HUMANITARIAN ACTION AND POST-CRISIS RECOVERY
Executive Summary

The year 2010 underscored the continued threats to children and women as a consequence of disaster and conflict. Natural disasters made 2010 the deadliest year in a quarter century and impacted 200 million people. An earthquake that upended the fragility already marking Haiti just 12 days into the year set the nadir for what would become an especially sobering time for childhood in emergencies, and for the many responders, including UNICEF. With an ongoing response to Haiti, another shock was felt six months later as floodwaters rose in Pakistan and unfurled their devastation on a steady roll towards the Arabian Sea. Elsewhere, new crises emerged due to earthquakes in Chile, China and Indonesia, and drought and worsening malnutrition in Niger and the Sahel region.

Meanwhile, the grind of complex emergencies kept wearing away at countries’ progress towards development goals. For many countries responding to humanitarian situations, equity became even more elusive. At the end of 2010, no fragile or conflict-affected country had yet achieved a single Millennium Development Goal. Protracted conflicts continued in Afghanistan, the Democratic Republic of the Congo, Somalia and Sudan, as well as new conflicts in Kyrgyzstan and elsewhere. A cholera outbreak in Haiti at the end of 2010, as well as a post-election crisis in Côte d’Ivoire with spillover effects in Liberia, were grim reminders that recovery processes are not linear and long-term investments are required.

These emergencies brutally tested the children of the world, and the humanitarian system that responds to their needs. They stretched UNICEF’s capacity to respond in terms of mobilizing the human resources sufficient to collaborate with a broad range of partners, at times simultaneously responding in Haiti and Pakistan. They also highlighted a changing operating environment of increasing insecurity, the multiplication of actors, varying national capacities and the global shift to urbanization.

In this context, UNICEF and its partners responded to some 290 humanitarian situations in 98 countries during 2010. Humanitarian action and post-crisis recovery continued to make up a significant part of UNICEF’s overall work: much of the organization’s expenditure is concentrated in countries with a large proportion of their programmes dedicated to humanitarian action. Country offices with chronic humanitarian situations (those 28 in UNICEF’s 2010 Humanitarian Action Report) consumed 56 per cent of UNICEF’s total country-level expenditure in 2010. If one adds resources spent on countries with new emergencies, the total expenditure in countries with chronic or new humanitarian situations is 69 per cent of total country expenditures.

Operationally, UNICEF staged its largest response efforts since the 2004 Indian Ocean tsunami. The organization’s ability to respond to crises in 2010 was made possible through the mobilization of internal and external resources and strong collaboration with partners. Surge deployments to support country-level responses – through internal redeployments from UNICEF offices globally, external deployments and standby partner arrangements – totalled 587 personnel, nearly double the 2009 figure and double the 2005 tsunami figure. Supply procurement was also extensive, both in terms of supplies and staff support, with the value of goods doubling to $195 million in 2010, compared with 2008 and 2009 combined.
In 2010, UNICEF mobilized one of the highest levels of financial resources for emergencies from governments and National Committees. Generous humanitarian contributions totalled $1.023 billion in 2010, a 54 per cent increase from the 2009 level of $663 million, however nearly half went towards responses to the Haiti earthquake and Pakistan floods. Thematic earmarked funding, which allows UNICEF to invest in those sectors where resources are most needed, constituted $332 million (32.5 per cent) of the total contributions, representing almost a fivefold increase from 2009 ($65 million). Such funding is particularly crucial for large-scale emergencies, such as in Haiti and Pakistan, which require sustained funding over a longer duration, as well as for addressing consistently underfunded emergencies where the needs of children and vulnerable communities are critical.

Emergency expenditure in 2010, counting only Other Resources Emergency (ORE), reached $904.5 million. UNICEF’s organizational approach to humanitarian action, and its presence in countries before, during and after emergencies, means that it is often pulling from several sources beyond ORE to work in these contexts.

UNICEF continues to strengthen its organizational capacity for humanitarian response. It remained a strong contributor in the areas of humanitarian reform, including through its leadership role in humanitarian clusters and by helping to shape internal and inter-agency processes to strengthen coordination. In both Haiti and Pakistan, UNICEF faced challenges in clusters for different reasons, but contributed substantial resources in the long term and ended up mounting among the largest cluster responses to date. As part of broader work to address gender equality, UNICEF also launched a multi-country initiative to strengthen gender-responsive humanitarian action through clusters.

These shifts were forged through the latest revision to UNICEF’s humanitarian policy – the Core Commitments for Children in Humanitarian Action (CCCs). The CCCs incorporate inter-agency commitments, as well as provide the principles and framework for humanitarian action towards results for children and women. These commitments
promote a new thrust of humanitarian action that encompasses preparedness as well as early recovery incorporated into response. Achieving the CCCs requires that emergency risks are addressed in all phases of UNICEF’s regular planning and programming, with several country offices also including disaster risk reduction and capacity development as key components of their emergency risk-informed programmes. UNICEF’s advocacy and response to humanitarian crises were further strengthened by Executive Director visits to both emergencies in Haiti and Pakistan within a few months of assuming office.

International frameworks for grave violations were also strengthened through Security Council Resolutions, calling for greater accountability. UNICEF continued to play a key role in the agenda on children and armed conflict, including in the Monitoring and Reporting Mechanism, and as a key contributor to the sexual violence agenda.

UNICEF continued to strengthen its ability to operate in high-risk environments through investments in its capacity to apply humanitarian principles and international humanitarian law, and development of guidance for negotiating with non-state entities as well as policy on programme criticality and remote programming.

UNICEF devoted considerable energy to learning from 2010 responses. Lessons distilled from emergencies throughout the year identified key issues for systems change within UNICEF, and will continue to shape the way the organization operates. These lessons have fed into efforts to: clarify accountability across levels of the organization in the response to major emergencies; improve systems to deploy more quickly in the initial days of response; and clarify UNICEF’s accountabilities as cluster lead agency. UNICEF also pushed for innovation in its humanitarian responses, such as by using a cash grant programme in Niger in response to the country’s serious food and nutrition crisis. Using cash to protect blanket feeding rations for children under 2 years old, the project contributed to meeting the nutritional needs of children under 2 years old as well as pregnant and breastfeeding women.

This report is structured to present the context of threats to children and women and the changing operating environment to respond to these; the scope of UNICEF’s 2010 response; the evolving internal and inter-agency architecture to respond to this changing context; results against the programme and operational commitments of the CCCs; and an analysis of income and expenditure.

Introduction

By all measures, 2010 was an extraordinary year for humanitarian action, requiring the organization to mobilize the largest emergency responses since the 2004 tsunami. Twelve days into 2010, an earthquake shattered Haiti and mobilized all parts of the organization to support the international response. In Haiti this was a particular challenge as the UN itself was gravely affected. In July, as floodwaters in Pakistan rose, UNICEF again mounted a large-scale response, drawing on resources from across the globe. With responses to other rapid-onset crises such as the civil unrest in Kyrgyzstan and continued support to protracted emergencies across several regions, UNICEF responded to some 290 humanitarian situations in 98 countries. Emergencies impacted high numbers of children and women – 3 million people in Haiti and nearly 20 million in Pakistan – requiring an organization-wide response.
Through 2010, UNICEF continued strengthening its organizational capacity to respond. UNICEF issued the revised **Core Commitments for Children in Humanitarian Action** (CCCs), the organization’s humanitarian policy. The humanitarian responses in Haiti and Pakistan underscored critical areas requiring systems change to make response more predictable, effective and timely. In many ways, they proved entry points not only to improve the response to those emergencies, but to shape the way UNICEF does business as part of the wider humanitarian system. Lessons distilled from 2010 emergencies identified key issues for systems change in the organization and have fed into efforts to:

- clarify accountability across levels of the organization in the response to major emergencies (finalized in March 2011 as the Corporate Emergency Activation Procedure);
- ensure capacity for rapid response teams of technical specialists who can be deployed immediately following large-scale emergencies (an Immediate Response Team called for in the procedure);
- improve systems to deploy staff more quickly in the initial days of response (through a restructured humanitarian human resource unit); and
- clarify UNICEF cluster lead agency accountabilities (informing an ongoing process internally and through the IASC).

**UNICEF in humanitarian action and post-crisis recovery**

**Threats to children and women**

The frequency of disasters did not increase in 2010, but their impact was the deadliest in the past quarter century. The January earthquake in Haiti contributed to 2010 being the deadliest year for natural disasters since 1983, which was marked by drought and famine in Ethiopia. While the past 20 years has seen a doubling in the number of recorded disasters, the 373 disasters of 2010 were below the average of 387 per year for the previous decade. The 296,800 deaths in 2010 far exceeded the annual average of 78,087 for 2000–2009, although the number of affected people (207 million) remained lower in 2010 compared with the annual average of 227 million during 2000–2009. An exception was flooding, in which nearly double the number of people (179 million) were affected than the annual average for the previous 10 years (95 million). Despite fewer numbers, disasters (and especially flooding) impacted more and more people in 2010.

The effect of global disasters is already highly concentrated in impoverished countries with weaker physical, economic and social welfare infrastructures. Climate change threatens to further set back development gains and exacerbate existing disparities. 2010 saw a high intensity of natural disasters impacting children: earthquakes in Chile, China, Haiti and Indonesia; drought and nutritional crises in Niger and the Sahel; and floods in Pakistan. The year also saw crises within crises, most notably the cholera outbreak in Haiti, which required a response in several sectors, delaying efforts at recovery.

Longer-term complex emergencies and fragility continued to impact children, and limit progress towards the Millennium Development Goals. Increasing protracted intrastate conflicts have a significant impact on civilians, resulting in large internal displacements and subregional implications. This was most evident in continued conflicts in Afghanistan, the Democratic Republic of the Congo, Somalia and the
Sudan, and new conflict in Kyrgyzstan. In Southern Sudan, significant contingency planning for potential humanitarian needs, in particular of children and women, was required in the lead-up to the January 2011 referendum.

Disasters and conflict continued to disproportionately affect the most vulnerable during 2010. They create severe protection challenges; result in children affected by or associated with conflict; are characterized by sexual and gender-based violence (GBV) against both adults and children; and create obstacles for both affected populations accessing services and for relief reaching affected populations. These situations pose huge challenges to addressing inequities, with the poorest countries among the worst performing in indicators, many of them in fragile situations. At the end of 2010, no fragile or conflict-affected country had achieved a single Millennium Development Goal.

**Changing operating environment**

Humanitarian operations continue to evolve, with significant changes in both the way that assistance is delivered and the environment within which it is carried out. One continuing trend is that humanitarian agencies are operating in increasingly insecure environments. The years 2009 and 2010 saw several targeted attacks against humanitarian agencies, most notably in Afghanistan and Pakistan. The deliberate targeting of humanitarian relief personnel has wide implications for how UNICEF programmes and the ability to support delivery of services to the poor and the vulnerable.

Political manipulation of humanitarian aid and the use of humanitarian space to create operating space for political and military endeavours continue to pose challenges, sometimes reducing humanitarian access. As an agency that has both humanitarian and development mandates, it is sometimes challenging for UNICEF to maintain a humanitarian stance based on impartiality and neutrality while participating in recovery and development oriented efforts with government partners.

The multiplicity of actors who identify themselves as humanitarian presents its own challenges in terms of coordination, maintaining standards in humanitarian action and ensuring that actors operate according to humanitarian principles, including in the cooperation between civilian and military actors. Over the past five years, humanitarian reform has focused on coordination, focusing on leadership roles in humanitarian clusters and more predictable financing via the Central Emergency Response Fund (CERF). In Haiti, for example, UNICEF played a key role in coordinating more than 400 cluster members across all UNICEF-led clusters. In Pakistan, membership in the water, sanitation and hygiene (WASH) cluster increased from 27 to 172 following the floods. However, cluster lead agency and cluster partner accountabilities for response were not clear. In each of the clusters UNICEF leads, coordination remains challenging when these accountabilities are unclear. Based on this experience, UNICEF is working on internal and inter-agency processes to clarify these accountabilities.

But 2010 was also a testament to the varying national capacities for response, and to different roles that humanitarian agencies play in supporting response. While some disasters struck at the core of already brittle governance structures and conflict continued to pull others down, there were significant examples of strong governments leading response. Brazil, Chile, China and Indonesia all exhibited strong government leadership and national coordination mechanisms, where the international response was supportive but did not encompass a leadership role. This underscores the need for flexibility and innovation in providing support, as well as the need to recognize that the best strategic role for organizations like UNICEF may be capacity development and advocacy to ensure the response addresses all children’s rights.
The global shift to urbanization has been another significant change in the context of humanitarian action, since urban populations have different vulnerabilities and responses must be adjusted accordingly. As Haiti demonstrated, natural disasters in densely populated urban areas with weak infrastructure and social services can have magnified and extended impacts. In these contexts, epidemics and urban violence often unfold in poorer, denser settlements. Moreover, the lack of social protection is particularly dangerous in cases of conflict; targeting affected populations becomes harder; and programmes for water and sanitation gain newfound challenges from the concrete base. Urbanization also presents opportunities for denser capacity networks. UNICEF has been a lead player in learning from past experiences related to urban response. It is co-leader of an inter-agency task force on meeting humanitarian challenges in urban areas through its work in the Reference Group.

**Scope of UNICEF humanitarian action**

UNICEF’s response to this humanitarian context was significant in 2010: While a major proportion of its resources were concentrated on supporting responses to the two emergencies in Haiti and Pakistan, the organization collectively responded to some **290 humanitarian situations during the year – both new and protracted – in 98 countries**. Responses ranged from country offices capable of delivering response with existing resources to those where regional and global support was required.

**Number of humanitarian situations responded to by UNICEF in 2010, by region**

![Bar chart showing the number of humanitarian situations responded to by UNICEF in 2010, by region.](image)

**Levels of response**  
The bulk of UNICEF’s response – 69 per cent – was what it considered Level 2, where additional support was required for country office response. Except for Haiti and Pakistan, the remainder of the responses were at Level 1².
Emergency Levels 1, 2 and 3

Responding to the changing context

The evolving architecture
The humanitarian architecture to respond to this volatile environment continued evolving in 2010, with UNICEF contributing strongly to the areas of humanitarian reform: strengthening coordination and predictable leadership (cluster approach); improving the humanitarian coordination system; obtaining adequate, flexible and predictable humanitarian financing; and building partnerships.

UNICEF is committed to making the cluster approach work. Cluster leadership was central to the inter-agency response in Haiti, Pakistan and other emergencies. In Pakistan, UNICEF scaled up cluster coordination capacity, deploying more than 60 dedicated staff across all clusters at federal and provincial levels to effectively identify, engage and coordinate cluster members. In both emergencies, significant support was provided by the UNICEF global cluster coordinators. (Specific reporting on global and country-level cluster work can be found under each programme commitment.)

Following these experiences, the Emergency Relief Coordinator initiated a system-wide process to provide guidance on a number of aspects of humanitarian coordination, such as accountability for performance (including of cluster lead agencies and cluster partners); provider of last resort; and coordination and leadership (humanitarian coordinator and humanitarian country teams) at the country level. UNICEF is contributing to these and other comprehensive humanitarian reform initiatives aimed at improving the humanitarian community’s capacity to respond. Clarifying cluster partner accountability is also expected to result in better performance management and gap filling. Further, the organization has begun a process to improve the internal management of the global UNICEF-led/co-led clusters and areas of responsibility, to strengthen coherence and better support cluster coordination mechanisms at the country level.

