

# The Government of Brazil and UNICEF

Global partnership for  
humanitarian cooperation



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#### ABOUT UNICEF

UNICEF promotes the rights and well-being of every child, in everything we do. Together with our partners, we work in more than 190 countries and territories and territories to translate that commitment into practical action, focusing special effort on reaching the most vulnerable and excluded children, to the benefit of all children, everywhere. For more information about UNICEF and its work please visit <http://www.unicef.org>.

#### COVER PHOTO

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*One-month-old Monyaguek Mayen is held by his mother while receiving a dose of oral polio vaccine, in the Chilak Returnee Centre, in the town of Rubkona, South Sudan.*

#### DESIGN

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*WASH-Nutrition Activities in the  
Community Health Centre of Sampara*

UNICEF/Mali/2017/0266

“  
**FOOD AND NUTRITION INSECURITY AND VULNERABILITY** to ever so frequent socio-environmental disasters remain as some of the most pressing challenges of our times, as millions of people struggle to cope with such situations. Children and adolescents pose a particular concern that requires the utmost attention of the international community..

As an emerging country that is constitutionally bound to fight hunger and promote human rights worldwide, Brazil has been deepening its efforts in the past few years to cooperate with multilateral organizations to face the challenges of increasingly complex humanitarian crises, proposing new models to cooperate in such contexts, based on reciprocity, dialogue and sustainability.

None of this work, however, would be possible or effective without the exemplary work and dedication of the UN agencies around the world that are in the frontline of humanitarian cooperation. In that sense, UNICEF stands out as an unequivocal partner, providing timely response and ensuring comprehensive and effective delivery of humanitarian assistance, which is essential to the well-being, development and protection of children and adolescents at risk. UNICEF's work, which combines emergency actions with initiatives that are aimed at long-term sustainable change, are fully in line with the sustainability that Brazil is aiming for in its humanitarian cooperation.

The partnership with UNICEF represents a strategic alliance to advance Brazil's humanitarian cooperation. This partnership allowed interventions in 11 countries, ranging from infant nutrition and health to psychosocial support, disaster risk reduction and education. It is a partnership that goes even further than others to permit experiences and public policy debates, such as the joint elaboration of the National Protocol on Integral Protection of Children and Adolescents in Disaster Situations, to be shared.

We hope that the effort of compiling the work carried out by UNICEF and Brazil can help disseminate the results of this partnership, thus strengthening our collaboration and furthering the joint coordination of our actions. Yet most of all, we hope that this publication helps to highlight the challenges of surviving which millions of children face every day and the work needed to help them live fulfilling lives.



**Minister Milton Rondó Filho**  
*General Coordination of  
 International Actions against  
 Hunger (CGFome)*  
 Ministry of External  
 Relations, Brazil



*Children run home after attending a Circle of Dialogue, meant to encourage discussion about important social issues like health, hygiene, sanitation as well as issues like HIV, in the village of Rwaza in Musanze district in northern Rwanda.*

## THE PROTECTION OF CHILDREN AND ADOLESCENTS

in humanitarian crises lies at the core of the work promoted by UNICEF worldwide. Emergencies place children, adolescents and their families at significant risk, and our work in humanitarian relief involves the establishment of relationships with a wide variety of partners to create protective environments for children. In so doing, our work aims to relieve suffering wherever children are threatened, based on the Core Commitments for Children (CCC) and on the principle that no child should be exposed to violence, abuse or exploitation.

This report brings the outcomes of interventions implemented in 2012 through a horizontal south-south cooperation (HSSC) partnership between the Government of Brazil and UNICEF in humanitarian cooperation, which provided funds to implement timely interventions in Angola, Armenia, Azerbaijan, El Salvador, Haiti, Kazakhstan, Mali, Mauritania, Niger, Rwanda and Somalia. Moreover, the partnership also allowed the development of a Disaster Risk Reduction Strategy for the region of Latin America and the Caribbean (LAC) to guarantee children's and adolescents' safety.

As an example of the results achieved, the work implemented in Armenia in partnership with the national government is expected to decrease the level of stunting in the targeted communities by 10 per cent, whilst increasing the proportion of mothers exclusively breastfeeding for six months by 15 per cent.

In Niger, interventions to treat children with acute malnutrition and the distribution of therapeutic supplies treated 2,405 children, and in Somalia, the nutrition programme supported the treatment of 263,276 severely malnourished children under five years of age between July 2012 and July 2013.

The outcomes of this partnership highlighted the importance of joint actions to provide humanitarian relief, as such interventions provided the tools, technical knowledge and the resources necessary to not only address emergencies, but to also ensure that children, adolescents and women are not neglected, as they represent the most vulnerable population groups in emergencies.

Enjoy your reading.



**Gary Stahl**

*UNICEF Representative to Brazil*



*Health workers prepare enriched milk for malnourished children in nutrition center of Kaédi Hospital, with UNICEF support, in Mauritania.*



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When disaster strikes,  
help is needed fast.  
Helping the world's most  
vulnerable populations  
in crisis situations is  
a moral imperative  
for the international  
community and can  
make the difference  
between life and death.



*Children play near the  
Niger River in Bamako, Mali  
on December 9th, 2012.*

# Global partnership FOR humanitarian COOPERATION

**UNICEF AND THE GOVERNMENT OF BRAZIL** strive to ensure that all children enjoy their rights to education, adequate nutrition, safe water, sanitation and health, and that they are protected from discrimination, exploitation, violence and abuse.

In order to implement timely and effective humanitarian interventions, UNICEF and the Government of Brazil joined efforts in 2012 through a global partnership on international humanitarian cooperation that manifested an evolving progressive mutual relationship, which jointly identified a number of strategic directions.

This partnership provides emergency relief to victims of social and environmental disasters to save and preserve life wherever people are in need of relief, and prevents and alleviates human suffering, whilst preserving the integrity and dignity of affected populations.

Such efforts, including many silent emergencies, have led to a collaboration with local and international partners, including governments, UNICEF's regional office in Panama, sister UN agencies and civil society to promote human and children's rights, in 11 countries: Angola, Armenia, Azerbaijan, El Salvador, Haiti, Kazakhstan, Mali, Mauritania, Niger,

Somalia and Rwanda. This report brings the results of these interventions, which were implemented throughout 2012.

The initiative represents an important milestone in widening the collaboration between UNICEF and the Government of Brazil to a broader global partnership with the goal of responding rapidly and efficiently to the needs of the many suffering children and women across different regions and countries, and thus it contributes to ensuring the protection and fulfilment of the basic human rights of these vulnerable populations, and most importantly, to saving lives.

As a direct result, this partnership has fostered mutual horizontal exchanges of knowledge and technical cooperation between Brazil and numerous other countries, which have been used to build on lessons learned and good practices in Brazil and elsewhere.

This partnership is evolving to go beyond emergency relief and disaster response, in efforts to implement unified policies that will make a difference in emergency settings, and as a result save lives and protect the rights of vulnerable population groups that are often neglected.





*Niger, 2012 Women wait for a consultation at the CRENAS in Gabi. Most of the children here suffer from mild malnutrition. CRENAS is an out-patient treatment centre for children with Severe Acute Malnutrition (SAM).*

Related to such efforts, the Government of Brazil and UNICEF have incorporated a strategic component of Disaster Risk Reduction into the partnership, which has resulted in a series of horizontal cross-border experiences between Brazil and other countries, thus cementing cooperation activities to share good practices and initiatives with concrete follow-up actions and great potential for future horizontal cooperation.

One such practice, the National Protocol on Integral Protection of Children and Adolescents in Disaster Situations, developed by the Government of Brazil with technical support from UNICEF, was launched in 2012. In response to requests from a series of other countries that wanted to learn from this practice and develop their own national protocol based on the successful Brazilian experience, the protocol was shared with several countries such as Armenia, Colombia, Costa Rica, Cuba, Panama, Ecuador, Guatemala, India, Jamaica, Mexico and Niger.

The global partnership between UNICEF and the Government of Brazil in humanitarian cooperation has been crucial to ensuring comprehensive and effective delivery of humanitarian assistance, contributing to the well-being, development and protection of children and adolescents throughout the world.

It also opened space for the diverse array of programmes necessary to address the full spectrum of children's rights, which are especially important in emergencies, when these rights are most under threat.

As 2015 draws closer, UNICEF and the Government of Brazil will strengthen their partnership and focus on equity, whilst striving to reach the most vulnerable children to achieve the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs) globally.

# Brazilian Humanitarian Cooperation

**IN A WORLD OF CONSTANT CHANGE, THE GOVERNMENT OF BRAZIL BELIEVES** that international humanitarian cooperation unites nations and peoples, strengthening international bonds of solidarity and adapting international humanitarian cooperation to new and changing realities.

