

2012 UNICEF HUMANITARIAN ACTION FOR CHILDREN

# Eastern and Southern Africa

ERITREA • ETHIOPIA • KENYA • MADAGASCAR • SOMALIA • SOUTH SUDAN • ZIMBABWE



# Eastern and Southern Africa

## CHILDREN AND WOMEN IN CRISIS

Extreme poverty, frequent natural disasters, political instability and uncertain economic conditions leave children and women in Eastern and Southern Africa particularly vulnerable to life-altering emergencies, including undernourishment, abuse and disease. This year's severe drought in the Horn of Africa, combined with soaring food prices and the conflict in Somalia, has caused famine in some regions of Somalia and taken a harsh toll on children. More than 13 million people are in need of humanitarian assistance throughout the Horn, with 36 per cent of children under 5 in southern Somalia suffering from acute malnutrition.<sup>1</sup> The legacy of decades of war poses significant humanitarian challenges in the new Republic of South Sudan, stretching the capacity of deteriorated infrastructure and very limited basic services.

Early 2012 forecasts highlight the likelihood of significant flood risk and possible cyclone activity, posing a particular danger for countries along the Zambezi River. Burundi faces increasing food insecurity as well as outbreaks of cholera and measles, while Uganda remains vulnerable to drought, floods and refugee influxes. Of the total number of people living with HIV worldwide in 2009, 34 per cent resided in 10 countries of Southern Africa, where adolescent women are eight times more likely to be infected than male counterparts,<sup>2</sup> making women and children significantly more vulnerable.

## MEETING URGENT NEEDS IN 2012

The Regional Office will continue to advocate for the rights of children in emergencies across borders. In coordination with UN agencies, NGOs and regional institutions, the emergency support unit and technical teams at the regional level will ensure technical support and quality assurance for humanitarian work, including partnership with UNHCR in refugee camps settings. Early Warning, Early Action systems will be used to increase preparedness and improve response to displacement and health crises. Efforts will also include:

- Elevated staffing levels will be maintained to support emergency response and early recovery programming in the Horn of Africa and, in the event of significant flooding, in Southern Africa.
- Supplies will be pre-positioned and technical and operational guidelines provided for health emergency preparedness and response, in order to monitor and prevent epidemic-prone diseases.
- The management of acute malnutrition and other nutrition interventions in high-risk countries will be supported and expanded; and the nutrition community will be helped at country level to reduce disaster risk and improve early response to crises.
- WASH in Emergencies training will be coordinated and several technical WASH emergency response sessions conducted in cholera preparedness to contribute to a more timely and adequate response.
- Child protection interventions will be strengthened within countries and across borders in the Horn of Africa and the Great Lakes to assist children associated with armed groups, separated children, and child migrants in Southern Africa.
- HIV-based emergency preparedness capacity development events will be conducted for high-risk countries in Southern Africa.

### Burundi

In the face of the risk of increased insecurity and political violence, UNICEF will strengthen health, nutrition and WASH service delivery in response to the high levels of chronic food insecurity and repeated outbreaks of cholera and measles.

### Uganda

UNICEF will strengthen decentralized emergency preparedness and response capacity in order to reduce the vulnerability of communities to drought and floods and prepare for possible refugee influxes due to insecurity in neighbouring countries, especially the Democratic Republic of the Congo.

### Angola, Malawi, Mozambique, Namibia and Zambia

In preparation for significant flood risk and possible cyclone activity, UNICEF country offices will support training of partners and strengthening of sector/cluster coordination mechanisms, as well as contribute to national capacities for disaster management. With a significant risk of disease outbreaks associated with floods, the country offices are focusing on readiness for WASH and health response, as well as child protection and emergency education.

### Swaziland

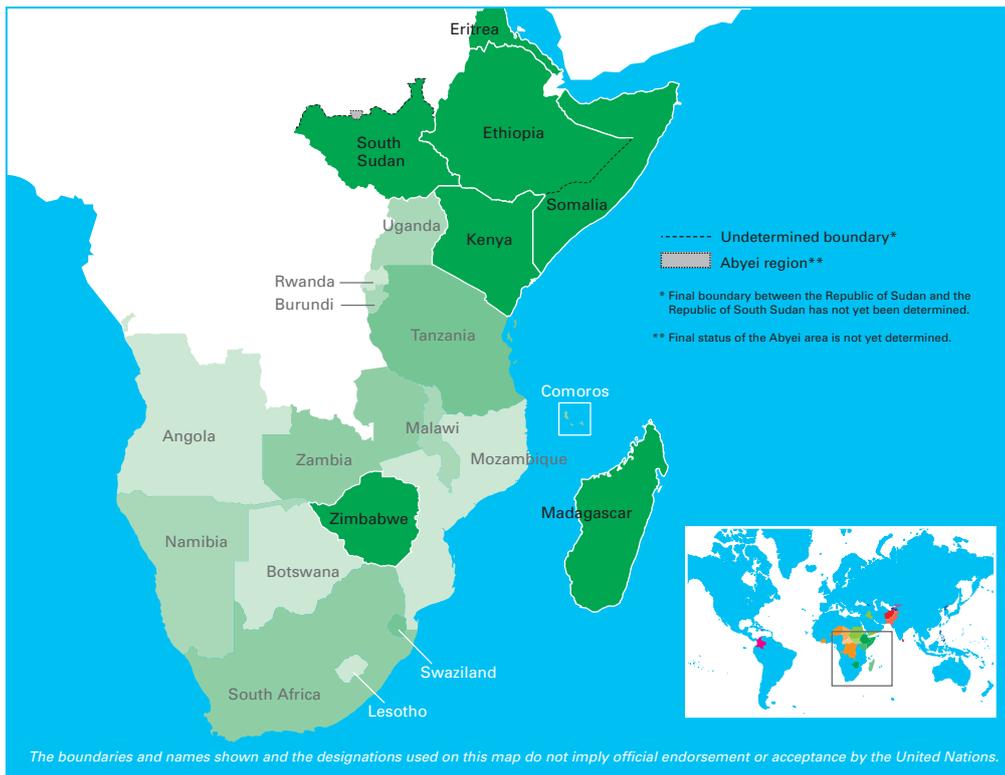
UNICEF will strengthen support to essential health services for orphans and vulnerable children in response to a major financial crisis that is triggering increased political uncertainty and threatening to undermine education and health services, including safety net programmes. The country also continues to experience a variety of hazards associated with extreme weather conditions and increased disease burden due to communicable diseases such as cholera, HIV and AIDS, and drug-resistant tuberculosis.

