian actors operating in the region are currently providing emergency healthcare, including immunizations, NFIs and supporting education services in the zone. The security situation remains unstable.

On the political front, a peace agreement between the Government and two rebel groups, namely *Front Démocratique du Peuple Centrafricain (FDPC)* and UFDR was signed in Gabon on 21 June 2008 giving hope to peace and stability in northern CAR. However, through a press statement APRD (operating in northwest) has announced a suspension of participation in the peace process scheduled to culminate in an all-inclusive political dialogue. Should APRD continue to oppose the peace process, it may jeopardize the all-inclusive political dialogue for which, some say, there are already indications of failure.

Key Results for Children:

Health and Nutrition: On capacity building, more than 200 health personnel were trained on different health professions at district and regional level. For the immunization coverage, more than 80% of coverage rate obtained with 2 rounds of polio National Immunization Days (NIDs) targeting about 700,000 children aged 0–59 months and about same rate was obtained with 2 rounds of maternal and neonatal tetanus elimination campaigns targeting to more than 100,000 women aged 15–49 years. For the nutrition, 2 nutrition surveys were organized in Ouham and Vakaga prefectures respectively; four Therapeutic Feeding Centers (TFCs) are operational in Bangui (2), Bossangoa (1), and Sam Ouandja (1) and 5 ambulatory centers reinforced to better serve malnourished children in Bangui and Birao.

Water, Sanitation and Hygiene (WASH): In Vakaga 6,000 persons gained access to safe drinking water using 11 rehabilitated wells and 4 boreholes equipped with hand pumps. In Kabo IDP site 10,900 IDPs benefited from WASH programme by receiving water points and sanitation facilities. In Nana Gribizi and Ouham, 10,500 people regained access to safe water due to rehabilitation of 30 hand pumps mounted on existing boreholes. At least 30,000 conflict-affected persons in Vakaga received hygiene kits and WASH related Non-Food Items (NFIs) distribution is now ongoing targeting to 11,000 families.

Education: In order to include all students in 2008 final exams, the Minister of Education agreed to exempt exam fees for children in the conflict affected regions. Various school materials has been distributed: 52,500 textbooks; 912 school-in-box kits; 1,640 school benches and 9 motorcycles improving learning conditions, supervision and follow-up of field activities. Approximately 69,000 children went back to school throughout northern CAR Partner NGOs reopened public schools and established bush schools for displaced children.

Protection: Several presentations on IDPs movement and concentration were brought before Humanitarian and Development Partnership (HDPT) as an advocacy tool to prompt humanitarian response. The presentations were conducted by the Protection Cluster/UNHCR and numerous children gained access to humanitarian services. 150 military personnel received basic training on children's rights and protection of children during armed conflict with a focus on protection of children from recruitment and gender-based violence. Two missions were conducted to Obo in March and July to follow up on LRA excursions in Haut-Mbomou. The effort reinforced response to 5 SGBV cases and 61 abductions. A tracing list has been developed and shared for cross border tracing with relevant authorities/humanitarian actors.

Key Challenges:

- Many epidemic diseases in CAR in general and in the northern zones in particular;
- The global food crisis with the subsequent increase of food prices and other essential commodities has exacerbated food security in CAR;
- Difficulty of partners to justify expenses due to time constraints often resulting in delayed implementation of activities;
- Limited resources against huge needs;
- Restricted access to many areas due to insecurity;
- Lack of effective implementing partners with significant expertise in emergency situations;
- Some sections remain severely under funded such as child protection and other sectors.

Inter-Agency Collaboration: UNICEF is an active member of the UN Country Team and is represented in all planning and coordination events. UNICEF participates in UN Thematic Group Meetings supporting the Government in the different sectors assisted by UN agencies including Communication. UNICEF is also strongly involved in cluster approach coordination where the organization leads the Nutrition; WASH; Education and NFI clusters. UNICEF co-leads the protection sector with UNHCR and contributes to the Health cluster and other clusters. UNICEF additionally participates in the Inter-Agency Coordination Group with other UN agencies, NGOs and bilateral agencies and also attends other national coordination meetings in the areas of health, education and child protection. UNICEF contributed to a number of inter-agency evaluation missions in Haut-Mbomou, Mbomou, Haute-Kotto (southern belt) and in Ouham Pende, Vakaga, Bamingui-Bangoran and Ouham (northern belt).

Funding: The following tables show the funds requested by the office through 2008 CAP with initial and revised requirements and the received amount so far as well as donor contributions.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original HAR requirements	Funds received	Revised funding requirements	Funding gap
Health and Nutrition	7,880,940	530,256	6,263,885	5,564,734
Water, Sanitation and Hygiene (WASH)	2,036,550	1,220,230	1,425,255	205,025
Education	1,976,529	2,227,957	3,500,000	1,272,043
Child Protection	1,877,850	539,268	1,563,000	1,023,732
Shelter and non-food items	1,790,200	0	825,000	825,000
Cross Sectoral	0	490,071	0	0
Monitoring and Evaluation	0	322,141	0	0
Total*	15,562,069	5,329,923	13,577,140	8,890,534

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

During 2008 CAP Mid-Year Review, the requested funds for almost all sectors were revised due to limited availability of funds for this year. The low funding of this year is attributed to the pooling fund which is in place in CAR that might be diverted some bilateral funding from the donors to the CHF.

Emergency Programme Priorities: July – December 2008:

Health and Nutrition:

- Support the organization of a nationwide follow-up measles control campaign among children under five, coupled with Long/Lasting Insecticide-Treated Nets, Vitamin A supplementation and de-worming with Mebendazole as well as supporting the organization of maternal and neonatal tetanus elimination and polio eradication campaigns;
- Train/refresh health professionals and supervisors on management and follow-up of malnourished cases;
- Treat severely malnourished children at TFC and ambulatory centers for children suffering from SAM;
- Develop and upscale community-based promotion of nutrition best-practices at family and community levels;
- Scaling up of the management of severe acute malnutrition at community level for children without medical complications and at facility level for those with complications;
- Promotion of improved infant and young child feeding practices including: early initiation, exclusive breastfeeding and timely introduction of age-specific, nutrient-rich complementary foods;
- Supplementation of children 6-59 months with sprinkles and pregnant and lactation women with multivitamin and mineral tablets as well as deworming;
- Supervise and monitor interventions.

Water, Sanitation and Hygiene (WASH):

- Reinforce stakeholders' coordination and roll out cluster approach at zonal level;
- Develop Government competencies for emergency management (preparedness and response);
- Draft a sanitation strategy for the country.

Education:

- Meet the goal of 110,000 children back to school by giving the appropriate support to field partners: providing means to increase access and to improve learning conditions.

Protection:

- Start the implementation of the DDR contingency plan comprising demobilization and reintegration of 1,500 -1,700 children;
- Holistic care (medical, psychosocial, judicial assistance) for CAAC including SGBV survivors, OVCs and other vulnerable community members;
- Child Protection/Prevention of child recruitment/Prevention of SGBV training for armed state and non-state actors;
- Support the reception, care and community reintegration of children associated with armed groups, mainly APRD and UFDR, and scale up GBV interventions in conflict-affected zones.

UNICEF HUMANITARIAN ACTION

Chad

Mid-Year Review 2008

Problem Statement/Context:

Three sometimes overlapping patterns of violence characterize the crisis in Eastern Chad, leaving civilians at risk and without protection: (a) internal armed conflict between the Chadian Government and Chadian armed opposition groups; (b) cross-border attacks by Darfur-based militia against civilians and (c) interethnic violence. These circumstances create a climate of impunity, which in turn results in recurrent cases of banditry and car hijacking. The security situation in Eastern Chad is the major constraint for UNICEF's programme implementation. The latest major refugee influx occurred in February 2008. Over 13,000 Darfurians crossed the border, fleeing to Birak and surrounding areas near Guereda. Furthermore, there are currently 57,000 refugees from the Central African Republic (CAR) in Chad; the vast majority of them being located in five camps in the country's south. The latest influx of about 10,000 Central African refugees into Chad occurred between December 2007 and February 2008. In spite of this increasingly volatile and violent context, UNICEF continues to respond to the needs of IDPs, host communities and refugees present on Chadian soil, and remains dedicated to upholding international standards of assistance.

Key Results for Children: January – June 2008

Eastern Chad – Sudanese refugees from Darfur and host communities

Health & Nutrition

1,646 moderately malnourished and 1,387 severely malnourished referred children have been treated. The rate of reestablishment is of 95% in Supplementary feeding centers (SFC) and of 78 in Therapeutic Feeding centers (TFC) while death rates are between 0,5% (SFC) and 3,5 (TFC). During the second quarter of 2008 the immunization coverage is the following: BCG (anti-tuberculosis vaccine): 42% / DPT3 (3 doses of combined diphtheria/pertussis/tetanus vaccine): 55% / VPO3 (3 doses of oral poliovirus vaccine): 104% / Rouvax (yellow fever vaccine) : 43%; children fully immunized: 44% / Tetanus vaccine plus: 42%. UNICEF supplied the sanitary districts of Abéché and Goz-Beida, as well as numerous NGOs with vaccines, impregnated mosquito bednets, blankets, essential drugs, anthropometrics material and therapeutic food.

Education

Over 27,000 pre-school aged children are registered and over 63,000 out of a total of 76,000 children at primary school age are enrolled in the 12 refugee camps. UNICEF organized a training of 373 preschool animators and 985 primary school teachers as well as sensitization of Parent Teacher Associations (PTAs) and distributed education material for pre- and primary school students and teachers. It has facilitated the organization of grade 8 exams in 6 refugee camps. The construction of 30 semi-permanent schools in Oure Cassoni refugee camp is underway.

Protection

In collaboration with its NGO-partners UNICEF has set-up child-friendly spaces in 8 camps to provide 2,800 children with psychosocial support. 65 Child-Wellbeing-, 15 Women-, and 12 Youth Committees are operational. 2,500 community workers, refugee leaders and police staff working in the camps participated in 83 trainings on child protection. UNICEF and its partners have set-up a mechanism to ensure timely information exchange between all actors who work in the protection sector, including on forced child recruitment.

Displaced persons and host communities

Health

UNICEF has provided therapeutic milk, nutritional paste, high energy biscuits, Mebendazole for the deworming of children and Vitamines in IDP's sites located in the Dar Sila and Assounga areas. A total of 1,158 moderate malnourished and 820 severely malnourished referred children have been treated. UNICEF has also distributed impregnated mosquito nets (IMNs) to all pregnant women and children aged 0-11 months. 24 national health agents were trained in Integrated Management of Childhood Illness (IMCI), including 8 Medical Doctors.

Education

Out of a total of 30,000 children at primary school age, 15,000 children are currently enrolled in primary education in the departments of Ouarra, Dar Sila, Am Dam/Haouish. UNICEF organized training for 362 community teachers and supported a capacity-building program for 96 parent-teachers associations (PTAs). 20 primary school hangars have been built in Dogdore and 79 primary school hangars have been rehabilitated in the zone of Assounga and Abdi. UNICEF has distributed teaching and learning materials for 212 primary school teachers and over 15,000 students.

Water, sanitation and hygiene (WASH)

UNICEF provided over 70, 000 IDPs and people from host communities with safe drinking water out of 120,000 people identified in the area. Four new water systems have been constructed in 4 schools in IDP sites to ensure adequate hygiene conditions. 32 Water point management committees were established

and 640 family latrines and 104 school latrines were built with UNICEF support, water family and sanitation kits were distributed to 25,000 IDPs.

