

## UNICEF HUMANITARIAN ACTION

# GUYANA

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### URGENT NEEDS IN WATER AND SANITATION, HEALTH, NUTRITION AND EDUCATION

- Over 300,000 Guyanese affected by heavy flooding, of which one third are children
- An estimated 92,000 people still have water in and around their homes
- Poor sanitation, waste management system and vector proliferation increase risks of disease
- Intensity and scale is source of stress and possible contribution to violence and abuse
- Thousands of children have had their education disrupted
- UNICEF is appealing for US\$725,000 to cover children's and women's needs

#### 1. EMERGENCY OVERVIEW AND ISSUES FOR CHILDREN

In January 2005, unprecedented torrential rains caused the severest flooding in over a century in Guyana (total population 750,000). As a result, the Government declared Region 3 (Essequibo Islands/West Demerara), Region 4 (Demerara/Mahaica), and Region 5 (Mahaica/Berbice) disaster areas. The densely populated coastal stretch between the capital Georgetown and Mahaica on the east bank of the Demerara River, which is home to close to half of the country's the population was particularly hit. The flooding affected around 290,000 people (almost 40% of Guyana's population and close to 75% of population living in Regions 3, 4 and 5). Over half of them are women and almost one third are children under nine years. Most of these people are from the low socio-economic strata.



Overnight, thousands were forced to flee their homes in the capital and coastal villages and close to 5,000 people have had to stay in one of the 40 temporary shelters, many of them only accessible by boat. Meanwhile, a large proportion of the affected families became trapped in their homes, depending on daily delivery of food and water and highly exposed to disease and environmental health problems.

Three weeks after the peak of the emergency, an estimated 92,000 people still have water in and around their homes (192,000 people at the height of the emergency). Many areas remain accessible only by boat and the water level is reportedly still as high as 1.2-1.5 metres in some villages, while rivers have swollen alarmingly.

The flooding has been compounded by the problem of drainage in the affected area, which is located between two dams – the sea wall and a dyked water conservation with a catchment area of 500km<sup>2</sup>. The conservation dyke spilled over and the water level has since been dropping very slowly (4cm a day) because of the limited pumping capacity and poor maintenance of the drain channels. Many of them are either overgrown with vegetation, filled in, or have culverts blocked by rubbish. The threat of a collapse or breach of the conservation dyke is still present. This would mean an additional one metre of water, a catastrophe in areas already under water.

The main characteristic of this emergency has been the sudden deterioration of the hygiene and sanitation situation in the flooded areas. Raw sewerage is mixed with standing water; solid and human waste as well as dead animals are widely observed in areas where the population is in direct contact with stagnant water. The lack of safe drinking water and the risk of contamination within that polluted environment constitute the main threat to the health of the population, especially for infant and young children who are most at risk of water-borne diseases. In addition to diarrhoea, leptospirosis is becoming a serious problem, as might do dengue and malaria as well. Many health centres in the affected areas, of which two thirds were flooded, have become dysfunctional, because they are flooded and equipment and drug supplies have been damaged. This is an additional challenge for the relief efforts.

While moderate floods are not unusual in Guyana, this generation has never experienced a natural disaster of this scale. The massive and prolonged flooding meant that thousands of families have to deal with the trauma of the floods as well as the disruption of their daily lives, the loss of personal belongings and damage to their homes. For children especially, this can create a sense of insecurity and confusion. The trauma linked to the floods and the fact that many people now live in congested settings is also a source of stress and can possibly contribute to violence and abuse, especially against women and children. Therefore, there is need for psycho-social and educational support and treatment of shock and trauma.

The school system has been disrupted because of the floods and also because many schools are being used as shelters. The shelters are now gradually being closed as waters recede. Compounds, buildings and their furniture will now need to be disinfected and rehabilitated to ensure the schools are safe to resume classes. Damaged learning materials will also have to be replaced.

## **2. UNICEF'S RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS**

On 19 January, the Government of Guyana (GoG) declared Administrative Regions 3, 4 and 5 to be disaster areas. The GoG established a National Committee to regularly assess the situation, comprising line ministries, all political parties including the opposition, and members

of civil society. Five national Task Forces on Health, Water, Shelter, Food security and Infrastructure were set up, coordinated by the Civil Defence Commission (CDC).

## **1. Health and Nutrition**

### ***Health***

The major challenge has been to safeguard the health and well-being of children and their families. An important part of the Health Task Force's response has been the establishment of mobile emergency health teams with the objective to provide immediate health and sanitation services and public health education to affected communities. In conjunction with the Pan-American Health Organization (PAHO), UNICEF has been providing support to these teams. Through the Ministry of Health, UNICEF has provided essential water and sanitation items, including 15,000 Oral Rehydration Salt sachets as well as 40 large water containers and 3,000 buckets used for waste and excreta disposal. In support of the shelter management by the Guyana Defence Force (GDF), UNICEF is also equipping shelters with water and sanitation items and personal hygiene products as well as 3,000 blankets. UNICEF has ordered 5,000 treated bed nets to be distributed to people in shelters and communities through the GDF.

In collaboration with PAHO and the Red Cross, UNICEF will continue supporting the development, publication and broadcasting of public health messages, as part of a national awareness campaign with the participation of the communities, local administrations and civil society.

### ***Nutrition***

In the area of nutrition, the focus is on ensuring access to food for the affected populations, especially the most vulnerable groups, such as children and pregnant and lactating women.

At the height of the crisis, the Government estimated needs for food supplies for 200,000 people on a daily basis. The provision of cooked food for around 40,000 households has proven to be a great challenge. The Civil Defence Commission and the Food Task Force have been responsible for delivering thousands of hot meals on a daily basis as well as some dry ration distributions in the affected communities and shelters. Upon urgent request, during the first days of the emergency, UNICEF provided 600 emergency dry food family rations to households in the especially difficult to access areas.

