



CRISIS APPEAL
AL HOCEIMA EARTHQUAKE, MOROCCO
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For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



AL HOCEIMA EARTHQUAKE: UNICEF'S SUPPORT TO THE MOROCCAN GOVERNMENT

- Thousands of children without school buildings, furniture and supplies
- Need to reach people in remote villages to provide health and sanitation, psychosocial and child protection support

UNICEF'S REQUIREMENTS FOR IMMEDIATE AND PLANNED RESPONSE	
Sector	Required (US\$)
Education and Psychosocial	1,299,200
Health and Nutrition	212,800
TOTAL REQUIREMENTS	1,512,000

1) Issue for children

Foremost for UNICEF in the present situation is the impact of the earthquake on education, as well as the traumatic effect of the earthquake and its aftermath on the population, especially children. UNICEF has chosen this focus because other agencies have provided emergency relief supplies, while the education and psychosocial needs of children are not covered by sister organizations. Four school buildings formerly housing over 5,000 students are completely unusable, and another dozen are partially damaged. In addition, at least 35,000 children have lost their houses, school supplies and clothing, which will certainly hamper their ability to continue schooling. The lack of a normal school routine exacerbates children's fear and increases the impact of the earthquake on their psychosocial wellbeing.

Moreover, the general population lives in fear of further tremors and very few dare re-enter their houses. Frustrations are mounting because people are deprived of easy access to sanitation facilities and have to rely on neighbours and public spaces. This further exacerbates the population's impatience with the perception that relief is not provided to them quickly enough.

UNICEF is also concerned about increased child protection issues such as care for children who have been orphaned due to the quake, family reunification efforts, and increased family violence due to increased social and family tension. An in-depth assessment is currently underway.

2) Action for children

UNICEF immediately responded to the urgent needs of the affected population by dispatching 60 tents within the first 48 hours of the crisis. In the coming days, UNICEF will ship 225 recreation kits, 450 education kits for up to 35,000 children, and a limited number of large school tents, meningitis vaccines and water purification tablets. All of these supplies will be delivered to Ministry counterparts and dispatched to the most needy locations according to distribution plans already agreed upon.

UNICEF's priority areas now are 1) the **immediate resumption of education** for all children 2) support to reestablishing a safe learning and growing environment with appropriate **psychosocial support** mainly through recreation and sports 3) assisting the authorities in a range of health activities in child **immunization**; and 4) meeting the immediate **nutritional needs** of vulnerable children and monitoring child malnutrition. UNICEF will also conduct an in-depth rapid assessment in the coming days, which may lead to expanded activities in this sector.

UNICEF's interventions will take into account the general situation of the Al-Hoceima region in terms of statistics and social indicators, especially given the fact that the condition of children and women is

significantly lower than national average, in particular in terms of immunization coverage and access to education. Girls are especially disadvantaged. UNICEF's programmes will build on existing national programmes with a view to fulfilling UNICEF's Core Corporate Commitments in emergencies, and achieving UNICEF's Medium Term Strategic Priorities and UN Millennium Development Goals.

"Back to school"

The Education sector will constitute the heart of UNICEF's emergency and reconstruction response. All of the children and teachers of the Al-Hoceima region need to resume school as quickly as possible. Not only will a rapid resumption of schooling offer the region's distressed children a sense of normalcy and structure in their disrupted lives, but it would also provide a positive signal and incentive to families and communities to rebuild and return to their "normal" lives. Getting children back to school will also give UNICEF and partners a constructive and clear focus for action for future psychosocial support. This incentive to attend school will be all the more important in a region in which access to school is lower than the national average, with girls' access to education also falling below national figures. UNICEF has collaborated closely with the Ministry of Education in order to delineate a return to school and psychosocial support strategy structured around the following activities:

- i) Where schools have been destroyed or damaged, UNICEF will aim to support the Ministry of Education (MoE) to provide children of unusable schools with alternative premises and material to attend school. This strategy aims to limit loss of learning and growing opportunities, and avoid losing a full school year, in particular for students nearing the baccalauréat exam. Supplies will include large (72 m²) and smaller tents, latrines and sanitation equipment as necessary, and a variety of teaching and learning materials (including blackboards, writing pads, paper, pencils, slates, furniture, etc) to reach over 5,000 children.
- ii) UNICEF will also distribute education and recreation materials to both urban and rural zones in which schools and/or houses have been partially damaged. These education and recreation kits will be provided to the MoE and distributed according to priority needs already established. These recreation kits should reach a minimum of 35,000 children, in addition to those benefiting from education kits mentioned in section i)
- iii) Supported in particular by the recreation kits, UNICEF will also collaborate with international (*Terre des homes*) and national partners to provide psychosocial support to at least 35,000 children in need. The recreation kits and sports will allow the children to find a path back to normal play and, in so doing, slowly get them through the first distress phase to a sense of normality and security.