Protection

UNICEF partners for sexual and gender-based violence (SGBV) provided life skills training and psychosocial support through women's groups in the area of Goz Beida. They are working towards a widespread availability of protection services that prevent and respond to violence, exploitation and abuse of children and women. Activities comprise the consolidation of child-friendly spaces, the training of community-based child-friendly spaces animators, traditional leaders and military on child rights issues and the sensitization on unexploded ordnances. To date, 534 children formerly associated with armed forces have been demobilized out of an estimated total number of 7,000 child soldiers.

Southern Chad – Central African refugees and host communities

Health

UNICEF supplied NGO-partner COOPI with drugs and therapeutic food for the 5 Southern refugee camps (Amboko, Gondje, Dosseye ,Yaroungou and Moula). High energy biscuits (BP 5) were distributed to each newly arrived refugee in Dosseye and Moula Camps. Trainings of 30 health personnel in 9 district health centers and 4 camps were organized on Ante-natal consultation. Measles vaccination campaigns targeting children aged 6 months to 5 years covered all newly arrived refugee children. UNICEF supplied Goré and Danamadji sanitary districts with vaccines, impregnated Mosquito bednets, blankets, essential drugs, anthropometric material and 5 motorcycles in two health districts for 47,478 beneficiaries.

Education and WASH

Funding was not available for these sectors during the reporting period. At the end of May 2008, UNICEF received substantial contributions for Education, Water and environmental sanitation and projects have started being implemented since July 2008.

Protection

The program supports ONG AFRICARE in the implementation of a program for protection and psychosocial support to children and adolescent Central African refugees in the camps of Amboko, Gondjé and the villages of the communities' hosts and offers an environment conducive for children victims of serious children's rights violations to be assisted.

Inter-Agency Collaboration:

UNICEF currently leads the cluster response in education, nutrition, WASH and co-leads in child protection for refugees, IDPs and host communities. UNICEF coordinates its efforts and works closely with UN agencies, the Government, and NGO partners to implement its emergency response and development program in IDP sites and host communities.

Funding: The total available funding received by UNICEF as of end of June 2008 is US\$ 8,258,844. There has been good interest from donors (OFDA and BPRM) to support Health/Nutrition and Education. Chad should also receive in September 2008 additional funding from CERF under-funded window opportunity. Important needs are still identified in WASH, Health and Child Protection.

Table 1: Funds received against 2008 HAR (US\$) (by sector)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements**	Funding gap
Health and Nutrition	12,763,602	737,971	8,305,370	7,567,399
HIV/AIDS	2,311,200	1,080,758	1,786,900	706,142
Education	9,683,500	2,621,513	9,683,500	7,061,987
Child Protection	7,050,090	794,205	2,645,540	1,851,335
Water, Sanitation and Hygiene	11,290,640	1,551,466	8,401,640	6,850,174
Mine-risk education	139,100	0	139,100	139,000
Cross sector/Operational Cost	0	1,472,931	0	0
Total*	43,238,132	8,258,844	30,962,050	24,176,137

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

**Revised funding requirements identified in MYR of CAP2008

Table 2: Funds received against 2008 HAR (US\$) (by focussed population)

Focussed Population by Appeal Sector	Requirements (US\$)	Funds Received (US\$)	Unmet Requirements of original HAR (US\$)	% Unfunded of original HAR
IDPs and Host Communities	27,560,204	3,334,871	24,225,333	88%
Health and Nutrition	9,038,504	213,995	8,824,509	98%
Education	3,210,000	1,390,969	1,819,031	57%
Water, Sanitation and Hygiene (WASH)	9,737,000	962,979	8,774,021	90%
Child Protection	4,076,700	416,435	3,660,265	90%
HIV/AIDS	1,498,000	350,493	1,147,507	77%
Sudanese Refugees and Host Communities	10,575,098	1,198,440	9,537,155	90%
Health and Nutrition	3,725,098	0	3,725,098	100%
Education	5,350,000	1,037,943	4,312,057	81%
Water, Sanitation and Hygiene (WASH)**	0	160,496	0	0%
Child Protection	1,500,000	0	1,500,000	100%
CAR Refugees and Host Communities	3,941,880	2,252,602	2,213,254	56%
Health and Nutrition**	0	523,975	0	0%
Education	1,123,500	192,600	930,900	83%
Water, Sanitation and Hygiene (WASH)	1,553,640	427,991	1,125,649	72%
Child Protection	451,540	377,770	73,770	16%
HIV/AIDS	813,200	730,266	82,934	10%
OTHER	1,160,950	1,472,931	1,160,950	100%
Protection of children in Armed Conflicts	1,021,850	0	1,021,850	100%
Mine Risk Education	139,100	0	139,100	100%
Cross sectoral/Operational Cost	0	1,472,931	NA	NA
TOTAL*	43,238,132	8,258,844	37,136,691	86%

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

** Note: Unmet WASH Sudanese Refugees and Host Communities needs (USD 150,000) and Health & Nutrition CAR refugees & host communities needs (USD 648,053) were identified after HAR 2008 publication.

Emergency Programme Priorities: July - December 2008

UNICEF will continue to work with the Government and other stakeholders to provide vital assistance to IDPs and help create conditions for sustainable voluntary returns. It will seek to meet the fundamental rights of refugee and host community children and women.

Health and Nutrition:

- Support to organize routine immunization activities, mobile strategy and general immunization campaigns and IMCI activities.
- Contribute to reduce vulnerability to HIV infection and address the effect of HIV AIDS for affected and infected persons among IDPs and host population.
- Support initiatives to reduce childhood mortality and implement services for Prevention of Mother-to-Child Transmission of HIV.

Education:

- Ensure attendance for all school – aged children, especially girls, improving the quality of education services. It will support deworming, nutrition education and the promotion of personal hygiene

Child Protection:

- Increase protection for children in refugee camps, IDP sites and host communities and respond to reintegration needs of children released from armed forces or groups. It will continue to support the prevention and holistic care for sexually gender based victims.

Water, Sanitation and Hygiene (WASH):

- Ensure availability of safe water, basic sanitation and hygiene promotion services to prevent water-borne diseases.

Mine-risk Education:

- Support Mine Risk Education projects in order to reduce the incidence of Mine/unexploded ordnance accidents among the population with funds newly received from the DoS, USA.

UNICEF HUMANITARIAN ACTION
Republic of the Congo
Mid-Year Review 2008

Problem Statement/Context: UNICEF is continuing its support to the department of Pool, the less assisted area during the post conflict period while facing a deterioration of vital indicators related to children and women as well as basic social infrastructures. Incidents with militiamen have diminished and the Pool department has participated in local elections. Such trends confirm a progressive return to peace as well as reintegration of this department to the national political agenda. However, development assistance takes time to be effective despite increased manifestation of interest from development partners to invest in the Pool. This is due to the persistence of pockets of insecurity, linked to the failure of the DDR programme resulting from a lack of confidence from armed militia in the management of the DDR process as well as unachieved dialogue between the Government and the opposition led by Pastor Ntumi, which is mainly based in the Pool. Such situation leaves its population particularly vulnerable, compared to the remaining part of the country. It results in a persistence of water born diseases and continues to negatively affect the nutritional status of children and women. A rapid assessment done in the district Goma Tsé-Tsé (November 2007) showed a severe malnutrition rate of 8%. UNICEF support includes rehabilitation of health facilities, construction of water and sanitation facilities in health centres and schools, community based nutrition activities, prevention and treatment of acute malnutrition, and communication for behaviour change in nutrition and hygiene.

In the department of Bouenza, bordering the Pool, cases of cholera were detected in Loudima and Loutete. In this department, unprotected dwells, rainwater and rivers are the main sources of drinking water; in addition there is no sanitation system in place in this department. Such situation, combined with a weak practice of key hygiene behaviours at the community and household level makes this department an endemic centre for cholera. In addition, its location along the railway linking Pointe Noire to Brazzaville represents a risk factor for an expansion of any epidemic through contacts and population movements. The high rainfall of the first six months of this year enhanced the development of water born diseases in this department, and as a consequence, 47 cases of cholera were reported from February to April 2008 – a cholera epidemic was declared during February-May 2007, and 527 cases were reported in the same areas.

Key Results for Children: In the Department of Pool, joint assessments conducted with other partners for planning purposes led to focus planned interventions at the community level, with support to health centres and schools in selected localities, and to identify partnership with local actors for their implementation. Targeted beneficiaries include 28,900 children aged under five, 6,230 pregnant women for nutrition interventions and 50,000 inhabitants for WASH interventions. At current stage, main achievements are related to preparing the conditions required for an effective start up of nutrition and WASH interventions: construction of a nutrition education centre for mother with severely malnourished children who are referred by community relays; elaboration of tools for the early detection and management of acute malnutrition at community level; training of 28 health workers are in the monitoring of nutrition interventions at community level; provision of therapeutic food, essential drugs and equipment for community relays: plumpy nut, resomal; vitamin, therapeutic milk, anthropometric equipment; production of education materials on young and infant feeding, breastfeeding, vaccination, ORS and prevention of malaria; and purchase of materials and spare parts for WASH works.

The cholera epidemic in the department of Bouenza was declared under control after three months of emergency interventions consisting in detection and treatment of cases, provision of essential commodities for the prevention of cholera and home treatment of drinking water and promotion of key hygiene practices (e.g. hand washing, disinfecting wells, water purification, sanitation and primary environmental care). During the emergency phase, 47 cases of cholera were detected and treated successfully.

Key Challenges: In the department of Pool, main challenges include weak mechanisms for the prevention, detection and treatment of malnutrition at the community level, combined with low capacity of health personnel. Barriers placed by local militias have been levered out by the national police and no major constraint was encountered during the first 6 months of 2008. However, access to target population remains a key challenge, due to potential threats linked to the persistence of pockets of insecurity in this part of the country. In addition, the fall in the value of the dollar causes an increase in the actual cost of rehabilitation materials compared to what was initially planned. This has an impact to the timely implementation of activities due to frequent reviews of the budget.

In prevention and control of cholera, the absence of latrines limits the possibility to interrupt the contamination chain completely, despite an intensive door-to-door sensitization campaign. With regard to the return of the rainy season, this entails the need to maintain and reinforce the surveillance mechanism, while continuing communication activities in high risk areas.

Inter-Agency Collaboration: UNICEF emergency interventions are fully integrated within the Country Programme of Cooperation. Technical support is provided by relevant sectoral programmes, within a coordination set-up. A major effort is taking place to progressively ensure appropriation by relevant Ministries, as the political and security situation slowly improves. UNICEF is providing technical assistance for capacity building at the department and district level, in the areas of project planning and management, monitoring and evaluation, and reporting, so as to ensure sustainability of the interventions by the Pool health department. UNICEF has established partnerships with NGOs to conduct assessments (Caritas and ACTED), implement community based nutrition interventions (Mèdecins d’Afrique) and construct/rehabilitate water and sanitation facilities in selected health centres and schools (ACTED) as well as communication activities for behavioural change (Caritas) at community level.

In prevention and control of cholera, the preparedness and response plan defines a clear distribution of labour between line ministries, e.g. Health, Energy and hydraulic, Education etc.), WHO, UNICEF and other actors. Coordination structures are in place at the central and local level. In addition to technical bodies, they involve local authorities, churches, community based organizations and media.