Levels of emergency response:
- **Level 1**: The scale of the emergency is such that a country office can respond using its own staff, funding, supplies and other resources, as well as the usual support from regional office and headquarters.
- **Level 2**: The scale of the emergency is such that a country office needs additional support from other parts of the organization (headquarters, regional and country offices) to respond, and that the regional office must provide leadership and support.
- **Level 3**: The scale of the emergency is such that an organization-wide mobilization is called for.
UNICEF also committed significant resources to mainstream gender in humanitarian action and through the clusters it leads at the global level. In October 2010, it launched a multi-country initiative to strengthen gender-responsive humanitarian action in UNICEF-led country clusters. Gender advisers were deployed to UNICEF country offices in the Central African Republic, the Democratic Republic of the Congo, Mozambique, the Occupied Palestinian Territory and Yemen for six months to contribute to better results for crisis-affected girls, boys, women and men. Using UNICEF-led cluster coordination mechanisms as strategic entry points, the objectives of this initiative included building the technical capacity of humanitarian actors on gender; generating and documenting examples of gender-responsive programming in humanitarian action; and developing a set of standardized gender training materials that can be adapted to different sectors and humanitarian situations.

The importance of addressing gender in humanitarian action was clearly articulated in UNICEF’s 2010 gender policy and in two companion documents: Operational Guidelines for Gender Equality (2010) and Strategic Priority Action Plan for Gender Mainstreaming (2010–2012). UNICEF also worked to integrate gender into emerging humanitarian guidance and tools, including the CCCs, child protection cluster coordinator training, the Programme Guidance Note for Disaster Risk Reduction, and the ongoing revision to the emergency preparedness and response training package. UNICEF maintains a community of practice on gender and humanitarian action to support and strengthen capacity at the country level and to inform policy development.

Regarding humanitarian financing, the Central Emergency Response Fund (CERF) remained UNICEF's largest source of humanitarian funds. UNICEF is actively involved in inter-agency efforts to strengthen pooled humanitarian funding mechanisms and other tools to improve response. At a global level, engagement with the CERF secretariat and the Inter-Agency Standing Committee (IASC) humanitarian financing group has helped push the policy agenda, with positive developments in streamlining reporting processes and aligning funding mechanisms.

Strengthening partnerships remained another critical element of UNICEF’s response to the changing context in 2010. Within UNICEF’s Strategic Framework for Partnerships and Collaborative Relationships, and an annual appeal (the 2010 Humanitarian Action Report) framed around partnering for children in emergencies, the large-scale emergencies of 2010 re-emphasized how critical it is to work in partnership towards collective results for children. Strong partnerships allow UNICEF to leverage diverse approaches as a method for achieving better results for children in humanitarian action. For example, despite the extremely volatile environment in Somalia, staff presences in the field, as well as partnerships with local administrations, allowed more than 100 national and international non-governmental organizations (NGOs) and community-based organizations to continue work in all parts of the country. UNICEF issued a revised programme cooperation agreement that guides its extensive work with civil society organizations, but recognizes that more work is required with staff to ensure consistent field application in emergencies. UNICEF also held a global consultation with humanitarian NGOs to enhance ties with key partners towards collective results for children, and to address both issues of collaboration and potential obstacles to partnership. A joint action plan was agreed with NGOs to strengthen implementation of the CCCs, joint advocacy and business processes in humanitarian contexts.
Haiti earthquake and cholera

By the end of 2010, more than 1 million people – 447,000 of them children – remained displaced in Haiti and were living in crowded camps where livelihoods, shelter and services are still hardly sufficient for children to stay healthy, fulfil their right to education, remain protected and have access to safe water, sanitation and hygiene (WASH). In October 2010, Haiti was further struck by the outbreak and rapid spread of cholera through all 10 of its departments, claiming more than 3,300 lives and infecting more than 148,780 people in less than three months. Life-saving emergency response programmes in more remote and underserved areas where children remain the most vulnerable were quickly accelerated.

Challenges: In Port-au-Prince, the lack of space, complex land rights, lack of debris removal, donors’ slow financial disbursements and extreme poverty have posed a challenge to rebuilding in dense urban neighbourhoods. Risk of eviction, sexual-based violence and security are the main concerns in 2011 for those who continue to be displaced and living in temporary accommodations. The situation requires an urgent resolution by the Haitian Government with the collaboration of the international community. Regarding cholera, there are concerns of under-reporting and lack of solid epidemiological alert systems. There is need for close monitoring for new localized outbreaks in remote areas given weak local capacity and upcoming downsizing of partners in 2011. These issues are further compounded by the profound disparity and inequality within Haiti’s population, as well as political uncertainty following the November 2010 presidential elections (a new president was elected in March 2011). Without sustained commitment from donors to advance reconstruction and recovery, the risk exists that Haiti will remain in a response and humanitarian mode.

Key UNICEF results can be found under each sector in the following section.

The Core Commitments for Children in Humanitarian Action

In April 2010, UNICEF adopted the third revision of its humanitarian policy for upholding the rights of children affected by crisis – the Core Commitments for Children in Humanitarian Action – to reflect changes in the context in which it operates, as well as the evolving humanitarian architecture. The CCCs promote predictable, effective and timely collective humanitarian action, around which UNICEF seeks to engage with partners including host governments, United Nations (UN) Member States, operational and cluster partners, and staff. Based on sound needs assessments targeting the most vulnerable, the CCCs also offer an approach to working towards equity in those countries worst off in their progress made in achieving the Millennium Development Goals. Key changes to the CCCs include the recognition that humanitarian action encompasses sound preparedness as well as immediate emergency response, and reflects the importance of applying an early recovery approach in the response. The commitments also now reflect UNICEF’s cluster accountabilities as a vital strategy to realize humanitarian results, and they recognize the importance of national capacity development, advocacy, partnerships and other key strategies throughout preparedness and response.

UNICEF provided further guidance to staff on the purpose, principles and key management entry points for applying an early recovery approach in humanitarian action. Global surge support on early recovery focused particularly on Haiti and Pakistan to strengthen planning and response. UNICEF remained very engaged in policy development and country-level initiatives to ensure enhanced UN coherence in the context of complex emergencies (see Integration and peace-building on next page). UNICEF continued its contributions to post-conflict needs assessments and post-disaster needs assessments, by providing inter-agency advocacy at the global level and shaping these processes at the country level, for instance in Haiti. Responses in 2010 also stressed the importance of strategic planning in emergencies (for early recovery). But the early commencement of post-crisis needs assessments in the midst of a disaster, such as in Haiti, are further compounded by the profound disparity and inequality within Haiti’s population, as well as political uncertainty following the November 2010 presidential elections (a new president was elected in March 2011). Without sustained commitment from donors to advance reconstruction and recovery, the risk exists that Haiti will remain in a response and humanitarian mode.

Key UNICEF results can be found under each sector in the following section.
the case of the assessment in Haiti, illustrated the challenges of ensuring that the government was sufficiently equipped to lead these multilateral exercises.

Another means of responding to the changing environment is through strengthening the development of national actors to respond. Investing in national capacity development before, during and after crises can help national actors fulfil obligations to uphold and promote children’s and women’s rights in humanitarian situations. While not new to UNICEF, capacity development has not been systematically applied in emergency settings and has often not been comprehensive enough to ensure real and lasting change. UNICEF is currently developing technical guidance on capacity development in humanitarian, post-crisis and fragile settings, and has provided direct support to Southern Sudan and to the Uganda country offices in applying this approach.

**Emergency-risk informed programming**
Achieving the CCCs requires ensuring that emergency risks are addressed in all phases of UNICEF regular planning and programming. UNICEF saw a year of transition in 2010 while it promoted this approach to develop emergency risk-informed programmes. The Early Warning, Early Action system was also promoted as an important tool to record this process, replacing the former emergency preparedness and response plan and some regional preparedness processes. In 2010, some 77 per cent of country offices had achieved a minimum level of preparedness.

As part of developing a programming approach that is more in tune with and informed by emergency-related risks, a key goal of the transition to risk-informed programming is to increase attention to underlying vulnerabilities through prevention, mitigation and preparedness in all UNICEF country programmes. The new approach stresses sustainable strategies with governments and other partners for reducing humanitarian risks, with long-term benefits to communities potentially affected by emergencies. The 2011 *Humanitarian Action for Children report* (formerly the *Humanitarian Action Report*) highlights how humanitarian action, as framed by the CCCs, offers a potential platform for supporting resilience at national and community levels. Beyond humanitarian action, mainstreaming risk-informed programming and providing guidance to country offices on disaster risk reduction and conflict prevention/peace-building are essential to strengthening practice in this area, and to leading country offices on the path to not only fulfilling the CCCs but also obtaining development goals.

By the end of 2010, UNICEF had reached a key milestone with a draft final version of a programme guidance note on disaster risk reduction, which was finalized and issued in February 2011. At least four regional offices developed dedicated capacity in disaster risk reduction and joined a fifth in developing regional strategies, which will enhance overall support to country offices to mainstream disaster risk reduction and, for higher-risk countries, develop dedicated programmes in response. UNICEF also completed a disaster impact study with Save the Children, Plan International, the Institute of Development Studies of the University of Sussex and the UNICEF UK National Committee to be shared internally and with partners.

**Integration and peace-building**
UNICEF remained very engaged in policy development and country-level initiatives to ensure enhanced UN coherence in the context of complex emergencies. A technical note on engaging integrated UN presence was developed to complement inter-agency guidance, and a peer reference group was established for UNICEF staff working in countries with these missions. Headquarters staff supported a number of inter-agency integrated strategy planning and assessment missions, including to Burundi, Côte d’Ivoire, the Democratic Republic of the Congo, Somalia and Timor-Leste.
Pakistan floods

Nearly 20 million people were affected by seven weeks of flooding during the monsoon season across an area the size of Austria, Belgium and Switzerland combined. The floods damaged or demolished 1.9 million houses and key social services, including water, sanitation, health care and education.

Challenges: A slowly unfolding crisis with an initially limited response by the international community meant that the initial response to the floods was far from adequate. The emergency response to the floods was hindered by shortfalls in fundraising, the massive number and geographic spread of the affected people, their underlying poverty and lack of coping mechanisms, and the limited number and capacity of partners. Ongoing insecurity and limited access to certain areas also challenged response effectiveness to children in great need.

The floods also uncovered high levels of child malnutrition, which were further aggregated by the emergency. Survey results from Sindh Province reveal critical levels of malnutrition among flood-affected children, with about 1 in 5 children 6–59 months old malnourished. With a large displaced population preceding the floods, a challenge will be to maintain programmes for both flood-affected and the previous populations of internally displaced people, because their funding has dwindled. In the first half of 2010, Pakistan simultaneously faced issues of displacement and returns, with the total number of internally displaced people and returnees at 3.3 million by July 2010. This led to the worst displacement crisis since the country’s partition from India in 1947.

Key UNICEF results can be found under each sector in the following section.
Operating in high-risk environments
UNICEF continued to strengthen its ability to operate in high-risk environments by investing in capacity to apply humanitarian principles; improving staff capacity to use international humanitarian law in its advocacy; and developing guidance for negotiating with non-state entities, as well as policy on programme criticality and remote programming.

UNICEF has been at the forefront of UN policy discussions during the past two years to better manage security risks while maintaining presence, including in the inter-agency security risk management system. As part of this, UNICEF chairs the high-level Programme Criticality Working Group tasked by the High-Level Committee on Management with the development of a framework for programme criticality. This framework provides for structured programme prioritization, ensuring that security risks are balanced with UN system priorities. UNICEF is also working with other humanitarian partners to find solutions to the many challenges faced in delivering humanitarian assistance in high-risk operating environments, including through its participation in the Inter-Agency Standing Committee (IASC) Humanitarian Space Core Group.

Innovations
In response to the serious food and nutrition crisis in Niger, UNICEF provided cash grants to 35,000 households, which were used as an alternative to general food distribution. The cash was used as a tool to protect World Food Programme (WFP) blanket feeding rations for children under 2 years old, safeguarding rations from being eaten by other family members. UNICEF ensured a rapid response by using $6 million of its internal Emergency Programme Fund to scale a level of support to families that was commensurate to the crisis, with the first distribution taking place just 10 weeks after the decision was made to conduct an emergency cash project. Use of blanket feeding rations increased from 40 per cent of children under 2 years old to 76 per cent from August to the end of November (based on post-distribution monitoring of the cash distributions), although other factors may have also contributed to the improvement. An independent final evaluation found that the project helped to protect blanket feeding rations, with the cash grants allowing a swift response, and contributed to meeting the nutritional needs of children under 2 years old as well as pregnant and breastfeeding women. The project helped prevent severe malnutrition for children under 2 but given its short duration (four months and three rounds of cash distribution) larger conclusions on its impact cannot be drawn. Comparing 2010 with the 2005 crisis, UNICEF views cash as an innovative approach to strengthen response. If repeated in 2011, this cash approach could help drive recovery and risk reduction perspectives to better support vulnerable households during the annual hunger period that puts them at risk.

Results by programme commitments

The results outlined below are reported against UNICEF’s contribution to the commitments under each area, as per the Core Commitments for Children in Humanitarian Action (available at http://www.unicef.org/emerg/index_commitments.html). UNICEF works with partners in diverse contexts, reducing effects of increased vulnerability and meeting the needs of children and women. A dominant focus of 2010 was on the response to the disasters in Haiti and Pakistan.
Rapid assessment, monitoring and evaluation

Strategic result: Humanitarian action for girls, boys and women is timely, effective and efficient.

**Commitment 1**: The situation of children and women is monitored and sufficiently analysed, and rapid assessments are carried out whenever necessary.

UNICEF remained a key contributor to the inter-agency Needs Assessment Task Force (NATF), which in 2010 developed an operational guidance on common needs assessment including agreement of key indicators for each cluster, training on common needs assessment, and a revision of the humanitarian dashboard, which was piloted in the Occupied Palestinian Territory, Pakistan and Somalia.

**Commitment 2**: Systems for performance benchmarking regularly monitor UNICEF’s humanitarian action, enabling CCC implementation to be measured.

In 2010, UNICEF made significant progress in developing a humanitarian performance-monitoring approach. The approach builds on clear CCC benchmarks that are aligned with global standards and consistent with inter-agency initiatives. Humanitarian performance-monitoring tools were developed and piloted in the Pakistan response and in Southern Sudan. UNICEF is finalizing the online toolkit and support mechanisms in 2011. The performance-monitoring system is to be applied in ongoing humanitarian situations and new emergencies. This will considerably strengthen UNICEF’s capacity to provide higher-quality, high-frequency reporting to partners and donors through the Situation Report format, with clear programme results for UNICEF and partners to strengthen cluster-level performance monitoring where UNICEF is cluster lead agency.

**Commitment 3**: Humanitarian action is regularly assessed against CCCs, policies, guidelines, UNICEF quality and accountability standards, and stated objectives of humanitarian action through evaluative exercises, with partners whenever possible.

UNICEF also contributed to inter-agency real-time evaluations of the Haiti and Pakistan responses, participating actively in the Real-Time Evaluation Steering Group, and conducted an independent review of its response to the Haiti earthquake. These, as well as an internal learning exercise throughout the Haiti response which in turn informed a regional and country-office-led initiative in Pakistan, have fed into systems change to strengthen organizational capacity to respond (see above).

**Nutrition**

Strategic result: The nutritional status of girls, boys and women is protected from the effects of humanitarian crisis.

Emergency situations or crises are characterized by limited access to food, poor health status and constraints to infant and young child feeding. Globally, more than one third of all under-five deaths are attributable to undernutrition, either as a direct cause of death or through the weakening of the body’s
resistance to illness. The harmful consequences of micronutrient deficiencies for women and infants are many, including increased risk of infant death due to infectious disease and impaired physical and mental development. The CCCs for nutrition aim to address major causes of nutritional deterioration and death by protecting the nutritional status of children and women, including their micronutrient status, and by identifying and treating those already suffering from undernutrition using evidence-based interventions and according to inter-agency agreements and standards.