In the past few years, Brazil has stepped up its actions in international humanitarian cooperation through Brazilian embassies around the globe, as well as voluntary contributions to international organisations and food donations.

In 2006, to hasten the response to emergencies abroad, The Ministry of External Relations created a specific budget line item for humanitarian cooperation, which is channelled and managed through the General Coordination of International Actions Against Hunger (CGFome).

Since 2007, Brazil has contributed more than USD 334 million to international humanitarian cooperation and has supported humanitarian actions in over 50 countries, mostly in Latin America, the Caribbean, Africa and Asia.

To promote efficiency and improve accountability frameworks of humanitarian actions globally, the Government of Brazil is constantly exploring new partnerships to create innovative methods to manage and monitor actions.

The Brazilian Government's commitment to international humanitarian cooperation is strongly linked to its national priority of eradicating extreme poverty, and is aligned with domestic learning and other successful experiences, which have, in the last decade, lifted millions of Brazilians out of

extreme poverty and food insecurity. Hence, the international commitments of the Government of Brazil prioritize projects that promote structural changes to eradicate hunger and poverty globally.

The Brazilian humanitarian policy follows a two-track approach: emergency and structural actions. The former approach involves contributions aimed at saving lives and alleviating human suffering and is based on cash or in-kind contributions made in partnership with international organisations. The latter aims to empower individuals and communities to overcome chronic socioeconomic vulnerabilities and achieve food security on a permanent basis.

This approach was inspired by the successful Brazilian domestic social policies, which changed the domestic scene. Examples of such policies include the Food Acquisition Programme (PAA), which promotes the development of local agricultural production by stimulating local acquisitions; and the National School Feeding Programme (PNAE), which focuses on school feeding to guarantee proper nutrition and foster school attendance. By combining both programmes, the Brazilian Government created a structured demand system that guarantees a market for smallholders whilst providing food security in the public education system.

Recognizing the role of local development to build resilience against disasters, Brazil intends its humanitarian cooperation efforts to be in conformity with global principles and standards on sustainable (socioeconomic and environmental) development. For further information about ongoing initiatives supported by the Government of Brazil, please access the Governmental portal for humanitarian cooperation:

*<http://cooperacaohumanitaria.itamaraty.gov.br>*



*Since the beginning of the crisis in the Sahel (Mauritania), UNICEF has provided treatment that saved the lives of 140.000 children with severe malnutrition.*

# About UNICEF

## **THE UNITED NATIONS CHILDREN'S FUND (UNICEF) HAS A LONG HISTORY**

of working in environmental and social emergencies and humanitarian contexts. Originally called the United Nations International Children's Emergency Fund, it was created to provide humanitarian assistance with the purpose of working with others to overcome the obstacles that poverty, violence, disease and discrimination place in a child's path, as it believes that nurturing and caring for children are the cornerstones of human progress, and that through key partnerships, one can advance the cause of humanity.

The organisation is one of the driving forces that help to build a world in which the rights of every child are realized. UNICEF has the global mandate to influence decision-makers, and the variety of partners at grassroot level to turn the most innovative ideas into reality, thereby making UNICEF unique among world organisations and those working with the young.

The international community is faced with increasingly complex humanitarian crises, which place children and women at significant risk. On average, UNICEF responds to more than two hundred emergencies every year, informing and shaping these interventions as

a global leader for children. The organisation advocates for measures to give children the best start in life, as it believes that proper care at the youngest age forms the strongest foundation for a person's future.

As an example of UNICEF's activities, the organisation promotes girls' education—ensuring that they complete primary education as a minimum—since it benefits all children, both girls and boys, based on the fact that girls who are educated grow up to become better thinkers, better citizens, and better parents to their own children.

As no child should suffer or die from a preventable illness, UNICEF strives to ensure that all children are immunized against common childhood diseases, and well nourished. Furthermore, the organisation works to prevent the spread of HIV/AIDS among young people, to keep them from harm and enable them to protect others, as well as help children and families affected by HIV/AIDS to live their lives with dignity.



*Health Community Centre of  
the Village Logo-Sabouciré,  
Kayes region, Mali. Programme  
ECHO-UNICEF.*



UNICEF upholds the Convention on the Rights of the Child. It works to ensure equality for those who are discriminated against, girls and women in particular, for the progress promised in the United Nations Charter, and to hold everyone accountable to the promises made to children, whilst striving for peace and security.

UNICEF's humanitarian action encompasses both interventions focused on preparedness for response to save lives and protect rights as defined in the Core Commitments for Children in Humanitarian Action (CCCs), in line with international standards and guided by humanitarian principles. UNICEF contributes to address underlying causes of vulnerability to disasters, fragility and conflict through both its support in response to humanitarian crises and through its regular programmes.

To implement those principles and guidelines, UNICEF is active in more than 190 countries and territories through country programmes and National Committees and is part of the Global Movement for Children—a broad coalition dedicated to improving the life of every child. Through this movement, and events such as the United Nations Special Session on Children, UNICEF encourages young people to speak out and become advocates that participate in the decisions affecting their lives.

UNICEF involves a wide variety of partners in creating protective environments for children and is present to relieve suffering wherever children are threatened, based on the principle that no child should be exposed to violence, abuse or exploitation.

UNICEF recognizes horizontal south-south cooperation as an ever-increasing wellspring with huge potential for international development and humanitarian action, which arises from the added economic resources of increasingly prosperous developing countries, from the perceived value of development partnerships founded upon principles of solidarity, from similar national experiences and a shared understanding of the needs of developing countries, which increase the likelihood of achieving innovative solutions that are appropriate to the diverse country contexts.

To UNICEF, horizontal south-south cooperation is thus a means of pursuing human rights and development for children, adolescents and women globally, through a results-focused exchange of knowledge, skills, and resources, including technology, and methods and information transfers between and among stakeholders, policy-makers and partners in developed and developing countries.

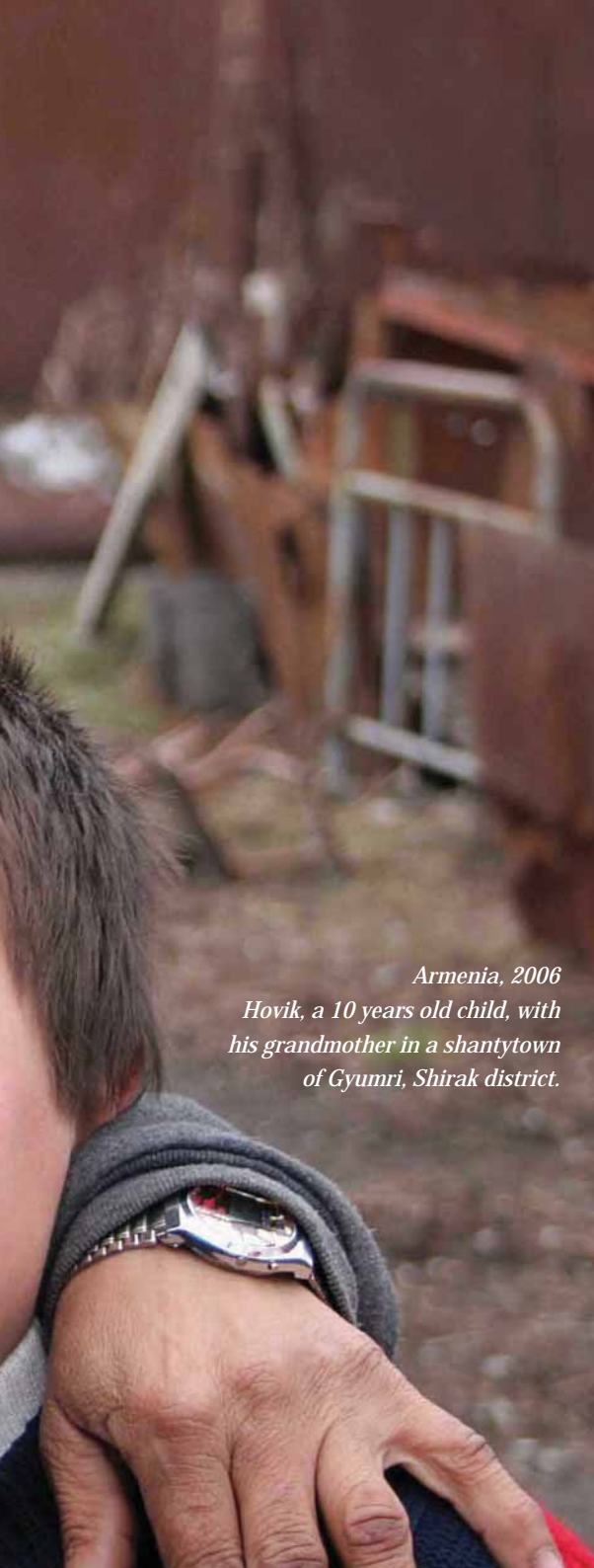
Building on its global mandate, the organisation is able to provide expertise for facilitating horizontal south-south cooperation initiatives and programmes around a wide variety of sectors, including Social Protection, HIV/AIDS, Child Rights and Protection, Adolescents Programmes, Sports for Development, Education, Early Child Survival and Development (Health and Nutrition), Food Security, Gender, and Humanitarian Action.



