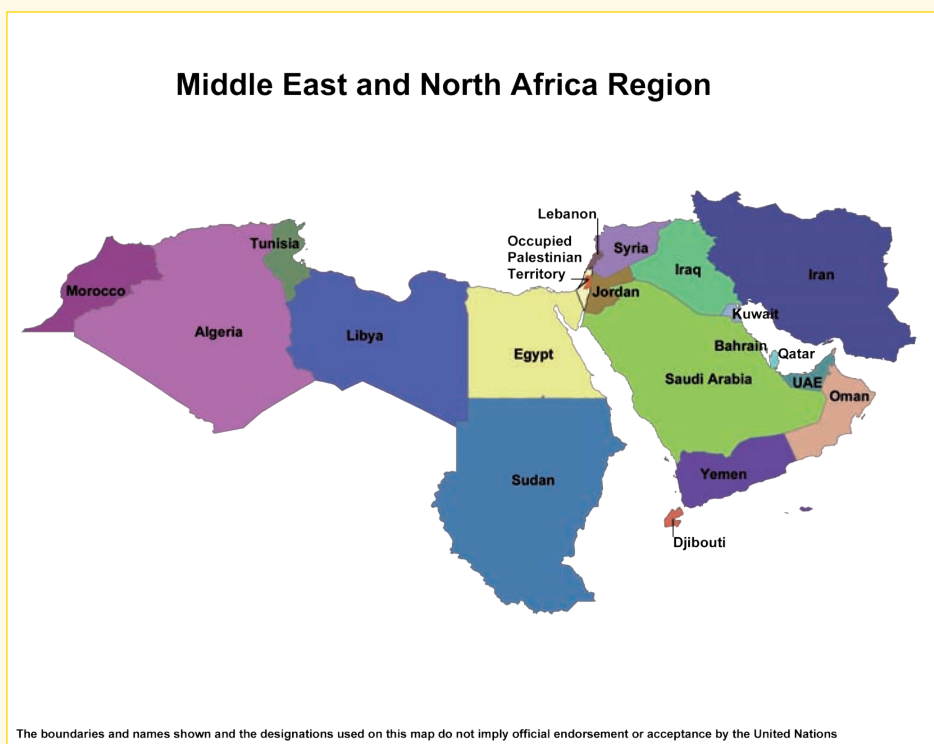


# MIDDLE EAST AND NORTH AFRICA REGION



# UNICEF HUMANITARIAN ACTION MIDDLE EAST AND NORTH AFRICA IN 2009



The Middle East and North Africa region, with its heterogeneity of oil-rich, middle-income and least developed countries is also one of the most politically volatile regions in the world. The combination of economic divisions and rising hardships for poor populations, plus high levels of risk for violent conflict, creates a high-risk situation for humanitarian concerns in much of the region.

Middle East and North Africa Emergency Needs for 2009*	
Sector	US\$
Emergency Preparedness and Capacity-Building	200,000
Emergency Response	300,000
Coordination and Partnership	100,000
<b>Total**</b>	<b>600,000</b>

\* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other underfunded emergencies.

\*\* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

## 1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

The Middle East and North Africa region remains a complex political and social mix, comprising the stable and the unstable, the wealthy and the impoverished. The combination of economic divisions and rising hardships for poor populations, plus high levels of risk for violent conflict, creates a high-risk situation for humanitarian concerns in much of the region. Overall, Middle East and North Africa is advancing to meet the Millennium Development Goals (MDGs), albeit progress has been uneven over the year, and despite significant recent achievements, enormous challenges remain in responding to the needs of a large and growing child population,<sup>1</sup> especially in the high-mortality and emergency countries. Conflicts in the region will likely continue to frame UNICEF's work in the coming years, as the brunt of the suffering continues to fall on civilians and most vulnerable groups, children and women primary amongst them.

2008 saw a limited easing of the impact of the Iraq's context on access to public services for children. The level of sectarian violence fell below previous peaks, but remained high, and the decrease in incidents prompted only little visible improvements in the lives of people on the ground. This subsequently impacted on displacements both inside and outside the country, with few of the 2.2 million internally displaced persons (IDPs) or the asylum seekers outside of the country (mainly in Jordan and Syrian Arab Republic) able to return to their places of origin. Inside the country, while insecurity continues to close schools intermittently, erode access to quality health care and safe water, and leave too many children without both of their primary caregivers, communities hosting displaced families continue to be overwhelmed by the presence of displaced families. Similar patterns were witnessed in host countries for would-be refugees, Jordan and Syrian Arab Republic, which continually struggle to reconcile their previous open doors policy with the subsequent hard strain on their capacity to provide equal access to quality public services to all host communities as well as asylum seekers.

Within Iraq, some of the specific groups identified as most at risk included Palestinian refugees who face particular difficulties in gaining access to the main refugees' host countries. Ensuring basic rights to the Palestinian refugees in the region, several hundred thousand of which remained marooned in impoverished camps in Jordan, Lebanon, and Syrian Arab Republic, constitutes a high priority for UNICEF.

Despite efforts to achieve a resolution of the long-running Israeli-Palestinian conflict following talks at Annapolis in November 2007, the impact of continued fighting, the expansion of illegal settlements in the West Bank, military incursions and consequent demolitions of homes, the continuing Israeli blockade of the Gaza Strip and the increasing restrictions of movement throughout was heaviest on the most vulnerable Palestinians living in the Occupied Palestinian Territory (OPT), including children, the elderly and the sick. Such constraints have severe impacts on children, with surveys in Gaza schools showing that 66 to 90 per cent of children failed mathematics in grades four to nine, and 61 per cent in grade eight failed Arabic.<sup>2</sup> About two-thirds of households are not connected to a sewerage network and per capita GDP is now 40 per cent lower to that of 1999.<sup>3</sup>

In 2008, Sudan continued to cope with the effects of conflict, displacement, and natural disasters. In the western region of Darfur, fighting among armed opposition factions, Sudanese Armed Forces (SAF), militias and ethnic groups is ongoing, displacing more people within Darfur and to eastern Chad every month. Since 2003, the Darfur complex emergency has affected 4.2 million people, including 2.7 million IDPs. Throughout the year, insecurity and attacks targeting relief workers continued to hamper the delivery of humanitarian assistance and caused several NGOs to suspend programmes. The UN also had to increase security precautions, further limiting its capacity to provide crucial aid to vulnerable groups. In Southern Sudan, eastern Sudan, and anywhere else required, humanitarian organizations continue to provide assistance to returnees, IDPs, and host communities while times of calm alternate to new crisis as seen over the 2008 Abyei dispute. In addition, Sudan continued to witness major natural disasters such as floods and epidemic outbreaks all over the country.

