

2012 UNICEF HUMANITARIAN ACTION FOR CHILDREN

West and Central Africa

CENTRAL AFRICAN REPUBLIC • CHAD • CÔTE D'IVOIRE • DEMOCRATIC REPUBLIC OF THE CONGO • LIBERIA • NIGER





West and Central Africa

CHILDREN AND WOMEN IN CRISIS

Emergencies pose a growing threat to stability and development in the region. In 2011, there has been a sharp increase in both political instability and insecurity, which the already fragile states of this region are ill-equipped to deal with. Epidemics affect almost every country and climate change is increasing the impact of droughts, nutrition crises and flooding. The global economic crisis is putting further pressure on food prices. Natural and human-made hazards multiply these needs and have taken a toll on infrastructure and access to basic services, hastening the spread of epidemics. Immediate epidemic concerns include the cholera outbreaks around Lake Chad Basin and in western Democratic Republic of the Congo; in the three quarters of 2011, reported cholera cases in West and Central Africa were at more than 85,000, with 2,500 deaths,¹ making it one of the worst cholera epidemics in the region's history. The aftermath of Liberian elections and upcoming elections represent potential flashpoints in Côte d'Ivoire, the Democratic Republic of the Congo, Liberia, Senegal and Sierra Leone in the immediate period extending into 2012. There is growing instability in the Sahel region, fuelled by the Arab Spring and increasing activities of Al-Qaida in the Islamic Maghreb and Boko Haram, all compounding the humanitarian needs of children and women in the region.

MEETING URGENT NEEDS IN 2012

Regional office

UNICEF's West and Central Africa Regional Office will continue to provide technical coordination and improved preparedness to support country offices in 2012, with a goal of reaching vulnerable children and women throughout the region.

- UNICEF will improve and reinforce regional emergency response and build capacity to provide multi-sectoral rapid needs assessments in early stages of crises.
- The regional office will monitor nutrition crises and support preventive activities, along with life-saving response, in order to reduce risks for children under 5 and pregnant or breastfeeding women.
- The regional WASH team will strengthen national and community preparedness through hygiene promotion. Messages in local languages will be developed regarding cholera outbreaks to improve perception and understanding of the epidemic.
- In order to adequately pre-position medical kits and vaccines, UNICEF will map areas at high risk for cholera, focusing on central and coastal areas (Benin, Cameroon, Chad, Guinea, Guinea-Bissau, the Niger, Nigeria and Togo) and also those at risk for measles and meningitis (Burkina Faso, Cameroon, Chad, Mali, the Niger and Nigeria).
- The regional office will provide technical assistance for education in emergencies, with particular focus on the integration of disaster and conflict risk reduction into education sector policies.
- Child protection will focus on supporting children separated from families, release and reintegration of children associated with armed groups and increasing access to basic protective services, particularly for victims of gender-based violence.

Cameroon

The country is still reeling from the cholera epidemic that occurred in May 2010, and resurged again in 2011, affecting more than 16,000 people. For 2012, cholera prevention activities will target 50 district health facilities, community caretaking interventions will support 10,000 people, and a further 10,000 will be provided with clinical treatment. About 5,000 children and women will be protected from meningitis through immunization and at least 28,880 severely malnourished children under 5 and pregnant or breastfeeding women will be treated for undernutrition.

Congo

The spread of epidemics such as cholera and polio, as well as increased exposure to infectious diseases continue to threaten the lives of 766,000 women and 1.4 million children in the departments of Brazzaville, Cuvette, Likouala, Plateaux, Pool and Pointe Noire. To lessen this crisis, 470,000 children 6 months to 15 years old will be vaccinated against measles, including children from among the 125,000 refugees from the Democratic Republic of the Congo. Access to safe water and sanitation will be ensured through distribution of water filter kits, and construction of water points and latrines in refugee sites. Safe practices regarding the treatment of household water and personal hygiene will be promoted in high-risk regions.