# Central, Eastern Europe and the Commonwealth of Independent States

*Armenia, 2006*

*Hovik, a 10 years old child, with  
his grandmother in a shantytown  
of Gyumri, Shirak district.*



# Armenia

## IMPROVING INFANT AND YOUNG CHILD FEEDING

Although Armenia is committed to efforts of meeting the health targets set by the MDGs, the size and magnitude of health and nutrition issues facing children and young people remains considerable. The last nationwide household survey (DHS 2010) indicated that the nutrition status of children is deteriorating. Stunting increased to 19 per cent among children under the age of five, a figure close to what is considered an emerging public health issue. Moreover, negative trends have been observed for all other nutrition indicators.

## IMPACT OF THE INTERVENTION

With support from the Government of Brazil, UNICEF and the Armenian Ministry of Health have defined and implemented a comprehensive multi-component project on improving child nutrition and reducing stunting in the most remote border region of Armenia, Syunik Marz, where an effective collaboration with health authorities was established to ensure the ownership and smooth implementation of planned activities.

*A girl during Armenian National Day festivities in Yerevan, the capital.*

The national strategy on nutrition was revised, whereby professional guidelines and standard protocols on infant and young child feeding were developed by a national expert team selected by the Ministry of Health in efforts to unify information and approaches in nutrition related to the prevention and treatment of malnutrition.

National trainers provided training and capacity building on sound infant and young child nutrition, early nutritional problem identification and proper nutrition management—which included parent counselling and educational material to be used in counselling sessions—to healthcare providers, such as paediatricians, family doctors and nurses.

Additionally, special TV programmes were developed and broadcasted on national and local levels to disseminate good practices on nutrition from pregnancy up to children of five years of age. The programmes had a high coverage rate, which also encouraged parents to pick up the educational material distributed to educational centres. This material included the new feature of “Daily Menus”, in which parents

could find detailed daily menus and recipes on what and how to prepare food, as well as on how to feed children of different age groups.

Educational centres have TVs, monitors and computers so parents can use the didactic material and be informed of key immunization dates, as well as educational classes and other relevant information.

It is expected that, through this joint intervention, the level of stunting in targeted communities will be decreased by 10 per cent and the proportion of mothers exclusively breastfeeding for six months will be increased by 15 per cent.

The impacts will be measured by comparing data from a process that was initiated before the intervention with post-intervention survey data. This will also be implemented with the support of the Government of Brazil and UNICEF, among other partners.

Through this joint intervention, it is expected that the level of stunting in targeted communities will be decreased by 10 per cent and the proportion of mothers exclusively breastfeeding for six months will be increased by 15 per cent.



# Azerbaijan

## PSYCHOSOCIAL SUPPORT FOR INTERNALLY DISPLACED YOUNG PEOPLE

In 1988, the region of Nagorny-Karabakh declared its independence. With the Soviet Union dissolution, a bitter conflict ensued after Nagorny-Karabakh forces, supplemented by Armenian troops and contrary to four Security Council resolutions, forced all ethnic Azerbaijani people out of the region and seven of its surrounding counties. Since 1994, there has been a fragile cease-fire—under which people are still dying every year—and the peace process has stalled.

The result of this turmoil led to around one million internally displaced people (IDPs) and refugees of ethnic Azerbaijani origin, of whom approximately two-thirds were internally displaced, and one-third refugees from Armenia. Although there are no people living in tented camps, around 200,000 of the IDPs are currently living in “collective centres”, such as half-built hotels, old factory dormitories, schools and similar buildings<sup>1</sup>.

<sup>1</sup> Azerbaijan: Analysis of Gaps in the Protection of Internally Displaced Persons, UNHCR 2009.

UNICEF is working with local partners to develop psychosocial support for internally displaced young people in these locations since their living conditions are often extremely harsh.

### IMPACT OF THE INTERVENTION

With support from the Government of Brazil, UNICEF Azerbaijan has launched a multifaceted programme to address the psychosocial needs of internally displaced adolescents and young people affected by the Nagorno-Karabakh conflict.

Based on a rapid psychosocial assessment, a programme was tailored to address the wide range of issues identified as affecting the young displaced population since many of them suffer from Post-Traumatic Stress Disorders, somatic disorders, increased anxiety and aggression, reluctance to reconciliation, and in some cases, a desire for revenge.

As a result of UNICEF's advocacy efforts, the programme received unlimited approval from the Government of Azerbaijan through the Ministries of Foreign Affairs, National Security, and Health, the State Committee on Refugees and IDPs, as well as the State Committee on Family, Women's and Children's

Affairs, which acknowledged the relevance and timeliness of the proposed set of interventions and confirmed their readiness to provide complete support for their implementation.

UNICEF has selected specialists who are being trained to provide psychological counselling to adolescents and their families in Barda, Aghdam and Aghjabedy, where the majority of refugees and IDPs reside. The activity is led by a joint group of international experts and future psychologists from Baku State University, and is welcomed and recognised by both the local authorities and the IDP/refugee communities as a very tangible contribution to improving children's psychological well-being.

Regular psychological supervision is also being introduced by UNICEF to ensure that the specialists of those services learn how to cope with their emotional exhaustion, so that they can continue to provide effective professional assistance to adolescents and young people in the long term.

With support from the Government of Brazil, UNICEF Azerbaijan has launched a multifaceted programme to address the psychosocial needs of internally displaced adolescents and young people.



# Kazakhstan

## FOR A BETTER START IN LIFE: A COMMUNITY-BASED APPROACH FOR PROPER NUTRITION OF CHILDREN UNDER FIVE

In Kazakhstan, 3.7 per cent of children under the age of five are moderately underweight (weight for age) and 1.2 per cent are classified as severely underweight. Additionally, 13.1 per cent of children are moderately stunted (height for age) and 5.4 per cent are severely stunted. Wasted (weight for height) children account for 4.1 per cent and severely wasted children for 1.7 per cent.

A higher percentage of underweight children live in urban areas, with 4 per cent being moderately underweight and 1.5 per cent being severely underweight. The highest proportion of moderately underweight and wasted children is found in urban areas, whereas that of stunted children is found in rural areas<sup>2</sup>.

*Ms. Svetlana Balybina leads her 6-year-old students in an exercise, at Kindergarten No. 53 in the city of Almaty.*

2 "Multiple Indicator Cluster Survey MICS, Kazakhstan 2010/2011". UNICEF and UNFPA.



Malnutrition among 0 to 36-month-old children is a complex problem that is linked to social and economic factors, inadequate feeding practices, low food availability, stereotypical concepts of what constitutes proper child nutrition, little knowledge and skills of mothers, and poor advice and counselling from healthcare providers.

Moreover, children's diets are lacking vitamin A, iron, zinc, among other vitamins and minerals. To improve the micronutrient status of 0 to 36-month-old children, UNICEF is working to promote nutritional improvement through existing food products and by educating caregivers so that they can introduce complementary food for children aged 6 months to 3 years.

### IMPACT OF THE INTERVENTION

With support from the Government of Brazil, UNICEF has introduced the most effective approaches to prevent and address malnutrition to the Government of Kazakhstan, thus significantly improving the nutritional situation of the most vulnerable children in the country.

Within the partnership with the Government of Brazil, UNICEF has built the capacities of healthcare providers on infant and young

child feeding (breastfeeding, complementary/ supplementary feeding and weaning practices) and improved counselling practices.

The primary healthcare system was strengthened, as 168 doctors and nurses were trained on infant and young child nutrition, proper nutritional practices, early identification of nutrition related problems and growth monitoring, all of which focused on children from vulnerable families.

Besides improving the skills and knowledge of healthcare practitioners, family and community knowledge and awareness of sound nutritional practices for infants and young children, as well as early identification of nutrition related problems, increased, and monitoring activities focusing on the most vulnerable children improved.

The intervention aims to reduce child mortality to 17.5 deaths per 1,000 live births, reduce infant mortality to 14.9 per 1,000 live births, halt the incidence of anaemia among children under 5 years, increase the breast-feeding of infants under one year to 75 per cent, increase parent training on care and feeding practices, and reduce the number of children receiving artificial food.

Within the partnership with the Government of Brazil, UNICEF has built the capacities of healthcare providers on infant and young child feeding, including breastfeeding, complementary and supplementary feeding and weaning practices, and improved counselling practices.