**Global response**
Technical capacity to adequately manage the nutrition response in an emergency situation is essential, although it is underdeveloped globally. UNICEF’s Nutrition in Emergency (NiE) Unit in headquarters and the regional offices built on work undertaken in 2009, and in 2010 continued to roll out trainings based on the global nutrition cluster tools and the revised CCCs. To strengthen the capacity of UNICEF staff and partners for nutrition in emergencies, training sessions were held in Bangladesh, Indonesia and the Lao People’s Democratic Republic. A regional consultation was organized in the Philippines to address the challenges of infant feeding in emergencies for UNICEF staff and partners.

In the UNICEF West and Central Africa Regional Office, trainings related to nutrition in emergencies were implemented in several countries in the region (including the Central African Republic, Mali, Mauritania and Niger). In addition, an e-learning course on nutrition in emergencies was developed in 2010, as a precursor to the second phase of the formal nutrition in emergencies trainings to be rolled out at the country level in 2011. As an innovative means of promoting early childhood development (ECD), UNICEF supported Concern Worldwide to use ECD kits in Haiti within its baby-friendly tents to provide nutritional advice and counselling to mothers and children, including a safe space for mothers to breastfeed.

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<th>Haiti earthquake emergency response</th>
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<td><strong>Impact of crisis</strong></td>
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<td>The 2010 earthquake caused elevated risks of deterioration in the nutritional status of women and children, in a context where chronic malnutrition was prevalent, as well as further deprived children under 5 years old in both rural areas and highly populated urban slums of nutritional services.</td>
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<tr>
<td><strong>Key UNICEF action</strong></td>
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<tr>
<td>• As nutrition cluster lead agency, UNICEF supported:</td>
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<tr>
<td>o The development of national protocols for infant and young child feeding and appropriate usage of specialized ready-to-use supplementary foods.</td>
</tr>
<tr>
<td>o Five nutrition surveys undertaken in earthquake affected areas.</td>
</tr>
<tr>
<td><strong>Key UNICEF results</strong></td>
</tr>
<tr>
<td>• More than 15,150 children suffering from moderate acute malnutrition and 1,250 children suffering from severe acute malnutrition received nutritional care.</td>
</tr>
<tr>
<td>• More than 102,000 children and 48,900 mothers were reached through 100 innovative baby tents.</td>
</tr>
</tbody>
</table>
Pakistan floods emergency response

Impact of crisis
The loss of food stocks and crop damage further increased household food insecurity and exacerbated previously high levels of chronic malnutrition. An estimated 126,000 children were at risk of being severely malnourished, many without access to any nutrition services – which had to be established in some areas for the first time.

Key UNICEF action
- UNICEF as nutrition cluster lead agency:
  - Coordinated with the government to conduct six nutrition surveys in flood-affected areas.

Key UNICEF results
- UNICEF supported feeding programmes for some 23,800 severely malnourished children (of a target of 75,600 by July 2011), 47,700 moderately malnourished children (of a target of 180,000) and 43,300 pregnant and lactating women (of a target of 123,200).
- About 399,000 children under 5 years and 140,000 mothers were screened for malnutrition.

Core Commitments for Children

**Commitment 1**: Effective leadership is established for nutrition cluster interagency coordination, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.

UNICEF continued its role as lead agency for the IASC global nutrition cluster. Dedicated capacity at the global level – including the appointment of a global nutrition cluster coordinator and capacity development support – has strengthened the global nutrition cluster’s secretariat to support country-level cluster coordination. The cluster utilized the establishment process of the global food security cluster to ensure synergy, complementarity and collaboration with the nutrition cluster in support of the food security and nutrition needs of crisis-affected households and populations. UNICEF and WFP developed draft working principles between the global nutrition and global food security clusters, outlining how to work together at global and country levels. The global nutrition cluster also updated its 2009 nutrition cluster coordinator training, and a training package was implemented at the regional level in 2010 for 60 staff.

Global-level support was provided for coordination to at least seven countries undertaking emergency operations in 2010. As cluster lead agency, UNICEF identified national nutrition cluster coordinators, information managers, sub-national coordinators and technical experts. Nutrition cluster staff deployments increased from 4 in 2009 to 17 in 2010. UNICEF also supported national strategy development and facilitated communication between global nutrition cluster partners and donors to advocate for country-level gaps to be filled. In addition, the coordination team for the global nutrition
cluster undertook capacity building for seven countries: Afghanistan, Chad, the Democratic Republic of the Congo, Niger, Somalia, Sudan (Northern and Southern), and Yemen.

**Commitment 2:** Timely nutritional assessment and surveillance systems are established and/or reinforced.

- In **Burundi**, to help ensure equitable response for the most vulnerable to seasonal food insecurity, UNICEF strengthened routine nutritional surveillance by supporting the Ministry of Health in the integration of nutritional indicators into the new national health information system database.
- In **Zimbabwe**, UNICEF supported the launch of the national nutrition survey – which provides data from more than 33,000 children, showing a comprehensive picture of the nutrition situation – and the Nutrition Atlas 2008–2010, which provides detailed information on who is doing what where in the nutrition sector across the country.
- In **Southern Sudan**, improved data collection was supported, increasing knowledge and capacity of cluster partners through the training of 95 health and nutrition workers on Standardized Monitoring and Assessment of Relief and Transitions (SMART) methodology, which was followed by 12 SMART county-level nutrition surveys and six initial rapid assessments.

**Commitment 3:** Support for appropriate infant and young child feeding (IYCF) is accessed by affected women and children.

- Following the volcano eruption in **Indonesia**, UNICEF supported advocacy on infant feeding in emergencies to the local government and training on infant and young child feeding, resulting in the local authorities more tightly managing breastmilk substitutes from district health offices.
- In **Niger**, a total of 2,300 community health volunteers were trained to promote seven key family practices identified as critical for improvement of child survival. As a result, about 184,000 children under 5 years old saw their situation improve in 2010 and a national survey revealed a positive trend, with exclusive breastfeeding increasing from 9.9 per cent in 2009 to 26.9 per cent in 2010.
- Following natural disasters and conflict in **the Philippines**, UNICEF supported the training of 552 community health workers on infant and young child feeding in emergencies, benefiting 3,200 mothers trained on breastfeeding and re-lactation practices.
- In **the Occupied Palestinian Territory**, UNICEF supported an exclusive breastfeeding campaign, reaching about 7,500 mothers in Gaza.

**Commitment 4:** Children and women with acute malnutrition access appropriate management services.

- In **Burkina Faso**, UNICEF provided ready-to-use therapeutic food for more than 40,000 severely acute malnourished children, up from 34,000 in 2009. The cure rate was 88 per cent, while the death rate was 2 per cent (surpassing Sphere standards).
• **In Somalia**, more than 97,000 severely malnourished children and 93,500 moderately malnourished children were admitted to centres for management of acute malnutrition by UNICEF partners, an increase of more than 70 per cent compared with the number of children reached in 2009. In early 2010, WFP was forced to leave almost all of the Central South Zone. UNICEF, as cluster lead agency, implemented supplementary feeding programmes in priority areas vacated by WFP, and this will continue in 2011.

• **In Ethiopia**, increased numbers of therapeutic feeding sites resulted in the admission and treatment of more than 232,000 severely malnourished children (against a target of 270,000 children), achieving an 82 per cent recovery rate, a 0.7 per cent mortality rate and a 6 per cent defaulter rate.

• In response to the serious food and nutrition crisis in **Niger**, UNICEF and partners provided care for more than 330,000 children suffering from severe acute malnutrition (compared to a target of 384,000 children) in 822 treatment centres; the recovery rate was 80 per cent, while the death rate was 2 per cent and the defaulter rate was 6 per cent.

• **Yemen** is termed an ongoing silent emergency due to its food insecurity, which is exacerbated by the Sa'ada conflict. In 2010, through UNICEF’s high-level advocacy, malnutrition was recognized as a top national priority and was included in the poverty reduction strategy and the Ministry of Public Health and Population’s five-year plan.

**Commitment 5:** Children and women access micronutrients from fortified foods, supplements or multiple-micronutrient preparations.

• In response to the conflict in **Kyrgyzstan**, some 50,000 children under 5 years old benefited from UNICEF’s provision of 43,000 sachets of micronutrient and 600 sacks of UNIMIX powder (blended flour enriched with micronutrients) to children’s hospitals, orphanages and AIDS centres.

• **In Myanmar**, after Cyclone Nargis, UNICEF intensified support in areas with high prevalence of anaemia, and other micronutrient deficiencies. In 2010, some 23,000 children 6–59 months old received micronutrient powder and 280,000 children received vitamin A supplementation (representing 94 per cent of all children under 5 years old) in the target townships.

• To improve the nutritional status of children and women in **Iraq**, nearly 4 million children under 5 years old and 500,000 pregnant and lactating women benefited from micronutrient and vitamin supplementation efforts, including provision of vitamin A capsules and fero-folic acid tablets.

• **In response to flooding in Benin**, UNICEF supported a public outreach campaign to take place in all of the most affected areas through the hiring of 1,000 trained town criers and contracting of 22 community and rural radios stations to articulate key messages. More than 90,000 children under 5 years old in all 55 affected communes were reached with communication on nutrition and essential family practices. Broadcast messages were related to nutrition practices, hand washing, deworming, breastfeeding, water purification, safe sanitation and hygiene practices.

**Commitment 6:** Children and women access relevant information about nutrition programme activities.

• In response to the drought in **Djibouti**, more than 50,000 children and women benefited from social mobilization and communication campaigns to improve infant and young child feeding practices.
Challenges
A prevailing constraint in many countries is the weak capacity of health systems in early detection and management of health and nutrition crises and outbreaks. This includes poor supervision, monitoring and evaluation of health and nutritional staff and activities at all levels, as well as weak integration of nutritional therapeutic products into the health system supply chain. It is essential to develop the capacity and ownership of government to respond to nutrition emergencies, especially at decentralized levels. Part of this will include increased advocacy for nutrition actors and awareness-raising, particularly around the underemphasized area of infant and young child feeding.

UNICEF continues to support the scaling up of community-based approach to management of severe acute malnutrition in emergency response. Start-up activities for such an approach, however, are intense and require a long lead time. Globally, national capacities need to be strengthened to facilitate a quick emergency response in areas with high levels of acute malnutrition, and it is critical to ensure the availability of trained staff to implement international and national protocols.

Health

Strategic result: Excess mortality among girls, boys and women in humanitarian crisis is prevented.
The priority of any health response in emergencies is to quickly reduce mortality and morbidity by targeting the most vulnerable populations with appropriate interventions. The CCCs for health address the major causes of maternal, neonatal and child mortality. In the immediate post-emergency phase, injuries or violence may account for a substantial number of deaths. In protracted humanitarian situations, most deaths are attributable to common health conditions prevalent in the community, such as malnutrition, pneumonia, diarrhoea, measles, malaria (in malaria-endemic areas) and neonatal causes. UNICEF is committed to supporting the continuum of care across the maternal, newborn and early childhood periods at the household, community and health-facility levels, with an increasing emphasis on community health approaches.

Global response
In 2010, UNICEF focused on fulfilling its CCCs, strengthening emergency health intervention and health supply provision, including through provision of support to government and national partners to deliver evidence-based packages of health interventions. UNICEF supports service delivery in emergency contexts through the provision of supplies and technical expertise. In 2010, health-related emergency response included the following distribution of supplies: (a) an estimated 3,083 emergency health kits to 21 countries, with each kit providing health supplies for up to 10,000 people for a period of three months; (b) 6.2 million doses of meningitis vaccine to eight countries; (c) 116 million doses of measles vaccine delivered for supplemental immunization activities and emergencies or outbreaks in 29 countries; and (d) 20.6 million long-lasting insecticide-treated nets potentially reaching up to 10.3 million families across 38 emergency-affected countries.
<table>
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<th>Haiti earthquake emergency response</th>
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<tr>
<td><strong>Impact of crisis</strong></td>
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<tr>
<td>The earthquake resulted in the near-total collapse of the health system and increased risk of outbreaks in the months after. In late 2010, cholera broke out in Haiti, further stressing the health system and threatening child and maternal health.</td>
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<tr>
<td><strong>Key UNICEF results</strong></td>
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<tr>
<td>• Some 1.9 million children vaccinated against six preventable diseases.</td>
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<tr>
<td>• About 1.7 million people benefited from UNICEF’s procurement and distribution of 177 emergency health kits, to ensure access for primary health-care services.</td>
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<tr>
<td>• More than 163,000 households benefited from the distribution of more than 360,000 insecticide-treated nets.</td>
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<tr>
<td>• Some 1,350,000 children received vitamin A capsules, deworming tablets and catch-up vaccinations during the nationwide Child Health Week.</td>
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<th>Pakistan floods emergency response</th>
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<tr>
<td><strong>Impact of crisis</strong></td>
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<tr>
<td>The floods exacerbated existing high vulnerability to diseases and death, especially among poor children, mothers and newborns. Local health management capacity virtually collapsed and drug stocks were destroyed, compounding the low immunization rates before the flood and leaving many vulnerable people without access to health care.</td>
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<tr>
<td><strong>Key UNICEF results</strong></td>
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<tr>
<td>• A total of 8.6 million children were vaccinated against measles (against a target of 11.2 million by July 2011), and 9.6 million children were vaccinated against polio (against a target of 11.9 million).</td>
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<tr>
<td>• About 11.7 million children were provided with vitamin A supplementation.</td>
</tr>
<tr>
<td>• About 500,000 families benefited from UNICEF’s procurement and distribution of 940,000 long-lasting insecticide-treated nets.</td>
</tr>
<tr>
<td>• Some 2 million children were targeted during a special Mother and Child Health Week when 24 flood-affected districts delivered packages of high-impact, low-cost child survival interventions, including hygiene promotion sessions and hygiene and health-care supplies.</td>
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**Core Commitments for Children**

**Commitment 1**: Inter-agency coordination mechanisms in the health sector (e.g., cluster coordination) are supported and enhanced with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.

UNICEF provided continuing support to the global health cluster in 2010. The organization contributed to the development and implementation of a global health cluster strategy, policy papers (including on ‘Removing User Fees for Primary Health-Care Services during Humanitarian Crises’ and ‘Civil-Military
Coordination during Humanitarian Action’, which were jointly prepared with health cluster partners), guidelines and tools. With cluster partners, UNICEF facilitated cluster training courses for health cluster coordinators, and supported cluster coordination at the country level by nominating experienced emergency staff for the cluster roster for short-term deployments in response to acute emergencies.

UNICEF conducted a rapid assessment in Kyrgyzstan, where UNICEF headquarters, regional and country-level staff joined health cluster partners to assess the humanitarian needs of the populations affected by the recent ethnic clashes. UNICEF remains engaged as an active member of the steering committee of the Health & Nutrition Tracking Service, a collaboration of UN agencies, bilateral donors and NGOs for the review, validation, analysis and interpretation of health and nutrition information in humanitarian emergencies. At the country level, UNICEF continued to contribute as an active participant in the health cluster. For example, in response to Cyclone Giri in Myanmar, UNICEF contributed a dedicated information manager to support country-level health cluster coordination. In Iraq, UNICEF was the deputy lead of the health cluster with the World Health Organization (WHO) in 2010.

Commitment 2: Children and women access life-saving interventions through population- and community-based activities (e.g., campaigns and child health days).