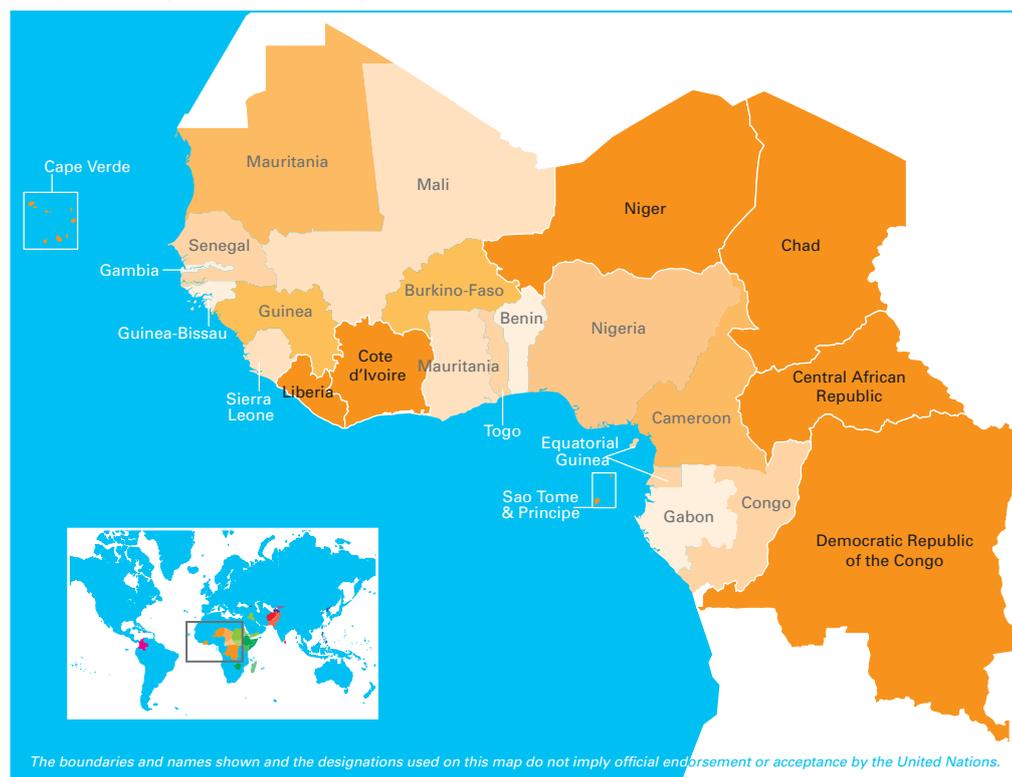
Ghana

The priority humanitarian interventions for 2012 will focus on response to floods in three northern regions and meeting the needs of the refugees from Côte d'Ivoire, targeting about 25,000 people. The main WASH interventions will include the distribution of family hygiene and water kits, the installation of portable toilets and construction of emergency latrines, and hygiene promotion.

1. United Nations Office for the Coordination of Humanitarian Affairs, 'West and Central Africa: Cholera outbreak', OCHA, New York, October 2011.

Emergencies pose a growing threat to stability and development in the region. In 2011, there has been a sharp increase in both political instability and insecurity, which the already fragile states of this region are ill-equipped to deal with. Epidemics affect almost every country and climate change is increasing the impact of drought, nutrition crises and flooding.

WEST AND CENTRAL AFRICA



In education, the focus will be on the provision of school furniture, learning and teaching materials, as well as the delivery of key messages related to promoting healthy behaviours. In health and nutrition, the provision of insecticide-treated mosquito nets, health kits, essential drugs, oral rehydration salts, vitamin A supplementation and therapeutic feeding are key interventions. Through support to children's clubs and community-based organizations, UNICEF will provide psychosocial support to children affected by crises.

Guinea

There is a high risk that the humanitarian situation could worsen given forthcoming legislative elections, which will likely increase tensions and lead to human rights violations, internal displacement and disruption of access to basic needs and services. In addition, there is persistent political and military unrest, inter-communal conflicts and influxes of refugees from neighbouring countries, as well as recurrent flooding during the rainy season (May to October) with endemic risk of cholera. UNICEF priority areas of intervention include child protection, WASH and health, as well as strengthened humanitarian coordination.

Mauritania

UNICEF will treat 10,000 children 6–59 months old who suffer from severe acute malnutrition.² Another 48,000 children 6–24 months old will enrol in feeding programmes, providing nutrition supplements and therapeutic foods during the lean period. Promotion of infant and young child feeding practices, vitamin A supplementation and deworming will be supported. The education sector will strengthen training and raise awareness on emergency prevention, preparedness and response. Child protection will focus on prevention and response to family separation, gender-based violence support to child protection systems, and access to integrated services for vulnerable children.

Nigeria

UNICEF will ensure immediate response to cholera by providing life-saving essential medical supplies and supporting provision and use of safe drinking water, safe excreta disposal and family kits for 75,000 flood-affected people, 30,000 cholera-affected people and 150,000 displaced people. In addition, programmes will promote hand-washing practices in cholera-prone states. Moreover, about 150,000 severely malnourished children will be provided essential nutrition supplements, including therapeutic foods, and community-based health workers in 100 feeding centres will be trained on case

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

As of end October 2011, US\$27,349,261 had been received against the requested US\$18,044,000 in 2011. Funding enabled UNICEF to increase its delivery of life-saving interventions to more than 325,000 children suffering from severe acute malnutrition throughout the Sahel. An additional 320,000 people were vaccinated against meningitis in Chad. A campaign to promote key messages on epidemics was delivered to affected populations in Cameroon, Chad and Mali. UNICEF responded quickly and effectively to the cholera crisis in Cameroon with hygiene promotion, supporting access to safe water and sanitation services and access to treatment. Subregional stocks supported countries during small-scale emergencies, and emergency preparedness trainings were conducted in Benin, Chad, Guinea, Liberia and Mali. The regional office supported the inclusion of education in emergencies into overall national education-sector plans and budgets. Training to governments, international agencies and country offices was provided, minimizing school disruptions during emergencies in Benin, Gambia, Ghana, Mauritania, Senegal, Sierra Leone and Togo. Police forces and government partners received training on protecting children separated from families in areas of displacement (Chad, Côte d'Ivoire, Ghana, Senegal, Sierra Leone and Togo).

2. According to the July 2011 Nutrition SMART Survey, prevalence of acute malnutrition in four regions of the country exceeds 15 per cent (July 2011 Nutrition SMART Survey Mauritania).



West and Central Africa (continued)