# Latin America and the Caribbean



*Bolivia, 2013*

*Two small children play with toy xylophones at the Sayariy Warmi early childhood development (ECD) centre in Sucre, the capital. UNICEF supports ECD centres throughout the country.*

UNICEF supports an overall approach to disaster risk reduction (DRR) that focuses on the participation of civil society and children themselves through interactive learning, educational and capacity building activities, mass-media communication and campaigns.

## **DISASTER RISK REDUCTION AND EDUCATION**

In the region of Latin America and the Caribbean (LAC), UNICEF is engaging in capacity building with children, civil society and local authorities at decentralized levels to reduce disaster risks for children. This includes disaster risk educational training, knowledge building of risks, promoting a culture of safety, and supporting increased preparedness for efficient humanitarian responses that address children's needs. This strategy aims at ensuring children's safety through education and preparedness, and by advocating the reduction of underlying risk factors: nutrition, health, water, sanitation and hygiene, and child protection.

In its activities, UNICEF supports an overall approach to disaster risk reduction (DRR) that focuses on the participation of civil society and children themselves through interactive learning, educational and capacity building activities, mass-media communication and campaigns.

UNICEF also works to raise awareness and build the capacities of humanitarian actors such as national/local NGOs, municipalities and the Civil Defence to ensure that the specific needs of children facing emergencies are known and addressed.

## **IMPACT OF THE INTERVENTION**

With support from the Government of Brazil, UNICEF implemented a child-focused DRR strategy in the LAC region, where two main strategies have been promoted in partnership with the NGO RET (Protecting Through Education). The first of these strategies focused on the development of DRR communication directed towards civil society, especially

children and youth, and the second worked on high-level advocacy to ensure child and youth participation at all levels.

The DRR education activities and capacity building of civil society groups have focused on the poorest and most affected communities, targeting children, child groups, parents, teachers, communities, and local authorities and organisations in Bolivia, Colombia, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Nicaragua and Peru, as they are the most disaster-vulnerable countries.

The communication strategy centred on DRR for children, which included the development of DRR communication materials adapted to different kinds of civil society audiences. The materials were based on the five priorities of the Children's Charter for DRR, which have been promoted in various countries and used in high-level instances, including leaflets, a video, and messages, which were disseminated via social media in cooperation with partners from the CORELAC network (formed by six child-focused UN bodies and INGOs).

As a direct result of the joint efforts, UNICEF has developed a "Plan of Action to support Child participation and empowerment in DRR", along with "Implementing Guidelines", which started being rolled-out in mid-2013 in 10 countries of the LAC region.

The guidelines include promoting the use of the new "MapYourSchool" interactive platform for satellite-based risk mapping, by which children and youth can map risks in their communities and develop a risk management plan of actions.

High-level advocacy included the development of the “Regional Declaration on DRR on behalf of Children and Youth”, adopted as part of the Santiago Communiqué at the regional Disaster Risk Reduction Platform in November 2012; a special event on child-focused disaster risk reduction chaired by a child ambassador and organised as a plenary event that raised the interests of Governments in the region to advance the disaster risk reduction agenda in their respective countries.

A participatory process was carried out with national authorities from Latin American and the Caribbean countries to develop a “Guide for Governments on Actions to Promote Resilience

for Children”, launched at the Global Platform for Disaster Risk Reduction in May 2013. The guide has a multi-sectorial and transversal focus on child participation, and it includes key tools to be used by authorities, such as the “Child Safety Index”, developed to guide local authorities and civil society in assessing the level of multi-sector risks to children in their communities.

In addition, a horizontal south-south cooperation initiative was started with the involvement of the Government of Brazil to share best practices in the development of national legislations on humanitarian actions for children and vulnerable populations.

## DISASTER RISK REDUCTION AND ACTION ON CLIMATE CHANGE FOCUSED ON CHILDREN AND YOUTH



**OVERALL GOAL:** *Contributing to strengthen capacities for Disaster Risk Reductions centred on children and youth at the national, local and community levels, with a multisectoral focus in Latin American and Caribbean countries*

### **R1 GUIDE FOR GOVERNMENTS**

*Governments informed, sensitized and with clear multisectoral action lines for undertaking activities focused on children and youth, acknowledging the role of this vulnerable group in Disaster Risk reduction and Action on Climate Change*

### **R2 CHILDREN'S SAFETY INDEX**

*Community, government and other local stakeholders provided with a tool that enables them to identify and evaluate the conditions regarding threats to, and the vulnerability and capacities of, children and youth in the education, health, nutrition, Wash and child protection sectors.*

### **R3 MAP YOUR SCHOOL**

*Platform created for the satellite mapping tool to enable boys, girls, adolescents, young people, and local stakeholders to community and governments to identify in graphic form threats, vulnerabilities and capacities in the school context.*

### **R4 GUIDE FOR APPLYING THE TOOL TO MAP YOUR SCHOOL**

*A practical and simple methodology established to enable boys, girls, adolescents, young people and local stakeholders to feed data into the satellite mapping tool and apply it in a sustainable manner.*

### **R5 COMMUNICATION PLAN**

*Boys, girls, adolescents, young people informed, sensitized and empowered, undertaking disaster risk reduction and actions on climate change as active stakeholders; the general community becomes aware of disaster risk reduction and action on climate change focused on children and youth through interactive presentation and key messages on social networks.*



# El Salvador

## CHILD FRIENDLY EDUCATION IN EMERGENCIES

In October 2011, El Salvador experienced persistent rain associated with the Tropical Storm 12E that resulted in significant flooding, landslides, and loss of life and property<sup>3</sup>. Although efforts of emergency response are evident throughout the country, challenges remain, especially related to the efforts of incorporating education as a critical means of protecting children and saving lives during emergency and disaster events.

Experiences and studies illustrate that ensuring the prompt return of children to schools is one of the most valuable emergency interventions. Normalization of the situation after an emergency is crucial to guarantee the psychological health of children and their families.

3 Assessment of damage and losses caused by Tropical Depression 12E in El Salvador, ECLAC, 2011.

## IMPACT OF THE INTERVENTION

With support from the Government of Brazil, UNICEF promoted timely and effective assistance to those affected by this emergency, especially to children and their families. UNICEF also promoted capacity building in educational communities, so that people from the communities are well prepared and trained with knowledge and methods, to support children's rights to education in emergencies and future disasters.

UNICEF El Salvador supported the Ministry of Education (MOE) in two aspects:

- a) Capacity building of the educational community, including students, principals, teachers, local MOE staff, community leaders and parents, in the areas of first response in education, gender issues and psychosocial support during emergency situations.
- b) Psychosocial support through the provision and practicing of recreational activities with children in school centres.

Moreover, with support from the Government of Brazil, UNICEF and its partners implemented sports-related activities through a methodology named "Fair Play", as a component of psychosocial support, which assists children's re-integration into normal life and stress release by introducing fun and recreational activities to those affected, as well as practicing cooperative and collective values. Through these activities:

- One thousand and eighty-six schools affected by the tropical storm 12E, serving approximately 200,000 children and adolescents and employing 7,000 teachers, were equipped with recreational materials and the "Risk-land" methodology, which complemented the educational community training.
- Fair play and risk management training, using the "Risk-land" methodology, was provided to 6,822 people from 126 schools. The population trained included: 3,124 female and 2,291 male students and student leaders; 154 community leaders of which 91 were women and 63 men; as well as 754 mothers; 131 fathers and 885 family members and relatives of the students.

Normalization of the situation after an emergency is crucial to guarantee the psychological health of children and their families.



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# Haiti

## PROVIDING QUALITY PREVENTATIVE AND CURATIVE CARE FOR CHILDREN UNDER FIVE

Since the earthquake in January 2010, Haiti has been affected by Tropical Storm Isaac in August 2012, Hurricane Sandy in October of the same year, as well as drought and flooding in parts of the country. Although progress has been made in humanitarian response, significant challenges still remain. Internally displaced people (IDPs) are still living in camps, there is a continued cholera epidemic, growing food insecurity, and due to the exacerbation of the population's vulnerabilities and problems related to safety, there is a need for further support activities to implement durable solutions.

## IMPACT OF THE INTERVENTION

With support from the Government of Brazil, UNICEF has worked with the Government of Haiti, through the Ministry of Health, other UN agencies and NGOs, to reach women and children in the Southeast region, which is the most vulnerable region. Activities strengthened government capacities and implemented community-based prevention and monitoring.

*Boy plays with a bicycle wheel  
in a slum area of Gonaives,  
a city in northern Haiti.*



With support from the Government of Brazil, and other donors, 7,156 children were treated for severe acute malnutrition, 19,517 children with diarrhoea received Oral Rehydration Solution (ORS) and Zinc to reduce its severity and duration, as well as to prevent further episodes.