- Together with WHO, in Somalia UNICEF-supported Child Health Days reached more than 90 per cent (1.5 million) of children under 5 years old and 60 per cent (1.3 million) of women of childbearing age. It is estimated that 10,000 children under 5 years old were saved through two rounds of Child Health Days, which provided a package of essential services (polio, measles and DPT vaccination; vitamin A supplementation; deworming; oral rehydration salts; water disinfection tablets; and nutrition screenings).
- In the conflict-affected districts of Uganda, 560,000 children (82 per cent of those targeted) in the Acholi region were dewormed in April, and another 416,000 children (73 per cent of the target) were dewormed in October.
- Measles vaccinations reached 304,000 children under 5 years old in the Democratic Republic of the Congo and, following an outbreak in Zimbabwe in 2009, a national immunization campaign in 2010 reached some 5.2 million children with measles vaccinations (97 per cent of the target).
- In Myanmar, in response to floods and the cyclone, and to prevent the outbreak of malaria, 30,000 families with children under 5 years old in high-risk areas benefited from UNICEF’s provision of long-lasting insecticide-treated nets.
- More than 6 million children in Northern Sudan and 600,000 in Southern Sudan received basic integrated health services, including deworming tablets and vitamin A supplementation.
- With UNICEF support in Ethiopia, more than 11 million children under 5 years old (84 per cent of the target) were reached with vitamin A supplementation, and more than 8 million children between 2–5 years old (more than 98 per cent of those targeted) were dewormed.
- In Afghanistan, 7.6 million children under 5 years old were immunized, including 1.5 million at border crossings. The number of polio cases dropped from 38 in 2009 to 25 in 2010.
- Across West and Central Africa, with UNICEF support, meningitis vaccinations reached about 499,900 people (nearly full coverage in some areas) in Chad; nearly 513,000 people in five districts in Niger, with an average coverage of 93 per cent; and about 678,000 people of the target population of 668,000 in Burkina Faso.
• In Madagascar, following the moderate Tropical Storm Hubert, 1.4 million people, including 76,000 children under 5 years old and 19,000 pregnant women, had access to essential medicines in 179 supported health centres (95 per cent coverage).

• UNICEF continued to provide all primary health-care supplies, equipment and essential drugs in Somalia, where it focused on equitable access for the most vulnerable and hard-to-reach populations, and 2.5 million people benefited from the continued support of 254 maternal and child health centres and 608 health posts.

• In Iraq, UNICEF helped to increase access to primary health services for more than 486,000 people (including more than 83,000 children under 5 years old and 19,500 pregnant women) living in remote areas through the provision of technical training on health and nutrition services for nearly 4,100 health workers (57 per cent of them female).

• In Syria, UNICEF reached about 156,000 Iraqi refugees (surpassing the target of 145,000) with primary health-care services.

• After conflict in Yemen disrupted health systems and caused shortages of essential emergency obstetrics medication, UNICEF procured essential supplies for 150,000 pregnant women in Amran, Hajja and Sa’ada and trained 44 community midwives on community-based maternal and newborn care in districts hosting internally displaced people.

Commitment 3: Children, adolescents and women equitably access essential health services with sustained coverage of high-impact preventive and curative interventions.

Commitment 4: Women and children access behaviour-change communication interventions to improve health-care and feeding practices.

• Promotion of behavioural-change initiatives remained a key component of improved health-care and feeding practices.

• In Sri Lanka, about 14,000 people benefited from awareness raising and behaviour modification events, including training of some 35 health workers in behaviour-change communication. In addition, hospital health staff were trained on the Baby Friendly Hospital Initiatives and newborn life support to improve neonatal and child survival.

• In Ethiopia, UNICEF supported 11 educational radio stations in hot-spot districts to prevent and control acute watery diarrhoea. In an innovative and low-cost initiative, UNICEF trained and mobilized 150 university students to undertake acute watery diarrhoea prevention activities through sensitization of community and administrative leaders, while training 40 regional Ministry of Health focal persons on health promotion, disease prevention and public relations.

• In Eritrea, 575 mothers were trained as community educators, which resulted in increasing health-facility delivery in the Anseba region, from 21 per cent in 2009 to 26 per cent in 2010.
With UNICEF support, the Ministry of Health in Kenya set up an emergency communication centre to collect and collate emergency health communication information and disseminate assorted advocacy, communication and social mobilization information.

In Kyrgyzstan, 21,000 children benefited from UNICEF’s provision of diarrhoea kits (essential drugs, solutions, consumables and medical instruments) distributed to major child in-patient health care facilities in the two most affected provinces.

In response to floods and other natural disasters in Afghanistan, 11,000 families (more than 68,000 individuals) benefited from family kits (essential cooking supplies and plastic floor mats) to meet their immediate needs and care for their children.

In Myanmar, UNICEF provided about 4,500 families with family kits and additional tarpaulin to cover their immediate needs for shelter, clothing and basic hygiene during the initial weeks after the cyclone.

Challenges

Effective health-care systems rely heavily on human resources and on large numbers of qualified staff to deliver quality services. If these are already limited or underdeveloped, a humanitarian crisis – especially if it is dependent on utilizing government human resources, as in Pakistan – can exacerbate these issues, therefore posing a challenge to national health-care recovery and development. There is a continued need for developing the capacities of both national authorities and civil society in vulnerable countries. Another challenge is that the health-sector humanitarian response is often oriented towards clinical care in health facilities and settlements, although a stronger focus is needed on community-based preventive care and health promotion. At the same time, in many contexts, a major constraint continues to be the limited implementation and management capacity of the Ministries of Health and the often weak capacities of civil society at decentralized levels. It is necessary, therefore, to continue to develop the capacity of national actors and to strengthen interventions, especially at the community level.

Finally, working in communities and rural areas continues to be a particular challenge to providing necessary community-based emergency health interventions, as a lack of information and difficulties in information flow can inhibit programmatic activity. The lack of reliable data has a negative impact on the planning and monitoring processes and this continues to be an area of focus for capacity building.

Commitment 5: Women and children have access to essential household items.
**Water, sanitation and hygiene**

**Strategic result: Girls, boys and women have protected and reliable access to sufficient, safe water and sanitation and hygiene facilities.**

WASH is critical for survival in the initial stages of an emergency. People in emergencies – in particular children – are generally much more susceptible to illness and death from disease, especially from diarrhoea. A balanced and integrated WASH approach is an essential component to preventing and reducing mortality, especially among children in humanitarian crises. UNICEF works to protect and restore children’s right to adequate supplies of safe water, to improved sanitation and to practice safe hygiene through direct response, capacity building and preparedness planning, and undertaking coordination of the humanitarian WASH response at both global and country levels. UNICEF also continues to support the strengthening of national human resource capacity.

**Global response**

The humanitarian demands on UNICEF’s WASH section were significant in 2010. Responding to the need for increased capacity building of country offices to effectively provide immediate and appropriate humanitarian response, UNICEF has been rolling out its WASH in Emergencies training course, developed in mid-2009. This course reached 20 per cent of WASH staff during 2010, bringing the total trained to 41 per cent globally since roll-out in mid-2009. The course is also being adapted for use by standby partners in orientation of their staff to enhance their effectiveness upon deployment to UNICEF. The percentage of standby secondments to UNICEF WASH that were utilized in cluster support functions rose from 31 per cent (2009) to 42 per cent (2010), indicating strong UNICEF global support for WASH response and coordination.

| Impact of crisis | The earthquake resulted in the complete disruption of all water supplies within the affected urban settings, the disruption and destruction of a significant percentage of the private sanitation facilities and a context that denied those who were affected the ability and materials to undertake basic personal hygiene in a dignified manner. This significantly increased health risks, particularly risks to girls and women. |
| Key UNICEF action | • The WASH cluster was promptly established, co-led by the government and with over 300 partners.  
• UNICEF deployed over 30 WASH cluster coordination staff in 2010 for effective response coordination. |
| Key UNICEF results | • Clean water to 680,000 people (out of the total 1.2 million reached by all WASH cluster partners).  
• Some 95,000 children in areas of Léogane, Petit Goave and Port-au-Prince benefited from improved WASH facilities in 150 schools. |
**Pakistan floods emergency response**

| Impact of crisis | The floods swept away some water supply infrastructure and exacerbated poor pre-flood sanitation conditions and hygiene practices. Those affected faced elevated threats of cholera; disruption of communities; and loss of dignity and protective and coping mechanisms for accessing water and adequate sanitation facilities and hygiene materials. |
| Key UNICEF action | • As WASH cluster lead agency, UNICEF was a key player in the inter-agency Survival Strategy, and in ensuring evidence and equity-based life-saving assistance delivery in high-risk communities.  
• The number of WASH cluster partners following the floods increased from 27 to 172. |
| Key UNICEF results | • Clean water for 3.2 million people (of UNICEF’s target of 3.69 million by July 2011).  
• Sanitation facilities for 1.5 million people (of cluster target of 3.69 million).  
• Some 2 million people (820,000 of them female) benefited from UNICEF distribution of hygiene materials.  
• Nearly 449,000 children benefited from UNICEF-funded minor repairs, including toilet facilities, for 3,770 government schools used as shelters by displaced families. |

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**Core Commitments for Children**

**Commitment 1:** Effective leadership is established for WASH cluster/inter-agency coordination, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.

UNICEF continues to lead the IASC global WASH cluster, strengthening the capacity to effectively coordinate the emergency WASH response at the country level. A key global achievement in 2010 was the greater clarity and consensus between UNICEF and cluster partners on expectations of roles and responsibilities and on the way forward at the global level. The consultation with select cluster partners in November at UNICEF headquarters in New York allowed for many concerns regarding transparency and expectations to be discussed openly. It was agreed that UNICEF would request the IASC to develop a terms of reference detailing the accountability of cluster participants. The global WASH cluster also developed a draft strategy and prioritized work plan, and has adopted a working arrangement that is awaiting final endorsement in 2011.

Significant operational support to countries was provided, particularly in ensuring staff recruitment and deployment at the country level. The global WASH cluster information-management tool, developed in 2009, was introduced in Indonesia and also with East Asia IASC partners. Training was conducted on the WASH component of the Inter-Agency Rapid Assessment Toolkit in the second quarter of 2010 in the UNICEF Asia-Pacific Shared Services Centre. The global WASH cluster Rapid Response Team has been used extensively during 2010 and was critical in quickly getting coordination capacity on the ground in both Haiti (all three members deployed) and Pakistan (two members deployed). WASH
cluster staff deployments increased from 21 in 2009 to 47 in 2010. In-country WASH cluster leadership was central to the inter-agency response in many emergencies. For example, to ensure equity in response in the Occupied Palestinian Territory, critical WASH vulnerabilities were identified through cluster partner needs assessments; the cluster thematic working groups (on water scarcity and water quality) contributed greatly to enhanced advocacy regarding the needs in these areas. The continuing work of WASH cluster partners on building preparedness and response capacity in vulnerable districts in Nepal enabled partners to respond quickly with materials and social mobilization during a diarrhoea outbreak.

Commitment 2: Children and women access sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene.

- Through UNICEF support in the Central African Republic, approximately 139,000 people (of the 173,000 total reached by WASH cluster partners), including 69,000 women and 66,000 children, gained access to safe drinking water after the construction and rehabilitation of 140 water points, ensuring equitable access for vulnerable people in conflict-affected areas.
- In Mali, an estimated 15,000 people benefited from reliable and safe drinking water in drought-affected areas in and around the city of Kidal through borehole and well improvements.
- In response to drought in Djibouti, access to safe drinking water has improved for about 75 per cent of the targeted 120,000 people.
- Throughout Somalia, about 866,000 people benefited from the operation, maintenance and disinfection of water supplies in camps for internally displaced people and other affected communities, representing a 6 per cent increase of clean water access compared with 2009.
- In Ethiopia, UNICEF in 2010 supported a total of more than 300,000 people (of a target of 285,000) affected by acute drinking-water shortages due to long dry seasons and displacement in four regions through water trucking for several months.
- In Zimbabwe, as a result of the cholera outbreak in urban centres, UNICEF supported the restoration and rehabilitation of water supply and sanitation systems and safeguarded water quality with treatment chemicals and rehabilitation of treatment plants, benefiting more than 4 million people (100 per cent of the target).
- In response to flash floods and persistent conflict in Afghanistan, 482,000 people (192,800 female) were reached through UNICEF-supported water tankering.

Commitment 3: Children and women access toilets and washing facilities that are culturally appropriate, secure, sanitary, user-friendly and gender-appropriate.

- In Iraq, UNICEF reached more than 57,000 vulnerable persons, including internally displaced people in three governorates, with the provision of hygiene and sanitation supplies and by constructing mobile latrines and bathing units.
- In response to displacement in the north-west of Pakistan, more than 300,000 individuals benefited from UNICEF-supported latrine installation.
- In China in 2010, the remaining UNICEF-supported construction of sanitation facilities in the Sichuan earthquake zone was completed, including 150 household latrines in model villages, 17
school latrines and six solid waste disposal sites, benefiting more than 11,000 people, including 3,900 schoolchildren.

- In Southern Sudan, the construction of household latrines increased access to safe sanitation for 24,000 people, 34,500 students at 69 schools, and 1,200 people at health centres.

  Commitment 4: Children and women receive critical WASH-related information to prevent child illness, especially diarrhoea.

- In response to the tropical storm in Madagascar, UNICEF reached about 21,000 persons (100 per cent of the target) through hygiene-promotion activities, constituting about half of the WASH cluster’s results.

- In Myanmar, UNICEF supported hygiene awareness and safe hygiene practices in partnership with local NGOs through health talk sessions in more than 60 villages, reaching about 70,000 people, together with the distribution of soaps and hygiene material.

- In the Lao People’s Democratic Republic, about 77,500 people of the targeted 91,000 beneficiary population affected by Typhoon Ketsana have been reached with hygiene messages. Training sessions on hygiene education were organized for schoolteachers in the three provinces affected.

  Commitment 5: Children access safe water, sanitation and hygiene facilities in their learning environment and in child-friendly spaces.

- In Nepal, more than 82,000 families (100 per cent of UNICEF target and 80 per cent of the WASH cluster results) in disaster-prone districts were reached with WASH promotion and disaster prevention interventions, and 2,300 female community health volunteers were trained on hygiene promotion. A baseline/endline survey on the campaign showed improved hygiene behaviour.

- In the Philippines, UNICEF supported the extension of water and sanitation services to more than 3,300 children in schools affected by conflict. Across 14 schools, toilet blocks were constructed with hand-washing facilities, and water was provided through gravity-fed water systems. About 20,000 students and young children benefited from hygiene promotion activities held in temporary learning spaces and child-friendly spaces.

- In six districts in Sri Lanka, 22,000 children and 1,800 teachers benefited from the construction of child-friendly water and sanitation facilities, including hand-washing services, in 134 schools.

- In Kenya, some 39,500 children (99 per cent of the target) gained access to gender-appropriate sanitation and hygiene facilities and hygiene promotion in their learning environments, with UNICEF support. The programme focused on providing a full package of WASH services in schools, which included latrines, hand-washing facilities and water access, as well as hygiene promotion with a focus on hand washing. Gender-sensitive school latrines were also constructed in 80 schools.

Challenges
An ongoing challenge for the WASH sector is the increasing need to operate in urban settings. Urbanization of populations is a growing trend, and urban environments raise a range of specific technical issues that need to be addressed, from land use to specific technologies – both hardware and software. Preparedness is critical, requiring funding and commitment across the sector for
strengthening WASH interventions in urban environments. There is also a general continued need for increased capacity building of country offices to provide immediate and efficient humanitarian response, requiring funding to ensure provision of response and preparedness, contingency planning and cluster coordination.

Continued investment is required for the training, maintenance and management of rosters for the WASH cluster and WASH resource personnel. In 2010, the increased use of standby secondments and internal redeployment of UNICEF WASH to programme and cluster functions has highlighted the need for the organization to strengthen efforts to expand talent pools (including experienced staff with non-English language skills), as well as raised concerns about the scope of its ability to meet both cluster and programme response demands from existing internal capacity. Redeployment of UNICEF WASH staff and standby personnel contributed greatly to filling the gaps, but recruitment from external sources remains a major delay in response.

Child protection

Strategic result: Girls’ and boys’ rights to protection from violence, abuse and exploitation are sustained and promoted.