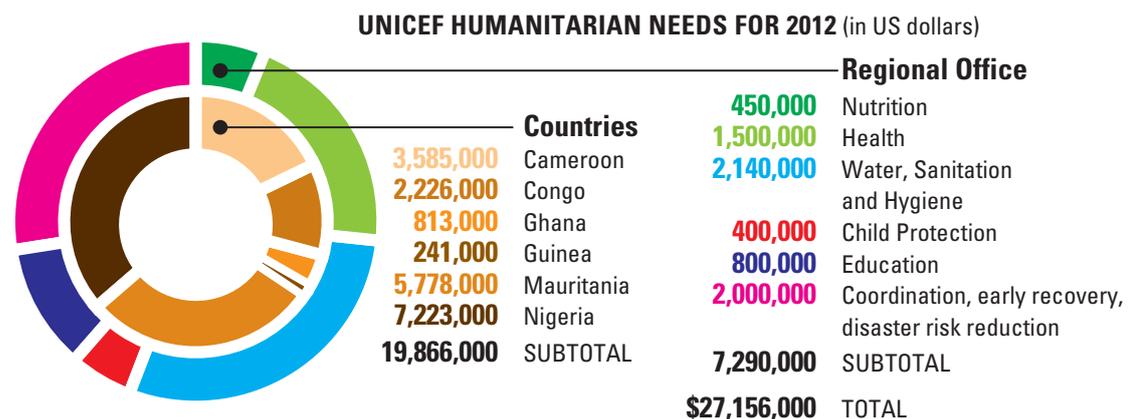
management of acute malnutrition. UNICEF will establish 50 safe school spaces for 15,000 children affected by flooding and violence. UNICEF will continue to strengthen and support community-based child protection networks in emergency-prone states through training on international/domestic human and child rights laws, child protection in emergencies, children and armed conflict and other protection topics. UNICEF will also address the health of children by providing vitamin A supplements and vaccinations for polio and measles.

FUNDING REQUIREMENTS FOR 2012

UNICEF is requesting US\$27,156,000 to provide technical support and coordination for humanitarian work throughout West and Central Africa in 2012. This includes US\$19,866,000 to support countries not separately profiled in this Humanitarian Action for Children publication, including Cameroon, Ghana, Guinea, Mauritania, Nigeria and the Republic of the Congo.³

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the regional office website at www.unicef.org/wcaro.

3. A more detailed funding table can be found at www.unicef.org/hac2012.



Central African Republic

CHILDREN AND WOMEN IN CRISIS

The Central African Republic is beset by an ongoing conflict among the army, national groups and foreign armed groups that destabilizes the environment in which women and children live. Some 192,000 people, of whom at least half are children, are currently internally displaced.¹ The conflict's humanitarian impact is evident in all aspects of daily life. The destruction of infrastructure has hampered access to basic health and education services. School enrolment rates are as low as 46 per cent in conflict-affected regions,² while an estimated 1,500 children have been recruited by armed groups.³ A recent national survey revealed that 40.7 per cent of children under 5 are stunted and 7.4 per cent suffer from moderate or severe acute malnutrition.⁴ In October 2011, a health emergency arose when a cholera outbreak struck south of the capital, with 94 cases and 15 deaths reported.⁵

MEETING URGENT NEEDS IN 2012

In 2012, UNICEF will serve as cluster lead for nutrition, WASH and education in order to ensure coordinated emergency preparedness and an effective response at national and sub-national levels. UNICEF, along with the Government of the Central African Republic, NGOs and other UN agencies, intends to provide humanitarian assistance to reduce the vulnerabilities of 600,000 conflict-affected people, including 294,000 children.

- Therapeutic food and drugs will be provided to treat 8,000 children suffering from severe acute malnutrition – approximately 80 per cent of the estimated total.
- UNICEF will help 60 per cent of health facilities in conflict-affected areas obtain functional paediatric units with trained staff, necessary supplies and essential drugs. The organization will also support 65 health centres in acquiring emergency obstetric and neonatal care.
- In response to the October cholera outbreak, UNICEF will build or rehabilitate water points and gender-friendly latrines in schools and health centres for 50,000 children and women.
- UNICEF, in collaboration with the Ministry of Education and cluster partners, will establish at least 80 child-friendly schools and 9 early childhood development activities in safe environments to benefit some 40,000 children in order to increase enrolment rates by at least 10 per cent for girls and 5 per cent for boys.
- Approximately 45,000 children affected by the conflict, including those associated with armed groups, vulnerable children and children without parental care, as well as 3,000 victims of sexual violence will receive assistance through a tailored reintegration and rehabilitation package providing medical care and psychological, educational and socio-economic reintegration support.

FUNDING REQUIREMENTS FOR 2012

UNICEF is requesting US\$11,018,000 to support an integrated response for the crisis in the Central African Republic. To provide for basic needs and to realize the rights of children and women affected by the country's ongoing conflict, adequate funding across all sectors is crucial. UNICEF has aligned this request with the 2012 Consolidated Appeals Process (CAP) requirements.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012.

1. Internal Displacement Monitoring Centre, 'Central African Republic: New displacement due to ongoing conflict and banditry', IDMC, Geneva, 1 December 2010, p. 24, [www.internal-displacement.org/8025708F004BE3B1/\(httpInfoFiles\)/95AEC93671A035E7C12577EC003BE9EE/\\$file/CAR+-+Dec+2010.pdf](http://www.internal-displacement.org/8025708F004BE3B1/(httpInfoFiles)/95AEC93671A035E7C12577EC003BE9EE/$file/CAR+-+Dec+2010.pdf), accessed 15 November 2011.
2. Central African Republic Ministry of Education, 'Annual Education Statistics 2010–2011', Ministry of Education, Bangui, Central African Republic, p.32.
3. Danish Refugee Council, 'Evaluation Mission of the Situation of Children in Community Self-Defense Groups', Danish Refugee Council, Copenhagen, May 2011, p. 3.
4. Central African Institute for Statistics and Socioeconomic Research, 'Multiple Indicator Cluster Surveys – Round 4: Preliminary results', Bangui, Central African Republic, May 2011, p. 2.
5. United Nations Children's Fund, 'Cholera Cases in the Central African Republic: Week 40', UNICEF Central African Republic, Bangui, 12 October 2011.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

In 2011, UNICEF estimated that US\$11,763,000 was needed to fund its humanitarian work in the Central African Republic. As of end October 2011, a total of US\$5,857,564 – or 50 per cent – had been received. UNICEF achieved key results for women and children, including the following: UNICEF's education projects enabled nearly 160,000 children in conflict-affected areas, including 62,000 girls, to newly enrol in primary school (more than the planned figure of 150,000 children). At least 20 schools and 30 health facilities benefited from new boreholes and sanitation facilities that provide access to clean water and sanitation. Child protection projects assisted 100 per cent of a planned goal of 1,000 children associated with armed groups and also reinforced monitoring and reporting mechanisms. To reduce mortality rates for close to 74,000 pregnant women and nearly 320,000 children under 5, UNICEF provided essential drugs for high-impact health and nutrition services. UNICEF also administered polio vaccines, vitamin A supplementation and deworming tablets to 756,000 children under 5 and measles vaccines to about 500,000 children.