1. United Nations Children's Fund, 'Response to the Horn Of Africa Emergency: A crisis affecting life, livelihoods and ways of life', UNICEF Eastern and Southern Africa Regional Office, Nairobi, October 2011, pp. 4, 7.  
2. Joint United Nations Programme on HIV/AIDS, 'Global Reports: UNAIDS report on the global AIDS epidemic 2010', UNAIDS, Geneva, 2010, pp. 10, 28.



**Extreme poverty, frequent natural disasters, political instability and uncertain economic conditions make children and women in Eastern and Southern Africa particularly vulnerable to life-altering emergencies. Severe drought in the Horn of Africa, combined with soaring food prices and the conflict in Somalia, has caused famine in some regions of Somalia and taken a harsh toll on children.**

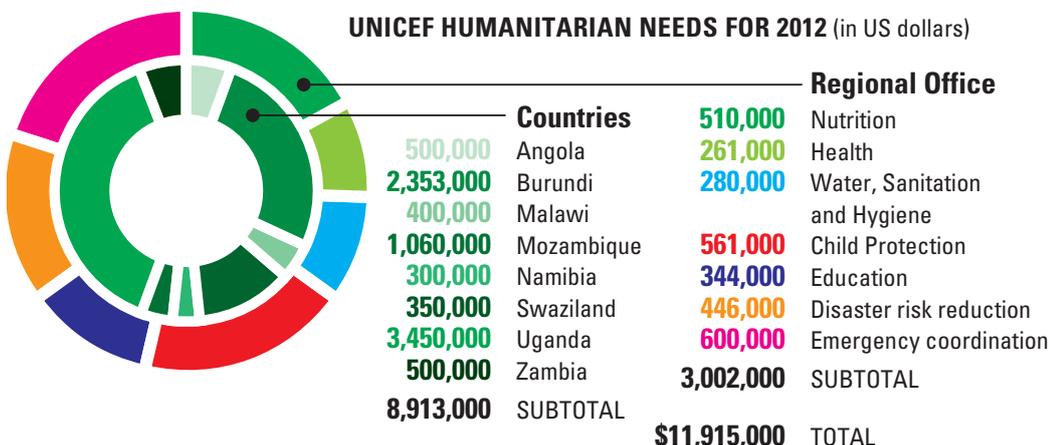
## EASTERN AND SOUTHERN AFRICA



## FUNDING REQUIREMENTS FOR 2012

UNICEF is requesting US\$3,002,000 to continue coordinating humanitarian work in the region. This includes scaled-up support for the Horn of Africa nutrition crisis through mid-2012 and continued support to reduce risk and respond to disasters in the rest of the region. Prompt and full funding is also important to ensure a smooth transition from emergency to longer-term support. An additional US\$8,913,000 is requested to prepare for and respond to humanitarian needs in Angola, Burundi, Malawi, Mozambique, Namibia, Swaziland, Uganda, and Zambia. The total requirements amount to US\$11,915,000.

More information on humanitarian action planned for 2012 can be found at [www.unicef.org/hac2012](http://www.unicef.org/hac2012) and the regional office website at [www.unicef.org/esaro](http://www.unicef.org/esaro).



## HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

Response to the nutrition crisis in the Horn of Africa dominated the second half of 2011, with UNICEF's first-ever declared multi-country corporate emergency. Led by the Regional Director, who was appointed Global Emergency Coordinator for the crisis, the regional team provided technical support and ensured a coherent strategy across Djibouti, Ethiopia, Kenya and Somalia.

In response to the revised Humanitarian Action for Children request of US\$7,450,000 issued in July, a total of US\$963,863 (13 per cent) had been received by October 2011 with the support of donors.

An operations centre, established in Nairobi, provided and shared real-time information and more than 176 personnel were part of a surge response. UNICEF country offices procured more than US\$73 million worth of emergency supplies.

The regional team also focused on disaster risk reduction across programme sectors. The capacity of national education institutions was strengthened in disaster risk reduction and emergency preparedness and response in Burundi and Lesotho.

The WASH team focused on cholera risk, developing response guidelines for use across the region, and also promoted low-cost, high-impact interventions to reduce the risk of diarrhoeal outbreaks.

The nutrition team initiated the development of a regional framework for the integrated management of acute malnutrition.



# Eritrea

## CHILDREN AND WOMEN IN CRISIS

Children and women in Eritrea remain vulnerable to poverty and food insecurity resulting from drought and the continued political impasse with neighbouring Ethiopia. UNICEF is taking a lead role in assisting 370,000 children affected by these emergencies within the humanitarian sectors of health, nutrition, and water and sanitation. Despite changes in the level of cooperation between the United Nations and the Government of Eritrea and the limited number of partnerships within the country, UNICEF remains a critical broker between the Government and bilateral donors in improving the well-being of the vulnerable population, especially children and women.

## MEETING URGENT NEEDS IN 2012

Although a lack of updated and reliable data on the humanitarian situation remains a challenge, field observations indicate dire humanitarian consequences for children and women due to continuing levels of undernutrition, poor sanitation coverage and physical risks associated with exposure to landmines and unexploded ordnance. Although the cluster approach has not been activated in Eritrea, UNICEF plays a lead role in the nutrition and WASH sectors and actively participates in the health and child protection sectors. In 2012, UNICEF will support the Government of Eritrea in responding to humanitarian needs to achieve the following goals:

- Some 21,000 pregnant or breastfeeding women and 300,000 children under 5 will benefit from community-based outreach and fixed health facilities to reduce child and maternal morbidity and mortality.
- Further deterioration in the nutritional status of 370,000 children under 5 and 40,000 pregnant or breastfeeding women will be prevented in six high-risk regions.
- Access to safe drinking water will be expanded for nearly 13,000 children living in 10 rural communities, and essential hygiene practices will be promoted to 327,000 pre-primary and elementary schoolchildren.
- Approximately 150,000 children in three regions (Debub, Gash Barka and Northern Red Sea) will receive psychosocial support and strengthened mine-risk education.