Funding: An amount of US\$519,000 has been programmed for year 2008 under the thematic humanitarian response funds. This funding was used to support activities for the prevention and control of cholera. In addition, UNICEF received this year CERF funding amounting to US\$ 385,880 to support Nutrition and WASH activities in the Department of Pool.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Health and Nutrition	1,650,000	135,923	1,650,000	1,124,077
Water, Sanitation and Hygiene (WASH)	1,000,000	249,957	1,000,000	750,043
Education	350,000	0	350,000	310,000
Child Protection	500,000	0	500,000	450,000
HIV/AIDS	0	0	19,000	0
Communication and Social policy	0	0	20,000	0
Total*	3,500,000	385,880	3,539,000	2,634,120**

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

** In addition to the \$ 385,880 received against HAR 2008, the CO has also reprogrammed \$ 519,000 for 2008 activities- \$ 390,000 for health and nutrition, \$ 40,000 for education, \$ 50,000 for child protection, \$ \$ 19,000 for HIV/AIDS and \$ 20,000 for Communication and Social Policy.

Emergency Programme Priorities: July - December 2008

Health and Nutrition

- Habilitate communities for the early detection and treatment of malnutrition for at least 60% of the cases – about 1,400 children;
- Ensure correct treatment of malnutrition at the therapeutic feeding centre for at least 80% of the cases referred to the centre;
- Promote better utilization of health services by at least 80% of the population, for child growth monitoring and early detection of malnutrition, as well as antenatal care;
- Promote key practices on infant and young child feeding through communication for behavioral change for at least 80% of households;
- Support surveillance of cholera and promotion of key hygiene and sanitation behaviors in areas at risk.

Water, Sanitation and Hygiene (WASH)

- Construction of 8 improved wells equipped with manual pumps for the needs of 4,000 people;
- Rehabilitate 8 wells equipped with manual pumps for the needs of 4,000 people;
- Construction of 4 impluviums for the needs of 1,000 people ;
- Construction of 20 blocs of latrines with 3 cabins for the needs of 1,500 people ;
- Training of 40 community based committees for the management and maintenance of works;
- Sensitization of target population on key hygiene and sanitation practices.

UNICEF HUMANITARIAN ACTION
Democratic Republic of the Congo
Mid-Year Review 2008

Problem Statement/Context: Although sustained, large-scale armed conflict in DRC has lulled, overall humanitarian needs have increased across all sectors during the first half of 2008. Localized conflict, insecurity, acute malnutrition and disease continue to threaten the livelihoods of hundreds of thousands of children and their families. Violence against civilians in eastern DRC has not abated, and forced recruitment, forced labour, sexual violence, illegal taxation, occupation of homes and land, and looting continue to be reported throughout the Kivus. This violence has not spared the humanitarian community as attacks, particularly on local and international NGO's, are on the increase. In January 2008, the main belligerent parties in eastern DRC's Kivu provinces signed an Acte d'Engagement initiating a fragile 'ceasefire' and end major confrontations. While there were no large military campaigns between January-June 2008, over 250 'official' ceasefire violations were reported. OCHA reported 120,000 new displaced in North and South Kivu since January. While an almost equal number of people were registered as returned, these were primarily in more stable areas of northern North Kivu, pockets of South Kivu, and Ituri district. The overall number of estimated displaced in DRC remains at 1.3 million--only slightly lower than the figure for December 2007. In addition to the Acte d'Engagement, the Nairobi Communiqué signed at the end of 2007 was meant to outline a strategy for addressing the issue of foreign combatants in eastern DRC -- most importantly the FDLR (Forces Démocratiques pour la Liberation de Rwanda). Progress on disarming and returning FDLR has been limited however and the likelihood of increased armed confrontation between the Congolese military, and local and foreign militia before the end of 2008 is seen as high. In addition, splinter groups of militia have proliferated, operating essentially as armed bandits in control of small areas of eastern DRC. Collusion between armed groups and local authorities has accelerated and further entrenches the overall instability and intractability of many players' interests in maintaining control of land, illegal mining resources and population. Different local militia groups, particularly Laurent Nkunda's CNDP, continue to withdraw and rejoin the Acte d'Engagement's negotiations on proposed disarmament and reintegration programs -- further stalling and jeopardizing the already fragile process. During the first half of 2008, the UN Integrated Office--led by the MONUC Peacekeeping mission--initiated its UN Security and Stabilization Support Strategy (UNSSSS) for eastern DRC. While this plan aims to restore security and state authority in conflict zones, there is a significant post-conflict programming component being designed with different UN agencies taking the lead for different components; UNICEF is the lead agency for IDP return and reintegration. Given the current situation, conditions have not yet been favourable for implementation of the UNSSSS' humanitarian component throughout much of the affected area, but in areas such as Ituri and parts of North and South Kivu where durable return and recovery is occurring, activities are planned for the second half of 2008. In addition to the on-going focus on eastern DRC, two other humanitarian crises during the first half of 2008 have necessitated large-scale response. The cholera crisis in several urban centres of Katanga province continued through the first half of 2008, requiring large-scale response in health, water, sanitation and hygiene. The forced expulsion of Congolese citizens from Angola (a recurring problem) began again in May 2008 with some 30,000 people reported to have been forced across the border, often subject to systematic abuse. In comparison to the scope of needs in DRC, smaller scale epidemics and health crisis in DRC are often eclipsed by the larger crisis, but it is important to note that the first half of 2008 has witnessed isolated epidemics of measles, cholera, typhoid, as well as newly identified areas of acute malnutrition which surpass emergency thresholds.

Key Results for Children: UNICEF and its implementing partners provide the largest humanitarian response in the DRC, focusing on health and nutrition, education, child protection, water, sanitation and hygiene, and emergency shelter materials and household relief supplies (Non-Food Items, NFIs). From January-June 2008, the Rapid Response Mechanism (RRM)²⁵ reached over 500,000 people (100,000 families) with emergency NFIs and several thousands of families with shelter materials. An estimated 700,000 people were reached by RRM with programs targeting access to safe water and sanitation services in areas of displacement and cholera outbreaks. UNICEF's Programme of Expanded Assistance to Returns (PEAR) continues to assist returning displaced families by providing humanitarian actors with information about the situation in return areas, meeting returnees' needs in basic household NFIs and shelter materials, and providing children with access to education. While the return process is largely over in Katanga province, PEAR continues to operate with NGO partners in Ituri, North Kivu and South Kivu. In the first half of 2008 the PEAR programme has: a) conducted 55 Multi-Sectoral Assessments (MSA) on the humanitarian situation in return areas; b) provided shelter materials and NFIs to 303,385 IDP returnees; and c) rehabilitated 119 classrooms for 5'950 children and provided education materials to 43,872 children. The classrooms are used by two shifts, thus several hundred more children will benefit as well. The development of a PEAR database of the information gathered by the MSAs has

²⁵ The Rapid Response Mechanism (RRM) initiative: UNICEF/DRC's flagship humanitarian response program for Non-Food Items, Water, Sanitation, and Hygiene, and Emergency Education. UNICEF co-manages RRM with UN/OCHA and two primary NGO partners--Solidarités and the International Rescue Committee (IRC)--in North Kivu, South Kivu and Ituri district.

also enabled UNICEF as well as other humanitarian actors to make better operational decisions in return areas. Also as part of the PEAR program, UNICEF and partners CRS and NRC launched a pilot program to study the feasibility of NFI voucher fairs instead of direct distributions; 3,700 beneficiaries participated. This experience with voucher programmes for NFI will be expanded in the second half of the year and in 2009.

In the area of health, over the past 6 months, over 3.5 million people benefited directly from improved access to adequate health care, particularly in emergency-affected areas (East and South) of the country. Some 159 maternities were rehabilitated and equipped, 3,977 health personnel received training or refresher courses, and 1,515 health structures have been supported. UNICEF-supported cholera treatment centres and treated 3,325 patients. In response to the North Kivu crisis, UNICEF health teams have worked with partners to mobilize emergency measles vaccination campaigns for 130,000 IDPs and host community residents.

Between January and June 2008, more than 23,074 children were enrolled in UNICEF-supported therapeutic nutrition programmes²⁶. The recovery rate in these programmes was 91.6%. These children receive therapeutic milk in the TFC and plumpy nut in the CTCs. When they have recovered, they move to the SFC to benefit from a supplement of pre-mix that is a mixture of flour of CSB, Oil and sugar provided by WFP. UNICEF and partners continued to ensure rapid deployment of teams to conduct nutritional surveys in at-risk zones and to mobilize start up teams for response. UNICEF's government counterparts have validated the Community Therapeutic Care (CTC) approach using Plumpy Nut therapeutic peanut spread, and linked to inpatient care for complicated cases, for use in the DRC.

In the first half of 2008, some 700,000 people benefited from water and sanitation services – in addition to those assisted by RRM. Activities included providing access to a minimum package of safe water, hygiene and sanitation in public infrastructures (schools and health centers) for emergency-affected populations and communities living in displacement or cholera endemo-epidemic zones. In response to a cholera outbreak in Katanga, UNICEF partners provided clean water to some 385,000 people living in risk-prone areas through an integrated programme of water-trucking, well disinfection, chlorination points, and public health awareness campaigns. UNICEF's RRM and other wat-san partners have built some 4,000 emergency latrines and 1,000 showers in IDP sites in the East.

In 2008, UNICEF education section partners distributed 591,992 primary school student kits, 150 recreation kits, 550 didactic materials and 926 National Primary Education Curriculum guides in emergency-affected zones. In North Kivu, UNICEF's RRM and other education partners constructed some 250 temporary classrooms in IDP sites and host communities. Some 16,400 IDP children and 3,400 over-aged children have attended summer classes. Examination fees for 3,828 IDP students were waived to allow them to take the primary cycle state exams. UNICEF's protection work in 2008 continued to focus on core programs of family reunification, child friendly spaces in IDP sites, release of children from armed groups, sexual violence, and advocacy and reporting. Some 30,000 displaced children in North Kivu regularly participate in informal recreational and educational activities in 20 child friendly spaces in displacement sites. In addition, UNICEF partners identified 1,689 unaccompanied minors among IDP children, 813 of which were reunited with their families. Another 1,437 children have been placed in foster care pending family reunification. UNICEF and partners also continued facilitating the release of children associated with armed groups and forces, and supporting their reunification with family and reintegration into society. UNICEF and partners also provided medical, psycho-social and socio-economic reintegration assistance to thousands of survivors of sexual violence.

PEAR Plus, stabilisation and transitional activities: As lead agency for the Integrated Office's UN Security and Stabilization Support Strategy's (UNSSSS) IDP return and reintegration component, UNICEF DRC is building on PEAR's humanitarian work to develop the 'PEAR Plus' programme, an integrated package of assistance in health, education, WASH and child protection. While the existing PEAR programme will continue to provide humanitarian assistance to returning IDPs, the PEAR Plus programme will provide rehabilitation and recovery assistance in the same locations in order to ensure the link between relief and development. While many areas of eastern DRC are not yet ready for this type of assistance, in zones undergoing stable recovery and reintegration, UNICEF will begin programming in PEAR Plus during the second half of 2008.