Three hundred and twenty-five health and community frontline workers were trained on the national protocol on Community-based Management of Acute Malnutrition, and 154,256 women received information on breastfeeding, complementary feeding and cholera prevention.

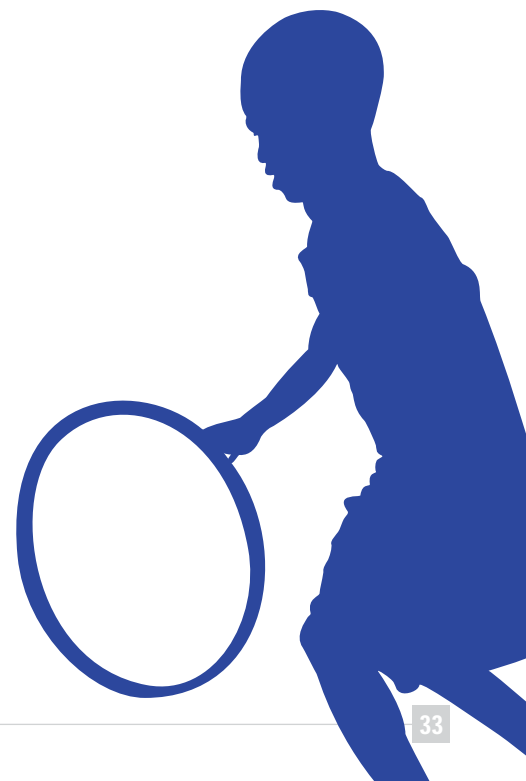
The community-based prevention activities included screening for acute malnutrition, to ensure its early identification in children, community-level care, home visits, hygiene promotion and distribution of multiple micronutrients to prevent anaemia among children between 6–23 months.

As part of the monitoring work, support was provided to the department-level health authorities to monitor activities in health centres and in the community, as well as to organise monthly programme review meetings between department-level authorities and community-level staff to ensure the successful implementation of activities.

The coordinated humanitarian response implemented put in place a Rapid Response Mechanism (RRM), creating a network of non-governmental and civil society organisations in partnership with UNICEF to pre-position emergency supplies. The RRM worked in partnership with the Ministry of Health and supported an emergency response for approximately 85,000 people in the sectors of nutrition, health, water and sanitation, child protection and education.

As part of the work carried out to support governmental efforts to provide quality preventive and curative care for children under five, 120 health professionals were trained on the integrated management of severe acute malnutrition and on counselling mothers on appropriate infant and young child feeding practices.

Working conditions for health professionals in the Lavanneau Health Centre improved through the provision of a mother and child friendly space for nutrition education, counselling, prenatal care, malnutrition screening, and promotion of hygiene. Additionally, office supplies and hygiene materials were provided to malnutrition treatment centres.



*Somalia, 2012*

*Children attend school in a makeshift classroom, in the Majo camp for internally displaced people, in Mogadishu, the capital. UNICEF works with partners to support schools, and in 2012, it collectively served over 800 children in the camp.*





# West and Central Africa



# Mali

## PROMOTING FOOD SECURITY AND ADDRESSING THE NUTRITION CRISIS

Since January 2012, the security situation in Northern Mali has been deteriorating as a direct result of the conflict between Malian military forces and the National Movement for the Liberation of Azawad (NMLA), Mali's latest Tuareg rebellion. The catalyst for the present uprising was the return of experienced well-armed fighters who had previously served in Gaddafi's battalions, in which many had linked up with the fighters of former rebellions and other groups, including Islamist groups linked to the Al-Qaeda in the Islamic Maghreb organisation (AQIM).

The situation evolved rapidly and a military coup took place on the night of March 21, 2012, when mutinous soldiers organised in the National Committee for the Restoration of Democracy and State (CNRDR), allegedly discontent with the government's inability to deal with the Tuareg rebellion in the North, marched to Bamako and declared that they had taken control over the country, thus suspending the Constitution and enforcing a nationwide curfew for one week.

Over 200,000 people, half of them children, have fled their homes, and more than 130,000 people escaped across the borders to Algeria, Burkina Faso, Mauritania and Niger. It is estimated that over 93,000 people are internally displaced in the Kidal, Gao and Timbuktu regions in Mali and the numbers of displaced people and refugees are likely to increase even further

Families fleeing the conflict internally are composed of an average of eight people, half of whom are children, including one child under the age of five. The fighting exacerbates the difficult situation for the fleeing population already severely hit by the food insecurity affecting the entire Sahel region. Many of these displaced people have fled to areas also affected by food insecurity and lack access to basic social services.

The influx of refugees has put an additional strain on already limited resources among the host communities, which strive to provide essential and quality nutrition services and healthcare<sup>4</sup>.

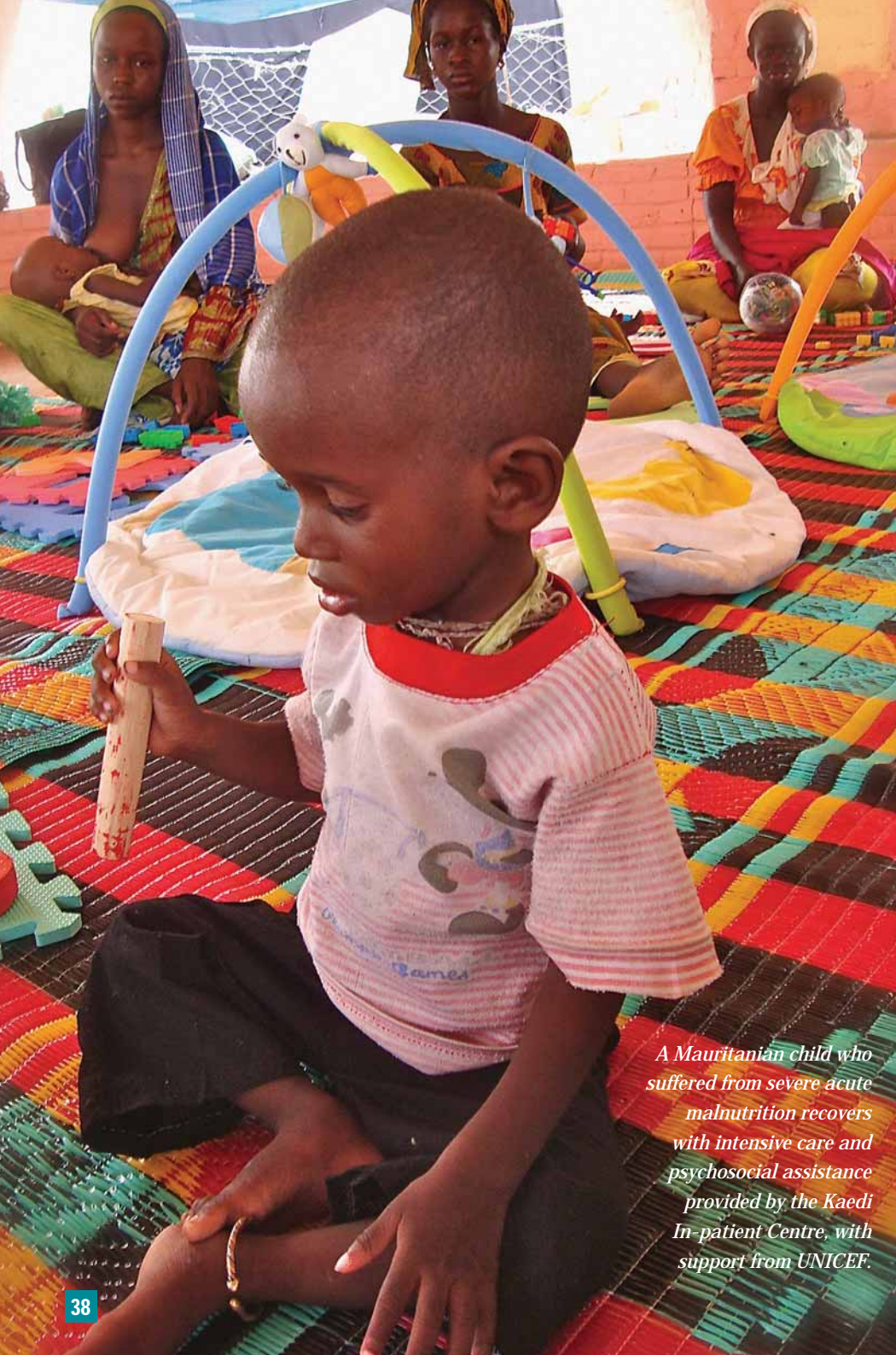
### IMPACT OF THE INTERVENTION

With support from the Government of Brazil, UNICEF has delivered a minimum integrated package of effective nutrition interventions to vulnerable women and children under the age of five. The package contains the following key elements: screening of acutely malnourished children, management of severe acute malnutrition (SAM), promotion of appropriate infant and young child feeding (IYCF), micronutrient supplementation (particularly through Child Health Days) and an immunization campaign in Northern Mali.