Lebanon is another country in the region where risks of future instability – and subsequent humanitarian suffering – remain worrisome, as seen in early May 2008, when a confrontation between Hizbullah-led groups and pro-governmental forces caused deaths and fears of a countrywide renewed conflict.

South of Middle East and North Africa region, women and children in Yemen are challenged by recurrent poverty and lack of sufficient services above and beyond the further constrained government capacity to provide quality public services to its population when simultaneously facing up to significant armed rebellion in North-Western Saada Province – with rebel-government forces fighting already the source of more than 110,000 IDPs – and large-scale natural disasters, such as the tropical storm impact on the Hadramot region of the country.

1 Most Middle East and North Africa countries have a population under age 18 that represents between 35 and 45 per cent of their overall population.

2 UN Relief and Works Agency (UNRWA) survey conducted in Gaza, 2007.

3 World Bank statement to Paris Conference, December 2007.

*In all of the above contexts, UNICEF-supported interventions have been focusing primarily on preventing a worsening of all basic indicators, mitigating the impact of violence and strengthening preparedness and response capacity of national stakeholders where possible, government partners' primary amongst them. Above and beyond such interventions, expanded sanctions against the Islamic Republic of Iran have also strained the general economic and political outlook of both the country and the region, and increased the diplomatic impasse over the nuclear programme of the Islamic Republic of Iran. Low intensity earthquakes in the Islamic Republic of Iran reminded us of the natural disaster risk this region faces too. Finally, the negative effect of high food prices, drought and water insecurity and its consequences have affected Yemen, the Syrian Arab Republic and particularly Djibouti, where the government recently launched a joint plan for the drought and nutrition crises.*

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In 2008, the UNICEF Middle East and North Africa Regional Office (MENARO) worked to increase capacity in emergency preparedness and response in the region, particularly in countries facing ongoing and/or potential new emergencies such as Iraq, Lebanon, OPT, Sudan and Yemen. With the aim of enhancing the capacity to identify possible threats to women and children in the region, the Regional Office initiated a partnership with Oxford Analytica to monitor regional developments and trends and to enable a timely and efficient response by UNICEF in five priority countries: Algeria, the Islamic Republic of Iran, Lebanon, OPT, and Yemen. During 2008, more than 150 staff members have acquired knowledge on humanitarian response policy and UNICEF tools through emergency preparedness and response training (EPRT) and simulations facilitated by the Regional Office in Morocco, north of Sudan and Syrian Arab Republic. In collaboration with UNICEF's Division of Human Resources, West and Central Africa (WCARO) and Eastern and Southern Africa (ESARO) Regional Offices, MENARO organized an 'All Africa' EPRT of trainers in Morocco in March 2008. As a result, 35 staff members have acquired knowledge on the new EPRT package developed by UNICEF and increased capacity of the three regions to respond to Country Offices' training demands. Furthermore, in collaboration with regional Inter-Agency Standing Committee (IASC) networks in West and Central Africa and Middle East and North Africa, MENARO developed an inter-agency emergency simulation exercise package to enable UN Country Teams (UNCTs) to improve their emergency preparedness and response knowledge and skills within the framework of the humanitarian reform. An Inter-agency emergency simulation test conducted in the Islamic Republic of Iran in June 2008 contributed to the improvement of modules and to enhanced UNCT awareness on humanitarian issues.

A number of initiatives were taken to promote and disseminate humanitarian reform principles, including cluster approach, mainly through trainings, guidance and briefings. MENARO has supported cluster awareness trainings and briefings for the water, sanitation and hygiene (WASH) sector in Djibouti, Iraq and Yemen and financed cluster coordination training for senior UNICEF WASH and Information Technology Division (ITD) staff based in the region. MENARO has also worked to build the pool of cluster coordinators through a tri-cluster training organized for 30 health, nutrition and WASH professionals. The IASC regional network has been active in monitoring and supporting countries' preparedness status through reviews of UNCT contingency plans in Lebanon, Morocco and Syrian Arab Republic.

As per past years' practice, the MENARO Humanitarian Response Team continued to serve as first port of call for Country Offices facing humanitarian crisis, and took an active role in the coordination of the subregional response to the Iraq crisis, the strengthening of the collaboration between UNICEF and the UN Relief and Works Agency (UNRWA) in favour of Palestinian children throughout the region, and the timeliness and quality of UNICEF's emergency response to vulnerable communities throughout the crises of the region, with a particular emphasis on Djibouti, Iraq, Lebanon and OPT. Finally, MENARO has initiated the development of key regional guidance notes covering the issues of working with youth and adolescents before and during crises, learning when and how to negotiate with non-state entities and, similarly, when and how to work with the military in complex emergency contexts.

## 3. PLANNED HUMANITARIAN ACTION FOR 2009

### Coordination and Partnership

MENARO collaborates with other UN agencies and NGOs on emergency and preparedness through the regional IASC network, of which UNICEF is both a co-founder and active stakeholder. MENARO provides cluster technical and financial support for water, sanitation and hygiene (WASH) coordinated by a dedicated WASH emergency specialist. The emergency telecoms cluster has implemented staff training and prepositioned supplies. Technical specialists are in place in MENARO, providing support to nutrition, education and child protection clusters.

MENARO will continue its efforts to enhance UNICEF's capacity to respond to the needs of women and children living in unstable environments in an effective and timely manner. During 2009, MENARO will continue to work on increasing EPR capacity in the region, but with emphasis on response planning, thereby prioritizing countries facing ongoing and/or potential new emergencies, especially Djibouti, Iraq, Lebanon, OPT, Sudan and Yemen and their subregional implications.

### ***Emergency Preparedness and Capacity-Building (US\$ 200,000)***

For 2009, the overall goal is to have at least 60 per cent of the region's Country Offices tested, updated and operationalized a standard set of preparedness tools, such as EPRs and inter-agency contingency planning (IACP). Key activities will include:

- Support countries considered most volatile/at risk to (a) update scenarios, (b) operationalize and (c) practise advanced response planning, including at subregional and subnational levels and, where possible, within an inter-agency context – it is hoped that inter-agency simulation modules will be run in at least four countries of the region in 2009. This will be particularly key in areas where UNICEF has global cluster leadership, which induces crucial accountabilities in the area of preparedness as well as response;
- Strengthen UNICEF's capacity to identify possible threats to women and children in the region and accurately define trends, opportunities and early warning indicators, which will enable a timely and efficient response by UNICEF's Country Offices;
- Support review of the capacity of national partners and establish/reinforce existing technical partners' coordination networks as well as expand partners' skills through continued efforts on partners' training on emergency preparedness and response.