Key Challenges: Access to affected populations is often limited due to insecurity, particularly in the East. IDP populations are often remaining displaced - in sites and host communities for longer periods of time - a phenomenon that requires analysis of more medium-term solutions beyond delivery of immediate humanitarian assistance. The entire humanitarian community is addressing this issue as questions of livelihood activities for IDPs, burdens on host families and communities, the risks and opportunities of sites and camps, and prospects and modalities for return become more prominent. A third challenge is how to develop realistic and innovative contingency planning linked to the possibility of increased military campaigns by the Congolese military against the Rwandan rebel group, FDLR. The impact of such attacks

²⁶ In DRC, an estimated 516,000 children under five suffer from acute severe malnutrition. UNICEF DRC has not yet received all reports on children received in TFCs between January and June. Therefore, the coverage rate cannot be adequately calculated.

could lead to displacement into even more remote areas with major implications to UNICEF's capacity to ensure delivery of assistance through RRM and other programs.

Inter-Agency Collaboration: Since 2006, UNICEF has led five of the ten clusters established in the DRC: water, sanitation and hygiene, nutrition, education, non-food items/emergency shelter, and emergency telecommunications (co-lead with WFP). UNICEF is the child protection focal point for the protection cluster and participates actively in the health, early recovery and logistics clusters. UNICEF works in close collaboration with all other UN agencies, NGOs, and Government actors in the framework of the Humanitarian Action Plan²⁷ covering not only humanitarian emergencies but also post-conflict and transition. Co-managed with OCHA, RRM assessments are used to provide information to all clusters and as the basis for joint responses, particularly with WFP for food distributions. Reports and analysis from the PEAR MSA evaluations is shared widely with all humanitarian actors to facilitate multi-agency programming. Indeed, other UN agencies and NGOs have built interventions around the PEAR assessments. FAO, WFP and UNICEF are developing a joint strategy to monitor and respond to impacts of the global food crisis.

Funding²⁸: The continued presence of large numbers of IDPs and their needs for sustained assistance, particularly with regard to Non-food items (NFIs), WASH, and Education activities has necessitated a revision of the funding requirements of the RRM and WASH sectors. The influx of Congolese people expelled from Angola into remote areas of southern DRC as well as the need for sustained assistance in cholera affected areas of Katanga were two emergencies not anticipated when the original HAR requirements were fixed which also necessitate a revision of RRM and WASH needs for 2008.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements (US\$)	Funds received**	Revised funding requirements	Funding gap
Health and Nutrition	34,600,000	8,044,308	34,600,000	26,555,692
Water, Sanitation and Hygiene (WASH)	10,000,000	11,074,149	15,000,000	3,925,851
Education	8,000,000	4,442,940	8,000,000	3,557,060
Child Protection	9,000,000	4,636,791	9,000,000	4,363,209
HIV/AIDS	2,000,000	0	2,000,000	2,000,000
Mine Action	800,000	0***	800,000	800,000
Cross-sectoral initiatives				
Rapid Response Mechanism for emergencies	20,000,000	8,258,619	24,000,000	15,741,381
Programme of Expanded Assistance to Returnees	20,000,000	8,198,565	20,000,000	11,801,435
Cluster leadership and coordination	1,800,000	1,168,022	1,800,000	631,978
Total*	106,200,000	45,823,394	115,200,000	69,376,606

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

**In addition to the funds of \$ 28,183,230 received against the 2008 appeal, the CO is also using \$ 17,640,164 in carry over funds for this year's activities.

***Funds for mine action were received in the first 6 months of 2008, but not against the HAR.

Emergency Programme Priorities: July - December 2008

Health and Nutrition: *UNICEF is the cluster lead agency for nutrition.*

- Support emergency-affected health zones to provide essential primary health care for populations including displaced, host communities, and cholera-affected communities.
- Mobilize vaccination campaigns in low-coverage, high-risk areas, with particular focus on areas of new outbreaks and zones of population displacement and return.
- Improve food practices of mothers, infants, young children and teenagers.

²⁷ In DRC, there is not a CAP, but a CHAP – a Common Humanitarian Action Plan. This document is a roadmap for humanitarian action for the year, but does not include individual projects for agencies. It is oriented around clusters, not organizations.

- Extend malnutrition treatment through support to therapeutic feeding centres and the CTC (community therapeutic care) approach. The CTC approach has produced good results in Maniema and the oriental Province. In the future, the aim will be to cover a maximum of provinces.

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

- Respond to cholera epidemics and other water-related diseases through rapid emergency response followed by sustainable interventions in the main epicenters of the epidemic for 200,000 persons.
- Strengthen the WASH response to the emergency crisis in the Kivus to avoid epidemics and encourage returns in secured areas.
- Continue integrated Water, Sanitation and Hygiene activities based on “Healthy Village” and “Healthy School” concepts for at least 200,000 persons, including people expelled from Angola and host families.

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

- ‘Back to School’ campaign in emergency-affected areas including distribution of school kits to encourage children to go back to school and awareness raising activities for families, communities and authorities on the importance and to elicit support for children’s education.
- Support mobile teacher training to provide refresher courses to 300 teachers in IDP zones.
- Increase the number of Catch-Up Centers in emergency areas in order to provide access to education for children who are not in school or have dropped out.
- Continue work with partners and education authorities on strategies for increasing enrollment of vulnerable IDP children in school without the barrier of restrictive school fees.

Child Protection: *UNICEF is lead of the Child Protection working group*

- Support identification, temporary care, tracing and family reunification of unaccompanied displaced children, including 300 new cases, family tracing for 859 children already identified and family reunification for 645 children.
- Reinforce the protective environment and reduce the vulnerability of 35,000 displaced children through activities in child friendly spaces in 24 displacement sites, including 4 new sites.
- Support the release, transitory care, tracing and reunification of children associated with armed forces /groups, including the release of 3,000 new cases and the reintegration of 6,500 children formerly associated with armed forces/groups.
- Provide medical, psycho-social and socio-economic reintegration assistance to 9,000 survivors of sexual and gender-based violence (primarily women and girls).
- Provide five training sessions to NGOs and UN staff on the monitoring and reporting system on UN resolution 1612.

HIV/AIDS:

- Incorporate HIV/AIDS sensitization messages as part of the RRM/PEAR initiative on public health and community sensitization campaigns in association with RRM/PEAR activities.

Mine Action:

- Develop National Mine Risk Education (MRE) standards and other technical guidelines as part of the overall National Standards for Mine Action.
- Capacity building for local NGOs and authorities in mine risk education at national and field level.
- Advocate for integration of MRE into school curriculums and integration of landmine survivors as vulnerable persons in social projects.

Rapid Response Mechanism (RRM) for emergencies:

UNICEF is the cluster lead agency for non-food items/emergency shelter.

- Provide 100,000 disaster-affected families with Non-Food Items and emergency shelter materials.
- Provide access to a minimum package of water, sanitation and hygiene for 300,000 persons.
- Help host schools and communities to absorb IDP children through construction/rehabilitation of 250 emergency classrooms, distributing 100,000 student kits, 1,500 teacher kits, and 500 recreation kits in IDP zones.

Programme of Expanded Assistance to Returns (PEAR):

- Continue to undertake Multisectoral Assessments (MSAs) in return areas and share the information and analyses, with the help of the PEAR database, with UNICEF colleagues and other humanitarian actors.
- Provide 50,000 families with Non-Food Item assistance in return areas.
- Rehabilitate approximately 100 classrooms for about 5’000 students and ensure that children have education materials to improve access to education.

- Better define the link between PEAR and PEAR Plus and the integrated/transitional IDP return programme that UNICEF is developing in the context of the UN Stabilisation Strategy.

Coordination and cluster leadership:

- Implement the NFI cluster contingency stock projects in South Kivu and Katanga to support partners in assisting over 5,000 IDP and emergency affected families.
- Continue to strengthen cluster leadership and coordination through participation in the Humanitarian Action Plan 2009 process, Pooled Fund allocation prioritization, regular information exchange, improved planning and strategy development, monitoring and reporting, advocacy, and capacity building.

UNICEF HUMANITARIAN ACTION
Côte d'Ivoire
Mid-Year Review 2008

Problem Statement/Context: The total population of Côte d'Ivoire (West-Africa) is estimated at 20,581,770 habitants in 2007 with an average population growth rate of 3,3%. About half of the population is under 14 years of age (46%)²⁹. 127 out of 1,000 children die before their fifth birthday. The Gross National Income is estimated at \$870 per capita³⁰. 44% of the population earns less than 1\$ per day (UNDP estimate).

During the past six months UNICEF has been ensuring the rights of children and women in Ivory Coast are respected and action taken upon amid the volatile political situation. In the run up to the presidential elections due 30 November 2008, the road to peace is still threatened to collapse as contingents and supporters respectively pull strings to serve their own interests. Delays in the demobilization of ex-combatants and their payment, preparations for elections which are lagging behind are impeding the peace process engaged after the 2002-2003 civil strife divided the country in two.

The reporting period was challenging for the implementation of activities in an environment where frequent armed robberies and roadside attacks are common particularly in the western part of the country. On another front, the livelihoods of Ivorians were hard hit by the global food and fuel hike bringing to heights the cost of living that triggered a wave of social upheaval translating into strikes and marches. Nevertheless and thanks to ground work by the international community and the nationals commitment to peace considerable hurdles have been successfully dismantled providing some level of stability. Mending the broken health, education, protection and water and sanitation system continues to dominate and drive UNICEF's interventions in Cote d'Ivoire.

Key Results for Children: Malaria continues to be a major burden in Cote d'Ivoire. UNICEF provided support by procuring anti-malarial drugs and sensitization on the new protocol of care against malaria and on prevention methods. The treatment of malnutrition has been aided by the purchase of essential medicines and supplies and capacity building for the provision of this treatment has been conducted. Capacity building of health professionals was part of interventions in support of breastfeeding. Thanks to funding received against CAP various health trainings were conducted on the management of routine immunization vaccines, the prevention of mother to child transmission of HIV and training specifically designed for youth on the disease.

A total of 38,000 people have access to safe drinking water and 655 beneficiaries have access to family latrines while 17,500 people were sensitized on prevention modes of waterborne diseases and those linked to unhygienic behaviour.

Emergency interventions in water and sanitation have contributed in reducing the incidence of waterborne diseases in populations affected by the crisis with special attention to the most vulnerable constituted by children and women. An assessment of 88 villages, 40 schools and of beneficiary communities provided an estimate of the nature of interventions to be undertaken. Thus 9,289 pupils (5,091 boys & 3,860 girls) in 40 primary schools in the regions of Zanzan, du Moyen Cavally, Montagnes and of Denguélé will benefit from the construction of improved latrines separated for boys and girls and the construction of 30 boreholes equipped with hand-pumps.

To reinforce national capacities for improved care of victims of gender based violence, around 100 magistrates and members of security forces from the North East, Centre and West were trained and regional platforms for collaboration and other actors involved in the care chain were established. An increased number of cases are now benefiting from psychosocial and medical care and informed on ways to seek justice against perpetrators of sexual violence. Sensitization campaigns on gender based violence led to the denunciation of cases of rape and to the decrease in the frequency of female genital mutilation mass ceremonies.

Key Challenges: The weak redeployment of the social administration and the dysfunctional provision of health services capacities in the Centre, North and West of the country negatively impacted the implementation of activities overall. The cost of furniture for schools, delays in procuring items is a challenge in the implementation of rehabilitation activities. Another factor is the cost of fuel and the drop in the American dollar which impacted negatively on the budget projected amounts. Increases in basic food commodities are negatively impacting on the nutritional status of vulnerable populations. It is thus necessary to readjust the budget to take into account these impediments.