UNICEF is also supporting community management of acute malnutrition (CMAM) trainings organised with the support of the national task force established by the Government (central, regional and district levels), UNICEF, the World Food Programme and Non-Governmental Organisations specialized in CMAM and IYCF. Such trainings are essential to providing healthcare staff with knowledge to ensure the success of the nutrition programme and response to the crisis. These trainings reached 3,000 healthcare staff in six Malian regions: Kayes, Koulikoro, Ségou, Mopti, Sikasso and Bamako.

With support from the Government of Brazil, UNICEF has delivered a minimum integrated package of effective nutrition interventions to vulnerable women and children under the age of five

<sup>4</sup> Crisis in Mali and population movements to Burkina Faso, Mauritania and Niger, 2012. UNICEF.



*A Mauritanian child who suffered from severe acute malnutrition recovers with intensive care and psychosocial assistance provided by the Kaedi In-patient Centre, with support from UNICEF.*

# Mauritania

## **SUPPORT FOR THE IMMEDIATE NEEDS OF THE NUTRITION CRISIS IN THE SAHEL**

In 2012, UNICEF responded to dual crises in Mauritania: Refugees fleeing the conflict in Mali and the Sahel Nutrition Crisis.

Approximately 70,000 refugees from Mali have arrived in a remote and food insecure region of Mauritania, making the country the largest recipient of refugees from this conflict<sup>5</sup>. More than half of the refugees are children.

At the same time, almost 90,000 Mauritanian children were projected to suffer global acute malnutrition (GAM) in 2012, including 12,600 cases of severely acute malnutrition (SAM)<sup>6</sup>.

Together with UN agencies of the Country Team and other partners, UNICEF supported the Government of Mauritania in responding to both crises. However, the activities of interventions must be massively scaled up to meet the needs of children and women. To do so, UNICEF is co-leading a nutrition sector coordination group with the Ministry of Health.

5 Mali Situation, Mauritania. Opération Sahel, Portail de partage de l'Information, UNHCR, October 2013.

6 Situation Report #4 – Mauritania. Food and Nutrition Crisis and Malian Refugees Response. March 2012. UNICEF.

To ensure sustainability and build resilience, UNICEF's emergency programmes are integrated and mainstreamed with regular programming wherever possible. Furthermore, UNICEF has ongoing activities with partners to respond to the needs of children in Mauritania.

While more refugees arrive every day, many of the children in the refugee camp at Mbéra have been there for more than a year. They still require life-saving assistance, but they also need programmes that give them stability and hope for the future. Schools teaching the Malian curriculum and a literacy programme for 13 to 17-year-olds are oversubscribed and there is insufficient funding to meet the demand.

In May 2013, it was estimated that 122,719 children under the age of five were projected to suffer from GAM, including 23,901 cases of SAM<sup>7</sup>. In 2012, poor families used what little assets and savings (often livestock) they had to buy food, which increased their vulnerability.

UNICEF and its partners are planning blanket-feeding programmes for four regions and developing longer-term interventions to improve resilience. The water and sanitation hygiene (WASH) in nutrition approach aims to improve children's health and nutritional statuses by reducing the incidence of diarrhoea and other diseases. Providing access to clean water, coupled with improved sanitation and hygiene practices ensures the achievement of this goal.

## IMPACT OF THE INTERVENTION

With support from the Government of Brazil, UNICEF's nutrition programme scaled up the

management of SAM and built community resilience. As food insecurity seems to be the main cause of malnutrition in Mauritania, UNICEF supported the Ministry of Health in scaling-up preventive and curative interventions to 80 per cent of the target population.

Through this joint intervention, 30 Ministry of Health staff members were trained on screening and treatment of child acute malnutrition. This training was integrated into a broader package of interventions, including preventive (infant and young child feeding practices, hygiene and sanitation) and curative treatments (SAM management using the national guidelines).

Moreover, UNICEF also procured therapeutic milk (340 boxes of F-75, and 125 boxes of F-100) with support from the Government of Brazil, allowing a total of 4,916 children under five to be admitted and treated within the integrated management of acute malnutrition (IMAM) services.

An infant and young child feeding curricula was developed and disseminated to support health facilities in improving community education messages as part of the prevention strategy, and community health workers were supported as they conducted community sensitization and mass screenings. UNICEF also supported the monitoring of the blanket-feeding programme, implemented during the lean season, targeting children aged 6–24 months.

A close working relationship with partners, meant to harmonize the response to the nutrition crises, was built through the coordination mechanism supported by UNICEF.

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# Niger

## PROMOTING FOOD SECURITY AND ADDRESSING THE NUTRITION CRISIS

Insufficient and uneven rainfalls across the Sahel during the 2011 rain season (June–October) prompted the Government of Niger to alert its humanitarian partners of an impending food and nutrition crisis as early as August 2011<sup>8</sup>.

This crisis hit against a background of chronic food insecurity and persistently high rates of child malnutrition. The country had not yet fully recovered from the 2010 crisis, which reduced the resilience of the rural populations, especially among smallholders and herders who have still been unable to reconstitute their livestock.

In addition, due to the conflict in Libya over 200,000 Nigerien migrants were forced to return home, further increasing the vulnerability of the host communities, whilst depriving them of the remittances of their migrant workers<sup>9</sup>.

8 Resident/Humanitarian Coordinator Report 2012, On The Use Of Cerf Funds Niger. UNOCHA.

9 Resident/Humanitarian Coordinator Report 2012, On The Use Of Cerf Funds Niger. UNOCHA.



Institutional capacity was strengthened to coordinate blanket feeding interventions in severely food-insecure areas, through the provision of cash grant distributions to women with at least one child under the age of two, and ensuring vitamin A supplementation and deworming among children aged 6–59 months.

The blanket feeding operation improved the quality of young children's diet in the areas most affected by food insecurity. Through this joint intervention, UNICEF improved the effectiveness of blanket feeding, supported the Government and liaised with NGOs to scale-up the promotion of infant and young child feeding (IYCF) and key family practices to reduce the incidence of malnutrition. UNICEF also promoted psychosocial stimulation activities for infants and young children and psychosocial support to women and caregivers.

## IMPACT OF THE INTERVENTION

With support from the Government of Brazil, UNICEF ensured adequate access to quality care for children affected by severe acute malnutrition through screening and case referrals, the procurement and distribution of therapeutic supplies, such as Ready to Use Therapeutic Foods (RUTF), therapeutic milk, essential medicine for treatment of medical conditions associated with acute malnutrition, among other treatments.

As a direct result, 1,668 boxes of Ready-to-use Food were utilized to treat 2,405 severe acute malnourished children in the outpatient therapeutic programme. In 2012, the recovery rate reached 85 per cent nationwide, the death rate decreased by 1.6 per cent and the defaulter rate was at 5 per cent.



*Somalia, 2012*

*A man holds his son outside their makeshift shelter, in the Majo camp for displaced people in Mogadishu.*





# East and Southern Africa



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# Angola

## INTEGRATED RESPONSE TO THE NUTRITION CRISIS: “TOGETHER AGAINST MALNUTRITION”

The 2011–2012 agricultural seasons were marked by rainfall patterns as low as 60 per cent below the average. This resulted in a 400,000 ton decrease in national agricultural production. The drought has affected over two million people in ten coastal and central provinces, including an estimated 500,000 children under five potentially affected by acute malnutrition<sup>10</sup>.

As the primary healthcare system of Angola is not fully operational, adequate treatment of child malnutrition remains a challenge for the country. In addition, families often have limited knowledge of feeding practices and family-planning methods, particularly in the rural areas, and referral of malnourished children to health services is sometimes delayed, as they are often initially treated by traditional ‘healers’, whose methods at times can be ineffective and even harmful, thus delaying children’s access to professional and safe treatment.

Access to safe water is also limited, with people in many communities having as little as five litres of water per day. Recent assessments indicate that 90 per cent of all water is contaminated with faecal matter. The poor access to water is reflected on children, who are at high risk of being infected with waterborne diseases, in addition to having to work collecting water, in agriculture and in informal street trading<sup>11</sup>.

In response to the emergency situation, the Government of Angola took the lead and developed a national work plan that was approved in June 2012. UN agencies and NGOs have been closely monitoring the drought situation since March 2012 and have been proactively engaging with government partners to support the response, particularly with regard to the impact on children, women and other vulnerable population groups.

## IMPACT OF THE INTERVENTION

With support from the Government of Brazil, UNICEF provided emergency nutritional supplies and lifesaving care to under five-year-old children suffering from acute malnutrition, as well as emergency water supplies to vulnerable communities.