### ***Emergency Response (US\$ 300,000)***

For 2009, the overall goal is to be able to support at least two simultaneous sudden emergency crises requiring significant support from MENARO, particularly in areas where UNICEF is sector/cluster or 'area of responsibility' lead. Key activities will include:

- Should funding be available, ensure that at-risk countries can respond rapidly to assist at least 50,000 affected people at the onset of any crisis; preposition limited supplies in high-risk countries or, when more appropriate, in a regionally central location;
- Strengthen the 'surge capacity' mechanism for the Regional Office to allow fast deployment of experienced staff, particularly in sectors where UNICEF has sector/cluster leadership;
- Roll out performance monitoring and assist all Country Offices in crises to maintain/develop evidence-based indicators that will allow them clear tools for advocacy in speaking out for children;
- A dedicated WASH emergency officer will continue to work closely with Country Offices on reviewing WASH capacity in high-risk countries, mapping of partners in other priority countries and addressing capacity gaps within the WASH sectors through the promotion of global WASH cluster tools/services and other required interventions to strengthen WASH actors and sector.

### ***Coordination and Partnership (US\$ 100,000)***

For 2009, the overall goal is to strengthen partnership with regional entities and enhance efforts towards national capacity-building. Key activities will include:

- Continue coordination efforts with regards to the subregional implications of the Iraq and OPT crises specifically, promoting intercountry coordination, and sharing good practices;
- Forge partnerships with national/regional bodies and partners with a view to undertake joint training of respective partners' staff on emergency response;
- Continue to strongly support the set-up and regular coordination efforts undertaken through the consolidated regional inter-agency network on emergency preparedness and response.

# UNICEF HUMANITARIAN ACTION DJIBOUTI IN 2009



Core Country Data	
Child population (millions)	0.4
U5 mortality rate	94
Infant mortality rate	67
Maternal mortality ratio (1980–1999)	n/a
Primary school enrolment ratio for boys	66.7
Primary school enrolment ratio for girls	65.7
% U1 fully immunized (DPT3)	71
% rural population using improved drinking-water sources	52.5
HIV/AIDS prevalence (% adults)	3.1
% U5 suffering global acute malnutrition/ severe acute malnutrition*	16.8/2.4

Sources: Multiple Indicator Cluster Survey 3, Djibouti, 2006. \*Nutrition survey conducted in October/November 2007.

Djibouti is experiencing a silent forgotten emergency due to a nutritional crisis with rates of global acute malnutrition at 16.8 per cent and rates of severe acute malnutrition at 2.4 per cent among children under age five, according to the results of the nutritional survey conducted in October/November 2007. In 2009, UNICEF will support the country to treat at least 80 per cent of severely malnourished children in order to achieve and maintain case fatality rates below 5 per cent. Considering the erratic and insufficient rainfall trends throughout the country, UNICEF's water and sanitation emergency assistance will continue to focus on affected people countrywide in urgent need of water trucking, on the rehabilitation of existing schemes and the drilling as well as the development of water sources. Hygiene promotion and sanitation interventions to prevent the occurrence and spread of diseases and infections due to the unavailability of these basic services will be given due attention.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Nutrition	1,024,334
Health	500,000
Water, Sanitation and Hygiene	4,253,348
Child Protection	200,000
<b>Total**</b>	<b>5,977,682</b>

\* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other underfunded emergencies.

\*\* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.



## 1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

A joint nationwide nutrition survey conducted by the Ministry of Health, UNICEF and the World Food Programme (WFP) in October/November 2007 showed an alarming level of global acute malnutrition (GAM) of 16.8 per cent as well as a rate of severe acute malnutrition (SAM) of 2.4 per cent in children under age five. In the North-West region of Djibouti, GAM prevalence is higher than the national average, standing at 25 per cent. This critical status of children under age five is likely to be compounded by the prevailing drought as well as high prices of staple food. According to recent FEWSNET (Famine Early Warning Systems Network) reports, which recognized pre-famine indicators, over 25,000 children under age five urgently require selective feeding (of which 20,000 need supplementary feeding and 5,000 therapeutic feeding).

The situation was further deteriorating when, during the first semester of 2008, a joint UN Country Team (UNCT)/Government mission conducted rapid assessments using mid-upper arm circumference (MUAC) that showed an average prevalence of global acute malnutrition of 23 per cent (with severe acute malnutrition at 9 per cent and moderate acute malnutrition at 14 per cent).

Malnutrition case management started in 2006 in the context of drought emergency, focusing on supplementary feeding in community health centres for moderate acute malnutrition cases in collaboration with WFP, and on therapeutic feeding in hospitals for severe acute malnutrition. The coverage, however, remains insufficient. Less than 40 per cent of children under age five suffering from acute malnutrition were treated during the first semester of 2008. Hence the need to support community-based interventions aiming to increase the number of children reached. The persistent critical nutritional situation in Djibouti justifies the continuation of the humanitarian action, while long-term development activities to tackle the underlying and structural causes of malnutrition are being set out. In such emergency situation, especially due to high food prices, some 60,000 children under age five and 50,000 pregnant/lactating mothers are in need of special lifesaving interventions, such as an intensive and additional high-impact package of basic health services.

As per the Multiple Indicator Cluster Survey (MICS/EDIM-2006) up to 47.5 per cent of people in rural areas do not have access to improved drinking-water sources, out of which at least 30 per cent resort to unprotected sources that do not conform to minimum sanitary requirements<sup>1</sup> and a mere 18.1 per cent have latrines. The most deprived populations have to travel up to 30 kilometres (return trip) daily to collect safe drinking water. Many children, particularly girls, drop out of school and are denied their right to education because they are busy fetching water or are deterred by the lack of separated and decent facilities in schools. Women often suffer from lack of privacy and need to walk large distances to find a suitable place for defecation in the absence of appropriate neighbourhood toilets.

The renewed lack of rainfall over the period 2006 to early 2008 greatly impacted Djibouti's pastoralists, not only in terms of the lengthening of already significant distances covered to access safe water, but also the consequences of lack of water on their herds, which negatively affects the survival of nomadic pastoralist populations dependent for the most part on their livestock for all domestic needs. Furthermore, FEWSNET reports that high food prices and decreased family remittances from urban to pastoral areas are exacerbating the impact of the failed rainy season and deepening the food insecurity of pastoral households.