Humanitarian situations exacerbate existing protection risks and create new ones. The prevention and programmatic response to specific protection concerns for children – separation of children from their families; psychosocial distress; recruitment of children by armed forces and groups; and exposure to gender-based violence, landmines and unexploded ordinance – is supported by the implementation of inter-agency guidelines in these areas. Informed by the revised CCCs, UNICEF works to strengthen a range of child protection mechanisms and systems to prevent and respond to various forms of violence, abuse and exploitation and continues to maintain focused attention on building capacity on and responding to urgent protection issues.

Global response

UNICEF worked with partners to build the capacity of the child protection sector to respond to the needs of children in emergencies. This included training on child protection in emergencies for more than 100 UNICEF and partner staff in 34 countries. In Afghanistan, Bangladesh and Yemen, this resulted in specific country response plans of action. In 2010, UNICEF led the development of inter-agency CFS guidelines with the IASC Mental Health and Psychosocial Support Reference Group, the Child Protection Working Group and the global education cluster, and compiled a complementary resource kit of existing tools and trainings on CFS. UNICEF also helped to mainstream mental health and psychosocial support issues into the revised versions of the Sphere guidelines and Inter-Agency Network for Education standards and, with partners, implemented the IASC Mental Health and Psychosocial Support Guidelines in more than 30 countries, supported by the roll-out of an inter-agency training package on these guidelines.

With the United Nations Population Fund and the United Nations High Commissioner for Refugees, UNICEF strengthened GBV response by rolling out a capacity-building project for government, civil society, NGOs and UN actors in nine countries’ across three regions. UNICEF also developed a partnership with the International Rescue Committee to increase UNICEF and standby roster capacity for GBV coordination. UNICEF also carried out a mapping of its GBV-related programming in 30 emergency prone countries that will inform UNICEF operational guidance on GBV to be developed in 2011.
The Monitoring and Reporting Mechanism (MRM) on grave violations against children in situations of armed conflict was implemented in 13 countries, with UNICEF co-chairing the MRM Country Task Force and supporting monitoring and reporting activities. The MRM Field Manual was finalized and a Global MRM Training Toolkit was piloted in three regional workshops (in Jordan, Nepal and Senegal), with more than 90 UN personnel trained. The first UNICEF Global Consultation on MRM was held at UNICEF headquarters in June, bringing together key UNICEF senior and technical staff and partners. A comprehensive agenda for UNICEF action was mapped out and endorsed.

During 2010, UNICEF supported the rehabilitation and reintegration of approximately 11,400 children (8,600 boys and 2,800 girls) associated with armed forces and armed groups in 14 conflict-affected countries by reunifying them with their families and providing opportunities to return to school or learn a vocational trade. To avoid stigmatization of children returning home, UNICEF also supported another 28,000 vulnerable children living in communities alongside children associated with armed forces and armed groups through the same programme. UNICEF also contributed to updating and developing new guidance on economic reintegration of children associated with armed forces and armed groups.

UNICEF also continued to strengthen the UN Child Protection Focal Point system for cross-border coordination in Central African Republic, the Democratic Republic of the Congo, Sudan and Uganda, which were affected by attacks from the Lord’s Resistance Army. To contribute to the physical protection of children and their families in environments affected by landmines and other explosive remnants of war, UNICEF implemented mine action/mine-risk education activities in 18 countries affected by armed conflict. This included provision of training and technical support for implementing mine/explosive remnants of war risk education, collecting and disseminating casualty data, advocating for the ban on use of landmines and other indiscriminate weapons, and promoting the rights of victims and other persons with disabilities.

<table>
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<th>Haiti earthquake emergency response</th>
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<tr>
<td><strong>Impact of crisis</strong></td>
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<td><strong>Key UNICEF action</strong></td>
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### Pakistan floods emergency response

<table>
<thead>
<tr>
<th>Impact of crisis</th>
<th>The floods and subsequent displacement exposed children to elevated risks of abuse and exploitation, separation from families, gender-based violence – including child marriages, sexual exploitation and trafficking – and psychosocial issues.</th>
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<tbody>
<tr>
<td>Key UNICEF action</td>
<td>• As the lead agency for the child protection area of responsibility, UNICEF ensured that staff for child protection cluster coordination were deployed at federal and provincial levels to coordinate the child protection response.</td>
</tr>
</tbody>
</table>
| Key UNICEF results | • More than 220,000 vulnerable children and women were reached through child-friendly spaces.  
• Some 250,000 children and their families, almost double the target, were provided with non-food items.  
• Some 550 unaccompanied and separated children were identified and registered and 354 of them were reunited with their families. |

### Core Commitments for Children

**Commitment 1:** Effective leadership is established for both the child protection and gender-based violence (GBV) cluster areas of responsibility, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues. Support is provided for the establishment of a mental health and psychosocial support (MHPSS) coordination mechanism.

In 2010, UNICEF led the Child Protection Working Group and co-led the GBV area of responsibility with the United Nations Population Fund, under the broader protection cluster. UNICEF was also the co-chair of the Mental Health and Psychosocial Support Reference Group. Under the Child Protection Working Group, UNICEF led the development of an inter-agency rapid assessment tool for child protection in emergencies and initiated a process to develop inter-agency operational standards regarding child protection in emergencies, which will continue in 2011. To strengthen staff and partner capacities, the global Child Protection Working Group agreed on a common definition for child protection in emergencies and a common competencies framework for child protection personnel.

UNICEF also undertook training for more than 100 field-based or deployable child protection cluster coordination staff, using the newly produced coordinator’s handbook for child protection in emergencies as a key resource. As co-lead of the GBV area of responsibility, UNICEF hired, for the first time, a full-time coordinator, who is based in Geneva. UNICEF led the development and roll-out of the ‘Handbook for Coordinating GBV Interventions in Humanitarian Settings’, and the IASC endorsed the ‘Caring for Survivors of Sexual Violence in Emergencies’ training package. UNICEF has trained more than 100 staff and partners on these tools in Ethiopia, Kyrgyzstan and Nepal.
At the country level, UNICEF led child protection coordination in emergencies in 30 countries and co-led GBV coordination in six countries, as well as strongly supporting it in Southern Sudan, Guinea and Zimbabwe. Coordination-related deployments for child protection increased from 1 in 2009 to 20 in 2010. Dedicated coordinators for child protection, GBV and/or mental health and psychosocial support were deployed in response to six new emergencies.

**Commitment 2:** Monitoring and reporting of grave violations and other serious protection concerns regarding children and women are undertaken and systematically trigger response (including advocacy).

- In **Somalia**, more than 969 violations – 75 per cent of them in the Central and Southern Zone – were documented nationwide by 40 trained child protection monitors, and an estimated 60 per cent of cases were addressed through referral to services. The MRM data were used to prepare the third Somalia country report to the Security Council and other reports on children affected by armed conflict.
- Dedicated and trained MRM officers in **Afghanistan** are leading the MRM Task Forces in all five regions (up from three in 2009). Through UNICEF training of 27 MRM members, increased numbers of MRM cases were documented and referred to legal aid and service providers. The Country Task Force verified 23 incidences of recruitment, 66 detentions, 488 killings and 910 maiming of children. Further, an action plan was finalized to prevent recruitment and ensure the release and reintegration of children associated with Afghan National Security Forces.

**Commitment 3:** Key child protection mechanisms are strengthened in emergency-affected areas.

- In the aftermath of the conflict in **Kyrgyzstan**, UNICEF established 45 CFS in affected communities, and 6,000 children on a daily basis benefited from access to psychosocial services and training on parenting and GBV.
- In the **Democratic Republic of the Congo**, 47,300 children (double the target) were reached through CFS.
- Having received 50 per cent of appeal funding in 2010 for the protection of Iraqi women and children in **Syria**, more than 10,000 new cases (of a target of 22,000) were assessed in four CFS and provided psychosocial first aid and community services. About 1,200 were referred for further specializes services.
- With conflict in **Yemen** constantly impacting children’s lives, about 283,000 children (128,000 girls and 155,000 boys) benefited from 21 CFS in Amran, Hajja, and Sa’ada governorates.

**Commitment 4:** Separation of children from families is prevented and addressed, and family based care is promoted.

- In response to conflict in **the Philippines**, UNICEF supported an identification, documentation, family tracing and reunification programme in Central Mindanao, and related capacity building for social welfare offices, including case management (320 cases reviewed to date).
• Despite scarce funding for child protection in Ethiopia, with partners, UNICEF provided technical and financial assistance for family tracing and reunification services – including interim care, and medical and psychosocial support – for 149 repatriated children from Yemen (12 females and 137 males).

• After the Merapi volcano in Indonesia, social workers from the government, with support from UNICEF, were engaged in family tracing and reunification, and successfully reunited two siblings (of a total of 14 children separated), whose parents had died during the eruption, with their extended family members.

  Commitment 5: Violence, exploitation and abuse of children and women, including GBV, are prevented and addressed.

• In eastern Democratic Republic of the Congo, UNICEF and its partners identified and provided access to essential medical and psychosocial care and reintegration assistance to approximately 17,000 survivors of sexual violence. In addition, more than 654,000 people participated in outreach activities to raise awareness about the consequences of sexual violence.

• In Burundi, 180 GBV survivors benefited from medical, psychosocial, legal and community support through UNICEF’s provision of financial support for the creation of a ‘one-stop’ centre for GBV survivors in Gitega, as well as technical and financial support to the government to train 30 government social workers in Gitega, Karuzi and Ruyigi to provide psychosocial support to GBV survivors and conduct sensitization sessions in 25 communities.

• In Chad, 20,000 people (65 per cent of them women) were sensitized on GBV through two campaigns carried out in school clubs and in all ten districts of N’Djamena.

  Commitment 6: Psychosocial support is provided to children and their caregivers.

• Through psychosocial support for Iraqi refugees and vulnerable people in Jordan, UNICEF reached approximately 14,000 school-age children, mothers, teachers and community members. (The original target was 7,300 people, but UNICEF received additional funding and expanded its activities.) This support included recreational and vocational training. Field monitoring of activities suggested that the well-being and resilience of beneficiaries is improving.

• As part of the recovery assistance following the floods and cyclone in Myanmar and building on existing community structures, 580 girls and 710 boys who were identified as most vulnerable received psychosocial support in the form of child protection kits, which contained educational and recreational materials.

• In response to Tropical Storm Ketsana (Ondoy) in the Philippines, psychosocial support was extended to some 229,000 children through the establishment of CFS in evacuation centres and structured play activities in affected communities.

  Commitment 7: Child recruitment and use, as well as illegal and arbitrary detention, are addressed and prevented for conflict-affected children.
• In the Central African Republic, UNICEF and partners supported the release of 525 children (488 boys and 37 girls) from armed groups in the northwest. The children received immediate care in reception centres and/or with foster families and were provided with assistance in family tracing and reunification.

• In Nepal, about 10,840 children – including 7,840 children formerly associated with the Maoist army – received reintegration support for school enrolment and vocational training, along with psychosocial support.

• To help address the surge of attacks by the Lord's Resistance Army, UNICEF Chad hosted a conference involving five neighbouring countries (Cameroon, the Central African Republic, Niger, Nigeria and Sudan). This led to the adoption of the N'Djaména Declaration, whereby the signatories pledged to stop the use of children in armed conflict and to strive for the release and reintegration of children in their respective countries.

Commitment 8: The use of landmines and other indiscriminate or illicit weapons by state and non-state actors is prevented, and their impact is addressed.

• In Sri Lanka, UNICEF continued to support mine-risk education in the eight target districts, reaching an estimated 392,500 individuals.

• In Iraq, approximately 5,200 children/youth and 6,900 community members received risk education regarding small arms and light weapons.

• In the Occupied Palestinian Territory, awareness-raising campaigns benefited 64,000 children and 6,500 caregivers in schools and family centres to reduce the risk of related death and injuries, while in Eritrea, community-based activities related to mine-risk education reached about 285,000 people (75 per cent of whom were children) in war-affected areas.

• Increasingly, communities are practising positive behaviours that have contributed towards the prevention of mortality and child disabilities. In Southern Sudan, 237,000 people (including 24,000 boys and 20,000 girls) received information on protection from mines and other explosive remnants of war.

Challenges
As a sector globally, child protection suffers from low prioritization and, as a result, a lack of funding and human resources. A key challenge that emerged in 2010, with Haiti and Pakistan, was the difficulty of quickly identifying and deploying child protection specialists with requisite specialized emergency experience, language skills and managerial capability at senior levels. Many experienced UNICEF child protection specialists were already deployed in emergency contexts, while other staff lacked the appropriate technical capacity and experience. To address capacity challenges, the Child Protection Working Group is establishing a three-person, full-time Rapid Response Team of child protection coordinators from UNICEF’s standby partners, which will be deployable at any time. UNICEF’s child protection section and human resources department are also conducting a mapping of the current capacities of UNICEF child protection staff across all regions, determining development and emergency experience, professional levels and language skills. In addition, technical guidance and reference materials are being developed in specialized areas where it is lacking, including for interim care, unaccompanied and separated children, and child reintegration.
A further challenge for the child protection sector has stemmed from UNICEF’s comparatively new role co-leading (with the United Nations Population Fund) the global GBV area of responsibility, including its internalization by the organization, resulting in challenges to fulfil GBV coordination responsibilities in Haiti and Pakistan. This is being addressed through developing clear standard operating procedures to define complementary roles with the United Nations Population Fund at the field level; internal advocacy to senior UNICEF staff on UNICEF’s GBV coordination mandate; and developing clear GBV programmatic guidance.

**Education**

**Strategic result: Girls and boys access safe and secure education and critical information for their own well-being.**

Education is not only an important right for children, but in situations of emergency, chronic crisis and early reconstruction, it provides physical, psychosocial and cognitive protection that can be both life-saving and life-sustaining. Education sustains life by offering safe spaces for learning and by providing a sense of normalcy, stability and hope for the future during times of crisis, particularly for young children and adolescents. Education also saves lives by protecting children against exploitation and harm, and by providing life-saving knowledge and skills during emergencies. Emergency education response strengthens systems, contributing to a country’s progress towards meeting the Millennium Development Goals and providing essential building blocks for longer-term recovery and economic stability.

**Global response**

In 2010, UNICEF and partners continued to invest both in upstream policy and advocacy work with Ministries of Education and direct humanitarian assistance in affected communities. UNICEF supported the piloting of finance mechanisms in education for transitioning states. For example, through the Education Transition Fund in **Zimbabwe**, teaching and learning materials are being used by more than 2.8 million students.

UNICEF also demonstrated its commitment to preparedness and risk mitigation by increasing activity in disaster risk reduction and climate change adaptation. The UNICEF Asia-Pacific Shared Services Centre hosted the first-ever regional event on Education under Attack, with representatives from Afghanistan, India, Nepal, the Philippines and Thailand, as well as other key stakeholders. These country teams completed situation assessments and developed country action plans. Early childhood development was also incorporated into the revised version of the Inter-Agency Network for Education in Emergencies’ Minimum Standards for Education in Emergencies and Sphere handbook.

UNICEF worked with national authorities and local partners to ensure learning was restored as quickly as possible on the ground via temporary learning spaces, adolescent-friendly spaces and child-friendly schools (CFS). Supply needs were greater in 2010 than in 2008 and 2009 combined, demonstrating the scale of UNICEF’s humanitarian response. For example, the production and dissemination of emergency kits related to early childhood development tripled between 2009 and 2010. Continued investments in teacher development bolstered pedagogic skills, and supplementary training supported incorporation of life-saving messages and increased capacity to meet the psychosocial needs of children affected by conflict and natural disasters.
Haiti earthquake emergency response

Impact of crisis
As a result of the earthquake, some 4,000 schools were destroyed, as were the main buildings of the Ministry of Education in Port-au-Prince. The disaster led to a nationwide closure of schools.