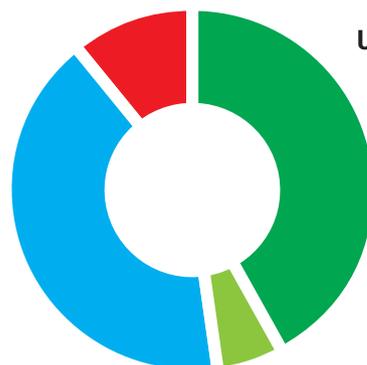
## FUNDING REQUIREMENTS FOR 2012

UNICEF is requesting US\$10,200,000 to support life-saving interventions in the sectors of health, nutrition, WASH and child protection for the 370,000 children suffering from ongoing poverty, food insecurity and natural hazards such as droughts and floods. The consequences of underfunding are significant, and include a potential nutritional crisis among children, as is the case in other countries within the Horn of Africa.

**More information on humanitarian action planned for 2012 can be found at [www.unicef.org/hac2012](http://www.unicef.org/hac2012) and the country office website at [www.unicef.org/eritrea](http://www.unicef.org/eritrea).**

## HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

In 2011, UNICEF estimated that US\$14,075,000 was needed to fund its work in Eritrea. As of end October 2011, US\$8,247,480 (59 per cent) had been received. Complemented by other funding sources, UNICEF Eritrea achieved results for women and children. Measles vaccination was given to 72.5 per cent of children under 1. Nearly 9,000 out of an estimated 12,800 children with severe acute malnutrition were treated in facility- and community-based therapeutic feeding programmes, and more than 21,000 out of 67,500 moderately malnourished children were reached through supplementary feeding programmes. Some 8,000 out of a programmatic goal of 20,000 people gained access to safe drinking water in the Anseba, Gash Barka and Maekel regions. UNICEF reached its goal of 10,000 vulnerable families or newly resettled families/returnees in Debub and Gash Barka having access to sanitation through the Community-Led Total Sanitation approach. Nearly 13,000 out of 21,000 out-of-school children gained access to education through mobile schools and complementary education programmes in the Anseba, Gash Barka, Northern Red Sea and Southern Red Sea regions. Approximately 260,000 out of 300,000 children 6–18 years old and 13,000 out of 100,000 women living in war-impacted communities received mine-risk education.



**UNICEF HUMANITARIAN NEEDS FOR 2012** (in US dollars)

- 4,300,000** Nutrition
- 600,000** Health
- 4,200,000** Water, sanitation and hygiene
- 1,100,000** Child protection
- \$10,200,000** TOTAL



# Ethiopia

## CHILDREN AND WOMEN IN CRISIS

Dry weather induced by La Niña worsened Ethiopia's humanitarian situation in 2011. The number of Ethiopians in need of food assistance between July and December 2011 increased to 4.5 million, from an earlier assessment of 2.8 million.<sup>1</sup> Poor seasonal rains from October to December 2010, followed by failed rains from February to May 2011, diminished water and pasture resources in Ethiopia's southern and south-eastern regions, including major parts of Somali, Oromiya and SNNPR (Southern Nations, Nationalities, and People's Region).

Food insecurity in 2011 further threatened more than 250,000 children who suffer from severe acute malnutrition.<sup>2</sup> Shortages of clean water contributed to outbreaks of acute watery diarrhoea, measles and malaria, which were exacerbated by poor access to health services, particularly in Afar and Somali regions. Drought also led to 87,000 school dropouts and closure of more than 300 schools, primarily in Afar, Oromiya and Somali regions.<sup>3</sup>

Since January 2011, more than 96,000 refugees arrived from Somalia and 25,000 from the Sudan. In total, there are more than 137,000 Somali refugees living in four camps in Dollo Ado district.<sup>4</sup> The influx of refugees put additional burdens on the limited resources as well as social services available in the district, including water and health facilities.

## MEETING URGENT NEEDS IN 2012

As lead of the nutrition and WASH clusters and co-lead of the education cluster, UNICEF will build the capacity of line ministries to ensure stronger coordinated preparedness and response and will contribute to the survival and development of children in areas affected by drought, flooding and public health hazards. UNICEF will partner with the Government of Ethiopia, other UN agencies, and national and international NGOs to provide emergency relief to an estimated 7 million people, including 6 million children.

- Approximately 5 million children affected by drought, floods and other emergencies will benefit from life-saving interventions, including measles immunization, vitamin A supplementation and deworming tablets. An additional 280,000 children will receive treatment for severe acute malnutrition through technical and supply support to more than 9,000 therapeutic feeding programmes.
- Access to safe water will be provided to approximately 1.3 million people, including 200,000 children under 5, through new and improved water supply schemes, water treatment chemicals or emergency water trucking. Hygiene and sanitation messages for acute watery diarrhoeal prevention will benefit 2 million people.
- UNICEF will help build the capacity of sustainable health systems in Afar and Somali regions, while continuing to support responses to disease outbreaks, benefiting an estimated 500,000 people, including 150,000 children.
- Approximately 60,000 emergency-affected children will continue their education with the support of educational materials, and 230,000 children will have access to improved quality education through teacher training.
- The establishment and strengthening of community-based structures for the most vulnerable children and women in the drought- and flood-affected woredas (districts) of Afar, Amhara, Gambella, Oromiya, SNNPR, Somali and Tigray regions, will benefit an estimated 15,000 refugee children with the prevention of family

## FUNDING REQUIREMENTS FOR 2012

UNICEF requests US\$58,339,000 for emergency activities in Ethiopia. This amount represents 24 per cent less than the requested amount in 2011 due to the relatively good rains during the second half of 2011, which are expected to improve food security in 2012, as well as the fewer number of new refugees expected from Somalia. Prompt and adequate funding is crucial; otherwise, more than 200,000 children will not receive life-saving treatment for malnutrition, some 150,000 children living in remote parts of Somali and Afar regions will not access health services, and about 1.3 million people, including 200,000 children under 5, will have reduced/constrained access to safe drinking water. In addition, some 60,000 children in drought-affected areas may be forced to discontinue their primary education.