The main findings from the 2008 drought are: (i) the water table level of the aquifer is likely to decrease complicating the already limited abstraction capacity; (ii) the nomadic pattern of life forces pastoralists to move with their animals where water and grazing are available with short stay at each place because of limited water supply; (iii) the costs of ongoing water trucking operations are equal to or higher than the costs of developing permanent sources; and (iv) in many locations, the physical-chemical quality of water is irrevocably not up to the World Health Organization (WHO) recommended standards. Most pastoral households are currently relying on deep wells equipped with pumps powered by diesel generators, whereas UNICEF has intensified water trucking.

Djibouti's deteriorating situation places an increasing strain upon orphaned and other vulnerable children (OVC), especially those affected by HIV/AIDS. Some 3,000 children need attention.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

UNICEF continued implementing the national malnutrition case management protocol developed in 2007. Refresher courses and training were provided to 175 health and community workers on screening and malnutrition case management and 15 health facilities equipped, reaching about 2,500 children. Nutrition supplies were distributed to 31 supplementary and 19 therapeutic feeding centres for the treatment of some 10,000 children. WFP provided supplementary food and UNICEF procured therapeutic milk, ready-to-use therapeutic foods, essential drugs, anthropometric equipment and management tools. The case fatality rate among severely malnourished children dropped from 11 per cent in 2006 to 5.3 per cent by end June 2008. UNICEF continued to support the Ministry of Health by strengthening the logistics for mobile teams and the implementation of the national nutrition programme.

<sup>1</sup> Source : *Document Stratégique de Réduction de la Pauvreté (DSRP)* (Strategic Document for Poverty Alleviation), 2004.

In the health sector, 100,000 impregnated mosquito nets were distributed to households with children under age five and pregnant women. National vitamin A supplementation, deworming and polio and measles supplementary immunization targeted more than 80 per cent (96,000) of the 120,000 children under age five.

About 20,000 additional people in rural and peri-urban areas gained access to safe water through the following activities: 50 traditional wells equipped with handpumps, rehabilitation of 10 water schemes in peri-urban areas (including required equipment, such as motor pumps, generators), construction of one new well equipped with a thermo pump; installation of five underground cisterns and five latrines in public services; delivery of two field monitoring vehicles to strengthen the capacity of the Ministry of Agriculture, Livestock and Sea, who is in charge of water; monitoring of 50 water points and provision of water purification products; promotion of handwashing through the mobilization of 20 school sanitation clubs; regular provision of safe water to 30 locations through water-trucking assistance (mainly fuel) for the benefit of more than 25,000 people; and training of 15 technicians on water quality monitoring as per Sphere standards.

In the area of child protection, orphaned and vulnerable children were reached through a pilot programme that aimed to ensure their access to education, provided school kits and engaged in advocacy for the exemption of school fees, as well as the availability of other social services.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

The coordination of the nutrition programme is under the leadership of the Ministry of Health through the head of the National Nutrition Programme. The water component is coordinated by the Ministry of Agriculture, Livestock and Sea. UNICEF is cluster leader for water, sanitation and hygiene and works closely with WFP, WHO and the UN Refugee Agency (UNHCR).

#### Linkages of HAR with the Regular Programme

Nutrition and water, sanitation and hygiene are part of the new Country Programme 2008–2012, under the child survival and development programme aiming at the reduction of under-five mortality.

The overall goal of UNICEF's 2009 humanitarian action is to contribute to the reduction of under-five mortality and morbidity through the provision of high-quality social services in the areas of health, nutrition, and water, sanitation and hygiene. It will focus on lifesaving interventions for about 108,000 children under age five and 90,000 mothers.

#### Nutrition (US\$ 1,024,334)

In 2009, the overall goal will be to keep the case fatality rate among severely malnourished children below 5 per cent and to increase interventions to reach at least 80 per cent of severely malnourished children, through the following key activities:

- Scale up the case management of moderate and severe acute malnutrition from about 10,000 to 20,000 children within 60 health facilities and at community level through women's associations;
- Procure supplies for the treatment of 15,000 moderately and 3,000 severely malnourished children (therapeutic milk, Plumpy'nut, essential drugs, anthropometric equipment, management tools etc.);
- Provide training and refresher courses for 175 health workers and 200 community workers;
- Reinforce nutrition education at community level for the promotion of best practices for family nutrition, reaching about 200,000 people;
- Promote infant and young child feeding through community mobilization by community workers;
- Strengthen nutritional surveillance through health facilities and community-based approach;
- Twice a year, administer vitamin A to some 96,000 children aged 6–59 months during 'Child Health Days', in combination with immunization, deworming and distribution of mosquito nets etc;
- Supervise and report on nutrition activities in 60 nutrition centres.

#### Health (US\$ 500,000)

For 2009, the overall goal is to ensure that more than 90 per cent of children under age five benefit from a package of high-impact health interventions, through the following key activities:



- Strengthen routine expanded programme on immunization (EPI) through supplementary immunization activities (providing vaccination supplies, reinforcing district-level capacity, undertaking social mobilization through community-based approach);
- Provide Mebendazole tablets for deworming and two doses of vitamin A to children under age five;
- Promote the use of impregnated mosquito nets (providing long-lasting insecticidal nets and developing a communication plan on their use);
- Develop and implement a community-based strategy for the management of acute respiratory infections (ARI) and diarrhoeal disease;
- Distribute oral rehydration salts (ORS) and promote their use;
- Provide prenatal and postnatal services to pregnant women/newborns and emergency obstetrical care.

### **Water, Sanitation and Hygiene (US\$ 4,253,348)**

For 2009, the overall goal is to provide 55,000 people with safe water, adequate sanitation and hygiene education through the following key activities:

#### *Safe water provision*

- Continue to provide 30 locations with safe water through water-trucking assistance (mainly fuel), covering upwards of 25,000 people. While this highlights and further stresses the lack of adequate water table, it is also very likely not cost-efficient and thus not economically sustainable in the long run. Priority will be given to alternative and more sustainable access to water, wherever possible;
- Construct 25 new wells equipped either with handpumps or solar energy;
- Construct 20 underground cisterns for domestic use and watering stock;
- Construct 15 new boreholes equipped with solar energy;
- Procure one cistern vehicle with 7,500-litre water tank.