Key UNICEF action
- As education cluster co-lead agency, UNICEF helped to develop a database with information on more than 5,800 affected schools and school attendance, contributing to national education sector capacity.
- Provision of technical assistance to the government for the five-year Education Operational Plan.

Key UNICEF results
- About 325,000 students and 40,000 teachers benefited from distribution of more than 1,600 tents and teaching and learning supplies.
- Some 720,000 children and youth benefited from basic education materials as part of UNICEF’s support to the Government of Haiti’s Go-to-School campaign.
- About 40,000 children benefited from the distribution of early childhood development kits.

Pakistan floods emergency response

Impact of crisis
More than 10,000 schools were either partially or fully damaged and almost 2,900 schools had been occupied by internally displaced people during the crisis, leaving about 1.3 million children of primary school age in need of education interventions.

Key UNICEF results
- A total of 165,000 children, exceeding the target of 130,000 children, benefited from 2,790 UNICEF supported Temporary Learning Centres.
- 208,000 children benefited from school supplies.

Core Commitments for Children

**Commitment 1:** Effective leadership is established for education cluster/inter-agency coordination (with co-lead agency), with links to other cluster/sector coordination mechanisms on critical intersectoral issues.

In 2010, UNICEF and Save the Children co-led the IASC education cluster at global and country levels. At the global level, the education cluster coordinator’s handbook was completed, as was the Joint Education Needs Assessment Toolkit, which was developed based on practical pilot experiences in multiple countries, such as Indonesia, Mongolia, Yemen and Zimbabwe. To build capacity for coordination of emergency response, training for first responders and the education cluster coordinator at global and regional levels was expanded. Operational and technical support was provided to 35 active country-level clusters. Additionally, the education cluster unit formulated its new strategic plan for 2011–2013, which reinforced the vision and objectives to increase cluster accountability for emergency response at the country level.
In terms of country cluster coordination, education cluster staff deployments to the field increased from three in 2009 to 21 in 2010. As education cluster co-lead agency, UNICEF provided critical country leadership aimed at strengthening systematic coordination, emergency preparedness and response in countries such as Nepal, where advocacy by education cluster partners resulted in education in emergencies being included in the Governance and Accountability Action Plan of the School Sector Reform Plan, and Kenya, where UNICEF and cluster partners supported the development of a national emergency preparedness and response plan. In Sri Lanka, cluster leadership training of Ministry of Education and UNICEF national staff resulted in strengthened government engagement in national-level cluster leadership and the establishment of four district-level clusters – which was important for the rapid response to flooding in December 2010.

**Commitment 2:** Children, including preschool-age children, girls and other excluded children, access quality education opportunities.

- In the Lao People’s Democratic Republic, despite only 21 per cent of interventions received for education funding, UNICEF met its targets and 5,775 primary schoolchildren benefited from emergency school repair activities that provided healthier, safer and more protective environments for children.
- In Central African Republic, about 185,000 displaced and returnee children in the seven most affected prefectures were re-enrolled in school in 2010. Also in 2010, more than 120,000 refugees, internally displaced people and host community children in Chad benefited from the provision of essential learning packages, and 287,000 students, including 86,000 girls, were registered with UNICEF support.
- In Eritrea, where efforts have focused on supporting the expansion of access to education in underserved areas, about 11,500 children have access to education, with coverage exceeding planned enrolment by 14 per cent.
- In Kyrgyzstan, two boarding schools for 250 children living with disabilities were supported by UNICEF to ensure access to education for the most vulnerable children; 800 children received preschool education and 450 parents learned about early childhood development programmes.

**Commitment 3:** Safe and secure learning environments that promote the protection and well-being of students are established.

- In Yemen, where an estimated 25 per cent of schools in Sa’ada were partially or completely destroyed due to conflict, 50 per cent of children were not attending school and the enrolment rates of internally displaced children were even lower than the national rate. To increase equitable access and completion of quality basic education, more than 4,000 children – 70 per cent of whom had never attended school – benefited from UNICEF-supported temporary learning spaces.
- In 2010 in Afghanistan, ongoing conflict, including threats and attacks on schools, deprived more than 400,000 children of education. UNICEF responded by supporting the construction of 20 cost-effective schools, which has provided nearly 21,400 children with access to safe learning spaces. Monitoring reports show reduced absenteeism and drop-out rates.
• Via the Rapid Response to Movements of Populations initiative in eastern Democratic Republic of the Congo, more than 75,000 children benefited from the rehabilitation and equipment of temporary classrooms, as well as the provision of teaching and learning materials.

Commitment 4: Psychosocial and health services for children and teachers are integrated in educational response.

• In China, UNICEF continued to support recovery from the ongoing psychological and emotional impact of the Sichuan earthquake. Teachers and principals in primary schools in Sichuan’s counties were trained to recognize signs of distress or impaired functioning among their students, and to provide appropriate psychosocial support. This work laid the groundwork for all 60,000 schoolchildren 6–12 years old in the three project counties to benefit from regular access to psychosocial support.

• In response to the earthquake in Chile, UNICEF prepared and adapted a series of education materials in partnership with universities on identifying and addressing psycho-emotional stress. These benefitted approximately 800,000 children, parents, and child and adolescent care and education providers.

• The Psychosocial Support in Schools project in Iraq was successfully piloted in 125 schools, benefiting more than 63,000 children (44 per cent of them girls) through training of 41 master trainers and 1,900 teachers (64 per cent female).

• In Northern Sudan, UNICEF focused on increasing gross enrolment rates among internally displaced people, returnees, nomadic children and girls. Some 568,000 children living in conflict and hard-to-reach locations with limited access to basic education benefited from food-for-education packages in collaboration with WFP.

Commitment 5: Adolescents, young children and caregivers access appropriate life skills programmes and information about the emergency, and those who have missed out on schooling, especially adolescents, receive information on educational options.

• In the North East Zone in Somalia, about 5,650 children, including 3,050 internally displaced people, benefited from UNICEF support for school fees, ensuring access to primary education for these disadvantaged and underprivileged children.

• In Myanmar, following the introduction of life skills education in all primary schools in 2009, the curriculum was extended to all monastic schools in 2010 in the five priority townships. Some 10,000 students benefited from the training of 130 teachers. Some 830 children attended 38 non-formal primary education centres and 3,500 children and adolescents (about 50 per cent girls) participated in a non-formal life skills-based education, provided through local NGOs.

• In Syria, 10,800 Iraqi and Syrian children (of a target of 10,000) were supported by UNICEF through remedial and other forms of non-formal education and 760 students (of a target of 1,000) received vocational education at Ministry of Education schools.

• In the Occupied Palestinian Territory, early learning opportunities for at least 10,000 marginalized children were enhanced through capacity building for 450 parents, 320 caregivers and 30 kindergarten supervisors on early diagnosis of learning and developmental disabilities and through provision of early childhood development kits to 50 kindergartens.
Challenges
Education continues to face significant challenges to be prioritized as a part of humanitarian response. It accounts for just 2 per cent of humanitarian aid, and no other sector has a smaller share of humanitarian appeals funded. There is also low prioritization of education by governments, including in development, where low investment can often lead to challenges for the education response in emergencies. This is coupled with low capacity in many cases: The number of partners working in the education sector during emergencies is often quite limited, straining education service delivery, particularly in large countries such as the Democratic Republic of the Congo, Pakistan and Sudan. Therefore, children in many remote, isolated, nomadic and conflict-affected areas often remain unreached.

UNICEF also continues to struggle to provide surge staff to support increased needs in large-scale emergencies due to high competition for a limited number of actors with relevant regional experience, language abilities and emergency experience. While investing in local capacity development, UNICEF must simultaneously strengthen its human resource processes, including standby arrangements and rosters. Continual efforts must be made to ensure comprehensive education responses that address the full life cycle of learning from early childhood development to investing in youth at every stage of humanitarian response, including preparedness and recovery.

HIV and AIDS
Strategic result: Vulnerability to HIV infection in humanitarian crisis is not increased and HIV-related care needs arising from a humanitarian crisis are met.
Emergencies, including the disintegration of communities, displacement, child separation, sexual violence, gender-based violence and the destruction of schools and health services can increase the risk of transmission of HIV. People living with HIV – especially children – are often more vulnerable to the consequences of emergencies, including losing access to essential services such as antiretroviral treatment. It is critical that adequate HIV and AIDS prevention and care be undertaken in humanitarian situations, which has proven to be feasible and effective. Depending on the context, UNICEF’s work encompasses prevention of mother-to-child transmission of HIV (PMTCT), paediatric antiretroviral therapy, provision of related training, and supply of post-rape care supplies and post-exposure prophylaxis for HIV. These are particularly important for the elimination of mother-to-child transmission agenda. Often there is a need for special focus on adolescents who may be more likely to face dangers from engaging in or being coerced into high-risk behaviour.

Global response
At the global level, UNICEF is a key partner in the IASC Task Force on HIV in Humanitarian Settings and has contributed significant technical expertise and assistance in redrafting the IASC Guidelines for Addressing HIV in Humanitarian Settings, finalized in 2009. In 2010, UNICEF worked closely with both NGOs and UN agencies to finalize a training package on the IASC guidelines in order to facilitate their roll-out in the five focus countries. UNICEF supported roll-out missions to the Central African Republic, the Democratic Republic of the Congo and Haiti, and in 2011 will also support missions to Southern Sudan and Zimbabwe. UNICEF sought to build upon 2009 progress on PMTCT to continue to ensure that, after initial entry, treatment for both woman and child was successfully completed. This has been a large focus of country advocacy and technical support in most of the high-risk countries.
Haiti earthquake emergency response

Impact of crisis
The earthquake caused disintegration of communities, displacement, child separation, sexual and gender-based violence, and destruction of schools and health services, elevating risks of HIV – the prevalence of which was already high in Haiti.

Key UNICEF action
- UNICEF provided technical assistance for the development of the Health Sector Reconstruction Plan, ensuring integration of HIV concerns, and the five-year strategic plan for virtual elimination of paediatric AIDS and neonatal syphilis.
- UNICEF supported the revision of the national guidelines for PMTCT.

Key UNICEF results
- Some 7,000 children benefited from supplies for voluntary testing, early infant diagnosis and HIV care.
- About 58,000 young people were reached with prevention activities, including access to free condoms.
- Some 122,000 pregnant women tested for HIV through provision of antiretroviral therapy and supplies through partnership with UNITAID and the Ministry of Health.
- About 46.5 per cent of the 2,900 pregnant women who tested positive for HIV received antiretroviral therapy for PMTCT.

Core Commitments for Children

**Commitment 1:** Children, young people and women have access to information regarding prevention, care and treatment.

- In 2010 in **Northern Sudan**, UNICEF supported the expansion of HIV prevention services to reach more than 6.6 million people. Tools employed included individual discussions, dissemination of communication materials, games, question-and-answer segments, songs, drama, mass media and community radio listening groups.
- In **Southern Sudan**, about 295,000 youth (43 per cent girls) accessed the correct information on HIV and AIDS through 519 trained peer educators (36 per cent females).
- Responding to the floods in **Burkina Faso**, UNICEF strengthened emergency preparedness in the areas of HIV and prevention of sexually transmitted infections. Print materials were produced, including posters regarding HIV and the prevention of sexually transmitted infections that targeted young people (10,000 copies), and HIV prevention flipcharts to be used in group discussion facilitation (1,200 copies). UNICEF also supported the government to develop up-to-date education materials on HIV and sexually transmitted infections for humanitarian situations.

**Commitment 2:** Children, young people and women access HIV and AIDS prevention, care and treatment during crisis.
• In the Central African Republic, in response to the emergency and high HIV prevalence, nearly 1,250 youth and 2,000 pregnant women benefited from UNICEF-supported HIV and AIDS education and prevention programmes, despite funding shortages. Some 240 government and community health workers were trained to provide information and services.

• In response to the violence in the Democratic Republic of the Congo, more than 16,800 survivors of sexual violence, including 8,700 children, accessed a holistic set of services. Nearly 4,400 cases (54 per cent of them children) received medical care within the first 72 hours after an incident, including life-saving assistance and post-exposure prophylaxis, and almost 10,000 (46 per cent children) received care after this initial window.

• In Chad, UNICEF helped increase the number of health-care establishments offering services to prevent the mother-to-child transmission of HIV from 81 to 104.

• In Burundi, UNICEF contributed to the revision of the national protocol to include earlier treatment for all HIV-positive patients, according to WHO recommendations and the update of the national PMTCT policy.

Commitment 3: Prevention, care and treatment services for children, young people and women are continued.

• In Northern Sudan, some 108,500 pregnant women (70 per cent coverage) attending antenatal care sites accessed PMTCT services, receiving routine counselling and testing.

• In Southern Sudan, testing and counselling services were accessed by 43,500 people (57 per cent females). Through 35 mother-to-child transmission sites, more than 57,000 pregnant women received routine counselling, and 69 per cent of them accepted testing.

• In China, in response to the 2008 Sichuan earthquake, UNICEF supported the development and distribution of provincial guidelines for PMTCT in project areas, and PMTCT services were integrated into community education and routine maternal and child health care. As a result, 2,000 pregnant women (more than 90 per cent of all pregnant women in project sites) received community-based PMTCT counselling and testing, and about 400 people living with HIV benefited from continuous medical care and social and economic support.

• In Zimbabwe, approximately 90,000 people out of a target of 75,000 (including more than 1,300 HIV-positive children) with families affected by HIV and AIDS were supported by about 1,500 trained volunteers providing psychosocial and treatment adherence support. The number of HIV-exposed children 0–18 months old who were tested increased from 4 per cent to 31 per cent in 2010.

• In Ethiopia, in response to the droughts and floods, UNICEF supported the training of more than 40,000 adolescents on HIV and AIDS, sexual and reproductive health and risk avoidance. About 8,880 households supporting approximately 35,000 children (70 per cent of the target) received care and support, including grants and micro-loans.

• Amid conflict and the nutrition crisis in Yemen, UNICEF supported 97 youth forums constituting 1,380 peer educators, reaching 110,000 young people with HIV and life skills messages.
Challenges
A large challenge is the development focus of HIV and AIDS work globally. It is still difficult to integrate the needs of populations of humanitarian concern into regular work planning, particularly for countries experiencing chronic crises. A related challenge is that HIV and AIDS are often linked to health programming rather than seen as truly cross-cutting issues that need to be addressed across sectors.

Ensuring that HIV and AIDS are included in the priorities of humanitarian response requires a shift in mindset. Linked to this, however, is the difficulty in leveraging resources for the inclusion of HIV action during emergencies. At global, regional and national levels, resources for this are scarce, yet essential for UNICEF to uphold its mandate, especially in reaching the most vulnerable populations and the global target of universal access and elimination of mother-to-child transmission.

Finally, partner and government resources and capacity at the country level are often insufficient to meet commitments for prevention, care, treatment and support, and for scaling up HIV and AIDS interventions. A widespread constraining factor is the limited number of qualified health workers available to deliver PMTCT and paediatric AIDS care.

Supply and logistics

**Strategic result:** Essential commodities for girls, boys and women are available at global, national and point-of-use levels.

Supply and logistics are a critical element of humanitarian programming. Rapid deployment of supplies and effective management of pre-positioned stock continue to be among the most important factors in timely emergency response. Experience has shown that the effectiveness and efficiency of humanitarian response are largely dependent on the degree of capacity in logistics and supply of both UNICEF and partners at the national level.

**Global response**
In 2010, local and international procurement totaled $195 million in supplies to emergencies, though this does not capture all forms of supply expenditure at the country level. The Supply Division in Copenhagen responded to more than 500 emergency orders, of which more than 200 were considered rapid response. The items were supplied mainly through air transport. At the global level, UNICEF worked with partners to shape a number of markets for essential supplies, resulting in better access, higher quality and lower prices for emergency goods. It continues to advance strategies to strengthen supply chain elements to ensure that essential commodities rapidly reach communities through implementing partners.