**More information on humanitarian action planned for 2012 can be found at [www.unicef.org/hac2012](http://www.unicef.org/hac2012) and the country office website at [www.unicef.org/ethiopia](http://www.unicef.org/ethiopia).**

1. Government of Ethiopia, United Nations Country Team in Ethiopia and United Nations Office for the Coordination of Humanitarian Affairs, 'Humanitarian Requirements 2011: Joint Government and Humanitarian Partners' Document', OCHA, Addis Ababa, July 2011, p. 4.
2. United Nations Office for the Coordination of Humanitarian Affairs, 'Humanitarian Bulletin: Weekly humanitarian highlights in Ethiopia', OCHA, Geneva and New York, 14 November 2011, p. 1.
3. 'Humanitarian Requirements 2011', OCHA, Addis Ababa, July 2011, p. 13.
4. Office of the United Nations High Commissioner for Refugees, 'Dollo Ado Population Statistical Report as of 21 November 2011', UNHCR, Geneva, p. 1.

## HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

As of end October 2011, UNICEF had received US\$60,912,462 (79 per cent) of the requested US\$76,628,028 for 2011. With those funds, UNICEF accomplished the following: increased the number of health centres able to treat children with severe acute malnutrition by 1,000; treated 221,000 children for severe acute malnutrition and reached more than 8 million children with vitamin A supplementation, deworming tablets and nutrition screening; supported 27 mobile health and nutrition teams in the Afar and Somali regions, which provided 154,341 consultations, including close to 57,000 for children under 5; reduced the expected acute watery diarrhoeal caseload with prevention and rapid response efforts in pilgrimage and migration sites; reached 6.9 million children in a sub-national measles campaign; provided access to clean water for more than 1 million people, including 167,100 children under 5, in drought-affected areas; improved WASH facilities at more than 100 health centres and 39 schools to benefit about 607,000 people, including 97,000 children under 5 and 32,700 students; provided access to education for 50,000 children; reached more than 4,000 children in SNNPR through community care coalitions; and supported technical expertise and provided supplies in refugee camps in Dollo Ado and Assosa.



## UNICEF HUMANITARIAN NEEDS FOR 2012 (in US dollars)

32,328,000	Nutrition
6,405,000	Health
13,063,000	Water, Sanitation and Hygiene
1,150,000	Child Protection
3,260,000	Education
200,000	HIV and AIDS
1,933,000	Cluster coordination
<b>\$58,339,000</b>	<b>TOTAL</b>



# Kenya

## CHILDREN AND WOMEN IN CRISIS

Successive seasons of poor rainfall and rising food and fuel prices have left about 3.75 million people in Kenya in need of food and assistance.<sup>1</sup> More than 385,000 children under 5 suffer from undernutrition,<sup>2</sup> making them more susceptible to communicable disease. Nearly 2 million people in the 29 districts worst affected by drought do not have access to safe water.<sup>3</sup> The movement of populations in search of pasture has affected the education of 508,000 primary schoolchildren<sup>4</sup> and resulted in the separation of children from their families. In 2011, more than 150,000 refugees fled Somalia, seeking protection and assistance in camps already operating beyond capacity. The most recent Somali influx has brought the refugee population to more than 460,000.<sup>5</sup> Undernutrition rates in the refugee camps are alarmingly high, with 23,200 children moderately or severely malnourished,<sup>6</sup> while threats to the protection, education and health of women and children abound. Forecasts indicate a likelihood of poor rainfall in early 2012 that could further constrain recovery efforts. No significant return of Somali refugees is anticipated in the near term.

## MEETING URGENT NEEDS IN 2012

UNICEF will continue to work with the Government of Kenya, other UN agencies and NGOs to improve and sustain humanitarian programmes reaching the most vulnerable populations affected by the drought and refugee crises while using disaster risk reduction strategies to build resilience against future shocks. UNICEF will continue to support government-led coordination, by co-chairing sector working groups<sup>7</sup> in nutrition, education, WASH and child protection. UNICEF aims to reach an estimated 1.4 million children (720,000 boys and 728,000 girls) as well as 750,000 women with humanitarian programmes in 2012.

- Increased coverage of integrated high-impact nutrition interventions, including management of moderate and severe malnutrition, infant and young child feeding and micronutrient supplementation, will benefit 375,000 children under 5 affected by severe and moderate acute malnutrition.
- An estimated 85 per cent of children under age 5 in drought-affected districts will be vaccinated against measles, and more than 700,000 will have access to essential integrated health services, including immunization, prevention of mother-to-child transmission of HIV and emergency obstetric care. Measles immunization coverage of newly arrived refugees will rise to 95 per cent.
- Some 2.1 million people will be reached through a combination of interventions including: rehabilitation/establishment of water supplies, hygiene promotion, household water treatment, and sanitation in schools and health facilities.
- More than 360,000 children, including new refugees and children in drought-affected areas, will have access to quality education.
- An estimated 450,000 children affected by drought and conflict will be protected from separation or reunified with family and will have access to protective services, including response to gender-based violence.

## FUNDING REQUIREMENTS FOR 2012

UNICEF is requesting US\$47,126,000 for its humanitarian programmes in 2012. UNICEF has aligned its request with the 2012 Consolidated Appeals Process (CAP) requirements. Without sufficient funding, the high levels of programme coverage attained in 2011 may not be maintained and will result in increased morbidity and mortality for women and children.

**More information on humanitarian action planned for 2012 can be found at [www.unicef.org/hac2012](http://www.unicef.org/hac2012) and the country office website at [www.unicef.org/kenya](http://www.unicef.org/kenya).**

1. United Nations Office for the Coordination of Humanitarian Affairs, 'Kenya Emergency Humanitarian Response Plan 2012', forthcoming. OCHA, New York and Geneva, p. 1.
2. Ibid.
3. WESCOORD, 'Kenya: Drought affected populations – 7 October 2011', available at [www.wescoord.or.ke](http://www.wescoord.or.ke).
4. United Nations Children's Fund, Situation Report UNICEF Kenya #6, 17 – 23 August 2011, UNICEF, Kenya, 28 August 2011.
5. Office of the United Nations High Commissioner for Refugees, 'Weekly New Registration Population Composition: 17/10/11 – 23/10/11', UNHCR, Dadaab, Kenya, 2011.
6. Office of the United Nations High Commissioner for Refugees, 'UNHCR Nutrition Surveys, Dadaab, August-September 2011. GAM rates range between 17.2 per cent and 23.2 per cent.
7. Sector working groups lead by the Government of Kenya and co-chaired by UNICEF perform 'cluster functions.'

## HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

According to the mid-2011 revised request, US\$47,791,121 was needed during the past year to meet urgent humanitarian needs. As of end October 2011, US\$41,565,305 – or 87 per cent – had been received. This amount allowed UNICEF to achieve many humanitarian objectives to help women and children, including treatment for severe acute malnutrition that benefited more than 45,000 children, representing 80 per cent of the expected caseload. Access to safe water was provided for 1.25 million people, reaching 78 per cent of the programme objective, and hygiene education and water treatment supplies were provided for 1.2 million people. An improved school environment for 120,000 children was supported through supplies and WASH facilities. The measles vaccine was given to more than 1 million children (70 per cent coverage) in drought-affected areas and an additional 250,000 children from refugee and host communities for a coverage rate of more than 85 per cent. Integrated protective services through child-friendly spaces in Dadaab refugee camps were afforded to more than 62,000 children.



**UNICEF HUMANITARIAN NEEDS FOR 2012 (in US dollars)**

<b>18,751,000</b>	Nutrition
<b>4,683,000</b>	Health
<b>11,684,000</b>	Water, sanitation and hygiene
<b>4,197,000</b>	Child protection
<b>6,821,000</b>	Education
<b>990,000</b>	Cluster coordination
<b>\$47,126,000</b>	<b>TOTAL</b>



# Madagascar

## CHILDREN AND WOMEN IN CRISIS

Poverty, geography and political crisis have combined to create a cycle of suffering for the women and children of Madagascar, which is one of the world's poorest countries, ranking 135 out of 169, according to the 2010 Human Development Report.<sup>1</sup> Poverty is exacerbated by a vulnerable geographical location and topography, which expose the country to various natural hazards, including tropical cyclones, flooding and drought. Between 2002 and 2011, Madagascar was hit by a total of 22 cyclones affecting close to 3 million people, including an estimated 540,000 children under age 5.<sup>2</sup> In addition, an ongoing political crisis has resulted in the suspension of most external assistance to the country and has reduced the capacity of Malagasy authorities to effectively respond to emergencies.

## MEETING URGENT NEEDS IN 2012

UNICEF, together with partners including the Malagasy authorities, other UN agencies and NGOs, will focus on assisting the most vulnerable children and women in areas prone to cyclone and flooding. As lead of the education, nutrition and WASH clusters and child protection sub-cluster, as well as a participant in the health cluster, UNICEF expects to reach more than 1 million people and about 504,000 children, including 247,000 girls and 257,000 boys under age 5.

- UNICEF and its partners will maintain the capacity of the local health authorities to treat nearly 16,000 children 6–59 months old for severe acute malnutrition through a community-based management model.
- UNICEF and its partners will maintain the capacity of the local health authorities to treat nearly 16,000 children 6–59 months old for severe acute malnutrition through a community-based management model.
- Some 108,000 children under age 5 and 27,000 pregnant women will have access to basic preventive and curative care for diseases, such as acute respiratory infection, fever and diarrhoea, through the provision of essential drugs, vaccines and commodities delivered to health centres in cyclone-affected areas. In addition, two rounds of nationwide polio campaigns will be conducted for children 0–59 months old.
- More than 1 million vulnerable people across the country will have access to safe water and proper sanitation through household water purification products, adequate collection and storage containers, access to emergency water points and improved latrines.
- To provide children with continuity in education, UNICEF, together with cluster partners, will construct an estimated 410 temporary learning spaces for 28,000 children whose schooling has been disrupted by flooding and drought.
- UNICEF will reinforce child protection networks in the high-risk areas of the eastern, northern and southern regions of Madagascar in order to decrease violence and abuse of youth and to empower child-protection stakeholders and young people in emergencies.
- UNICEF will ensure children, young people and women will have access to information on prevention, care and treatment and post-exposure prophylaxis related to risk behaviours for HIV and sexually transmitted infections in the high-risk areas of Brickaville, Fenerive-Est, Sonierana Ivongo and Tamatave.

## FUNDING REQUIREMENTS FOR 2012

UNICEF is requesting US\$20,950,000 for its humanitarian work in Madagascar. Because the ongoing political crisis has resulted in the suspension of most development aid, adequate funding is necessary to stave off a crisis in health services. Funding for other key humanitarian activities, such as access to clean water, adequate sanitation facilities and education, is critical to the the well-being and survival of women and children in Madagascar.

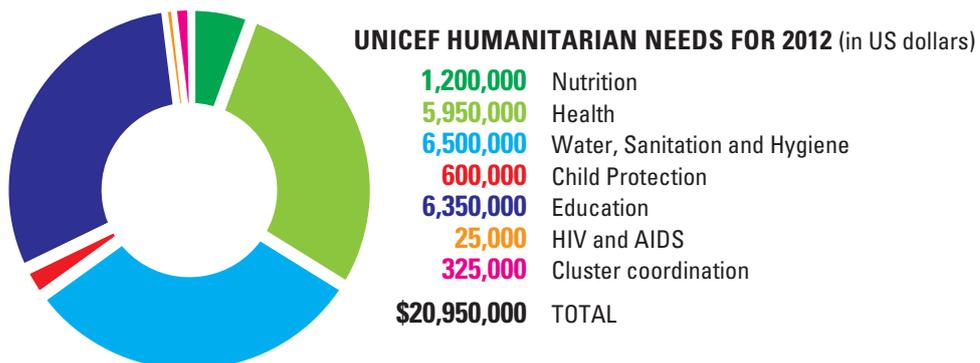
**More information on humanitarian action planned in 2012 can be found at [www.unicef.org/hac2012](http://www.unicef.org/hac2012) and the country office website at [www.unicef.org/madagascar](http://www.unicef.org/madagascar).**

1. United Nations Development Programme, 'Human Development Report 2010: The real wealth of nations – Pathways to human development', UNDP, New York, 2009, p. 145.  
 2. Centre for Research on the Epidemiology of Disasters, 'Summarized Table of Natural Disasters in Madagascar from 2002 to 2011', EM-DAT: The OFDA/CRED International Disaster Database, CRED, Brussels, available at [www.emdat.be/](http://www.emdat.be/), and UNICEF estimate of child population.

## HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

UNICEF had received US\$1,630,413 (9 per cent) as of end October towards the requested US\$19,050,000 for humanitarian work in Madagascar. Donor funding, complemented by the use of pre-positioned stocks and regular resources, helped UNICEF achieve results. In cyclone-affected areas, in collaboration with local education authorities and local NGO Fiagonan'ny Jesosy Kristy Madagasikara, UNICEF supported the installation of 411 temporary classrooms, which benefited 23,000 schoolchildren. The WASH cluster disinfected 901 water points following the cyclones, benefiting some 51,000 people, of which UNICEF disinfected 188 water points, which benefited nearly 24,000 people.

In response to the political crisis, psychosocial support and assistance was provided through 18 child-friendly spaces in Antananarivo, reaching more than 2,000 children daily. Additional assistance was provided through the integrated unit at the maternity hospital for child victims of violence. Access to health care in the three southern regions was improved when UNICEF met its target of providing essential medicines for 129,000 children under age 5 in 8 districts. The diagnosis and treatment of severe acute malnutrition in 9 districts in southern Madagascar benefited more than 7,000 children under age 5 through July with community-based management of malnutrition. The referral system was strengthened through the training of 3,000 community health workers.





# Somalia

## CHILDREN AND WOMEN IN CRISIS

The conflict and insecurity that have defined Somalia throughout the past two decades are now compounded by the damaging effects of the worst famine the country has seen in 17 years. Four million people, including 2 million children, are in need of immediate food security and livelihood assistance.<sup>1</sup> Three million of these people live in the al-Shabab-controlled south, where humanitarian access is limited due to the high level of insecurity.

Rates of acute malnutrition illustrate an almost unimaginable situation: 30 per cent of children under 5 are acutely malnourished, with nearly three quarters of them living in the south.<sup>2</sup> As the crisis worsens, acute watery diarrhoea and cholera are spreading due to lack of safe water and sanitation. During the first two weeks of October, there were more than 906 suspected measles cases (including 711 of children under 5) and 20 related deaths reported in South and Central Somalia, as well as 1,206 suspected malaria cases, including 706 cases under 5 and 6 related deaths.<sup>3</sup> Children's education has been disrupted and human rights violations are escalating mainly due to the combination of displacement and conflict.

## MEETING URGENT NEEDS IN 2012

UNICEF is scaling up its response in 2012 in coordination with local authorities and more than 100 national and international partner organizations, while leading the education, nutrition and WASH clusters and the child protection sub-cluster.

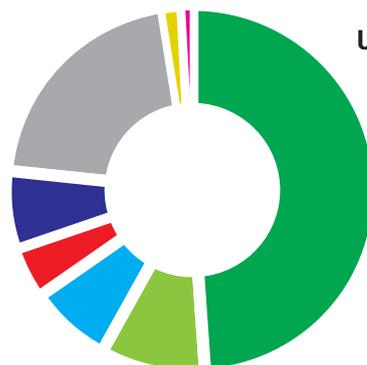
- Some 145,000 severely and 180,000 moderately malnourished children will be treated and blanket supplementary feeding will be provided to 200,000 households per month.
- A combination of health interventions, including measles, polio, tetanus, vitamin A and deworming, will be provided through Child Health Days to 1.8 million children under 5 and 2 million women of childbearing age.
- Treatment for 5.6 million children and 1 million women will be provided at maternal and child health centres; appropriate case management will ensure response to outbreaks of measles, cholera and acute watery diarrhoea.
- Access to safe water will be gained by 2.2 million people; latrines will be constructed for 96,000 adults and 24,000 children.
- Approximately 50,000 vulnerable households will receive cash transfers or vouchers for necessities such as food, water and health care.
- Access to education and life-saving services through schools will be provided to 400,000 children, including those in camps for internally displaced persons and in host communities, with 100,000 children receiving food vouchers during the school year.
- An estimated 300,000 children affected by conflict, famine and displacement will have access to psychosocial support (100,000 of them through child-friendly spaces).
- Support will be available for 250,000 victims of gender-based violence, and reintegration assistance will be provided for 1,000 children formerly associated with armed groups.
- About 240,000 people, including 160,000 children, will receive essential shelter and other emergency supplies.

## FUNDING REQUIREMENTS FOR 2012

In line with the Consolidated Appeals Process (CAP) requirements, UNICEF is requesting US\$289,134,000 to provide urgently needed basic services to the children and women of Somalia. In the absence of a fully functional government, UNICEF and its partners are primary providers of basic services, and children are at serious risk of hunger and disease if such services are unavailable. Lack of funding will mean that health centres are likely to experience drug shortages, and many schools will not be able to function. Children will be subject to increasing risks if UNICEF is unable to respond to the increased humanitarian needs at the necessary scale.

**More information on humanitarian action planned for 2012 can be found at [www.unicef.org/hac2012](http://www.unicef.org/hac2012) and the country office website at [www.unicef.org/somalia](http://www.unicef.org/somalia).**

1. Food Security and Nutrition Analysis Unit – Somalia, 'Nutrition Analysis Post Gu 2011, Technical Series Report no. VI, vol. 42', United Nations Somalia, Nairobi, 8 October 2011, p. 1.
2. Food Security and Nutrition Analysis Unit – Somalia, 'Nutrition Analysis Post Gu 2011, Technical Series Report no VI, vol. 41', United Nations Somalia, Nairobi, 28 September 2011, p. 9.
3. World Health Organization, 'Somalia Emergency Health Update – Weekly Highlights 15–21 October 2011', WHO, Geneva, p. 3.