#### *Protection of water points, treatment of water and supplies for household water storage*

- Deepen, protect and equip with handpump 100 existing traditional wells;
- Undertake monitoring of water quality countrywide and provide water treatment materials;
- Supply plastic barrels for storage and clean use of safe water to 1,000 households.

#### *Sanitation and hygiene promotion*

- Develop information, education and communication (IEC) materials;
- Mobilize communities on hygiene promotion and raise awareness on water conservation in 20 localities for 2,000 people;
- Identify strategies on hygiene and behaviour change through knowledge, attitudes and practices (KAP) study/focus groups;
- Provide support to 20 households for the construction of latrines.

#### *Training*

- Support the costs related to three-month mission of two experts (drilling and electro mechanic) to train technician in operating the drilling machine;
- Support the costs related to two-month mission of geophysics expert to train technician on utilization of geophysics' equipment;
- Support the costs related to the training of 10 technicians in operation and maintenance of water points and community mobilization.

#### *Monitoring and evaluation*

- Undertake field monitoring visits and assist the Ministry of Agriculture by providing field monitoring;
- Procure vehicle;
- Provide technical assistance.

### **Child Protection (US\$ 200,000)**

- Undertake advocacy on the impact of high food prices on vulnerable children;
- Ensure access of OVC to education, provide school kits and support exemption of fees;
- Strengthen targeted cash transfers to OVC through the pilot system in place.

## UNICEF HUMANITARIAN ACTION

# IRAQ

## VULNERABLE IRAQIS IN JORDAN, SYRIAN ARAB REPUBLIC, LEBANON AND EGYPT IN 2009



Core Country Data	
Child population (thousands)	14782
U5 mortality rate	41
Infant mortality rate	34
Maternal mortality ratio (1980–1999)	193
Primary school enrolment ratio	83
Primary school enrolment ratio for girls	79
% U1 fully immunized (DPT)	55
% population using improved drinking-water sources	79
HIV/AIDS prevalence (thousands)	0.2
% U5 suffering moderate and severe malnutrition	8

Source: Iraq Multiple Indicator Cluster Survey 2006.

Following decades of hardship and repression and five years of violent conflict, the futures of millions of Iraqi children continue to be at risk. Vulnerabilities, deprivation and serious human rights abuses are widespread. Violence remains a leading cause of death. It is estimated that at least 60 per cent of Iraqi children do not have access to one or more essential social services. Despite improvements in security in 2008, protracted effects of conflict continue to have a devastating impact inside and outside Iraq. In 2009, UNICEF will assure that up to 1,120,000, of Iraq's most vulnerable children and women have access to essential social and protective services. UNICEF will also strive to assist Iraqis who have left the country and are now living in the neighbouring Jordan, Syrian Arab Republic, Lebanon and Egypt.

### Summary of UNICEF Emergency Needs for 2009\*

Country	Iraq	Jordan	Syrian Arab Republic	Lebanon	Egypt
<b>Sector</b>	<b>US\$</b>				
Health and Nutrition	8,138,000	–	3,750,000	438,700	250,000
Water, Sanitation and Hygiene	10,680,000	–		–	–
Education	5,008,000	9,278,562	8,000,000	650,000	200,000
Child Protection	5,634,000	4,000,000	5,650,000	–	–
<b>Total**</b>	<b>29,460,000</b>	<b>13,278,562</b>	<b>17,400,000</b>	<b>1,088,700</b>	<b>450,000</b>

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\*\* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

## 1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

Over five years of conflict have placed Iraq's children at enormous risk. The life of every Iraqi child has been defined by hardship and violence, with the current war compounding deterioration of existing infrastructure and services. While improvements in security in 2008 have been welcome, this alone does not lead to better living conditions for children. In fact, the greater access now possible for humanitarian actors has revealed pockets of acute vulnerability that were previously hidden. Large numbers of internally displaced persons (IDPs) and refugees remain unwilling or unable to return home in addition to the many millions more who had no option but remain in communities where access to life's essentials – food, water, health, shelter and protection – became increasingly precarious.

Based on the most reliable data available, the situation for children in Iraq looks dire. It is estimated that up to 8 per cent of children have lost a parent over the past five years of conflict. One out of 10 was forced to leave his/her home due to threat of violence and persecution and is unable to return. Immunization coverage has reduced to less than 60 per cent nationally, with some neglected pockets having less than 20 per cent coverage. Although figures are currently being confirmed, it is likely that over 1 million primary school-aged children are not attending school. At home, over 60 per cent of children do not have regular access to safe drinking water and some 80 per cent of households do not have functioning sewage. And a serious and growing concern is the increasing number of reports of gender-based violence from across the country, as well as the ongoing recruitment of children by extremist groups.

The situation is not easier for Iraqis who have fled the country. Refugees in Jordan, Syrian Arab Republic, Lebanon and Egypt continue to be exposed to limited access to services, lack legal protection and are particularly affected by the deterioration of the economic situation. While the Syrian Arab Republic hosts the largest population of Iraqis outside the country and the number of the officially registered with the UN Refugee Agency (UNHCR) is low, the total number of Iraqis currently residing in neighbouring countries remains unconfirmed and varies from 161,000 to 500,000 in Jordan, from 800,000 to 1.5 million in the Syrian Arab Republic, from 20,000 to 50,000 in Lebanon and from 100,000 to 150,000 in Egypt, living mostly in the urban areas.

Iraqis in Jordan and the Syrian Arab Republic are showing signs of distress and struggle to access basic services. The national health and education sectors are not able to cope with the increased number of Iraqi children and families in need of support. Iraqi children and their families are in dire need of protective social networks.

Iraqi refugees living in Lebanon and Egypt are also exposed to economic difficulties and access to basic services. Some of the Iraqis in Lebanon and Egypt came with resources and have succeeded in opening businesses and obtaining residency but many have fallen into an illegal status and fear having to return to Iraq.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008 (IRAQ, JORDAN AND SYRIAN ARAB REPUBLIC)

Despite enormous challenges on the ground in Iraq, UNICEF maintains a strong capacity to respond to emergencies affecting children and women nationwide. UNICEF's emergency action in 2008 enjoyed a massive increase in humanitarian resources and capacity compared to the previous year, engaging a range of key international NGO partners made possible through successful fundraising efforts against the 2008 Consolidated Appeal Process (CAP) (the first Iraqi CAP since 2003), including Mercy Corps, International Medical Corps (IMC), INTERSOS and Relief International. This action was complemented by the ongoing delivery of a substantial national programme boosting Iraq's capacity to deliver health, education and water, sanitation and hygiene services. UNICEF Iraq partners with the Government of Iraq and its various line ministries, and has well-established formal agreements for humanitarian action with NGO partners totalling over US\$ 24 million, targeting up to 720,000 people over a 12-month period. These external partnerships are supported by a network of over 100 national staff and facilitators based in every governorate of the country. Through these efforts, UNICEF continued to deliver humanitarian assistance in 2008, reaching over 600,000 people in Iraq affected by mass casualty attacks, disease outbreaks, military action, natural disaster, or simply severe deprivation due to the effects of years of hardship and conflict.