10 Humanitarian Action for Children. Angola Appeal 2013. UNICEF.

11 Humanitarian Action for Children. Angola Appeal 2013. UNICEF.

In November 2012, a community-level outreach programme, addressing acute malnutrition, was launched in Angola for the first time. The programme was developed with the objective of reaching out to rural families living more than three kilometres away from health centres.

Between December 2012 and February 2013, 2,016 community health activists (CHAs) were trained under the community management of acute malnutrition (CMAM) programme, who in turn were able to screen 596,470 under five-year-old children and identify 75,595 cases of severe (3,5 per cent of the screened cases) and moderate (9,1 per cent of the screened cases) acute malnutrition. The screening focused on the four most affected provinces.

The CHAs are volunteers who were identified and trained by the Ministry of Public Health in partnership with UNICEF and international NGOs, including World Vision, Africare and People In Need. CHAs are based in the community and therefore, in most cases, are already known by the families.

Once identified, malnourished children are enrolled in the community-based treatment, providing them with therapeutic and supplementary food distributed by CHAs on a weekly basis for a period of eight weeks. In case of medical complications, children are referred to specialized therapeutic feeding centres.

In addition to screening and treating children with no medical complications, volunteers were also trained to counsel mothers on the importance of healthy feeding behaviours, including exclusive

and immediate breastfeeding, water and sanitation and diversified diet based on local products. Having a diversified, homemade and sustainable diet is crucial in the efforts to prevent acute malnutrition.

As part of their weekly assignments, community health activists facilitate the distribution of therapeutic and supplementary food to mothers of malnourished children living far from health facilities. UNICEF and partner NGOs, implement this distribution in close collaboration with the Provincial Health Department and traditional leaders (Sobas).

Every activist received a bicycle to better cover local distances and reach out to families residing in rural areas more than three kilometres away from health centres and hospitals. As part of their responsibilities, they screen 0 to 5-year-old children, initiate community treatment for children affected by severe and moderate malnutrition, and refer cases with medical complications to the nearest therapeutic centre. They also advise families on healthy nutrition practices to prevent malnutrition.

Support from traditional community leaders and local churches is crucial to the success of the programme, as it facilitates and legitimizes the CHAs' work in the field. So far, 225 people, including 81 Sobas and 144 church representatives, have been informed about the programme's progress and have committed themselves to closely supporting the network of volunteers. Follow-up meetings in the affected municipalities are organised every two to three months in collaboration with provincial and municipal authorities.





*Jacqueline, 13, stands by the doorway of the house where she and her family lives, in Mbugangali settlement in the town of Gisenyi.*

# Rwanda

## REFUGEE CRISIS: EARLY CHILDHOOD DEVELOPMENT AND NUTRITION

On April 27, 2012, intense fighting began in the Masisi Zone of the Democratic Republic of Congo's North Kivu Province between Congolese Government forces (FARDC) and former Congrès National pour la Défense du Peuple (CNDP) soldiers, loyal to General Bosco Ntaganda. With the fighting, the population has been forced to flee the region, which has led to many internally displaced people, and the fleeing of thousands across the border into neighbouring Rwanda and Uganda<sup>12</sup>.

Living conditions of Congolese refugees at the Nkamira Transit Centre are extremely challenging. The centre has the capacity to hold 2,600 people and is currently home to more than three times that number. The significant number of unsupervised children at a site without any protection mechanisms or child friendly spaces, as well as the large number of adolescents who are out of school, are of key concern to UNICEF.

12 Rwanda: Refugee Influx from the Democratic Republic of Congo Immediate Needs for Women and Children from June to September. UNICEF.

The Early Childhood Development (ECD) Programme in Kigeme Refugee Camp was developed into two sites, Site A and Site B, which contains a centre for children between the ages of four and six, and a home-based programme for young children between the ages of 18 months and three years.

The main goal of the ECD Programme is to ensure that all young children in Kigeme are protected against abuse and enjoy an environment that nurtures their physical, emotional and cognitive development.

### IMPACT OF THE INTERVENTION

With support from the Government of Brazil, UNICEF and its partners, including the Ministry of Disaster Management and Refugees and CARE International, inaugurated new ECD centres that are temporarily set-up in tents for children aged four to six. There, the children can learn, play and receive healthy food.

Support from the Government of Brazil also allowed for the construction of learning spaces at Site B of the camp, using wood, plastic sheeting and hard earth flooring to accommodate 785 children between the ages of four to six. In total, there are nearly 1,200 children attending the centre-based services on a daily basis.

Together with sister UN agencies and civil society organisations, UNICEF is implementing ECD interventions, which are vital in emergencies, to provide young children with the protection, care and support they need in order to survive and develop to their full potentials.

These interventions promote physical, intellectual and emotional development in early

childhood, particularly at times of stress, and make a real difference to young children and their caregivers, both in the immediate and long term.

UNICEF is targeting the most vulnerable children between the ages of zero to six years, since these early years represent the opportunity of a lifetime when indestructible cognitive and social foundations are laid. In total, there are 18 caregivers, 10 of whom are women, and all of whom are qualified primary school teachers who have received training, and basic play and learning materials to be used at the centres.

The home-based programme is managed by 'mother leaders', and in total there are 137 groups providing care for 1,226 children between the ages of 18 months to three years. The mother leaders have received orientation on child development principles and how to engage young children in play activities and song to stimulate their development. They also provide a cup of porridge to each child daily. All of the above has been made possible through the support from the Government of Brazil.

To date, UNICEF has provided 60 such schools-in-a-box to the Ministry of Disaster Management and Refugees for distribution at the camp, enough educational material to serve 4,800 students for three months.

UNICEF ECD kits contain 37 different items designed to promote social interaction among the young children as well as with their caregivers. They include dominos, colouring pencils, construction and puzzle blocks, hand puppets, and memory games, among other recreational activities that are crucial for early childhood development.

The main goal of the ECD Programme is to ensure that all young children in Kigeme are protected against abuse and enjoy an environment that nurtures their physical, emotional and cognitive development.



*Women and children collect water during a distribution in a camp for people displaced by the drought, in Mogadishu, the capital.*

# Somalia

## NUTRITION CRISIS

Somalia has been suffering the effects of conflict and insecurity for the past two decades, which are currently exacerbated by the devastating effects of the worst famine the country has experienced in the past 17 years. Four million people, including two million children, are in need of immediate food security and livelihood assistance. Three million of these people live in the al-Shabab controlled south, where humanitarian access is limited due to a high level of insecurity<sup>13</sup>.

Rates of acute malnutrition illustrate an almost unimaginable situation: 30 per cent of all children under the age of five are acutely malnourished, of which nearly three quarters live in the South. Since the ongoing crisis is deteriorating, health levels are also worsening, and acute watery diarrhoea and cholera are spreading due to a lack of safe water and sanitation.

In the first two weeks of October 2012, there were more than 900 suspected measles cases, including 711 cases in children under five,

<sup>13</sup> Humanitarian Action for Children. Somalia Appeal 2012. UNICEF.



20 related deaths reported in the Southern and Central regions, as well 1,206 malaria cases, including 706 cases in children under five with six related deaths<sup>14</sup>.

Furthermore, children's education has been disrupted and human rights violations are escalating mainly due to the combination of displacement and conflict. Hence, the scale, urgency, and complexity of the overall situation remain high.

Elevated rates of child mortality, disease, and malnutrition persist. More than 320,000 children in Somalia are still acutely malnourished. Many of the areas no longer affected by famine remain on the verge of falling back.

In a village of 5,000 people, one person dies every day, and the victim is usually a child. Factors such as the repayment of debt accumulated during the drought will hamper the economic recovery of households, especially for the poorest and for those with no direct access to the agricultural sector<sup>15</sup>.

## IMPACT OF THE INTERVENTION

In response to the dire nutrition situation that is continuing across Somalia, the support from the Government of Brazil to UNICEF Somalia was vital to the ongoing treatment of children with acute malnutrition.

With support from the Government of Brazil, UNICEF worked in coordination with local

authorities, as well as more than 100 national and international partner organisations (NGOs and others), whilst leading the education, nutrition and water and sanitation hygiene clusters, and the child protection sub-cluster.

UNICEF Somalia's response to the nutrition emergency has taken a four-pronged approach: scaling up treatment services for severe acute malnutrition (SAM) and moderate acute malnutrition (MAM); blanket supplementary feeding for families with children under five years of age and/or pregnant and lactating women; wet feeding for internally displaced people; and a cash-based response initiative.

As part of the response to the crisis, UNICEF Somalia's nutrition response scaled up significantly to further increase the availability of the community-based management of SAM and MAM. From July 2012 through July 2013, UNICEF's nutrition programme supported the treatment of 263,276 severely malnourished children under five.

Support from the Government of Brazil has also covered programme costs that have thus enabled 993 severely malnourished children under the age of five access to quality treatment in the Galgaduud, Mudug and Middle Shabelle regions of Southern and Central Somalia.