UNICEF HUMANITARIAN NEEDS FOR 2012 (in US dollars)

881,000	Nutrition
3,395,000	Health
1,562,000	Water, sanitation and hygiene
2,755,000	Child protection
1,515,000	Education
500,000	HIV and AIDS
410,000	Cluster coordination
\$11,018,000	TOTAL



Chad

CHILDREN AND WOMEN IN CRISIS

Hunger, displacement and disease mark the lives of millions in Chad. More than 100,000 children under 5 suffer from malnutrition, with 1 out of every 10,000 dying daily.¹ Droughts, floods and pests in 2011, as well as repercussions of the 2009–2010 drought, have heightened food insecurity for people, especially for about 1.3 million in the Sahel strip. In eastern and southern Chad, nearly 350,000 Sudanese and Central African Republic refugees depend on humanitarian efforts. Roughly 180,000 fled conflict in eastern Chad, but only about 56,000 returned to destroyed villages, without access to social and health services. More than 111,000 displaced women and children still depend on humanitarian assistance at resettlement sites.²

About 65 per cent of returnees and internally displaced persons are children at risk of trafficking, economic exploitation and recruitment from armed forces. Women also face exploitation and violence. In eastern Chad, many areas remain afflicted by mines, unexploded ordnance and abandoned munitions. Lack of sanitation and immunizations have caused epidemics – cholera (17,217), measles (7,647), meningitis (5,865) and polio (119, all children under 5) – potentially affecting more than 2.2 million children under 5.³ Conflict and the vulnerability of the educational system (lack of infrastructure, materials and qualified teachers) countrywide still affects access to quality education and outcomes for the most marginalized children in Chad.

MEETING URGENT NEEDS IN 2012

UNICEF, as cluster lead in nutrition, WASH and education, will work with the Government of Chad and international agencies to improve the lives of 2 million vulnerable people, including marginalized nomads in the Sahel belt (440,000 women, 660,000 girls and 640,000 boys). As sub-cluster lead in child protection, UNICEF will continue to increase awareness of gender-based violence for 90,000 children, women and men, including local authorities, religious leaders, members of youth clubs, judiciary and security.

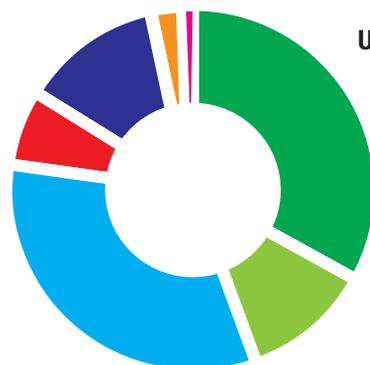
- UNICEF will increase routine immunizations for polio, meningitis, measles and tetanus; provide deworming tablets, vitamin A supplementation and insecticide-treated mosquito nets; and improve prenatal care and obstetric services for approximately 500,000 refugees, internally displaced persons and people in host communities.
- Approximately 100,000 malnourished children in the Sahel belt will be treated through community-based management of services and distribution of Plumpy'doz.
- Access to safe water will be improved for 300,000 people. WASH activities at the school level will protect against health risks and diseases. Provision of potable water and construction of separate latrines will encourage school attendance and retention, mainly for girls. In cholera epicentres (Guerra, Lac, Mayo Kebbi East and West) UNICEF will provide access to potable water.
- Education in the Sahel belt will be ensured for 400,000 pre- and primary schoolchildren among refugees, internally displaced persons, returnees and those living in host communities.
- Psychosocial support and child-friendly activities will be supported for children in eastern Chad, including 12,000 girls and 7,000 boys.
- UNICEF will prevent child military recruitment by training 300 Armée Nationale Tchadienne officers, sensitizing 1,500 members of local child protection committees, training and supporting 20 programme staff, and monitoring visits in military establishments.
- Information on HIV and AIDS prevention, care and treatment will be provided to peer educators in youth centres, and community dialogue to benefit 150,000 people (44,000 boys, 56,000 girls and 16,000 pregnant women).

FUNDING REQUIREMENTS FOR 2012

UNICEF is requesting US\$46,424,000 to continue humanitarian work in Chad. UNICEF has aligned this request with the 2012 Consolidated Appeals Process (CAP) requirements. Inadequate funding will result in loss of the progress achieved in providing access to basic essential services in sites for refugees and internally displaced persons. Lack of adequate resources will also have a negative impact on the morbidity and mortality rates of an estimated 2.2 million children under 5.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the country office website at www.unicef.org/chad.

1. United Nations Children's Fund, 'Preliminary Report Survey: Nutrition and mortality in 11 regions of Chad – From 16 August to 15 September 2011', p. 14.
2. Office of the United Nations High Commissioner for Refugees, 'Estimates of Displaced Persons as of 31 August 2011', UNHCR Chad, Gore, 2011.
3. Government of Chad, 'Integrated Epidemiologic Surveillance Service: Weekly meeting of the national technical committee for the battle against epidemics – Week 45', Chad Ministry of Public Health, N'Djamena, 16 November 2011. UNICEF Chad population estimate with 3.6 per cent annual population growth projections for 2011.