Since 2007, UNICEF has been working to ensure that the most pressing needs and vulnerabilities of Iraqi women and children in Jordan and the Syrian Arab Republic are being addressed. In this regard UNICEF has been particularly active in the field of education, and in the areas of protection and health where the agency has a comparative advantage. UNICEF in Jordan has formed key partnerships with a number of leading international NGOs to support the integration of vulnerable children into appropriate forms of education. Some 10,000 vulnerable children and youth of all nationalities have been helped to date. In

particular a strategic partnership with Save Children Federation is contributing to ensure that not only are children helped to get into school but that whilst in school they receive a quality education and remain there.

In the Syrian Arab Republic, UNICEF has been focusing on reinforcing the capacity of social services infrastructures and systems (health, education and child protection) with specific emphasis on children, adolescents and women in order to accommodate the increasing pressure and ensure further sustainability. This has been undertaken in partnership and in coordination with the Ministries of Education, Health and Culture as well as with national and international NGOs and sister UN agencies.

In Egypt, UNICEF in coordination with other UN agencies and national NGOs has been focusing on meeting the health and psychosocial needs of Iraqi refugees. Seventy-five per cent of the total 10,000 Iraqi refugees received subsidized health care provided by UNICEF Iraq's implementing partners. In education, 100 per cent of the total 2,600 targeted Iraqi refugee school-aged children enrolled in the Egyptian formal education system.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009 (IRAQ, JORDAN, SYRIAN ARAB REPUBLIC, LEBANON AND EGYPT)

#### Coordination and Partnership

UNICEF Iraq has reinforced its humanitarian programming through an integrated operational framework designed to reach a greater number of affected Iraqi families with a needs-based and holistic assistance package. This mechanism links into existing coordination structures, namely the Sector Outcome Teams (SOTs) and the Humanitarian Working Group (HWG). UNICEF has been actively encouraging the creation of field-based coordination structures to further strengthen joint programming efforts. UNICEF is the SOT leader for education and water, sanitation and hygiene (WASH), and deputy SOT leader for health and protection. UNICEF is working in close collaboration with partners to implement emergency activities in Jordan and the Syrian Arab Republic. UNICEF coordinates education and has an important role in child protection, with particular focus on psychosocial support in Jordan and the Syrian Arab Republic.

#### Linkages of HAR with the Regular Programme

UNICEF Iraq is completing the second year of its current Country Programme of Cooperation 2007–2010. The programme addresses the rights of the child through activities in early childhood development, primary education, maternal and child health, nutrition, water, sanitation and hygiene, and legal and social protection of the child throughout the country. UNICEF's emergency activities in Iraq, Jordan and Syrian Arab Republic are integrated into the programme structure with oversight by Emergency Coordinators in the three countries.

In 2009, UNICEF will ensure that the most pressing needs and vulnerabilities of Iraqi women and children in Iraq, Jordan, Syrian Arab Republic, Lebanon and Egypt are being addressed. In this regard, UNICEF has been particularly active in the field of health, nutrition, water, sanitation and hygiene (WASH), education and child protection. UNICEF-supported programmes are expected to reach at least 1,120,000 people in Iraq, around 400,000 in the Syrian Arab Republic, 12,000 in Jordan, 4,000 in Lebanon and 12,000 in Egypt in 2009.

## IRAQ

### Health and Nutrition (US\$ 8,138,000)

For 2009, the overall goal is to address the primary health and nutrition needs of 180,000 children and their families in the most vulnerable communities in every governorate through the following key activities:

- Support the vaccination of 180,000 children against measles (including vitamin A supplementation);
- Support the vaccination of 75,000 women against maternal and neonatal tetanus (MNT);
- Provide emergency medical supplies to deal with mass casualty attacks and disease outbreaks;
- Provide therapeutic and supplementary feeding and facilitate nutritional surveillance activities;

- Support capacity-building of Ministry of Health/Directorate of Health and NGO staff to increase outreach services;
- Support health education campaigns reaching 360,000 people in affected areas.

### **Water, Sanitation and Hygiene (US\$ 10,680,000)**

For 2009, the overall goal is to increase access to safe and reliable water and sanitation services for 760,000 children and their families in the most vulnerable communities through the following key activities:

- Provide safe drinking water to 360,000 people through water tankering, distribution of water purification materials at household and community levels, and/or repair/extend existing water supply networks;
- Provide hygiene supplies (soap, sanitary napkins, hygiene kits) and increase water storage;
- Undertake awareness campaign on key hygiene messages focusing on waterborne diseases;
- Repair/clean existing sewage lines/networks;
- Facilitate garbage collection and disposal at community level;
- Engage in capacity-building with local authorities and NGO partners to increase sustainability of emergency preparedness and response;
- Curtail spread of cholera among 400,000 most vulnerable rural population in Babil Governorate;
- Provide WASH SOT leadership.

### **Education (US\$ 5,008,000)**

For 2009, the overall goal is to increase access to quality learning for 150,000 children in the most vulnerable communities in every governorate, focusing on the following key activities:

- Provide emergency learning spaces/light rehabilitation of existing facilities benefiting 150,000 children;
- Support 200 schools through supply of basic materials and furniture;
- Support the reintegration of students and teachers, with a focus on reinforcing psychosocial assistance;
- Improve water and sanitation facilities in 200 schools and undertake hygiene awareness campaigns, benefiting 150,000 children;
- Support 1,000 out-of-school children through the accelerated learning programme (ALP);
- Increase early childhood development (ECD) activities in acutely vulnerable communities;
- Increase support for supplementary learning at home;
- Increase capacity-building activities for emergency education for counterparts and partners;
- Provide education SOT leadership.