UNICEF provided efficient care services through a team of specialists that included nurses, who measured and weighed the children, as well as outreach workers and nutrition team supervisors. These experts were fundamental to the results obtained, as no life could have been saved without them.

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<sup>14</sup> Humanitarian Action for Children. Somalia Appeal 2012. UNICEF.

<sup>15</sup> United Nations Security Council Sixty-seventh Year 6729th Meeting. Monday, 5 March 2012, 10 a.m., New York.



# The Government of Brazil and UNICEF: Strengthening the partnership to save lives



*Children in typhoon hit city  
of Tacloban, Leyte, Philippines  
on November 11, 2013.*



# Philippines

## BETWEEN ENVIRONMENTAL AND SOCIAL DISASTERS

As initiatives in humanitarian cooperation move forward, UNICEF and the Government of Brazil are committed to continue working together to respond to natural and man-made crises with timely and effective interventions that save lives, whilst promoting children's, adolescents' and women's rights with equity and sustainability.

As an example of current interventions within the scope of this cooperation partnership to alleviate human suffering, UNICEF received financial support from the Government of Brazil to provide humanitarian assistance in the Philippines, responding to the devastating emergency that was caused by the Super Typhoon Haiyan; possibly the most powerful storm ever recorded. The Super Typhoon hit thirty-six provinces, where an estimated 12.3 million people were affected in nine regions, leaving more than 920,000 people displaced<sup>16</sup>.

Over five million children were affected and vulnerable to disease and protection risks, which include 385,000 displaced children. UNICEF is working with partners to address the issues of

basic services including food, drinking water, sanitation and healthcare, which were ceased, thereby leaving the population even more vulnerable. Additionally, children are also at risk of being separated from their relatives by death and/or internal displacement, thus being exposed to the risks of gender-based violence, trafficking of women and girls, exposure to abuse, neglect, exploitation and violence. In addition, the education of millions of children has been disrupted, as schools were severely damaged, or are being used as shelters. The impact of the Typhoon will undoubtedly affect children's psychosocial well-being, particularly the psychosocial well-being of those facing the possibility of prolonged, displacement<sup>17</sup>

Through the joint actions in the Philippines, the Government of Brazil and UNICEF are taking measures within the global coalition of humanitarian actors to provide immediate water, sanitation and hygiene, as well as essential health services. Furthermore, interventions are also focusing on mental health and psychosocial support, health promotion, immunization, disease surveillance and outbreak control, restoration of health facilities and referral systems, and supply of Minimum Initial Service Packages, nutrition services and food aid, among many other services aimed at addressing the issues faced by the affected population.

16 Humanitarian Action for Children 2013, Philippines. UNICEF.

17 Humanitarian Action for Children 2013, Philippines. UNICEF.



# Armenia

## ADDRESSING THE ONGOING NUTRITION CRISIS

The Government of Brazil has committed itself to continue supporting the Government of Armenia in addressing the nutrition crisis, thus enabling ongoing activities to be scaled up and build on the results achieved since 2012.

The new activities planned for the next phase of the intervention will include the promotion of local food production by smallholders, in which the Government of Armenia is engaging in technical triangular cooperation with the Government of Brazil and other UN sister agencies. This triangular cooperation includes the adoption of the Brazilian structured demand system, which will be adapted locally to create a link between smallholders and the school feeding programmes. Additionally, the programme to implement a structured demand will also create market channels for the promotion of local products in community kitchens and restaurants, as well as offer these products at local markets.

To improve the usage of local products, special diets will be developed to promote food security. The intervention will improve community practices and parents' and care givers' knowledge and skills on child nutrition through the implementation of new parental education centres and material, providing guidance on how to use locally produced food, to better meet the nutritional needs of children from different age groups. The interventions will be developed and piloted in the Syunik Marz region.

The intervention also aims to continue improving community practices and parents' and care givers' knowledge and skills on child nutrition.



# International Partners



*Nutrition activities of a support group composed by women that promote awareness on exclusive breastfeeding practice, dietary supplements and hygiene to prevent malnutrition from birth to the age of 2 years. Yorosso Circle, located at the Sikasso Region, south of the capital Bamako, May 2014.*



*A girl holds new school supplies in a UNICEF tent school, on the first day of classes in the remote village of Jacquot Merlin, Haiti.*

## **TECHNICAL COOPERATION AND DISSEMINATION OF GOOD PRACTICES**

Apart from direct emergency responses, the Government of Brazil is committed to sharing information and technology as an effort to respond to the demands of countries that wish to learn from successful Brazilian experiences and possibly adapt such experiences to their own local realities. Through horizontal technical cooperation and knowledge sharing the Brazilian Government thus supports countries in developing policies to address emergencies, as well as building resilience, sustainable development and long-term solutions.

On this matter, the Government of Brazil participated in the IV Global Platform on Risk Reduction in Geneva, a biannual inter-governmental event on Disaster Risk Reduction (DRR) in which several high-level national governmental representatives, international organisations and civil society participated.

The Government of Brazil also participated in the HSSC workshop organised by UNICEF and the NGO RET (Protecting Through Education), which facilitated the identification of strengths and needs among the participating countries within the areas of DRR and resilience.



The exchange of strategies and concrete actions between the country delegations cemented potential horizontal south-south cooperation among participants with inputs for a future action plan to continue the exchange of experiences and mutual reinforcement. At this event, the governments of Brazil, India and Cuba shared their successful approaches and initiatives in the development and implementation of national public policies related to DRR, focused on children and adolescents with a multi-sectorial approach.

In regards to the successful approaches, Brazil shared the National Protocol on Integral Protection of Children and Adolescents in Disaster Situations with the other participating delegations. The national protocol was developed by the Government of Brazil with technical support from UNICEF and based on the Core Commitments for Children (CCC), and it calls for the mapping of risks, existing networks, definitions and accountabilities of different stakeholders, youth participation, as well as mechanisms to strengthen capacities. Furthermore, efforts to include the most vulnerable groups of people in disaster situations has led to the addition of a component to include elderly people and people with disabilities.

The development of the National Protocol is a direct result of the unprecedented Brazilian commitment to establish national standards that focus on mitigating the impact of emergencies on the most vulnerable population groups. Due to the successfulness of its implementation in Brazil, the protocol has been shared with other governments that often face similar emergency situations, thus cementing technical horizontal cooperation to provide a legal framework to protect the most vulnerable people.

To continue the efforts of disseminating good practices, the Government of Brazil has committed itself to organising virtual seminars, to be available in English, Portuguese and Spanish. The Virtual Seminars will further exchange knowledge and technical know-how on the national protocol with more countries, and create a dialogue channel for countries facing similar issues.

The development of the National Protocol is a direct result of the unprecedented Brazilian commitment to establish national standards that focus on mitigating the impact of emergencies on the most vulnerable population groups.

## ADAPTING INTERVENTIONS TO NEW AND CHANGING REALITIES

Exchanges of successful experiences and cooperation between countries are crucial contributing factors for the build-up of a more resilient society, both locally, as well as globally. Furthermore, these exchange processes assist countries in meeting the Millennium Development Goals and the Sustainable Development Goals, whereby the Government of Brazil, through the General-Coordination of International Actions against Hunger (CGFome), and UNICEF have joined forces and will continue to be key partners to make such exchange possible.

Through this partnership in humanitarian cooperation, the Government of Brazil and UNICEF are committed to continue ongoing activities, as well as expand programmes within the areas of social protection, education, emergency relief, food security, nutrition, gender and risk reduction, among others providing the means and the tools for countries facing emergencies as well as countries that demand technical know-how.

With ongoing conflicts, environmental and social disasters, the Government of Brazil and UNICEF will thus continue implementing joint actions to promote and protect children's, adolescents' and women's rights with equity, adapt to new realities and ensure that those population groups are not neglected. By implementing timely interventions, such as the ones presented in this report, as well as by cementing the exchange of knowledge, experiences and good practices, this partnership allows the development of new horizontal south-south cooperation to build on successful programmes and policies from Brazil and elsewhere, with the overall aim to eradicate poverty and alleviate human suffering.

**FOR MORE INFORMATION**

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**OR WRITE TO**

United Nations Children's Fund

SEPN 510, Bloco A – 2º andar

Brasília, DF - Brasil

70750-521

Caixa Postal: 08584

CEP 70312-970

*<http://cooperacaohumanitaria.itamaraty.gov.br>*

**GOVERNMENT OF BRAZIL CONTACT**

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**OR WRITE TO**

Coordenação Geral de Ações Internacionais de Combate à Fome

Ministério das Relações Exteriores

Esplanada dos Ministérios - Bloco H - Palácio Itamaraty – Anexo I

CEP: 70170-900

Brasília, DF - Brasil