Funding Requirements

UNICEF's Activities / Inputs	Requested Funds (US\$)
Establishment of and provision of equipment for schools (tents; furniture, latrine and sanitation equipment...).	720,000
Provision of necessary supplies for students and teachers (Education kits X 450)	150,000
Provision of recreation kits X 250	90,000
Programme monitoring and capacity building support	100,000
Psychosocial activities	100,000
Programme sub-total	1,160,000
Recovery costs	139,200 *
Total	1,299,200

* The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

Health and Nutrition

The procurement of initial stocks of 20,000 doses of meningitis vaccines and 100,000 water purification pills at the request of the Ministry of Health will prevent outbreaks of waterborne diseases and widespread meningitis. The next phase of action, based on the Ministry's request and in close collaboration with WHO and UNFPA, will aim to strengthen the work of the existing Ministry's mobile teams through logistical support and training to deliver a package of services addressing maternal and child services such as:

- Comprehensive vaccination coverage
- Medical consultation regarding peri-natal and child care, with a particular focus on ARI and diarrhoea risks
- Monitoring of child malnutrition and growth
- Monitoring of water quality and treatment as appropriate
- Hygiene education to communities and families, complemented by a UNICEF-supported media programme through radio, posters and flyers.

Implementing partners have already been identified. UNICEF will procure two vehicles for the Health Ministry teams, and UNFPA and WHO will support running costs. A media communication programme on health and hygiene education will be carried out in collaboration with national Arabic language radio as well as regional Berber radio. A UNICEF national staff member will be responsible for both monitoring the impact and efficiency of the activities on the ground, and assessing the need to re-orient UNICEF's long term health programme in Al-Hoceima. This will be a joint programme of cooperation with the Government of Morocco.

Funding Requirements

UNICEF's Activities / Inputs	Requested funds (US\$)
Meningitis vaccines -20,000 units-	10,000
Water purification tablets -100,000 units-	10,000
Programme communication material (radio programmes, flyers, posters)	80,000
Support to Ministry of Health through two vehicles for mobile teams	50,000
Monitoring and evaluation staff and programme assessment for potential reorientation	40,000
Programme sub-total	190,000
Recovery costs	22,800 *
Total Budget Health	212,800

* The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

Child Protection

An initial assessment by Save the Children UK and Moroccan NGOs indicates issues of concern related to the impact of the emergency on children, including the lack of disaggregated data on children, rapid institutionalisation of children separated from their families or orphans, and other issues such as family breakdown and violence. The UNICEF Protection Programme Officer is currently in the affected region, alongside national counterparts from the Secretariat of State for Social Affairs, to meet with key NGOs. UNICEF is planning to support a child protection situation assessment which will help build long-term capacity of national counterparts to analyse and address child protection issues. An action plan will be drafted on the basis of this assessment.

3) Impact

- The education action plan is integrated into a larger strategy initiated by the Ministry of Education aimed at providing a more comprehensive response to the schooling needs of children in the region. It is hoped that incentives and appropriate coordination and communication through the Ministry of Education can strengthen existing programmes to reverse a negative enrollment trend in the medium and long term, with the “back to school” campaign acting as an initial step. Activities will be monitored and supported by a UNICEF-supported staff member to be recruited for a period of six months, based in the region and closely collaborating with the MoE. Activities will benefit from WFP’s support to children in school through the provision of snacks.
- In addition to immediate needs for equipment and drugs, UNICEF will focus on medium to long term activities in collaboration with the Ministry of Health and in partnership with WHO and UNFPA. These include the low immunization coverage in the earthquake zone and surrounding area; several large pockets have been identified as having vaccination coverage of less than 40%. Poor sanitation facilities and limited knowledge of hygiene education are equally worrisome. The current crisis has exacerbated access to safe water and safe hygiene has become even more difficult to practice. In many villages and tents, water and sanitation networks and waste disposal systems are on the verge of being overloaded. Finally, external support is needed for maternal and child care. Traditionally, deliveries take place at home and deteriorating sanitary conditions can increase the chances of complications during deliveries. Meanwhile, women of the affected area are increasingly requesting milk formulas as an alternative to breastfeeding in order to be able to devote more time to finding food or other resources to keep their families alive, as well as reconstruction of their homes. Reduced breastfeeding is a worrisome trend in a country in which diarrhoea already accounts for half of infant deaths.