UNICEF is building capacity to meet the supply and logistics requirements of the CCCs through the development of enhanced monitoring and information systems. The Virtual Integrated System of Information (VISION) scheduled for roll-out in 2012, and complemented by the CCC performance monitoring system to be finalized mid-2011, will improve UNICEF’s ability to organize and measure the rapid deployment of supplies to emergencies. UniTrack, a warehouse and commodity management database used by field offices to track inventory and stock, was rolled out to four additional country offices in 2010, bringing the total number of country offices using the system to 42. Capacity development continues at the national level as well, with the Supply Division providing operational support to projects in Burkina Faso, Mozambique and Sierra Leone.
Although planning and procurement has traditionally been an area of strength in UNICEF’s humanitarian supply operations, further work remains to be done in meeting the CCCs through improved downstream activities, including logistics and delivery as well as monitoring and evaluation. The organization is working to improve its speed, responsiveness and transparency in the delivery of goods down the supply chain to beneficiaries.

UNICEF supply chain components

The diagram above illustrates the various stages of UNICEF’s supply chain in emergencies. Based on needs assessments, humanitarian supplies are budgeted for and procured by UNICEF, then delivered to the field, where they are distributed through partners to beneficiaries. Monitoring and evaluation analyses past performance and feeds back into the planning process for future emergency supply operations.

As a great deal of programme interventions rely on supply components, there are overlaps with the results reported here and with the programme content in the preceding Commitments.
<table>
<thead>
<tr>
<th>Haiti earthquake emergency response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Impact of crisis</strong></td>
</tr>
<tr>
<td><strong>Key UNICEF action</strong></td>
</tr>
</tbody>
</table>
| **Key UNICEF results**              | • A new warehouse was set up and operational, receiving emergency supplies, as early as eight days following the earthquake.  
• More than 1,600 school tents (along with teaching and learning supplies) were distributed, benefiting some 583 schools, 325,000 students and 40,000 teachers.  
• Some 8 tonnes of chlorine and 80 million water-purification tablets were distributed to protect approximately 650,000 people in Port-au-Prince and to 1 million people around the country. About 92,000 standard UNICEF family hygiene kits were distributed to displaced people.  
• About 400,000 long-lasting insecticide-treated nets were provided to 904,400 people, representing more than 190,000 families.  
• Some 1,500 ECD kits were distributed to support activities and opportunities for 40,000 children immediately following the earthquake. |

<table>
<thead>
<tr>
<th>Pakistan floods emergency response</th>
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</thead>
<tbody>
<tr>
<td><strong>Impact of crisis</strong></td>
</tr>
<tr>
<td><strong>Key UNICEF action</strong></td>
</tr>
</tbody>
</table>
| **Key UNICEF results**             | • Nearly 2 million people (820,000 female) benefited from UNICEF distribution of non-food related items, such as bars of soap, buckets, jerrycans and hygiene kits.  
• Distribution of some 30 million water purification tablets and sachets provided up to 300 million litres of safe drinking water. About 1.5 million people benefited from sanitation facilities provided by UNICEF.  
• Damaged health facilities were provided with cold chain equipment, including 8,500 vaccine carriers, 500 refrigerators, 75 deep freezers, 450 stabilizers and 375 dial thermometers.  
• About 940,000 long-lasting insecticide-treated nets were distributed against a target of 1.2 million.  
• UNICEF provided 279,000 clean delivery kits and distributed 315,900 newborn kits, blankets and baby caps to protect newborns from exposure.  
• Some 249,000 children were reached with non-food related items for winterization.
Core Commitments for Children

Commitment 1: Essential supplies necessary to alleviate humanitarian suffering in women and children are deployed by UNICEF and partners.

Following the political violence in Kyrgyzstan, UNICEF procured and distributed in time for the beginning of the school year 338 School-in-a-Box kits and 268 recreational kits to 277 schools with a total enrolment of 156,000 students. It distributed family water kits to affected families, as well as water tanks, jerrycans and 35,000 boxes of purification tablets. UNICEF also provided six months of water treatment chemicals to the Department of Water Supply for use in the Osh City water treatment plant to disinfect the city's drinking-water supply.

UNICEF provided all expanded programme on immunization vaccines in Somalia, strengthened cold chain and human capacity, and supported service delivery at health facilities, through the Reaching Every District approach. In 2010, immunization coverage almost doubled for all antigens and polio-free status was maintained (since 2007). UNICEF also provided the bulk of education supplies to the primary education sector in Somalia, benefiting a total of 495,400 (from 468,000 in 2009) out of a projected 763,320 total primary students.

In Ethiopia, UNICEF’s rapid response to localized outbreaks of acute watery diarrhoeal diseases, including cholera, was supported through preparedness both at the national and regional levels by pre-positioning 200 case treatment centre kits, as well as life-saving drugs and other medical supplies for rapid response. And in Eritrea, 30,000 children were reached with the provision of recreational materials in areas with large concentrations of internally displaced people and resettled communities to promote a safer environment for children who usually play in environments contaminated with landmines and explosive remnants of war.

Commitment 2: Supply response by UNICEF and partners is appropriately resourced.

Supply procurement in response to emergencies in 2010 was extensive, both in scale of supplies and staff support. While the number of country offices requiring supply and logistics support from the Supply Division (69) was inferior to past years, the value of the goods doubled in 2010 compared with 2008 and 2009 combined. In addition to the $195 million in supplies procured in emergencies, 34 staff members were deployed to humanitarian situations. With multiple simultaneous large- and medium-scale emergencies, responding to competing demands for large quantities of similar supplies provided a number of preparedness and response challenges, which are being evaluated and addressed as part of the ongoing optimization of the function.

Challenges
The provision of thematic humanitarian funding to address new and chronic emergencies remains insufficient to fully meet the needs of affected populations in humanitarian contexts. Delays in the receipt of humanitarian funding during the outbreak of an emergency continue to be a challenge for the rapid deployment of supplies. Although UNICEF maintains its commitment to capacity development among partners, supply and logistic operations during rapid onset, large-scale disasters frequently meet bottlenecks arising from low humanitarian response capacity among national and local partners.
Results by operational commitments

Media and communications

**Commitment 1**: Accurate information about the impact of the situation on children and women is rapidly provided to national committees and the general public through local and international media.

The importance of communication during the onset of high-profile emergencies was highlighted in 2010. UNICEF provided communication, advocacy and multimedia support to successive emergencies throughout the year, including in Afghanistan, Benin, Chile, China, the Democratic Republic of the Congo, Haiti, Kyrgyzstan, the Occupied Palestinian Territory, Pakistan, Sri Lanka, Sudan, Uzbekistan and Yemen, with a sustained focus on the earthquake and cholera outbreak in Haiti and the floods in Pakistan. Learning from the 2010 responses, and to ensure that communication staff members are in place and that effective communication is taking place within the first 24–48 hours of a sudden emergency, UNICEF developed standard operating procedures for surge communication support in emergencies.

**Commitment 2**: Humanitarian needs and the actions taken to address them are communicated in a timely and credible manner to advocate for child-friendly solutions, increase support for the response and, where necessary, assist with fundraising.

The organization worked to strategically direct communication to shed light on structural challenges faced by affected populations in emergencies. Communication efforts focused on enabling children and their communities to access services and be free from abuse, violence and exploitation, including trafficking, child labour and sexual violations. Public advocacy in the early days of the emergency in Haiti significantly shifted the focus of media coverage on child protection issues around international adoption – profiling UNICEF’s position and the reasons for it.

Focus was placed on empowering children and young people to engage in civic dialogue. Together with the Haitian Ministry of Youth, Sport and Civic Action, UN agencies and partners in the Global Movement for Children, as well as the Children’s Radio Foundation, UNICEF conducted a series of consultations nationwide aimed at strengthening the engagement of young people in Haiti’s reconstruction, an important step in a country where more than 50 per cent of the population is under 18 years old.

A major initiative in UNICEF’s advocacy efforts in 2010 was the launch of the global two-year campaign to achieve universal ratification of the Optional Protocol on the sale of children, child prostitution and child pornography and the Optional Protocol on the involvement of children in armed conflict by 2012. Since the launch, more Member States signed or ratified the Optional Protocols in 2010 than in 2009.
Security

Commitment 1: Security risks that could affect staff and assets, and subsequently the emergency response, are identified, assessed and managed.

During the past two years, the UN has seen a continuation of a trend of increasing threats and risks to its staff in the field, and increased investments in security management by all agencies, funds and programmes. In 2010 alone, UNICEF responded to more than 340 Significant Incident Reports affecting nearly 400 staff members and dependents. The organization also scaled up its crisis management hub in 2010 to respond to the emergencies in Haiti, Kyrgyzstan and Pakistan by facilitating critical information flow and communications.

The year also marked a significant milestone in the UN Security Management System’s approach to security risk management. The UN’s new Security Level System was successfully fielded by pilot UN country teams and endorsed by the Chief Executive Board for Coordination. UNICEF played a key role in reshaping the UN’s security risk management model to improve programme delivery in insecure environments through its participation in the Operational Working Group. This new approach places primary emphasis on programme assessment, putting the protection of programme goals at the forefront of security risk management. To this end, UNICEF is working with partners to develop guidelines for an acceptable risk model to best determine programme criticality in insecure contexts.

Throughout the year, UNICEF continued to maintain emergency communication and information services in support of humanitarian action and staff security, ensuring round-the-clock first point of contact for staff in crisis situations. The Operations Centre (OPSCEN) at New York headquarters continued to maintain early warning systems, while following global events and issuing alert communications to affected countries and appropriate staff in headquarters.

Human resources

Commitment 1: Appropriate and experienced staff and personnel with relevant deployment training are provided and rapidly deployed, primarily through internal redeployment of staff. This is complemented by external recruitment and standby personnel to allow for recruitment of possible longer-term posts, as needed.

In response to the large humanitarian crises of 2010, emergency surge deployments for the year totalled 587 personnel – nearly double the 2009 figure and double the 2005 tsunami figure. Staff were deployed through three modalities: internal redeployments from UNICEF offices globally, external deployments and standby partner arrangements. Haiti’s earthquake and cholera responses demanded 378 surge deployments at the country and regional levels, while the Pakistan floods required another 157 such deployments. Significant surge support was also provided in response to civil conflict in Kyrgyzstan and Uzbekistan (23), in preparation for possible humanitarian needs in the run-up to the January 2011 referendum in Southern Sudan (14) and post-election conflict in Côte d’Ivoire and Liberia (3).
UNICEF’s human resource systems met challenges in rapidly filling staff posts to meet the unusually high surge demands in 2010, yet this underscored the need for improved systems to deploy more quickly in the initial days of response. As a result, the organization sought to **strengthen human resource systems to ensure a predictable, effective and timely response** by restructuring a dedicated Human Resource Emergency Unit at New York headquarters following the Haiti earthquake to manage necessary surge deployments for emerging crises, while also maintaining the staffing strength of other country offices already in humanitarian situations. An executive directive on emergency recruitment was issued in December to establish a formal policy for a rapid emergency staffing and recruitment process to ensure greater speed, efficiency and effectiveness. The Global Web Roster for Emergencies has also been expanded into UNICEF’s e-recruitment system as a means of sourcing the best talent for countries in crisis.

**Commitment 2:** Well-being of staff is assured.

For staff operating in emergency contexts, **stress management training and counselling** are essential. This year, stress management and resiliency-building workshops were provided to staff in Kyrgyzstan, Pakistan, Somalia and Sri Lanka, and peer support volunteers were trained in the Democratic Republic of the Congo as well as Afghanistan, Pakistan and Somalia.

**Staff welfare was a great concern in the aftermath of the earthquake in Haiti.** No staff members lost their lives, but all were directly affected and several lost immediate family members. As a compensatory measure, local staff members were granted a financial grant and salary advances for three months to overcome emergency needs in January. Flex-time working hours, extraordinary rest and recuperation leaves, and special leaves without pay were also granted. With the support of headquarters and the UN Stabilization Mission in Haiti (MINUSTAH), stress counselling sessions were held, with a particular focus on national staff.

**Commitment 3:** Sexual exploitation and abuse by humanitarian workers is prevented.

UNICEF continues to uphold its commitment to prevent sexual exploitation and abuse on the part of humanitarian workers. **All appropriate action was taken in all cases of allegations of staff misconduct** in accordance with established guidelines set forth by the UN Secretary-General’s Bulletin on special measures for the protection of sexual exploitation and sexual abuse (ST/SGB/2003/13). The organization continues to ensure that standard operating procedures are upheld regarding confidentiality, established channels for issuing complaints and timelines for disciplinary resolution of allegations.

**Commitment 4:** UNICEF staff members and key partners have knowledge and skills for effective emergency preparedness and response. This includes knowledge about humanitarian reform and the cluster approach.

A comprehensive revision of emergency preparedness and response training for staff was initiated in 2010 and is due for completion in 2011. Staff training in emergency preparedness and response
remains ongoing. Divergent methods of measuring preparedness among country offices have now been harmonized under the Early Warning, Early Action system.

**Resource mobilization**

**Commitment 1:** Quality, flexible resources are mobilized in a timely manner to meet the rights and needs of children and women in humanitarian crises.

UNICEF’s total emergency income to humanitarian programmes reached $1.023 billion in 2010, reflecting an increase of 54 per cent from the 2009 level of $663 million, an upsurge in resources that can largely be attributed to donors’ response to the high-profile disasters in Haiti and Pakistan. UNICEF received more than $486 million for the floods in Pakistan ($179.5 million) and the response to the earthquake in Haiti ($306.6 million), which represented nearly half of the total emergency income in 2010. Out of the total humanitarian contributions, $332 million (32.5 per cent) was received as thematic unearmarked funds, allowing UNICEF to invest in those sectors where resources are most needed. This figure represents a fivefold increase compared with the 2009 thematic income of $65 million.

Humanitarian thematic funds allow UNICEF to fund priority needs and response in countries in crisis. Administrative processing of thematic contributions is less time-consuming and allows concentration on programming and achievement of results while reducing transaction costs. Although the 2010 level of thematic funding is much higher than the 2009 level, an analysis of recipients highlights that thus far in 2010, nearly 88 per cent of the thematic funds were provided for the Haiti earthquake and Pakistan floods response. While acknowledging the generosity of the donors in providing such funding, UNICEF continues to encourage its donors to provide flexible humanitarian funding for all countries, particularly at the global level.

An overall Humanitarian Fundraising Action Plan was also developed, with the aim of increasing funding for emergency programmes, including underfunded emergency countries. In addition, UNICEF continued to develop an improved system for tracking and monitoring humanitarian income data, as well as mapping efforts to match donor interests with gaps in humanitarian financing.

**Finance and administration**

**Commitment 1:** Effective and transparent management structures are established, with support from the Regional Office and UNICEF headquarters, for effective implementation of the programme and operational Core Commitments for Children. This is done in an environment of sound financial accountability and adequate oversight.

Following the destruction of the Haiti Country Office in Port-au-Prince as a result of the January 2010 earthquake, UNICEF established a ‘shadow office’, dubbed Life Line Haiti, in the Dominican Republic to manage operational support to the emergency response in Haiti. While decision-making on all interventions and transactions related to the humanitarian situation were made in Haiti, the resulting administrative and financial procedures were executed in the Life Line Haiti office in the Dominican Republic.
The established standards on financial and administrative assistance were met in response to emergencies during the year. Support to emergencies reached their objectives of immediate authorization of ‘Cash on Hand’ accounts, immediate increase of contract review committee ceilings, and 24-hour turnaround of inter-office payments through the New York headquarters cashier during UNICEF bank account freezes. In addition to these objectives, support to emergencies in 2010 included quick turnaround responses on issuance of budgets and the establishment of zonal offices and related posts.