UNICEF HUMANITARIAN NEEDS FOR 2012 (in US dollars)

15,400,000	Nutrition
5,235,000	Health
15,332,000	Water, sanitation and hygiene
3,078,000	Child protection
5,939,000	Education
1,300,000	HIV and AIDS
140,000	Cluster coordination
\$46,424,000	TOTAL

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

As of end October 2011, US\$18,333,375 (40 per cent) of a requested US\$45,639,000 had been received. With this funding, UNICEF treated about 65,000 malnourished children under 5, distributed nutrition supplements to 60,000 children, provided 75,000 children with vitamin A supplements and their families with insecticide-treated mosquito nets, and immunized 90 per cent of infants and pregnant women in refugee and resettlement camps. More than 1,000 teachers for refugees, internally displaced and host community children were trained, and gender-appropriate latrines were installed in 120 primary schools. Some 30,000 youth were educated regarding HIV and AIDS, nearly 6,000 pregnant women were tested for HIV, with almost half of those who tested positive receiving treatment. Survivors of gender-based violence were assisted through listening centres and youth clubs, and psychosocial support was provided to nearly 8,000 children in 32 child-friendly spaces. UNICEF also helped 15,000 children in eastern Chad obtain birth certificates, instructed about 11,000 people in mine risk and unexploded ordnance, reunited 165 children who had been in the military in N'Djamena with family, and provided independent housing and re-entry into the workforce for 13 per cent of those children.



Côte d'Ivoire

CHILDREN AND WOMEN IN CRISIS

The violence and unrest following the November 2010 presidential elections in Côte d'Ivoire left 3,000 dead¹ and displaced almost 1 million people.² An estimated 500,000 people have returned home but struggle to reclaim their lives in areas where the infrastructure crumbled in the upheaval.³ The crisis weakened not only the country's infrastructure, but also its educational system, community and institutional child protection mechanisms. In addition, the overall health of an already vulnerable population suffered when outbreaks of polio and measles spread throughout the country, as access to health facilities was drastically reduced and essential drug supplies dwindled. More than 194,000 people, of whom 25,000 are in internally displaced person sites and camps, remain displaced;⁴ an additional 187,000 Ivorian refugees are in neighbouring countries, including 159,000 in Liberia.⁵ Among those at highest risk are the 440,000 people living with HIV in Côte d'Ivoire, including more than 50,000 children and some 22,000 women who are pregnant and HIV-positive.⁶

MEETING URGENT NEEDS IN 2012

UNICEF is the lead agency for the WASH, education and nutrition clusters, as well as for the child protection sub-cluster. In 2012, UNICEF, in partnership with the Government of Côte d'Ivoire and other international agencies, will assist 8 million people.

- UNICEF will target the overall health of 7 million children under 5 by focusing on high-impact interventions, including polio and measles campaigns, vitamin A supplementation and deworming.
- UNICEF will support the treatment of 12,000 children suffering from severe acute malnutrition at 20 inpatient and 200 outpatient centres and will promote healthy infant and young child feeding practices to about 100,000 caregivers.
- In order to reduce rates of diarrhoea, UNICEF will restore rural water supply services to benefit 200,000 internally displaced persons by strengthening management of water schemes and hygiene promotion. In total, 400,000 persons will benefit from sanitation promotion and community-based interventions, which will be combined with undernutrition interventions. The cholera containment and prevention programme will aim to reach 1 million people in Abidjan and in high-risk areas.
- UNICEF will support 20 temporary learning spaces at resettlement sites and formal schools through the provision of emergency education supplies and teacher training. UNICEF will rehabilitate and provide school supplies to at least 50 schools and support teachers in crisis-affected areas.
- UNICEF will strengthen identification, documentation, tracing and reunification systems with the inter-agency child protection information management system for more than 2,000 separated families, as well as strengthen psychosocial assistance for at least 30,000 children affected by the conflict. Child protection action networks will be strengthened for prevention of violence against children and for assistance to at least 1,500 child victims of violence and abuse.
- UNICEF will train and strengthen capacity building of community-based organizations to provide prevention and care services, including management of common illnesses at community level, active HIV screening among pregnant women, observance of drugs intake, and life-skills education on HIV and reproductive health, benefiting 500,000 adolescents and 500,000 women.

FUNDING REQUIREMENTS FOR 2012

UNICEF is requesting US\$26,929,000 to continue its humanitarian work in Côte d'Ivoire. A shortfall in funding is likely to result in failure to respond effectively to the urgent needs of the country's women and children, who are in a transitional phase after the post-election unrest.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the country office website at www.unicef.org/cotedivoire.

1. United Nations, Twenty-eighth Report of the Secretary-General on the United Nations Operation in Côte d'Ivoire – S/2011/387, United Nations, New York, 24 June 2011, p. 9.
2. Office of the United Nations High Commissioner for Refugees, 'A New Displacement Crisis in West Africa', available at www.unhcr.org/pages/4d831f586.html.
3. OXFAM, Danish Refugee Council, CARE, 'Towards Durable Solutions for Displaced Ivoirians: Joint Briefing Paper', 11 October 2011, p. 5.
4. United Nations Office for the Coordination of Humanitarian Affairs, 'European tour to raise funds for humanitarian action in Côte d'Ivoire', press release, OCHA, Geneva/Abidjan/New York, 19 October 2011.
5. Office of the United Nations High Commissioner for Refugees, Côte d'Ivoire Situation Update No. 35', UNHCR, Geneva, 10 October 2011, p. 3.
6. Secretariat, National AIDS Control Council, 'National Report UNGASS, 2010 Côte d'Ivoire: January 2008 – December 2009', National AIDS Control Council, Abidjan, March 2010, p. 13.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

UNICEF had received half of the requested funding of US\$22,383,121 as of end October, which enabled the improvement of the prospects of women and children, as seen in some key results.