²⁹ Source: Institut National de Statistique Côte d'Ivoire

³⁰ State of the World's Children 2008

Inter-Agency Collaboration: UNICEF is cluster lead in Nutrition, Education and water, hygiene and sanitation and provides substantial contribution to WHO-led coordination in health. Joint activities were implemented to reduce infant and maternal mortality, to coordinate activities with Government and partners, and in planning joint supervision field visits.

Funding: With the exception of health the country office received a relatively positive response from donors at mid-year. However more funding is urgently needed to support the deteriorating nutritional status among populations hard hit by the effects of the global food and fuel crisis.

Table 1: Funds received against 2008 HAR (US\$)

Sectors	Original 2008 requirements	Funds received	Revised funding requirements	Funding gap
Health and Nutrition	4,102,669	1,215,047	2,887,622	1,672,575
Water, sanitation and hygiene (WASH)	703,000	1,080,375	0	0
Education	8,013,249	1,678,934	6,334,315	4,655,381
Child Protection	517,880	928,364	0	0
TOTAL*	13,336,798	4,902,720	9,221,937	6,327,956

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

Emergency Programme Priorities: July - December 2008

- Nationwide scaling of sensitization on violence against children to protect around 12,000 pupils in 40 primary schools in the west, the north-west and the country's north east.
- Procurement and distribution of 60,000 educational kits for children in 200 schools.
- Provision of drinking water, sanitation facilities, emergency kits and support the promotion of hygiene for 20,000 internally displaced peoples of which 8,000 are currently gathered in host cites.
- Treatment of malnutrition in health facilities and within communities affected by the impact of the global food and fuel crisis.

UNICEF HUMANITARIAN ACTION

Guinea

Mid-Year Review 2008

Problem Statement/Context: Guinea has been undergoing a deep socio-economic and political crisis recently which triggered several general strikes in 2006 and popular demonstrations and riots in 2007. With a population of 9.8 million people, the Republic of Guinea ranks 160th out of 177 countries in the 2007 UNDP Human Development Index and is classified as a least developed country (LDC). The living conditions of this population, with 50% less than 18, remain among the worst on the continent. Since the beginning of 2008, the country has been rocked by military insubordination, police and other sectors strikes conducting several casualties resulting in hundred of deaths. A direct result of this unrest has been the violation of children's rights as well as impeded access to vital basic social services, such as safe drinking water, food and health facilities. The under-five mortality rate of Guinean children is nearly 163 out of 1000. This is one of the highest child mortality rates in the world. Diarrhea, acute respiratory infections, malnutrition, neonatal causes and malaria are responsible for most deaths among these children and affect the entire population as well. Poor overall access to water and sanitation and severe health problems are pervasive in Guinea. Lack of access to potable drinking water and adequate sanitation contribute to waterborne illnesses and are the cause of diarrhea and subsequent dehydration that is responsible for the death of 17% of the children aged under-five due to diarrhea in Guinea. Basic hygiene practices are very low; 51.7% of persons do not wash their hands with soap after using the toilet and 85.9% of women do not wash their hands with soap before feeding their children. Based on these circumstances, UNICEF focused its humanitarian actions in the areas of Protection, WASH, Health, Nutrition and Education, in line with the Core Commitments for Children in Emergencies, as well as the Organization's global mandate to promote and help ensure the fulfillment of the rights of children and women.

Key Results for Children: The protocol for severe malnutrition management at health centers and the community level has been adopted by the Ministry of health. Thanks to the strong collaboration between Guinea University of Medicine and UNICEF, 22 young physicians formed to the use of this protocol have been mobilized in 22 urban health centers of 22 districts having high rates of malnutrition. These physicians have been supervised by sanitary district chiefs and professors of the university. UNICEF provided to all NGO and health centers involved in nutritional recuperation therapeutic food (F100S, F75S and Plumpy Nut) necessary to treat severely and moderately malnourished children. UNICEF has also provided the material anthropometric, the essential medicines and vitamins for all health centers for the treatment of the malnutrition. The effective management of this operation was the result of the concerted coordination between the Government, UNICEF, the NGOs international and the Faculty of Medicine. 30% of the severe malnutrition cases or 4,129 have been taken in charge of which 814 with complication cases. The distribution of vitamin A and the de-worming treatment of children under five at national level in June have covered 93%.

In close collaboration with partners and NGOs UNICEF strengthens prevention in the fight against cholera in high risk areas located along the sea coast and Guinea Forest. About 1,120,000 people in the target area corresponding to approximately 120,000 households have benefited from chlorine for household water treatment and are sensitized on the cholera prevention and hand washing through interpersonal communication. Also 100 wells were disinfected in the district of Forecariah. A communication campaign to prevent cholera and promote household water treatment is ongoing all over the country through TV, the National Radio and the so called "radio rurales" (community's radio). The results were significant in the fight against cholera. To date 255 cases of cholera have been reported for 15 deaths against 3,868 cases and 144 deaths at the same period in 2007. These cases have been reported in 3 districts. In 2007, Guinea suffered from 8.546 cholera cases including 310 death cases with a rate of 3 to 6% of mortality rate. This epidemic concerned 13 prefectures in the four regions and Conakry. The coordination of HIV/AIDS related activities was strengthened and health structures were supported to provide voluntary counseling and testing (VCT), prevention of mother-to-child transmission (PMTCT) services, care for HIV/AIDS as well as for sexual violence victims. UNICEF has provided education kits for 360 schools and 60,000 books for about 30,000 pupils in 5 districts least educated in the country and 111 motorcycles for the inspectors of education at district level to make the primary schools more accessible.

Key Challenges: UNICEF will maintain surveillance on cholera and strengthen prevention activities with a focus on the borders of Guinea Bissau where the epidemic was undergoing. The lack of essential drugs to almost all health centers and hospitals is reducing the scope of quality care. There is a weakness of neonatal aspect of child mortality reduction. The lack of funding in humanitarian response with a gap of up to \$ 2,512,232 for the activities in the sectors of nutrition and WASH are making it impossible to carry out all the activities needed. Insufficient material and logistics makes the implementation of minimum humanitarian responses in the countryside difficult. Furthermore, there is a lack of consultation and harmonization of interventions between actors.

Inter-Agency Collaboration: UNICEF has been taking a lead role for coordinating the humanitarian response in the water, hygiene and sanitation and the nutrition and education sectors. UNICEF has the co-lead of the protection cluster together with different partners such as the Government, NGO and UN agencies. Also UNICEF protection is taking the lead of the UN protection thematic group which had its first meeting on August 19, 2008.

Funding: The food crisis has worsened the situation of malnutrition in Guinea. Although, half of the mobilized funding in the health and nutrition sector has been spent for the care of malnourished, the lack of funding has not allowed to cover the total of cases. The full funding of the WASH sector would allow to completely stop the cholera outbreak during the raining seasons, however, the funding gap of US\$ 749,339 makes it impossible to carry out all the activities needed.

Table 1: Funds received against the 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Health and nutrition	2,028,514	1,310,704	2,862,350	1,101,700
Water, Sanitation and Hygiene (WASH)	1,078,514	0	1,078,514	749,339
Child protection	250,000	0	250,000	223,959
Education	500,000	0	500,000	437,234
Total*	3,857,028	1,310,704	4,690,864	2,512,232**

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

** In addition to the funds noted in the funding table, the CO has also utilised US\$ 867,928 in re-phased funds for 2008 activities.

Emergency Programme Priorities: July - December 2008

Water, Sanitation and Hygiene (WASH)

- 1.4 million people corresponding to about 200,000 household will have access to safe drinking water and sanitation in the target districts along the sea coast, guinea forest and Faranah region through the activities supported by UNICEF which include household water treatment, distribution of family kits, disinfection of 50 open wells and sensitizing people to cholera prevention and hand washing with soap through interpersonal communication. The TV and radios will continue broadcasting hygiene and cholera prevention messages until November 2008.

Education

- Finalize the contingency plan with education partners and implement the border post crisis project, which aims to develop child-friendly schools new generation with a cross border approach promoting peace and development of the post conflicts area within the framework of The Mano River Union.

Child Survival

- Extension of community-based management of severely malnourished children without complications to 50 new health centers and inpatient treatment for severely malnourished children with complications to 5 new health centers with training to more students and provision of therapeutic food;
- Promotion of four Essential Family Practices for Child Survival (Promotion of hand washing, Impregnated Bed nets, oral rehydration salts (ORS) during diarrhea and exclusive breastfeeding during the first six months of life);
- Provision of essential drugs to 410 health facilities to improve health care.

Protection

- Validation through workshop rescue organization plan for emergency followed by an action plan with all stakeholders.
- Planning and implementing activities in minimal responses from recommendations of the 2007 training evaluation impact on beneficiaries in charge of bringing psycho-social assistance to children.
- Implement the UN agencies protection thematic group.
- Support protection cluster activities.

UNICEF HUMANITARIAN ACTION

Guinea-Bissau

Mid-Year Review 2008

Problem Statement/Context: After a stable beginning of the year, a political crisis in July 2008 has resulted in renewed political unsteadiness. A new transitional Government was appointed on 9th of August, with the specific task to lead the country towards November 16th legislative election. Since mid-May, the country is faced with a new cholera epidemic that, although contained at the beginning, has now spread throughout the entire country, already resulting in 3,000 cases and 61 deaths. The increasing cost of living – especially of rice, the staple food, and fuel - is resulting in increased vulnerability of the poorest sections of the population – and especially children.

Key Results for Children: For 2008, the goal is to reach the biggest possible number of children with a minimum package of intervention aiming at reducing morbidity and mortality. A very successful Vitamin A and de-worming campaign has resulted in a coverage of over 90% for all children aged 6-59 months. A Tetanus Toxoid campaign targeting women of child bearing age has also taken place, and results show that 87% of women have received three doses of the Tetanus Toxoid vaccine. New vaccines for children are being introduced (Pentavalent, Yellow Fever) starting in September.

In order to better understand the scope of the current nutrition insecurity, and strategically plan the key interventions needed, a Nutrition Survey (using the SMART methodology) is planned for October, and preparation is underway. Training of 4 key staff (UNICEF and Government) has taken place in Dakar, Terms of Reference have been prepared, and planning is in progress.

During the remaining months of 2008, one of the main goals is to stop the cholera epidemic now ravaging the country. To do this, UNICEF – in coordination with partners - will strengthen its efforts to support intensive Communication for Hygiene Education and Water and Sanitation activities targeting the capital Bissau and the most affected regions. In the course of the last weeks, UNICEF has been able to reach about 80% of the capital population (estimated at approximately 400,000 people) with information on how to prevent cholera and demonstration of correct hygiene practice; 7,000 families have been visited again during August in the most affected areas; UNICEF has supported chlorination of all functioning water reservoirs and over 700 traditional wells in the capital; has distributed bleach and soap to over 4,000 families, has provided the Ministry of Health with over 30,000 liters of bleach, 150 cholera beds, 10,000 oral rehydration salts (ORS) sachets, a tent of 72 square meters to increase by at least 50 beds the capacity of the National Hospital and other supplies, has supported production and printing of 4,000 posters, 2,000 leaflets, radio spots messages and other communication materials, and has trained 700 members of communication brigades and disinfections brigades to inform the population and follow up on cases at household level.

Key Challenges: One of the key challenges remains the extreme operational weakness of government social services, due to the lack of a minimum mass of qualified and motivated staff, and absence of basic infrastructures and equipment.

In relation to the cholera epidemic, an added challenge is represented by the traditional funeral ceremonies (toca-shoro), which involve manipulation of the deceased. Their temporary banning by the authority has resulted in a “going underground” of the phenomenon, with increased risks of contamination.