### UNICEF HUMANITARIAN NEEDS FOR 2012 (in US dollars)

141,989,000	Nutrition
25,942,000	Health
21,436,000	Water, Sanitation and Hygiene
12,475,000	Child Protection
20,392,000	Education
60,381,000	Cash programme
4,785,000	Shelter
1,734,000	Cluster coordination
<b>\$289,134,000</b>	<b>TOTAL</b>

## HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

As of end October 2011, UNICEF had received US\$247,402,422, representing 86 per cent of the requested amount of US\$287,438,693 for its operations in 2011. This funding enabled UNICEF to treat more than 111,000 severely malnourished children (out of a planned goal of 155,000), as well as reach more than 85,000 households (against a goal of 200,000) with monthly food rations through blanket supplementary feeding. About 1.4 million people, including about 440,000 children under 5, have access to 400 health facilities. Close to 1.5 million of the yearly plan of 2.9 million children 6 months to 15 years old have been vaccinated against measles since January. Chlorination, water trucking and construction or rehabilitation of water sources benefited about 1.5 million people. About 13,000 households have received a cash grant or food voucher. More than 368,000 children have enrolled in some 1,600 UNICEF-supported schools in the south, including both schools for internally displaced persons and community schools. More than 31,000 children have benefited from the establishment of 325 of the 353 planned child-friendly spaces in camps for internally displaced persons, transit points, and host communities in famine-affected regions.



# Republic of South Sudan

## CHILDREN AND WOMEN IN CRISIS

The Republic of South Sudan became the world's newest country on 9 July 2011, entering statehood within a complex humanitarian landscape. Throughout 2011, activity by rebel militia groups, inter-tribal clashes, cattle raiding and attacks by the Lord's Resistance Army continued to plague parts of the country, fuelled by underdeveloped rule of law institutions and governance gaps.

There is widespread chronic food insecurity, and acute malnutrition is above the emergency threshold, exceeding 20 per cent in certain areas. Just more than half of the population has access to improved sources of drinking water and only 20 per cent to improved sanitation.<sup>1</sup> Access to health care remains highly inadequate; less than half of all children have received routine immunization, under-5 mortality is still quite high at more than 100 per 1,000 live births, and maternal mortality is 2,054 per 100,000 live births.<sup>2</sup>

Outbreaks of violence in the country (between government troops and rebel militia groups, sometimes along ethnic lines) and high levels of tension along the border with Sudan (Abyei crisis) have led to the displacement of more than 300,000 people.<sup>3</sup> Clashes in Sudan's South Kordofan and Blue Nile states have increased the influx of refugees into South Sudan, which currently number more than 18,000.<sup>4</sup> This, coupled with an estimated 350,000 returnees from Sudan,<sup>5</sup> has put pressure on a situation where there are virtually no social services and minimal existing economic opportunities to support integration. Humanitarian interventions are hampered by price increases and shortages of essential commodities such as fuel as a result of intermittent trade blockages along the border coupled with continued insecurity.

## MEETING URGENT NEEDS IN 2012

In 2012, UNICEF, as lead agency for the education, nutrition and WASH clusters, and sub-cluster lead for child protection, will work with the new Government of the Republic of South Sudan, other UN agencies and NGOs to address the emergency needs of approximately 1 million children and 1.5 million women throughout the country, with a priority focus on the volatile border region.

- Health interventions, including immunization, vitamin A supplementation, promotion of exclusive breastfeeding, distribution of mosquito nets and provision of clean delivery kits, will benefit 1 million children and 1.5 million women.
- Nutrition interventions will assist 60,000 children under 5 suffering from severe acute malnutrition and provide micronutrient supplementation for 200,000 pregnant or breastfeeding women.
- Approximately 1 million emergency-affected people, including more than 200,000 women and 500,000 children, will be assisted with increased access to WASH services in order to reduce WASH-related illnesses.
- UNICEF will strengthen efforts to identify 1,200 unaccompanied children and 1,500 children associated with armed forces. In addition, 3,400 children will receive psychosocial support, 1,000 child protection workers will be trained and 25,000 community members will receive messages on the prevention of recruitment of children into armed forces.
- UNICEF's Emergency Education Project will supply emergency teaching and learning materials; deliver life-saving messages, including regarding HIV prevention; offer psychosocial support; and provide increased access to 2,400 protective temporary learning spaces, all with the goal of benefiting 240,000 students (98,000 girls and 142,000 boys<sup>6</sup>) and 3,000 teachers.

## FUNDING REQUIREMENTS FOR 2012

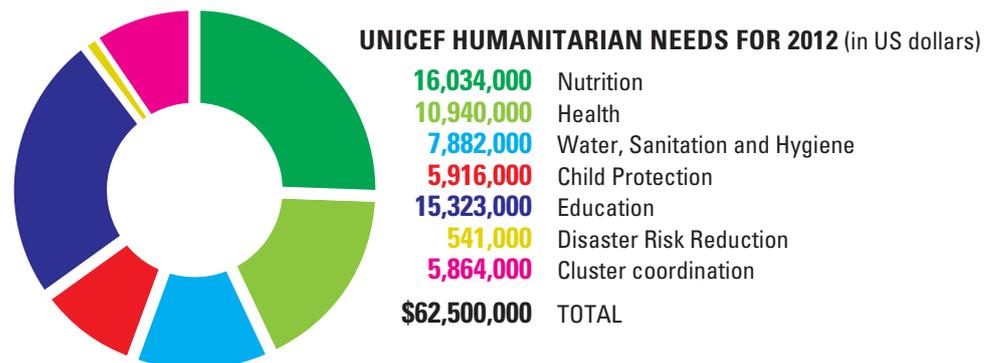
UNICEF is requesting a total of US\$62,500,000 to carry out its humanitarian work in the Republic of South Sudan as part of efforts to prevent further deterioration in the health of women and children and consolidate gains made during the past year. UNICEF has aligned this request with the Consolidated Appeals Process (CAP) requirements.

**More information on humanitarian action planned for 2012 can be found at [www.unicef.org/hac2012](http://www.unicef.org/hac2012) and the country office website at [www.unicef.org/southsudan](http://www.unicef.org/southsudan).**

1. United Nations Office for the Coordination of Humanitarian Affairs, 'Republic of South Sudan: 2011 Consolidated Appeal', OCHA, New York and Geneva, 20 July 2011, p. 16.
2. Southern Sudan Household Health Survey, 2006, pp. 22, 161.
3. World Food Programme, 'The Republic of South Sudan (ROSS) Special Operation 200341', WFP, Rome, 2011.
4. United Nations Office for the Coordination of Humanitarian Affairs, 'Weekly Humanitarian Bulletin: 27 October 2011', OCHA South Sudan, Juba, 2 November 2011, p. 3.
5. Ibid.
6. Note that although this figure represents high gender disparity, on the advice of the IASC Gender Standby Capacity, it is calculated based on current enrolment in non-emergency situations, with a targeted 5 per cent reduction in disparity, which is realistic given the cultural context.

## HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

As of end October 2011, US\$26,440,671 (36 per cent) of UNICEF's mid-year request of US\$72,750,000 had been received. UNICEF used this funding to improve the prospects of women and children. Measles immunizations exceeded the planned figure and reached more than 650,000 children 6–59 months old. At least 45,000 children under 5 – or 82 percent of the original target for 2011 – received treatment for severe acute malnutrition. Access to WASH education was provided to 95 per cent of the target or 370,000 people in high-risk areas. A campaign on HIV prevention, care, treatment and support services exceeded planned figures, reaching 380,000 young people, including nearly 40,000 pregnant women, and more than 30,000 benefited from access to HIV testing and counseling. In line with planned expectations, more than 400 separated children were identified and returned, and nearly 200 associated with armed groups were returned to their families. More than 30,000 children (60 per cent of the yearly goal) gained access to 221 protective learning spaces, and more than 300,000 received emergency education supplies. Psychosocial support training was provided to 2,500 teachers and nearly 1,500 community members.





# Zimbabwe

## CHILDREN AND WOMEN IN CRISIS

As Zimbabwe struggles to recover from a deep socio-economic crisis and collapse caused by massive hyperinflation, political instability and displacement, seasonal droughts, floods and recurring WASH-related disease outbreaks continue to reduce efforts towards progress. The impact of these events on a country with a deteriorated social sector leaves much of the population at risk and in need of humanitarian assistance.

Today, more than 4 million people reside in locations considered high risk for transmission of water-borne diseases due to unsafe water sources, poor sanitation and hygiene<sup>1</sup> with nearly half the population in rural areas practicing open defecation.<sup>2</sup> Chronic food insecurity remains an urgent issue for 3.5 million girls and boys living below the food poverty line,<sup>3</sup> who are at risk of poor health and stunting due to greatly diminished access to all basic services and protections. The HIV and AIDS prevalence rate of 13.9 per cent remains one of the highest in the world.<sup>4</sup> A set of complex factors is creating a rising population of 'children on the move', vulnerable to violence, exploitation and abuse.

## MEETING URGENT NEEDS IN 2012

As Zimbabwe transitions towards recovery, UNICEF will continue its work to mitigate and prevent crises emerging from an eroded social service sector. UNICEF will also build capacity to respond quickly to recurrent natural disasters that so often sweep away development gains, and will play a key role in coordinating and co-leading the nutrition, education and WASH clusters, together with government line ministries. This year, UNICEF will reach approximately 300,000 people with humanitarian interventions, including 156,000 women and children.

- UNICEF will provide life-saving care to 12,000 undernourished women and children, ensure provision of necessary health services through delivery of medicines and medical equipment to more than 10,000 emergency-affected people, and continue to support HIV and AIDS prevention, care and treatment programming throughout the country.<sup>5</sup>
- UNICEF and partners will pre-position supplies to ensure adequate capacity for rapid response during WASH-related emergencies, including any outbreaks of cholera, which is endemic in about 20 districts. UNICEF will provide safe water and sanitation facilities and work with partners to promote good hygiene behaviours at health centres and schools, as well as in up to 100,000 at-risk households.
- UNICEF support for improved data collection and coordination in the education sector will assist in preventing, mitigating or responding to disruptions to the delivery of educational services. Continued access to quality education for all children will be ensured, with particular emphasis on orphans and other vulnerable children.
- UNICEF will ensure that comprehensive child protection services are provided for at least 12,000 vulnerable 'children on the move', including girls and boys, refugee children and other children at risk of or exposed to violence, exploitation and abuse.

## FUNDING REQUIREMENTS FOR 2012

UNICEF is requesting US\$24,600,000 in 2012 to continue its humanitarian work in Zimbabwe. Without sufficient funding, efforts to prevent emerging crises will be severely limited, ranging from the spread of cholera to the exploitation and abuse of at-risk adolescents and children.

**More information on humanitarian action planned in 2012 can be found at [www.unicef.org/hac2012](http://www.unicef.org/hac2012) and the country office website at [www.unicef.org/zimbabwe](http://www.unicef.org/zimbabwe).**

1. UNICEF estimate based on UNICEF 'Diarrhoea Prevention Campaign – Draft Concept Note', 30 November 2011.
2. United Nations Children's Fund and Government of Zimbabwe, 'A Situational Analysis on the Status of Women's and Children's Rights in Zimbabwe, 2005 – 2010: A call for reducing disparities and improving equity', UNICEF, 18 March 2011, p. 73.
3. Ibid., p. 13.
4. Ibid., p. 35.
5. Funding requirements for HIV and AIDS-related activities are streamlined into sectoral response.

## HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

In 2011, UNICEF requested US\$119,973,000 for its humanitarian work in Zimbabwe. As of end October 2011, US\$15,393,309 had been received, or 13 per cent of the goal, with additional funding received for transition activities. UNICEF provided 80 per cent of an agreed package of essential medicines to health facilities across the country. Basic obstetric care equipment was obtained for 700 health facilities, while 16 midwifery schools are now able to each train an additional 40 midwives per year.

In districts prone to cholera outbreaks, 60,000 families received life-saving hygiene items, such as soap and buckets, while 20,000 emergency-affected people received safe water, thus dramatically reducing cholera cases.

UNICEF increased access to legal and support services for 25,000 young survivors of violence. Approximately 500 girls and boys on the move were protected through partnerships with government and international agencies.

UNICEF assisted in assessments of 2,500 schools, which found that one in three required urgent attention due to severe storm or flood damage.

UNICEF, with government agencies and international partners, bolstered emergency response and strengthened efforts in nutrition, WASH and education clusters, benefiting close to 2.9 million boys and 3 million girls nationally.