In response to the polio and measles outbreaks, UNICEF reached all 7 million children under 5 with polio vaccinations during immunization campaigns, and all 467,000 children 6 months – 5 years old with measles vaccinations in 13 affected districts. Of 13,000 children treated for severe acute malnutrition, 78 per cent fully recovered. At least 6.5 million children benefited from deworming and vitamin A supplements. Additionally, 7 million insecticide-treated mosquito nets were distributed.

UNICEF also improved conditions of the conflict-affected population through the construction of emergency toilets and showers, which benefited more than 500,000 people. In addition, 530,000 internally displaced persons and returnees gained access to safe drinking water. At least 39,000 students were integrated into formal schools, and more than 20,000 children participated in education activities in temporary learning spaces. Ninety-seven per cent of schools reopened after the crisis, and 55 recreational and child-friendly spaces were established to provide psychosocial support to more than 10,400 children. UNICEF promoted essential family practices (exclusive breastfeeding, handwashing with soap, the use of insecticide-treated mosquito nets and the use of oral rehydration solution for diarrhoea) to 8 million people as part of an accelerated child survival and development strategy.



UNICEF HUMANITARIAN NEEDS FOR 2012 (in US dollars)

3,200,000	Nutrition
6,527,000	Health
7,500,000	Water, sanitation and hygiene
3,152,000	Child protection
3,700,000	Education
1,650,000	HIV and AIDS
1,200,000	Cluster coordination
\$26,929,000	TOTAL



Democratic Republic of the Congo

CHILDREN AND WOMEN IN CRISIS

Ongoing conflict in the east and northeast – along with dysfunctional or non-existent social services and infrastructure throughout the country – make the Democratic Republic of the Congo home to one of the world's worst humanitarian emergencies. The displaced population as of June 2011 is estimated to be at least 1.6 million, more than half of them children. In addition, there are about 800,000 returnees and 120,000 host families.¹ In 2011, attacks by both armed groups and armed forces – which used mass sexual violence – continued, while hundreds of children have escaped armed groups. Since 2010, measles outbreaks have been prevalent. If preventive campaigns are not implemented in time, 11 million children in the four provinces of Bandundu, Bas Congo, Kinshasa and North Kivu will be at high risk.² Cholera has also broken out in new areas and is quickly spreading along the Congo River, with 16,680 cases and 482 deaths as of 20 October 2011.³ Many children have not been able to access education or have had their education disrupted; there is a lack of flexible, appropriate education options, especially for young children and adolescents in such a precarious environment. Estimates indicate that 7.6 million children are out of school, with 34 per cent of them in conflict-affected areas.⁴ Security issues and lack of physical access to communities in need make delivering humanitarian aid extremely challenging.

MEETING URGENT NEEDS IN 2012

As lead agency for the nutrition, education, WASH, child protection, emergency shelter and non-food items clusters, UNICEF will work with the Government of the Democratic Republic of the Congo, other UN agencies and NGOs to meet the following needs:

- Shelter materials and emergency education, as well as basic WASH assistance will be provided to an estimated 1.2 million displaced returnees and people in host communities within the Rapid Response to Movements of Population Programme.
- Some 54,000 families will be assisted with non-food items and shelter in conflict- and disaster-affected provinces outside the eastern conflict-affected zones.
- Supplies and assistance will be given to treat some 154,000 undernourished children. Measles vaccines will be provided for 11 million children 6 months to 15 years old; and deworming treatment and/or vitamin A supplementation will be given to 14 million children. About 30,000 people will receive treatment for cholera.
- Access to water and sanitation facilities will be provided for more than 677,000 people, an estimated 39 per cent of the country's displaced population. Around 208,000 people in cholera-prone communities will benefit from WASH programmes.
- An estimated 275,000 vulnerable and crisis-affected children will receive quality formal and non-formal education, including professional training and socio-economic insertion. Training will be provided for 5,000 teachers and educators.
- Approximately 3,000 children formerly associated with armed groups will be reintegrated into the community; 2,000 unaccompanied children will be identified and reunited with their families, and child-friendly protective spaces will be created for close to 50,000 displaced and returnee children.
- Interventions, medical kits, basic health and treatment will be provided for an estimated 15,000 survivors of sexual and gender-based violence in conflict and displacement zones. Psychosocial care will be provided for 20,000 people.

FUNDING REQUIREMENTS FOR 2012

UNICEF is requesting US\$143,900,000 to carry out its planned humanitarian activities in the Democratic Republic of the Congo. This request is aligned with the 2012 Humanitarian Action Plan (HAP). Immediate and full funding is necessary to support the protection and recovery of women and children.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the country office website at <http://www.unicef.org/drcongo/french>.

1. Democratic Republic of the Congo Humanitarian Action Plan 2012, forthcoming, and UNICEF child population estimate.
2. UNICEF estimate of child population of children 6 months to 15 years old in four provinces.
3. Democratic Republic of the Congo Ministry of Public Health 'Epidemiological situation of Cholera in the Democratic Republic of the Congo Bulletin', Ministry of Public Health, Kinshasa, 20 October 2011, p. 1.
4. 'Multiple Indicator Cluster Survey – 2010' September 2010.
5. Rapid Response to Movements of Population is a multi-sectoral programme providing emergency humanitarian assistance in non-food items/shelter, WASH and education to conflict- or disaster-affected populations (approximately 1.7 million beneficiaries per year) in eastern Democratic Republic of the Congo (Bas and Haut Uele, Ituri, North and South Kivu).