It is hoped that the coming legislative elections, planned for 16 November 2008, can take place within a climate of peace and stability.

Inter-Agency Collaboration: UNICEF is providing cluster leadership in Nutrition, Water and Sanitation, Education, Protection and Communication, while providing substantial contribution to WHO-led coordination in Health. To strengthen its role and effectiveness, international experts have been brought into the country, especially lately, to support the effort to stop the cholera epidemic, and respond to nutrition and education needs. UNICEF works in very close coordination with the few local and international NGOs active in the country.

Funding: A total of US\$ 870,000 were requested at the beginning of 2008. However, following the cholera epidemic outbreak and the Government request for assistance, funds were requested through a Emergency Programme Fund (EPF) and CERF mechanisms, and internal funds in the amount of US\$ 100,000 were re-programmed out of the Rapid response mechanism (RRM). Through EPF, UNICEF has obtained a loan of US\$ 200,000. Through CERF, UNICEF has obtained US\$ 400,146 (1/3 of what had been initially asked). The revised MYR requirements take into account the fund received, and presents a table of current needs.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Health and Nutrition	520,000	0	520,000	520,000
Water, Sanitation and Hygiene (WASH)	350,000	400,146	1,350,000	949,854
Total*	870,000	400,146	1,870,000	1,469,854

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

Emergency Programme Priorities: July- December 2008

Health and Nutrition

Approximately 120,000 most vulnerable children under five and 36,000 pregnant women living in rural areas will benefit from the following key activities:

- Procure and distribute essential drugs, micronutrients and health kits equipment to 60 health centres;
- Train 120 health staffs in quality management of malaria, diarrhoea, acute respiratory infections and severe malnutrition to create capacity for managing severe malnutrition;
- Train 480 community health workers in providing basic health and nutrition services; (including quality treatment of malaria, diarrhoea, acute respiratory infections) as well as the promotion of family health and nutrition good practices (early and exclusive breastfeeding, hand washing, use of impregnated mosquito nets);
- Provide long lasting insecticide treated nets for some 30,000 newborn and 30,000 pregnant women;
- Provide support to the 14 existing therapeutic feeding centres run by Caritas for the benefit of 200 severely malnourished children;
- Support 2 rounds of vitamin A supplementation and de-worming for all 200,000 children aged less than five years;
- Monitoring and evaluation of these activities.

Water, Sanitation and Hygiene (WASH) – with special focus on Cholera

At least 500,000 people (1/3 of the population), focusing particularly on children and women, will be reached through implementation of the following activities:

- Disinfecting/rehabilitating of all 9 reservoirs in Bissau town;
- Disinfecting 5,000 traditional wells;
- Procuring bleach, high test hypochlorite (HTH), residual chlorine tests;
- Drilling 50 new boreholes and rehabilitating 100 existing boreholes to provide safe drinking water;
- Constructing 1,000 latrines in health centers and schools ;
- Training of 100 water local management committee members and local water authority on management, operation and maintenance;
- Promotion of hygiene education for cholera and diarrhea preventions in all primary schools in the country;
- Promotion of Hygiene education in all communities affected by cholera, within Bissau and regions, through communication brigades, radio, communication materials, etc.
- Involvement of traditional leaders and religious leaders in fighting the epidemic;
- Monitoring and evaluation of the project.

UNICEF HUMANITARIAN ACTION

Liberia

Mid-Year Review 2008

Problem Statement/Context: Owing to the global increase in food and fuel prices, the food component of the national consumer price index increased from 7.4% in 2006 to 11.4% in 2007. The Government of Liberia responded with a plan which aims to “maintain access to food and improved nutritional well-being for vulnerable households through safety nets”. The food price crises has already forced households to make adjustments in food intake and dietary quality with a potential to negatively impact the already precarious health and nutrition situation, particularly micronutrient malnutrition. The poorest households are now resorting to drastic actions to meet their food needs and families are putting their children to work; reducing spending on child health care; and selling key productive assets including farm animals, equipment and tools.

Recent assessments indicate that urban households are disproportionately affected and women and children are especially at risk. According to the 2007 Liberia Demographic Health Survey, more than 20,000 children are currently in need of treatment for acute malnutrition of which almost a half are in the Greater Monrovia area. UNICEF is prioritizing its response in the area of nutrition. The humanitarian action will also address threats and risks to an estimated 10,000 children that are vulnerable and exposed to abuse and violence, increased child labour and sexual exploitation.

Key Results for Children:

Child Survival Programme:

During the second part of 2008, the overall goal is to contribute to the reduction of the under-five mortality rate especially in the context of increased commodity prices. The programme will aim thus to minimize the impact of the ongoing food crisis on the health and nutritional status of under-five children and to ensure that pregnant women in affected areas are identified and provided with micronutrient supplementation. The nutrition cluster has been revitalized and strengthened and has developed response plans to control the level of increase in acute malnutrition rates and improve access to screening and treatment for moderate and severe acute malnutrition. With the introduction of community based therapeutic care for the treatment of malnourished children in two counties, UNICEF supported the treatment of 1,935 malnourished children. A survey is planned in September 2008 to identify the level of acute child malnutrition in the Greater Monrovia area, where children are considered more vulnerable to the increase in food prices.

Through strengthened collaboration and coordination with the Ministry of Health and Social Welfare and NGO partners, essential drugs and medical supplies and training for health workers has been provided to 25 facilities to improve access to basic health care services. To date, more than 23,000 women and children have received treatment for malaria, diarrhea and acute respiratory infection (ARI). 60% of pregnant women now report at least four antenatal care (ANC) visits and 79% of postpartum women report at least 2 clinic visits.

Successful mass immunization campaigns outreach and a rebuilding of routine systems has resulted in a significant improvement in immunization coverage. To sustain these gains, UNICEF supported the Government in conducting a follow-up integrated measles, tetanus toxoid (TT) vitamin A and de-worming campaign in May 2008. Up to 632,000 children aged 6-59 months were immunized against measles (95%), received vitamin A supplementation (91%), and provided with de-worming tablets (98%). The third round of a maternal and neonatal tetanus campaign was conducted in 10 counties reaching 544,879 (91%) women of child bearing age. DPTHepBHib₃ and measles coverage rates through routine immunisation are slightly above last years figures and stand at 88% and 94% respectively.

In the area of WASH, as part of UNICEF's Core Commitments for Children, and leadership of the WASH emergency Cluster, UNICEF Liberia responded to a cholera/ acute watery diarrhoea (AWD) outbreak in the southeast of Liberia in early 2008. Over 7 tons of emergency supplies (such as oral rehydration salts, intravenous fluids, chlorine, buckets, jerry-cans and soap) were donated and transported by UNICEF to the affected area. UNICEF also provided support to the County Health Team's coordination of response activities in affected areas, and to preparedness activities in surrounding counties.

Additional WASH work has also taken place in 74 needy communities with a population of 14,700 in south-eastern Liberia and urban Monrovia funded by the Central Emergency Response Fund (CERF). Results achieved include the: construction of 34 new wells; rehabilitation of 55 damaged/sub-standard wells; construction of 14 communal/institutional four access latrines; rehabilitation of 15 communal/institutional four access latrines; construction of 8 communal bath houses; construction of 8 communal garbage pits; facilitation of the construction of 19 family latrines; and hygiene promotion in all 74 communities.

Basic Education and Gender Equality Programme:

A total of 450,000 children from 3,000 public and community schools mainly from the eight counties of high population return, benefited through provision of school supplies. Of these, 60,000 were older children whose education was disrupted by the war and now enrolled in the accelerated learning programme (ALP). A total of 11,250 teachers also received teaching aid to improve on the quality of learning. Quality of teaching improved through training of 1,500 primary school teachers, with particular attention to accelerated learning programme (ALP) methodologies, HIV/AIDS and Life skills. Ten ALP schools and two County Education Offices were rehabilitated. A total of 100,000 school bags containing copy books, readers, pencils and rulers have been procured for distribution to first graders in public and community schools.

Child Protection Programme:

Children at risk of sexual violence and exploitation, recruitment by armed groups, and abuse were the main vulnerable groups targeted for support. Consequently, 50 Liberian national police officers from the Women and Children Protection Section were trained and are able to better manage cases of sexual violence and Juvenile Justice cases. A total of 144 survivors of sexual violence have so far been managed by the police (70 pending arrest, 67 arrested sent to court and 7 withdrawn). Training, mentoring and stationery were provided to 480 members of community structures done to provide care and support to the vulnerable children. As a result, 98 survivors of sexual violence received psychosocial care, protection and medical services while 1,042 (381male/661female) children who came in contact with the law accessed rehabilitation and reintegration services. Another 1,094 (760m/334f) teachers, 21,065 students (10,303m/10,762f), 423 school principals and 968 Parent Teacher Association (PTA) members benefited from the prevention of sexual exploitation and abuse PSEA in school trainings. 175 schools were reached in 5 counties. In addition, 300 Community Peer Educators were trained on the Prevention, reporting and Referral of gender-based violence (GBV) in 15 communities in five counties. The peer educators have so far reached 16,304 community members with prevention, reporting & referral of GBV cases in 15 communities. A Child Protection (CP) emergency stock pre-positioned for quick response for an estimated 1,000 children is available.

Key Challenges: Progress against key humanitarian actions were adversely affected by a number of constraints. The low salaries and benefits to national counterparts combined with high fuel costs in the country hampered regular monitoring of project activities. Inadequate technical capacity of counterparts and limited functioning structures and systems within the Government ministries also put a drag in programme implementation. There is inadequate funding situation as the country is seen to be moving from emergency to development phase. Reaching the “hard-to-reach” by a few and willing counterparts and partners due to poor road infrastructure is difficult.

Inter-Agency Collaboration: UNICEF is providing cluster coordination leadership in water, sanitation and hygiene (WASH), and co-chairs the nutrition cluster and consultative groups on education and health. Key specialists positions in nutrition and WASH have been filled since July 2008 to support expansion and coverage of scope of nutrition and water, sanitation and hygiene programmes. UNICEF is collaborating with Government and NGO partners on a food security and nutrition survey covering the Greater Monrovia area which is considered highly vulnerable to the increase in food prices.

Funding: A total of US\$18.2million was budgeted and US\$4.5 million have so far been raised. The planned activities for the remaining part of 2008 presuppose that more funds are mobilised to close the funding gap presented in the table below.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original HAR requirements	Funds received	Revised funding requirements	Funding gap
Child survival (health, nutrition, water, sanitation and hygiene)	9,985,000	3,806,948	9,606,983	5,800,035
Basic Education and Gender Equality	4,080,000	278,833	4,080,000	3,801,167
Child Protection	4,105,000	464,333	4,500,000	4,035,667
Total*	18,170,000	4,550,114	18,186,983	13,636,869

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

Child Survival Programme

Health and Nutrition

- Treatment of 11,600 acutely malnourished children through 6 specialized centres at health facilities and community level in four counties;
- Establish 3 new Community-based therapeutic care (CTC) sites in Greater Monrovia for treatment of 400 severe acute malnutrition;
- Conduct a nutrition survey in Greater Monrovia to monitor the impact of rising food prices;
- 2nd round of mass vitamin A and de-worming campaign, targeting the 600,000 children aged 6-59 months.
- Organise child health days in selected communities in the south eastern counties;
- Distribute 319,000 long-lasting insecticidal nets (LLINs) to children under five in selected communities.