### **Child Protection and Mine-Risk Education (US\$ 5,634,000)**

For 2009, the overall goal is to improve prevention and response strategies and services for 29,800 children and young people affected by violence through the following key activities:

- Conduct rapid assessment and analysis of the effects of violence on children and young people;
- Provide life skills education to 24,000 children and young people to avoid risky situations and train family members, teachers and social workers in protection from violence, including gender-based violence (GBV);
- Produce a directory of services that can be used for the referral of victims of violence, including GBV;
- Initiate community-based psychosocial care activities in youth- and child-friendly centres;
- Develop community protection teams for monitoring, reporting and responding to violence against children and young people in the homes and in the community;
- Provide immediate medical care, legal aid, psychosocial support and protection services to victims of violence, including survivors of GBV (100 per cent of identified cases);
- Create and train specific teams at national and governorate levels for monitoring, reporting and responding to grave child rights' violations;
- Establish a database for systematic documentation of reports on child rights' violations.

## JORDAN

### *Education (US\$ 9,278,562)*

For 2009, the overall goal is to address the basic education needs of 12,000 vulnerable children through formal, informal and remedial activities, such as:

- Support the double shifting of 20 schools and support the costs of renting buildings, giving 12,000 children access to school;
- Engage in continued advocacy to increase the number of Iraqi children in school;
- Provide individual support to 12,000 children (school uniforms, stationery and books);
- Create opportunities for alternative forms of education;
- Support informal education activities, such as life skills, international computer driving licenses, and recreational activities;
- Provide education SOT leadership.

### *Child Protection (US\$ 4,000,000)*

In 2009, the overall goal is to build upon the base of the 2008 psychosocial work and expand upon it, targeting a total of 3,000 children by training Jordanian professionals (social workers) in the Ministry of Social Development.

## SYRIAN ARAB REPUBLIC

### *Health, Nutrition and Water, Sanitation and Hygiene (US\$ 3,750,000)*

For 2009, the overall goal is to improve access to and quality of primary health services for 400,000 Iraqis and improve the provision/access to safe drinking water for 470,000 people in areas of high refugees' concentration, through the following activities:

- Increase immunization coverage among Iraqi refugee children under age five and women;
- Monitor the nutritional status of Iraqi refugee children in Syrian Arab Republic;
- Promote hygiene practices among 75,000 targeted Iraqi refugee children in schools;
- Raise awareness on health and nutrition issues to promote proper home care and increase the utilization of primary health-care services;
- Improve the availability and quality of adolescent primary health-care services in high-risk areas, with emphasis on girls;
- Drill, equip and connect to the network 10 new boreholes, benefiting 75,000 people.

### *Education (US\$ 8,000,000)*

For 2009, the overall goal is to help the education system cope with the large number of Iraqi children and adolescents in Syrian schools and increase the school enrolment of Iraqi children from 49,000 to 75,000, through the following key activities:

- Rehabilitate/supply education infrastructures (30 kindergartens and 145 new schools);
- Enhance the quality of education in schools (145 new schools and continuation in 323 schools);
- Provide remedial classes to 6,800 Iraqi and Syrian children and adolescents;
- Provide non-formal education, including registered, out-of-school children and children/adolescents with special needs;
- Provide education SOT leadership.

### *Child Protection (US\$ 5,650,000)*

For 2009, the overall goal is to increase protection and psychosocial support activities from 14,000 to 26,000 children, from 600 to 3,250 mothers, from 400 to 6,000 adolescents, as well as mental treatment activities from 2,000 to 4,500 beneficiaries, through the following key activities:

- Maintain existing child protection and psychosocial services structures: five child-friendly spaces, two adolescent-friendly spaces and three psychosocial support (PSS) and child protection multidisciplinary units;



- Develop new child protection and psychosocial service structures: ten child-friendly spaces, two adolescent-friendly spaces and two multidisciplinary units;
- Improve equal access to and provision of quality social services for 1,250 Iraqi children and adolescents;
- Expand collection, analysis and dissemination of UNICEF partners/inter-agency data and assessments on vulnerable Iraqi children, mothers and adolescents.

## LEBANON

### *Health (US\$ 438,700)*

For 2009, the overall goal is to provide community outreach health services for 4,000 Iraqi children and mothers through the following key activities:

- Vaccinate vulnerable children under age five (80 per cent of Iraqi children under age five);
- Undertake awareness campaigns for 500 women of childbearing age on the importance of mother and child health, including immunization, childhood diseases, infant feeding and nutrition in general, water, sanitation and hygiene, smoking etc.;
- Train community health workers;
- Provide maternal, neonatal and child health services as per the Safe Motherhood Initiative;
- Develop information, education and communication (IEC) materials on health life skills, infant and young child feeding (IYCF) practices and maternal, newborn and child health (MNCH);
- Enhance capacity of health-care workers and NGOs on health life skills, IYCF practices and sexually transmitted infections/HIV counselling and management.

### *Education and Child Protection (US\$ 650,000)*

For 2009, and in collaboration with the International Labour Organization (ILO), the overall goal is to develop integrated programmes focusing on the worst forms of child labour, pulling together experiences in the areas of vocational training, education and empowerment for 2,000 Iraqis and vulnerable Lebanese hosting communities.

## EGYPT

### *Health and Nutrition (US\$ 250,000)*

For 2009, the overall goal is to ensure that 12,000 Iraqi refugees and asylum seekers access decentralized subsidized comprehensive health care, through the following key activities:

- Support a network of health-care providers in the targeted locations;
- Provide psychosocial support (PSS) to affected Iraqi refugee children and mothers;
- Create social awareness about the importance of immunization, family care and breastfeeding;
- Support 'well-baby clinics' to provide expanded services, including antenatal and postnatal care, as well as rehabilitation of malnourished children;
- Provide primary health-care outreach programme for home-based support to 200 households with children under age five.

### *Education (US\$ 200,000)*

For 2009, the overall goal is to support the enrolment/retention in school of 4,000 children through the following activities:

- Train school managers and teachers in counselling and dealing with children in emergency situations, to enhance their capacity to meet children's educational and psychosocial needs;
- Provide institutional capacity-building to implementing NGOs aiming at establishing evening/make-up classes for children in their schools, in addition to providing learning materials.