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

In 2011, UNICEF requested US\$123,070,000 for its work in the Democratic Republic of the Congo. As of end October 2011, US\$62,618,453 (51 per cent) had been received. UNICEF's Rapid Response to Movements of Population assessed the needs of 1.8 million people, provided essential household items and shelter materials to more than 65,000 families, and provided access to water and sanitation to more than 200,000 conflict-affected persons in eastern Democratic Republic of the Congo. Therapeutic feeding supplies were given to more than 95,000 children with severe acute malnutrition. UNICEF responded to a measles outbreak in five provinces by vaccinating more than 5.6 million children 6 months to 15 years old; some 16,000 cholera cases were also treated. More than 630,000 people affected by cholera and displacement (against the programmatic goal of 826,000) improved their hygiene knowledge and gained access to safe water and sanitation facilities.

During the first three quarters of the year, more than 15,000 survivors of sexual and gender-based violence (50 per cent children) were provided with services. Some 71,000 displaced and returnee children accessed the protective environment of child-friendly spaces, and 4,500 children who escaped armed groups were given temporary care. More than 26,000 children received improved access to education and psychosocial services.



UNICEF HUMANITARIAN NEEDS FOR 2012 (in US dollars)

28,700,000	Nutrition
16,500,000	Health
19,000,000	Water, sanitation and hygiene
12,000,000	Child protection
34,500,000	Education
3,200,000	Cluster coordination
26,000,000	Rapid Response to Movements of Population ⁵
4,000,000	Non-food items/shelter
\$143,900,000	TOTAL



Liberia

CHILDREN AND WOMEN IN CRISIS

In 2011, Liberian communities bordering Côte d'Ivoire hosted an influx of refugees fleeing the post-Ivorian election violence. Children and women represent 80 per cent of the more than 176,000 refugees who now reside in camps and host communities, where an estimated 241,000 Liberians have welcomed them during the past year.¹ While attempts have been made to ensure that refugees move towards the camps and designated host communities for security and access to services, a majority of the refugees still remain dispersed along the border. The critical need of refugee locations for essential services has been hampered by lack of adequate funding through the 2011 Liberia Emergency Humanitarian Action Plan. As a result, children and women are at risk of undernutrition, diarrhoeal and infectious diseases, HIV and AIDS, lack of social protection and disruption of education.

While the refugee population is expected to stabilize in 2012, a well-informed, intentional response will be necessary in order to adequately support refugees as well as vulnerable Liberian host communities affected by the crisis.

MEETING URGENT NEEDS IN 2012

UNICEF leads the WASH and nutrition sectors and the child protection sub-sector. In addition, UNICEF is co-lead of the education sector with Save the Children and supports the health and HIV and AIDS coordination and response mechanisms. In 2012, UNICEF will continue to scale up its response not only to the needs of the refugee children and women, but also those in the host communities.

- UNICEF will treat an expected caseload of 4,000 children under 5 with severe acute malnutrition and provide more than 4,000 moderately malnourished children under 5 with high-energy and micronutrient foods, as well as promote optimal infant and young child feeding practices for 32,000 children.
- UNICEF will continue to support the host and refugee populations through county health teams and NGOs by providing technical health assistance and supplies, ambulances and social mobilization, benefiting approximately 191,000 children and women.
- UNICEF will provide at least 85,000 refugees and 100,000 Liberians with safe, clean and accessible water and sanitation, and will also actively promote healthy hygiene behaviours within targeted host communities and schools.
- Child protection efforts will ensure that children separated from their families are cared for while family tracing takes place by giving nearly 32,000 Ivorian refugee and Liberian host community at-risk children access to psychosocial activities and areas that promote attachment, stability and resilience.
- UNICEF will continue to work closely with the Ministry of Education and partners to ensure the provision of relevant and quality pre-primary and primary education for 80,000 Ivorian and Liberian children. The programme will also focus on the delivery of life skills, vocational skills and HIV and AIDS-related education for up to 20,000 Ivorian and Liberian adolescents.
- The HIV and AIDS programme will provide 80,000 children, young people and women with information, and more than 4,000 HIV-positive women and children will have access to treatment and care.

FUNDING REQUIREMENTS FOR 2012

UNICEF requests US\$25,929,000 for an ongoing, multifaceted response to vulnerable communities, including those affected by the refugee crisis. UNICEF requires adequate funding for its focused interventions to the vulnerable women and children living in these locations.

More information on humanitarian action planned for 2012 can be found at www.unicef.org/hac2012.

1. Office of the United Nations High Commissioner for Refugees Web portal, <http://info.unhcr.org/lr.locsis>, accessed 19 October 2011, and 'UNHCR Field Situation Report', Zwedru, Liberia, 14-21 August, 2011, p. 2.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

UNICEF Liberia had received US\$12,499,236, or 42 per cent, of the requested US\$29,998,993 for its programmes in Liberia as of end October 2011. While this funding enabled UNICEF to provide essential services to more than 100,000 people in some 100 communities and 6 refugee camps, gaps still remain in the delivery of services.

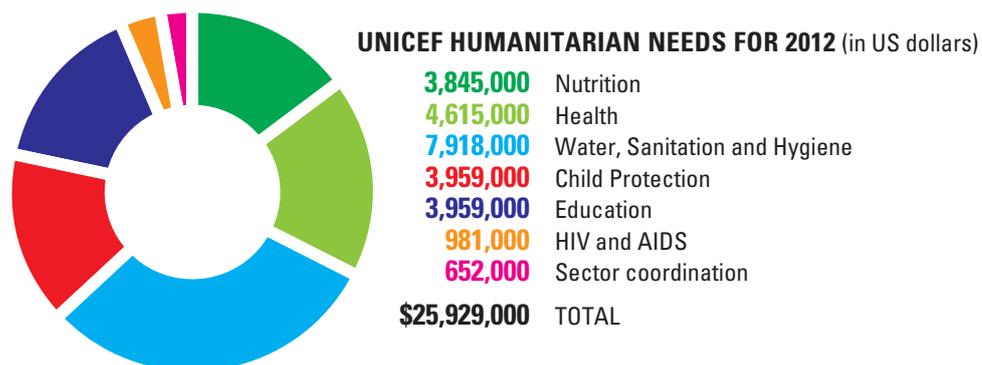
Sectoral coordination structures for WASH, nutrition, education and child protection were established in 4 counties with support from more than 13 donors.