UNICEF headquarters embarked on a major initiative in 2010 to streamline internal financial and administrative processes, which will improve the speed of its emergency response mechanisms. The review of processes is scheduled to be completed in 2012. A business continuity plan was also successfully tested and reinforced, thereby ensuring UNICEF’s ability to fund emergency operations in the event of system failures at New York headquarters.

**Information and communication technology**

**Commitment 1:** Timely, effective and predictable delivery of telecommunications services to ensure efficient and secure programme implementation, staff security and compliance with inter-agency commitments.

Information and communication technology (ICT) within UNICEF has been rapidly evolving to change the way in which the organization works in preparedness and emergency response. UNICEF is in the final stages of developing a new Virtual Integrated System of Information (VISION) that will serve as an electronic platform for global performance management beginning in January 2012. The platform’s dashboard entry point for managers will include an early warning and preparedness indicator to track country offices’ level of preparation in the event of an emergency. In addition, UNICEF headquarters established a remote data centre in 2010 to ensure data security in the event of a major systems failure.

ICT efforts played a critical role in the humanitarian response in 2010. In Haiti alone, UNICEF spent approximately $1,685,930 in ICT equipment to re-establish communication, coordination and support activities on the ground following the earthquake. In the immediate aftermath of the earthquake, emergency information technology and telecommunications response kits were shipped to Port-au-Prince from in-house stockpiles and set up by emergency-trained experts from within UNICEF and standby partner organizations. Headquarters’ Information Technology Solutions and Services Division also provided coordination and support to the emergencies in Côte d’Ivoire and Pakistan, as well as preparedness support to Southern Sudan in the run-up to the January 2011 referendum. The Information Technology Solutions and Services Division continued global capacity-building efforts in the area of emergency ICT by running global emergency training workshops for field ICT staff; maintaining a register of trained staff; and retaining a central ICT equipment stockpile for immediate emergency response.
**Funding**

**Income**

UNICEF’s humanitarian income totalled $1.023 billion in 2010, a 54 per cent increase from the 2009 level of $663 million. Although the funding received in 2010 reflects a large increase in absolute terms, as seen in the chart below, out of the total, more than $486 million (48 per cent) was contributed for responses to the Haiti earthquake and Pakistan floods, with the remaining $536.9 million (52 per cent) of the 2010 humanitarian funds directed towards UNICEF’s other emergency operations. UNICEF continues to work with donors to seek longer-term and more predictable humanitarian funding in order to improve its capacity to respond. A significant step was taken in this respect in 2010: Nearly all of Norway’s humanitarian contributions came as unearmarked thematic funding and Finland continued to provide all of its humanitarian contributions as thematic funding.

### Emergency funding trend, 2003-2010

In 2010, **UNICEF requested a total of $1.8 billion for its humanitarian interventions** to ensure the protection of vulnerable children and women. UNICEF’s requested funding support for emergencies in 2010 included 16 Consolidated Appeals Processes (CAPs), seven Flash Appeals, 21 non-CAP countries in the Humanitarian Action Report, and 17 other crises requiring humanitarian assistance. The 2010 CAPs received less than half of their funding requirements, at 43 per cent, while the non-CAP countries in the report received 45 per cent of their funding needs. Flash Appeals were comparatively better funded at 86 per cent, mostly attributed to the responses to Haiti and Pakistan. Excluding the funding received for the Haiti earthquake and the Pakistan floods response, the funding level for Flash Appeals dropped to 40.5 per cent on average.
The largest recipients of humanitarian funding in 2010 include Haiti, Pakistan, Sudan, the Democratic Republic of the Congo, Somalia, Zimbabwe, Niger, Ethiopia, Chad, Kenya and Afghanistan.

As in past years, CERF was the single largest source of humanitarian funding overall for UNICEF, followed by the European Commission ($88.2 million) and the United States Fund for UNICEF ($85.5 million). As a complement to the UNICEF Emergency Programme Fund, CERF remains critical to enabling effective humanitarian response. UNICEF received more than $98 million in CERF grants in 2010, both for rapid response (58 per cent) and underfunded crises (42 per cent).

The funding breakdown for all 2010 humanitarian contributions by donor type is presented in the chart below.

In 2010, $332 million of the $1.023 billion in humanitarian contributions was received as thematic unearmarked funds. **Thematic humanitarian funding** represents donors’ commitment to Good Humanitarian Donorship and allows UNICEF to respond more effectively to humanitarian crises, based on global priorities. Such funding is particularly crucial for large-scale emergencies, such as in Haiti and Pakistan, which require sustained funding over a longer duration, as well as for addressing consistently underfunded emergencies, where the needs of children and vulnerable communities are critical. Within humanitarian action, thematic funds provide the much-needed flexibility for integrated early recovery approaches, which begin in humanitarian settings and where distinct interventions are part of Flash Appeals and CAPs. Thematic humanitarian funds also assist UNICEF in meeting its commitments to humanitarian reform, in particular to its leadership accountabilities under the cluster approach.

UNICEF would especially like to acknowledge **National Committee partners** that have provided more than 86 per cent of the thematic funding received in 2010. The United States Fund for UNICEF was the top thematic donor, with a contribution of $75.5 million, followed by the Japan Committee for UNICEF, United Kingdom Committee for UNICEF, German Committee for UNICEF, and the Government of Norway. Among public-sector donors, the top five contributing donors to thematic funding were the Governments of Norway, Finland, the Russian Federation, Ireland and Kuwait.13 UNICEF would also like to acknowledge the 59 country and regional offices that provided more than $10.7 million in thematic humanitarian funds in 2010.

Since the inception of thematic funds in 2003, UNICEF has received $1.312 billion in thematic humanitarian funds. Overall thematic funding increased from $30 million in 2003 to $574 million in
2010. As a proportion of total Other Resources (Other Resources Regular and Other Resources Emergency) income, thematic funding consisted of only 3 per cent in 2003, yet reached 27 per cent in 2010. UNICEF has committed to improving all processes related to thematic funding: more transparent allocation of global thematic pools, improved result-based and financial utilization reporting and overall understanding of the thematic funds in order to meet donor expectations and increase flows. Donors who contributed thematic humanitarian funds are listed in Annex 1.

While the 2010 level of thematic funding is much higher than the 2009 level, nearly 88 per cent of the thematic funds were provided for the Haiti earthquake and Pakistan floods response, with only $39.9 million provided for the remaining crises. While acknowledging the generosity of the donors in providing such funding, **UNICEF continues to encourage its donors to provide flexible humanitarian funding for all countries, particularly at the global level**. Next to Regular Resources, global thematic funding is UNICEF’s preferred funding modality, as it allows the organization to respond strategically to the priority needs of children worldwide. UNICEF would like to acknowledge all of the donors that have provided global thematic humanitarian funds, in particular, the Governments of Norway, Ireland and Canada, the Swiss Committee for UNICEF and contributions received through international online donations. As seen in the chart below, however, only 0.37 per cent of the humanitarian funds received in 2010 were provided as global thematic humanitarian funds.

<table>
<thead>
<tr>
<th>Donor</th>
<th>ORE (US$)</th>
<th>Donor</th>
<th>ORE (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNOCHA*</td>
<td>101,682,254</td>
<td>UK National Committee</td>
<td>27,047,371</td>
</tr>
<tr>
<td>European Commission</td>
<td>88,219,892</td>
<td>Japan National Committee</td>
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<tr>
<td>United States Fund</td>
<td>85,483,122</td>
<td>German National Committee</td>
<td>26,512,034</td>
</tr>
<tr>
<td>USA</td>
<td>80,883,491</td>
<td>Sweden</td>
<td>24,816,050</td>
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<tr>
<td>Japan</td>
<td>61,540,000</td>
<td>Netherlands National Committee</td>
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<td>UNDP*</td>
<td>60,855,110</td>
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<td>UK</td>
<td>52,547,523</td>
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<td>29,316,235</td>
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<td>Canada</td>
<td>27,267,895</td>
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<td>16,078,770</td>
</tr>
</tbody>
</table>

* Contributions received through UNOCHA and UNDP mostly originate from the same group of major UNICEF government and inter-governmental donors.

Global thematic humanitarian funds enable UNICEF to invest efficiently in new initiatives; meet its commitments to humanitarian reform, particularly its cluster leadership responsibilities; prioritize underfunded crises; and strengthen capacity building to shift the programmatic focus from inputs and
activities to outcomes and sustainable results for children. UNICEF is grateful for the support of donors, particularly for quality, unearmarked humanitarian funding, and will continue to advocate and encourage its donors to increase their thematic humanitarian contributions towards improved results for children.

2010 humanitarian income by funding type and source

Expenditure

Humanitarian action and post-crisis recovery continued to make up a significant part of UNICEF’s overall work in 2010. Much of the organization’s expenditure is concentrated in several countries with a large proportion of their programmes in humanitarian action. Indeed, the top four country offices in terms of total country-level expenditure in 2010 each had a large proportion of their programmes in humanitarian action: Pakistan, Sudan, Haiti and the Democratic Republic of the Congo. These four alone accounted for 21.8 per cent of UNICEF’s total country-level expenditure. Pakistan’s total expenditure (including emergency, regular and other regular resources) amounted to $203.9 million, while Haiti’s was $168.2 million.

Total emergency (ORE) expenditure reached $904.5 million in 2010, a 30 per cent increase from 2009. Two thirds of this humanitarian expenditure was directed towards young child survival and development. UNICEF’s organizational approach to humanitarian action, and its presence in countries before, during and after emergencies, means that it is often pulling from several sources beyond ORE to work in these contexts. UNICEF is currently completing the development of a Virtual Integrated System of Information (VISION), scheduled for roll-out in January 2012, which will improve its ability to track humanitarian expenditure.
The majority of country-level expenditure was absorbed by countries with chronic emergencies or in fragile situations. Country offices with persistent humanitarian needs (identified by those appealing through UNICEF’s *Humanitarian Action Report*) accounted for 56 per cent of UNICEF’s total country-level spending in 2010. Adding the total expenditure in countries with new emergencies raises this figure to 69 per cent. Sixty-eight per cent of overall country-level expenditure was concentrated in only 25 country offices. Of these, 15 were in countries with persistent humanitarian needs, as identified by inclusion in UNICEF’s 2010 *Humanitarian Action Report* appeal; these 15 consumed 48 per cent of spending at the country level.

**Distribution of UNICEF total country-level spending: Humanitarian Action Report, new appeal and non-emergency countries, 2010**

* See Annex 2 for full list of 2010 *Humanitarian Action Report* countries.
The majority of humanitarian funding was spent in sub-Saharan Africa ($412 million), followed by Asia ($245 million), the Americas and the Caribbean ($173 million), and the Middle East and North Africa ($59.6 million).

**Emergency expenditure (ORE) by region, 2010**

- **Sub-Saharan Africa**
  - $412 million (45%)
- **Asia**
  - $245.4 million (27%)
- **Middle East and North Africa**
  - $59.6 million (7%)
- **Americas & Caribbean**
  - $173 million (19%)
- **CEE/CIS**
  - $8.8 million (1%)
- **Inter-regional**
  - $5.6 million (1%)

*Expenditure assistance for Djibouti and the Sudan is included under sub-Saharan Africa.
**Inter-regional denotes expenditures made through headquarters’ offices.

**Emergency resource expenditure by focus area, 2010**

- **Young child survival and development**, $598 million (66%)
- **Basic education and gender equality**, $151 million (17%)
- **HIV and AIDS and children**, $7 million (1%)
- **Child protection: Preventing and responding to violence, exploitation and abuse**, $92 million (10%)
- **Policy advocacy and partnerships for children's rights**, $36 million (4%)
- **Other**, $21 million (2%)
## Annex 1. Donors to Thematic Humanitarian Fund

<table>
<thead>
<tr>
<th>Donor type</th>
<th>Donor</th>
<th>Amount (US$)</th>
</tr>
</thead>
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Annex 2. 2010 *Humanitarian Action Report* countries

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Expression of Thanks

UNICEF expresses its sincere appreciation to all of the donors for their unprecedented level of thematic contributions to humanitarian action and post-crisis recovery, which have made the work and results described in this report possible. In particular, we are grateful to the Governments of Norway, Finland, the Russian Federation, Ireland, Kuwait, Canada, Bulgaria, Liechtenstein, South Africa, Brazil, New Zealand, the Netherlands, Benin, and the Commonwealth of the Bahamas who have contributed to thematic humanitarian pooled funds. Special thanks also go to the National Committee donors (cited in this report’s Annex 1), who have contributed generously. Thematic funding is important because it provides greater flexibility and longer-term planning and sustainability of programmes in order to achieve our Medium Term Strategic Plan results.

ACRONYMS

AIDS acquired immune deficiency syndrome
CAP Consolidated Appeals Process
CCCs Core Commitments for Children in Humanitarian Action
CEE/CIS Central and Eastern Europe and the Commonwealth of Independent States
CERF Central Emergency Response Fund
CFS child-friendly schools/spaces
DRC Democratic Republic of the Congo
ECD Early Childhood Development
GBV gender-based violence
HIV human immunodeficiency virus
IASC Inter-Agency Standing Committee
ICT information and communication technology
MRM monitoring and reporting mechanism
NGO non-governmental organization
OCHA Office for the Coordination of Humanitarian Affairs
OPSCEN Operations Centre (UNICEF)
OR Other Resources
ORE Other Resources - Emergencies
PMTCT prevention of mother-to-child transmission (of HIV)
SGB Secretary-General’s Bulletin
SMART Standardized Monitoring and Assessment of Relief and Transitions
UN United Nations
UNDP United Nations Development Program
UNICEF United Nations Children’s Fund
VISION Virtual Integration System of Information
WASH water, sanitation and hygiene
WFP World Food Programme
WHO World Health Organization
ENDNOTES

1 EM-DAT, the International Disaster Database, Centre for Research on the Epidemiology of Disasters (CRED), <www.emdat.be>.
2 The Corporate Emergency Activation Procedure, which formally defined these categories, was not in force in 2010.
4 Countries in 2010 were considered to have a minimum level of preparedness if they recorded early warning analysis and preparedness actions in the online Early Warning, Early Action system or updated their emergency preparedness and response plans, or if a regional-level assessment concluded the country was prepared. Whereas country offices had multiple methods of measuring preparedness in previous years (by updating/reviewing emergency preparedness and response plans; Early Warning, Early Action systems; or regional tools), preparedness monitoring was harmonized in the Early Warning, Early Action system in July 2010. The score here is a hybrid until full transition to a revised Early Warning, Early Action system is complete by 2012.
6 Supply Division data from mid-December 2010.
7 Afghanistan, Central African Republic, Chad, Iraq, Côte d’Ivoire, Nepal, Pakistan, Occupied Palestinian Territory and Sudan.
8 Bosnia and Herzegovina, Cambodia, Chad, Colombia, Democratic Republic of Congo, Eritrea, Guinea Bissau, Iraq, Lao PDR, Nepal, Pakistan, Occupied Palestinian Territory, Russian Federation (Chechnya), Senegal, Somalia, Sri Lanka, Sudan and Yemen.
10 While this includes local and international procurement, actual expenditure at the country level is likely much greater than this figure: reflects goods but not services procured by country offices; excludes the cost of freight (both local and international) as well as any local-level procurements made with cash or through contingency cash requisitions instead of purchase orders; and omits country office expenditure related to emergencies but not classified as such.
11 Supply Division data as of mid-December 2010.
12 Other crises include crises reflected in Immediate Needs Documents, inter-agency appeals (excluding CAPs and Flash Appeals), CERF funding received for countries without appeals, etc.
13 See Annex 1 for a full list of thematic donors to UNICEF’s emergency responses.
14 As defined by the CCCs, preparedness and response including early recovery.
15 Identified by those with new humanitarian appeals.
16 Regular Resources, Other Resources, Other Resources Emergency, plus Support Budget.