All of these risks will now need to be addressed in the short and medium term. The specific geographic set-up of the region makes access fairly difficult and has therefore been the main factor behind low health statistics. The current increased support and focus provides an opportunity to overcome these constraints.

4) Background information on the earthquake and UNICEF’s first response

An earthquake of 6.5 on the Richter scale hit the northeastern part of Morocco in the night of February 23 to 24, 2004, with disastrous consequences for the population at its epicentre, the small town of Imzuren, and the surrounding villages in an area covering more than 60 km. While the scale of the destruction was best reflected by pictures of Imzuren, with several buildings crumbling down and rescue workers trying to extract people and bodies trapped in the rubble, it became clear with the passing hours and days that rural areas were proportionally even harder hit. The type of material used for the construction of houses and structure, stones and pize, lacked any structural component that may have mitigated the damage in such a quake.

The overall results of the quake were grim, with over 570 deaths and some 300 injured. But more than that, a whole region is in a state of confusion and distress, afraid of sleeping in their houses due to regular aftershocks, often up to 4 and above on the Richter scale.

Civil Protection teams and army support were quickly deployed to the area, followed by a significant number of international search and rescue teams to provide immediate support. On the humanitarian front, the region’s airports were quickly flooded with relief material coming from various bilateral governments, expatriate Moroccan communities from all over Europe as well as from within the country, government support under the leadership of the Mohammed V Foundation, and humanitarian agencies. Nevertheless, the confusion created by the quake, the absence of the majority of the administration workers who were also victims of the quake, and the general fear of the population to return to their

houses created a chaotic and tense situation in which identifying priorities and addressing foremost humanitarian needs became difficult in the early days of the crisis.

From the very first hours following the disaster, UNICEF was in contact with key partners such as the Ministry of Education, Health, and Interior. UNICEF closely collaborated with sister UN agencies and Moroccan and international NGOs with a view to defining and best addressing urgent needs for assistance as people became homeless. On Friday 27 February, UNICEF sent two vehicles and a multi-sectoral team to assess the needs on the ground. The team was led by the UNICEF Country Representative, who had been designated by the UN Country Team to lead this inter-agency mission to the field, along with three UNICEF staff members, the UNDAC team leader, as well as WFP and WHO staff. Results of the assessment were as follows:

The overwhelming need in these early days was clearly still temporary shelter and relief items, especially blankets, for most families in the region. Even families with undamaged homes were afraid to return to their homes because of the potential for aftershocks. Lack of alternative accommodation or tents has forced most of the affected population to stay outside their homes in makeshift structures, while hundreds of families simply slept outside or in their vehicles.

The impact on social services and structures seemed relatively limited, with minimal damage to health clinics, electricity cuts limited to the first hours after the quake, at least in urban centres, and apparently limited in range in rural zones surrounding the epicentre. The main hospital of Al-Hoceima quickly received appropriate drugs and equipment and was only in need of additional paramedics. **Health needs** were principally related to the existence of low coverage immunization areas (40% in some cases) as well as with general peri-natal care and nutrition surveillance and assistance. An increased incidence of Acute Respiratory Infection was also observed among populations without shelter, as they continued to be exposed to severe cold. The lack of severe damage seems equally true for the **water sector**. The latter will nonetheless require extensive support in the area of **sanitation and hygiene**. Houses and sanitary facilities have been destroyed, and makeshift tent camps can present public health risks related to the management of excreta and waste disposal, as well as hygiene and sanitation daily practices because people are uneasy about defecating in such an open and ill-equipped environment.

On the humanitarian and relief front, while the early days proved a bit difficult, stronger coordination mechanisms were established, significantly supported by strengthened assessment and distribution capacity on the ground, especially through the added capacity brought in by the Moroccan Red Crescent Society and several national Red Cross delegations. With the recent involvement of the national army to support relief provision, it is hoped that remaining needs will be addressed fairly quickly.

Further details of the emergency programme can be obtained from:

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