The WASH programme expanded its coverage of essential water and sanitation services in all locations, focusing on the delivery of safe drinking water, soap and water containers, as well as the construction of latrines in affected communities, benefiting more than 102,000 people of the 185,000 targeted.

More than 44,000 children were screened for undernutrition, of which 2,500 were treated for severe malnutrition and 3,400 for moderate malnutrition.

Family based care and tracing services were provided to more than 1,400 children found to be unaccompanied or separated from their parents or guardians.

UNICEF was able to reach slightly more than 10,000 children of the targeted 20,000 in the provision of child-friendly places. More than 40,000 Ivorian and Liberian children (out of the 96,000 targeted) benefited from continued education in crisis-affected areas.





Niger

CHILDREN AND WOMEN IN CRISIS

Insufficient rainfall and pest infestations of crops leading up to the 2011–2012 harvest season have raised concerns of food shortages that would put poor households in the Niger at greater risk for food insecurity and further compromise the nutritional status of children in the country. According to 2011 survey data, one out of two children under 5 suffers from chronic malnutrition, and one out of five children 6–23 months old suffers from acute malnutrition.¹ Every year during the rainy season, populations are affected by floods, in particular in regions bordering the Niger River. The spread of communicable diseases in the region remains a concern, as two cases of polio were confirmed in the Niger in 2011. Additionally, 2,126 cases of cholera and 10,510 cases of measles were recorded as of October 2011.² Besides increased arms trafficking in the north of the country resulting from the war in Libya, an estimated 220,000 migrants returning to the Niger,³ in particular from Libya, have contributed to increased economic, humanitarian and security-related threats.

MEETING URGENT NEEDS IN 2012

As cluster lead in nutrition, WASH and child protection, UNICEF will coordinate activities among partners to mitigate the impact of natural disasters and epidemics by responding to the humanitarian needs of women and children. UNICEF will also help to increase the resilience of the poorest households against undernutrition and disease through prevention activities such as vaccination and hygiene sensitization.

- UNICEF will treat more than 330,000 children 6–59 months old (146,000 girls and 184,000 boys) suffering from severe acute malnutrition through community-based management of acute malnutrition.
- In partnership with the World Food Programme, UNICEF will contribute to mitigate the negative impact of food insecurity on young children in areas most affected by food insecurity through blanket-feeding operations. To increase the effectiveness of blanket feeding, cash grant distribution will be provided to women with at least one child under 2.
- In coordination with the Ministry of Health and its partners within the health cluster, UNICEF will reach more than 3.2 million children under 5 in order to reduce child mortality resulting from polio, measles, meningitis, malaria and cholera.
- UNICEF will reduce the risk of waterborne diseases by providing safe drinking water and sanitation facilities to 140,000 victims of floods or cholera.
- UNICEF will ensure that 8,000 women and children receive gender-sensitive psychosocial support, reintegration services and legal assistance. Community sensitization and capacity building of humanitarian workers will be improved in areas affected by emergencies.
- UNICEF will train 15 youth groups in disaster risk reduction to engage with 20 vulnerable communities in flood-prone areas. Together with partners, UNICEF will support risk reduction activities prioritized by the communities and youth.

FUNDING REQUIREMENTS FOR 2012

UNICEF Niger is requesting US\$30,025,000 to carry out its planned activities in 2012. UNICEF has aligned this amount with the Consolidated Appeals Process (CAP) requirements. Failure to meet this funding target will deteriorate the well-being of tens of thousands of children affected by severe acute malnutrition and communicable diseases.

More information humanitarian action planned for 2012 can be found at www.unicef.org/hac2012 and the country office website at www.unicef.org/niger.

1. National Institute of Statistics, National Nutrition Survey, June 2011.
 2. Integrated Epidemiologic Surveillance database, National Health Information System, October 2011.
 3. Information Note on migrants from Libya and the Ivory Coast, National Early Warning System Coordination cell, October 2011.

HUMANITARIAN FUNDING AT WORK: HIGHLIGHTS FROM 2011

As of end of October 2011, UNICEF had received US\$16,273,812 – or 44 per cent of the requested US\$37,062,000 – for programmes in the Niger. UNICEF treated more than 224,000 children 6–59 months old for severe acute malnutrition, exceeding the expected 200,000 children. In collaboration with the World Food Programme and the Government of the Niger, UNICEF reached nearly 335,000 children and 64,000 breastfeeding women through blanket feeding operations. A cash transfer programme benefiting close to 21,000 highly vulnerable households during the hunger season was implemented in partnership with Save the Children.

As of October 2011, 632,000 cases of malaria among children under 5 were treated, while 733,641 children were vaccinated against meningitis. Another 500,000 children were immunized against measles and 57 children were treated for cholera.

When more than 220,000 people entered the Niger in 2011 fleeing armed conflicts in Libya and Côte d'Ivoire, UNICEF provided counseling and psychosocial services to close to 1,500 Nigeriens in the International Organization for Migration-managed transit centre of Dirkou and improved water and sanitation facilities for 1,000 people. The UNICEF-supported centre of Agadez sheltered and assisted 144 women and children, including 15 separated children.