Water, Sanitation and Hygiene

- Setting-up and implementing a response plan for cholera and flooding events in 2008 and improve the emergency preparedness of the WASH cluster for 2009.
- Conducting community, school, and health centre WASH activities including:
 - Environmental hygiene maintenance and household water management and quality control campaigns in 3 communities of 600 people.
 - Rolling out hygiene education and promotion packages (25 communities);
 - Responding to emerging WASH needs in health centres.

Basic Education and Gender Equality

- Distribute the 100,000 school bags containing readers, copy books, pencils and rulers to all second graders in public and community schools
- A total of 300 ALP Schools will received recreation kits;
- Continue with in-service training of accelerated learning programme (ALP) teachers;
- Provide emergency education to 10,000 children that may be affected by emergencies.

Child Protection

- Train 500 teachers and health staff on response to violence/abuse;
- support prevention, identification, documentation, tracing, care and reunification of an estimated 500 separated children some of whom are currently in orphanages;
- Support 1,000 child and women headed households with income generating assets to increase household income;
- Provide for estimated 2,000 families kits for distribution to flood victims or other unforeseen emergencies.

UNICEF HUMANITARIAN ACTION

Mauritania

Mid-Year Review 2008

Problem Statement/Context: The global acute malnutrition rate in Mauritania reached 12% (67,314 under five children) and severe acute malnutrition rate is 1.8% (10,097 under five children) according to the latest UNICEF / Ministry of Health survey³¹ carried out in March 2008. The prevalence of acute malnutrition since December 2006 is shown in Graph 1 below reflects the deteriorating food situation that is characterised by a lack of availability and poor accessibility, as well as with a weak healthcare system for the treatment and prevention of severe malnutrition. A similar WFP / Government food security survey³² also conducted in March 2008 estimated that 30% of the rural population (550,712 people) is vulnerable to food insecurity, of which 197,157 people are in a state of extreme vulnerability. The survey results showed that there has been a 30% rise in the number of rural households living in food insecurity and an overall rise in food insecurity (15%) since July 2007. The survey confirmed also that this was due in great part to a national rise in basic food prices, including urban communities (12% rate of food insecurity). To mitigate the effects of rising prices, especially on people facing food vulnerability, the Government is now implementing a Special Intervention Programme (*Programme Spécial d'Intervention (PSI)*). This ambitious plan, valued at US\$ 147 million (represents approximately one-quarter of the national investment budget and is also about 16% of the total national budget) targets the entire population and aims to: stabilise the rapidly rising prices, generate revenue and restore the functions of the Government's market board, and to facilitate the overall availability and accessibility to food commodities. The UN Agencies strongly support the *PSI* interventions with technical guidance and operational assistance. UNICEF and other UN agencies identified flooding between the months of August and September 2008 as a potential risk, which could well aggravate the situation and therefore relevant response is required in terms of access to safe water, Hygiene, Sanitation, Nutrition, Education and child protection. Mauritania is part of the 2008 regional West Africa CAP and UNICEF has recently revised its 2008 CAP on matters of nutrition and child survival, taking into consideration the deterioration of the nutritional situation.

Key Results for Children: During the first semester of 2008, the overall goal was to minimize the impact of the ongoing food price crisis on the health and nutritional status of children under-five. To do so, UNICEF continued to support in eight vulnerable regions 350 therapeutic feeding for the management of severe acute malnutrition. A community based approach is settled in 13 regions, actively screening malnourish children and providing appropriate care with RUFT and that is in addition to the therapeutic services delivered in the existing health system i.e. hospitals and health centers. UNICEF supported the World Food Programme (WFP) who managed over 500 supplementation feeding centers. Also, water supply and treatment stocks and Education emergency supplies were secured in our warehouse for the country covering the needs of around 10,000 persons the planning figure for this emergency. Successful preventive and emergency campaigns were carried out that included: (1) Measles immunization that covered 464,564 children aged 9-59 months (97.9%) in January 2008; (2) the promotion of exclusive breastfeeding for under-six months in June 2008, using mass media and home visits by community volunteers in the seven most vulnerable regions. In the said mentioned regions around 60% of households were visited and mass media messages were sent nationally; (3) the celebration of World Breastfeeding Week; (4) Vitamin A Supplementation and De-worming among pre-school was targeted in June 2008, ensuring a total coverage of 82% for VAS and 76% for de-worming. Regarding surveillance and early warning, UNICEF supported the Ministry of Health to organize two annual nutrition surveys and to strengthen routine health information systems to properly include the nutrition component. The results of the first survey carried out in February-March 2008 were disseminated and are largely used by the humanitarian partners and the Government.

Key Challenges: Because of the food price crisis in a country highly dependent on food imports and with a high risk potential of flooding in 2008, the main outstanding challenges are: (1) to reduce the prevalence of wasting below 10% in the most vulnerable regions by linking management of acute malnutrition and prevention of stunting interventions; (2) to achieve emergency preparedness in collaboration with partners; and (3) to support the Government in preparing for the post-PSI consolidation phase by the end of October 2008.

Inter-Agency Collaboration: During the emergency simulation supported by UNICEF and OCHA regional offices, UNICEF Mauritania led the coordination of the working cluster groups in Nutrition, WASH and Education, and also contributed substantially to the WHO coordination in Health and supported Protection. The UN and NGOs Inter-agency Contingency Plan was revised in June 2008 for

³¹ MS/UNICEF, avril 2008: Enquête rapide nationale sur la nutrition et survie de l'enfant en Mauritanie.

³² CPSSA/PAM, mars 2008 : Etude sur la sécurité alimentaire des ménages (ESAM) en Mauritanie. Rapport ESAM. Humanitarian Action Report 2008 -Mid-Year Review-

emergency preparedness, focusing on the key most probable contingencies: flooding, food and nutritional emergencies, etc.

Funding: Funding requested in the 2008 HAR was part of the 2008 West Africa 2008 for Nutrition and Health. In addition to the reported 2007 funding provided by CERF, Thematic and ECHO, UNICEF Mauritania received funds additional funding from Ireland, CERF and UNICEF Regular Resources as shown in the table below.

Table 1: Funding received against the 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements**	Funding gap
Health and Nutrition	1,500,000	1,388,452	2,716,516	1,328,064
Water, Sanitation and Hygiene (WASH)	500,000	0	500,000	500,000
Education	350,000	100,000	350,000	250,000
Child Protection	250,000	50,000	250,000	200,000
Mine action	250,000	0	250,000	250,000
Total*	2,850,000	1,538,452	4,066,516	2,528,064

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

** CAP 2008 was revised in May 2008.

Emergency Programme Priorities: July - December 2008

Health and Nutrition

In collaboration with WFP and many international NGOs, UNICEF will assist up to 67,314 children under-five with acute under-nutrition of whom 10,097 children suffering from severe and acute under-nutrition in the existing 350 therapeutic feeding centres and in the 500 existing supplementary feeding centres. UNICEF will also carry out preventive interventions i.e. follow up on the measles campaign, promote exclusive breastfeeding, implement the second round of Vitamin A Supplementation and de-worming, promote hand washing with soap and start-up wheat flour fortification.

Water, Sanitation and Hygiene (WASH)

Up to 10,000 displaced persons could be reached in this emergency planning with a focus on children and women. Our emergency planned interventions include: (i) the construction/rehabilitation of wells and of sanitation facilities in up to 50 schools; (ii) the rehabilitation and construction of up to 50 wells and boreholes with the installation of hand pumps to provide safe drinking water to some 10,000 inhabitants in their areas of residence and also in areas of return for repatriated communities; (iii) the building of 250-500 household latrines for up to 1250-2500 families and the maintenance of mini-water supply systems; (iv) the promotion of hygiene education and hygiene awareness programmes in schools and in local communities to supplement existing water and sanitation activities; v) implementation of water and sanitation interventions targeting displaced communities; and (vi) the installation 8 collapsible water tanks of 1000 to 5000 litres each and provision of 5,000 units of 10 and 30 litres collapsible jerry cans; and (vii) the provision of Chlorine to flooded or contaminated water supply schemes.

Education

UNICEF will support affected local schools for displaced population with: (i) school kits for up to 50 primary schools, covering 6,000 children including 205 school in boxes kits for 3000 students and for primary school teachers; (ii) Rehabilitate 40 temporary classrooms; (iii) 20 temporary classrooms tents provided until the rebuilding of new schools; (iv) 50 latrine blocks with 4 latrine cubicles along with 200-500 additional squatting plastic plates for use in areas in need; (v) 50 school sanitation committees and cooperatives will also be established to manage emergencies and school hygiene and (vi) 50 sport kits.

Protection and Mine Action

Due to the extreme poverty there are a lot of protection projects and protection issues that need funding for vulnerable children such as handicapped children, working children, street children, and domestic girls that remain unfunded to date. There are also 65 districts where landmines are suspected in Dakhlet Nouadhibou and Tiris Zemmour Regions. The Government, UNICEF, UNDP and NGOs are implementing a Mine Risk Education Programme (MRE) for de-mining and to provide assistance to victims. US\$ 250,000 additional funding is now required for mine risk education for the sensitization of children and nomadic families and to assist landmine victims.

UNICEF HUMANITARIAN ACTION

Niger

Mid-Year Review 2008

Problem Statement/Context: The four main areas of humanitarian concern in Niger are child under-nutrition, meningitis and cholera outbreaks, cyclical water floods and the insurgency of rebel groups in the region of Agadez since April 2007. UNICEF's humanitarian action from July to December 2008 will cover the needs of 252,500 under nourished children and will reach 10,000 people, out of 56,400 affected by disease outbreaks, floods and the insecurity in the North. Child hunger and under nutrition are still a humanitarian issue in Niger for the second half of 2008. The most recent nutrition survey conducted at the beginning of the lean season in June 2008 shows that Global Acute Malnutrition (GAM) has been maintained at 10.7 per cent (in June 2007, it was at 10.3 per cent; and in October 2007, it was at 11.2 per cent). While progress can be seen in some regions (e.g. Maradi), which shows the effectiveness of humanitarian response in this region, acute under nutrition rates are still at alarming levels in one region (15.7 per cent in Zinder) and conceal even more alarming situations for vulnerable age groups (21.5 per cent for children under three in Zinder). Incidence of cholera and meningitis remained relatively low during the first half of the year as only 56 cholera cases were registered in June 2008. However, maintaining high alert levels and pursuing social mobilisation on water, hygiene and sanitation is crucial to continue containing epidemics. The July floods affected almost 42,100 people in 5,100 households in two of the eight regions of Niger: Zinder and Tillabery. Since April 2007, clashes between rebel groups and the Nigerien army in the North have caused the displacement of approximately 14,300 people. The situation is aggravated by the presence of anti-vehicle mines in strategic areas. Although no mine-injuries to children have been reported until today, it is imperative for UNICEF to begin mine-awareness education in the region affected by the insecurity.