WFP is now taking the lead in the food security and in assuring an appropriate general food ration. UNICEF is helping monitor children's nutritional and micronutrient status. It is also providing nutritional education and promoting breastfeeding.

### ***Child protection and psycho-social support***

UNICEF has been working closely with the GDF to ensure that shelters have child-friendly spaces. Through its network of partner NGOs, UNICEF is providing psycho-social, educational and recreational support, building capacity of volunteers in shelters, and supplying educational and recreational items. Also, these volunteers support the Ministry of Health's work by promoting public health standards, and HIV/AIDS education. UNICEF will intensify its psycho-social, educational and recreational work in the shelters and expand its efforts to the community spaces and schools. Teachers, health workers, community leaders and care givers will be trained in psycho-social skills. In collaboration with the Government, UN Agencies and NGOs, UNICEF will support the provision of psycho-social services in the flood-affected areas through the health and education system.

## **2. Water and Sanitation**

The major focus of the relief efforts is placed on securing access to safe water and adequate sanitation, and ensuring adequate disposal of solid and human waste.

The Guyana Water Authority has placed over 90 400-gallon water tanks along the east-west roads, which are filled by tanker trucks on a regular basis, 60 of them provided by UNICEF. Access to safe water remains a major concern, in particular for children in difficult to reach areas. Water in the public system is now safe for cleaning and bathing services, but not for drinking, and a significant proportion of the most affected areas still do not have access due to lack of pressure in the public system. Besides technical assistance, UNICEF, together with PAHO, has been providing four 1,500 litres water tanks, as well as 12,250 water containers (10 litres each) for distribution to households, and 14,400 water purification tablets.

UNICEF will continue supporting the Ministry of Health's efforts in cleaning up the communities, through provision of cleaning tools and cleansing products, as well as the development of a community-based awareness campaign on water quality, sanitation and hygiene practices. It will furthermore promote the adoption of minimum water and environmental sanitation standards for all public property by local government entities and the collaborative monitoring and evaluation of these by Community Based Organisations (CBO).

### **3. Education**

83,000 children and adolescents have not been able to attend classes since the beginning of the floods. Moreover, most of the shelters are set up in school buildings as these often are two storey buildings. It is therefore critical that alternative sites be found to enable children to go back to school. The rapid resumption of basic educational services for children through the cleaning up and rehabilitation of school material and equipment, and infrastructure is crucial to ensure children's access to education and resume a sense of normalcy in their lives. The Ministry of Education has requested UNICEF to coordinate these efforts. At the initial stage UNICEF provided essential cleaning materials to 171 schools.

In the transition phase, the construction or rehabilitation of child friendly water and sanitation facilities in all affected nurseries, primary and secondary schools will be critical. Also, hygiene education will be pursued through existing life skills programmes in schools. Children, teachers and parents associations will be actively involved in this. Existing WES clubs in schools in other Regions will provide an initial framework for student participation. Facilitated by the Ministry of Health, water quality in schools and communities will be monitored by students, who will do this as part of their curriculum.

### **3. IMPACT OF UNICEF'S ACTIVITIES**

Directly or indirectly, UNICEF's support will cover around 250,000 people in Georgetown and the East Coast villages.

Safe drinking water supplies will reduce infant mortality and morbidity from diarrhoeal disease, allowing families to fulfil their basic needs for water to maintain life and health. The combined interventions in the area of health, water and sanitation will result in the stabilisation of affected populations and immediate reduction of water-borne diseases (including leptospirosis), dengue and malaria, particularly among infants and young children. 92,000 people, of which half are children, will benefit from the rehabilitation of health services, with access to safe water and sanitary facilities. 40,000 women, children and their families will be given psycho-social assistance through the education system and community services. In the longer term, health, and water and sanitation education and campaigns will have an impact on behaviour change and future flooding, as the floods were caused, to a certain degree, by congested drainage canals.

The rapid resumption of basic education services for children through the rehabilitation of school buildings and furniture, as well as the provision of school materials, will enable 83,000 children to attend classes and sit their exams which are planned for March/April and May/June. Ensuring child friendly spaces in the shelters and outreach to communities will contribute to mitigation of trauma and psycho-social impact on the lives of children. It will also contribute to a change in behaviour and have a positive impact on conflict prevention.

In general terms, UNICEF's interventions will serve to strategically enhance the GOG and local authorities' preparedness and response to severe emergencies affecting children's survival and development. UNICEF's expertise in disaster management and response, putting children's and women's rights at the forefront, will support local capacities, reinforce existing protocols, and help establish a rights-based emergency response mechanism within the GoG, UN agencies and civil society organisations.

#### 4. APPEAL REQUIREMENTS AND RECEIPTS

A first estimate of total financial needs for continued immediate and medium term response is presented below. Thus far, UNICEF Guyana has received £80,000 from DfID and US\$60,000 from the US Government.

UNICEF is coordinating its response with other UN Agencies and NGOs and is participating in the flash appeal prepared by the UN system, in which longer term strategies and needs are identified.

| SECTOR                                       | TOTAL COST (US\$) |
|--|-------------------|
| <b>1. Health and Nutrition</b>               |                   |
| 1.1 Public awareness and MCH health services | 100,000           |
| 1.2 Psycho-social support                    | 150,000           |
| <b>2. Water and Sanitation</b>               | 125,000           |
| <b>3. Education</b>                          | 350,000           |
| <b>TOTAL<sup>1</sup></b>                     | <b>725,000</b>    |

<sup>1</sup> Including 12% recovery costs. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

Further details of the Guyana Emergency Programme can be obtained from:

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