Key Results for Children: As nutrition cluster lead, UNICEF successfully supported the Government of Niger for the coordination of a network of 18 international and national NGOs for the treatment of acute malnutrition. A major effort was placed on making current nutrition response activities sustainable, by committing NGOs to further integrate their activities into national health facilities and by using national technical guidelines and standard protocols. As of August 2008, a total of 129,644 malnourished children were treated at 788 UNICEF-supported nutritional supplementary and therapeutic feeding centers. A blanket feeding operation is reaching approximately 292,000 children aged between 6 and 36 months in the most vulnerable areas of the eight regions of Niger, which represents 100 per cent coverage. To date, 30,556 children under three years of age in the region of Diffa have received blanket supplementary foods, de-worming, Vitamin A supplementation associated with mass screening for severe cases. Since 2007, the country can rely on an effective contingency plan to handle cholera. During the first six months of 2008, UNICEF provided emergency supplies to treat 56 severe cholera cases, most of them children under 18 years of age, which represents 100 per cent coverage. Additional supplies were provided to allow household to treat drinking water (chlorine tablets were distributed to treat approximately 600 metric tons of water). A total of 630,000 people under 30 years of age were vaccinated during the meningitis epidemic. Additionally, 2,200 children were treated with adequate antibiotics. UNICEF is contributing to the emergency response to the 2008 floods in the region of Zinder by reaching approximately 500 households (3,500 persons; out of which 2,625 are women and children) with non-food item family kits. To date 50 family kits have been distributed in Tillabery to reach the most vulnerable families and an additional 200 kits are needed. In response to the renewed insecurity in the North, 100 family kits were distributed to the displaced.

Key Challenges: Despite the encouraging progress achieved in the education sector in recent years (Gross Enrolment Rate has rocketed up from 37 per cent in 2000 to 62 per cent in 2008), the situation is still very challenging. Issues such as gender disparities, inadequate learning conditions and difficult school access for nomadic populations and the chronically poor are becoming more complex due to the insecurity in the North.

Inter-Agency Collaboration: UNICEF is a cluster leader in nutrition, while contributing significantly to education, health and child protection. In addition, UNICEF collaborated with the Government, the World Food Programme (WFP) and Helen Keller International (HKI) to conduct a nutritional survey in June 2008.

Funding: CERF funding was received against the HAR 2008 amounting to US\$ 1,700,000. UNICEF also received US\$ 467,289 from Finland, US\$ 449,253 from Sweden, US\$ 155,521 from the French National Committee for UNICEF and US\$ 747,101 from Spain against the West African CAP, as well as US\$ 311,526 from ECHO against the HAR 2007.

Table 1: Funds received against 2008 HAR (US\$)

Sector	Original 2008 HAR requirements	Funds received	Revised funding requirements	Funding gap
Health and Nutrition	6,413,000	3,830,690	12,040,000	8,169,954**
Water, Sanitation and Hygiene (WASH)	791,000	0	791,000	791,000
Education	230,000	0	230,000	230,000
Child Protection	50,000	0	50,000	50,000
Humanitarian coordination and response	40,000	0	40,000	40,000
Total*	7,524,000	3,830,690	13,151,000	9,280,954

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

** In addition to the funds noted in the funding table, US\$ 39,356 in carried over funds have also been utilised for 2008 activities.

Emergency Programme Priorities: July- December 2008:

Health and Nutrition (US\$ 12,040,000): *UNICEF is the cluster lead agency for nutrition.*

- By the end of 2008, Niger will shift from the use of the National Centre for Health Statistics' standards to the admission screening according to WHO's new international child growth standards. This will permit better identification and treatment of severely malnourished children and will also mean that the number of severe cases treated could increase from the planned number of 50,000 to an estimated 82,000 out of a total of 382,000 malnourished children.
- Contribute to a reduction in child mortality, maintain the rate of acute malnutrition at or below 10 per cent and reduce the rate of stunting. This will be achieved through the promotion of improved infant and young child feeding practices: early initiation, exclusive breastfeeding and timely introduction of age-specific, nutrient-rich complementary foods; improved access to health care; supplementation of children 6-59 months with sprinkles and pregnant and lactation women with multivitamin and mineral tablets, de-worming and treatment of a total of 252,500 children under five years (48,000 severe cases and 204,500 moderate malnourished cases) within the next six months through support to 805 therapeutic and supplementary feeding centres. UNICEF is also advocating for essential products, such as Plumpy Nut', to be included in the Health Ministry's list of essential medicines.
- In the area of infectious and water-borne diseases such as cholera, UNICEF will further reinforce national and local preparedness pre-positioning medical supplies and drugs in high-risk Health Districts to cover the needs of up to 10,000 people displaced by floods or by the insecurity in the North. UNICEF will also support the promotion of oral re-hydration therapy and improved sanitation.

Water, Sanitation and Hygiene (WASH) (US\$791,000)

- Support the construction of cost effective boreholes in disadvantaged areas as well as other strategies such as the distribution of water and sanitation equipment, including water tanks, water cans, cups, water purification tablets, rakes and shovels to 10,000 people displaced due to conflict or floods. Water treatment will also be encouraged.
- Support the construction of 30 latrines and 30 water points in 20 schools and 10 health centres and the construction of 500 latrines for households affected by the humanitarian crisis
- Promote hygiene and hand washing, coupled with soap distribution, reaching 1,250 families
- Support the adoption of key practices with the aim to reduce water-related diseases through communication via community leaders, the media and community-based focal points

Education (US\$ 230 000): In the context of the escalation of insecurity in the North:

- Provide 750 teachers and 5,000 parents with education on key nutrition and hygiene practices in 50 pre-school centers and 100 schools and will set up 24 pre-school classes to offer developmental and psychosocial support for almost 700 children currently not attending pre-school.
- Set up catch-up education three times per week for nearly 300 children of secondary school-going age at the schools where the displaced have settled, which is 100 per cent coverage.

Child Protection (US\$ 50,000)

- Reinforce grass-roots organisations and NGOs which are organising revenue-generating activities in the areas affected by the insecurity and those areas which may be stricken by natural disasters in 2008 to assist 200 vulnerable women and children – out of 56,400 affected by disease outbreaks, floods and the insecurity in the North – and will distribute blankets, medical assistance and increase the access to income-generating activities.

Mine Action (US\$40,000)

Provide mine risk education (MRE) in schools and communities of the Northern region of Agadez and will develop locally adapted education tools and instruct trainers on MRE.

Abbreviations

ACT	artemisinin-based combination therapy
AHPI	avian and human pandemic influenza
ALP	accelerated learning programme
ASAL	arid and semi-arid lands
AI	avian influenza
AWD	acute watery diarrhoea
BCG	anti-tuberculosis vaccine (bacille Calmette-Guérin)
BP5	high energy food supplement (biscuit)
BP-100	ready-to-use therapeutical food of high nutrition value
CAAC	children affected by armed conflict
CAAFAG	children associated with armed forces and armed groups
CAFF	children associated with fighting forces
CAP	United Nations Inter-Agency Consolidated Appeals Process
CBCCC	community-based child-care centre
CCCs	Core Commitments for Children in Emergencies (UNICEF)
CDC	Centers for Disease Control and Prevention
CDMT	Combined Disaster Management Team
CEDAW	Convention on the Elimination of all forms of discrimination against women
CEE/CIS	Central and Eastern Europe/Commonwealth of Independent States (UNICEF)
CEIP	Community Education Investment Programme
CERF	Central Emergency Revolving Fund
CWAC	Community Welfare Assistance Committee
DDR	disarmament, demobilization and reintegration (of child soldiers)
Devinfo	software tool to assist countries in monitoring the MDGs and advocate their achievement through policy measures, multisectoral strategies and the development of appropriate interventions
DfID	Department of International Development (United Kingdom)
DHS	Demographic and Health Survey
DPT3	3 doses of combined diphtheria/pertussis/tetanus vaccine
EAPRO	East Asia and Pacific Regional Office (UNICEF)
ECD	Early childhood development
ECHO	European Commission Humanitarian Aid Office
EFA	education for all
EMOPS	Office of Emergency Programmes (UNICEF)
EPI	expanded programme on immunization
EPRP	emergency preparedness and response plan
ERW	explosive remnants of war
ESARO	Eastern and Southern Africa Regional Office
EW-EA	Early Warning - Early Action system
F75	milk-based product designed for initial treatment of severely malnourished children. Supplies 75Kcal/100ml
F100	Milk-based product designed for rehabilitation of severely malnourished children. Supplies 100Kcal/100ml
FBO	faith-based organization
FTR	Family tracing and reunification
GAM	global acute malnutrition (includes children with low weight-for-height (z-score less than -2) and children with oedema
GBV	gender-based violence
GCM	global chronic malnutrition
GER	gross enrolment ratio
HAR	<i>Humanitarian Action Report</i> (UNICEF)
HTH	high test hypochlorite
HIV	human immunodeficiency virus
HCT	Humanitarian Country Team
HPAI/H5N1	Highly pathogenic avian influenza
IASC	Inter-Agency Standing Committee (United Nations)
IDPs	internally displaced persons
IEC	information, education and communication (campaign/material)
IHL	International Humanitarian Law
IMCI	Integrated Management of Childhood Illness (initiative)

IMR	infant mortality rate
IPHD	International Partnership for Human Development
iPRS	interim Poverty Reduction Strategy
IRS	Indoor Residual Spraying
KAP	knowledge, attitudes and practices
LLIN	long-lasting insecticidal nets
LQA	Lot Quality Assurance
MDGs	Millennium Development Goals
MENARO	Middle East and North Africa Regional Office (UNICEF)
MICS	multiple indicator cluster surveys
MNCH	maternal, newborn and child health
MOSS	Minimum Operating Security Standards
MOU	memorandum of understanding
MRA	multisectoral rapid assessment
MRE	mine-risk education
MSF	Médecins sans Frontières (Doctors without borders)
NCPs	Neighbourhood Care Points (in Swaziland)
NGO	non-governmental organization
OPV	oral poliomyelitis vaccine
ORS	oral rehydration salts
OVC	orphaned and other vulnerable children
PAPFAM	Pan Arab Project for Family Health
PARPA	Plano de Ação para a Redução da Pobreza Absoluta (Action Plan for the Reduction of Absolute Poverty (Mozambique))
PCA	Partnership and Cooperation Agreement
PEP kits	post-exposure prophylaxis kits
PHAST	participatory hygiene and sanitation formation
PM&E	participatory monitoring and evaluation
PMTCT	prevention of mother-to-child transmission (of HIV)
PMTCT Plus	provides treatment and care to mothers, partners and their children
PSNP	Productive Safety Net Programme
PUR	specially formulated powder, packaged in a 5 gram sachet, designed to treat highly contaminated and turbid water and make it safe to drink.
ROSA	Regional Office for South Asia (UNICEF)
RERRF	Regional Emergency Rapid Response Fund
RRM	Rapid response mechanism
RUTF	ready-to-use therapeutic food
SALW	small arms and light weapons
SAM	severe acute malnutrition: includes children with severely low weight-for-height (z-score less than -3) and children with oedema
SGBV	sexual and gender-based violence
STD	sexually transmitted disease
STI	sexually transmitted infection
SWOT	strengths, weaknesses, opportunities and threats
TACRO	The Americas and Caribbean Regional Office (UNICEF)
TFC	therapeutic feeding centre
ToT	training of trainers
U5M	under-five mortality rate
UNCT	United Nations Coordination Team
UNDAF	United Nations Development Assistance Framework
UNETT	United Nations Emergency Technical Team
UNITAID	International Drug Purchase Facility
UNITRACK	supply management and tracking system for emergency settings (UNICEF)
UNSIC	United Nations System Influenza Coordination
UXO	unexploded ordnance
VAC	Vulnerability Assessment Committee
VCT	voluntary counseling and testing
VIP	ventilated improved pit (latrine)
WASH	water, sanitation and hygiene
WCARO	West and Central Africa Regional Office (UNICEF)

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