# UNICEF HUMANITARIAN ACTION OCCUPIED PALESTINIAN TERRITORY IN 2009



Core Country Data	
Population under 18 (thousands)	2,095
U5 mortality rate*	28.2
Infant mortality rate*	25.3
Primary school enrolment ratio, (2005–2006, net)**	87.5
Primary school enrolment ratio, (2005–2006, gross)**	91.2
% U1 fully immunized (DPT3)*	98.7
% population using improved drinking-water sources*	87.8
% U5 suffering moderate and severe underweight*	3

Sources: *The State of the World's Children 2009*. \*Palestinian Family Health Survey, 2006, Final Report. \*\* Palestinian Central Bureau of Statistics, 2006

Since 27 December 2008, Israel's military offensive on Gaza has exposed the already vulnerable population to even more physical and psychological damage. As of 18 January 2009, 1,300 people were reported dead, more than 410 being children. Over 5,300 people had been wounded and some 38,000 people were seeking shelter from the violence in 41 United Nations Relief and Works Agency (UNRWA) centres. Basic services had almost completely collapsed. Children account for some 56 per cent of the population of Gaza and they carry the brunt of the suffering. Health, education, water and sanitation, and psychosocial needs are at critical levels, with a risk of further deterioration. In addition, the West Bank continues to suffer from the worst drought in 10 years impeding development and adding to the suffering of children there. UNICEF's humanitarian assistance programme will target 1.8 million children and 0.9 million women.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	9,508,650
Water, Sanitation and Hygiene	7,883,222
Education	8,313,600
Child Protection	11,494,850
Adolescents	5,027,700
<b>Total**</b>	<b>42,228,022***</b>

\* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other underfunded emergencies.

\*\* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

\*\*\* This amount includes the revised requirements of the CAP 2009 and the UNICEF Humanitarian Action Update (14 January 2009) in response to the Gaza crisis. The UNICEF requirements are likely to further increase as the humanitarians will most likely be granted access to conduct needs assessments in Gaza strip conflict areas.

## 1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

According to the Ministry of Health, as of 18 January 2009 a total of 1,300 people were killed and 5,300 injured since the beginning of the Israeli military operation in Gaza. During the same period, 410 children and 104 women were killed and 1,855 children and 795 women injured. The reason for the high increase in the death count is the identification of many anonymous bodies or bodies found under the rubble in areas previously not accessible. Such alarming numbers of children falling victims to the military operations are considered likely to grow. More than half (56 per cent) of Gaza's 1.4 million residents are children, and the military operations have unfortunately highlighted that there are no safe spaces in Gaza in which to take refuge. No recognized safe heaven can fully protect the children of Gaza, as they become the captive victims in an area where only a very few of the critically ill or injured are able to flee.

Even prior to the commencement of the most recent conflict indicators on children's well-being revealed corrosive trends. Child survival rates had stagnated since 2000.<sup>1</sup> Presently one in ten children is stunted, up from 7.2 per cent a decade ago.<sup>2</sup> The prevalence of anaemia among children aged 9–12 months is 61.6 per cent, and 29 per cent among pregnant women.<sup>3</sup> More than one in five children under age five suffers from vitamin A deficiency.<sup>4</sup> Basic education enrolment rates have dropped from 96.8 per cent in 2000–2001 to 91.2 per cent in 2006–2007 and learning achievement is plummeting. In 2008, only 19.7 per cent of 16,000 sixth-graders in Gaza passed standardized tests in Arabic, mathematics, science and English. At least 30 per cent of adolescents do not enrol in secondary school. Violence is prevalent and rising, even in homes and schools, and especially for children at risk or in conflict with the law. At end-August 2008, some 293 children, including 5 girls, remained in Israeli prisons and detention facilities and, among them, 13 children, including 2 girls, were being held in administrative detention (without charges or trial).

Gaza has remained virtually sealed off to the outside world, with only a trickle of people and goods entering and exiting the Strip, despite a truce declared with Israel on 19 June 2008. At least 51 people, including 11 children, died after denials or delays in accessing medical care outside of Gaza between October 2007 and July 2008,<sup>5</sup> and dozens of students with places in universities abroad have been refused exit permits. While the delivery of basic services has been a challenge the current emergency has exacerbated this. Shortage of drinking water and sewage overflows in residential areas are becoming an imminent public health danger. Much of the population is now dependent on their own stored water supplies and limited sales by private distributors. Incidental reports appear to indicate that some areas are cut off from any access to water for days on end, forcing some residents to brave the conflict to find limited quantities of drinking water for themselves and their families. Sewage overflows are most serious in northern Gaza and partners say they are increasingly concerned that a sewage lake will overflow into nearby communities. Movements of people or goods are reportedly increasingly dangerous, with growing fears of possibly high numbers of unexploded ordnance littering the areas where missiles and bombs have fallen. These lethal remnants of war pose a direct threat to children and their families.

Across the West Bank, the number of children injured by Israeli security forces during anti-barrier protests has risen sharply and attacks on Palestinians by Israeli settlers have intensified. Access and movement restrictions are literally strangling socio-economic life, with around 630 physical obstacles to movement at end-August 2008, compared with 376 when the Access and Movement Agreement was signed in November 2005. New procedures applied to the movement of UN agencies including searches of UN property, refusal to accept UN identification, and requiring UN Palestinian staff to walk through crossings pose significant challenges and costs to operations. Ongoing construction of the 723-kilometre barrier wreaks untold suffering and humiliation on children and their families. Access to basic services is especially challenging for residents in Area C, which is under full Israeli military and administrative control, communities in the 'Seam Zone' between the barrier and Green Line, and areas near Israeli settlements and military zones.

The intra-Palestinian divide has also proven lethal for children. Hamas has retained *de facto* control of Gaza since it wrested power in June 2007. Between July and September 2008, factional fighting in Gaza killed 5 children and injured at least 24. In August, the school year opened to a strike by education workers to protest transfers/removals of 'Fatah-affiliated' staff by the Hamas authorities in Gaza. Health workers followed suit, further straining an already overstretched system. Striking workers were immediately replaced by new staff, many of whom have not received proper training. Over 180 community-based organizations were shut down in July and August, including 10 UNICEF-supported adolescent-friendly learning centres. Two remain closed and confiscated equipment has not been returned.

The most severe drought in a decade is affecting poor rural communities from southern Hebron to as far north as Jenin. Average per capita consumption in hard-hit areas is as low as 15 litres per person per day, a tenth of the World Health

1 Palestinian Family Health Survey, 2006.

2 Palestinian Central Bureau of Statistics, 2007.

3 Nutrition Department/Ministry of Health/Palestinian National Authority, *Nutrition Surveillance System Report*, 2007.

4 Ministry of Health/Palestinian Authority and MARAM Project, 2004.

5 World Health Organization (WHO), *Access of Patients to Specialized Medical Services, Summary Situation, July 2007-July 2008*.









# UNICEF HUMANITARIAN ACTION SUDAN IN 2009



Core Country Data	
Population under 18 (thousands)	17,961
U5 mortality rate	109
Infant mortality rate	69
Maternal mortality ratio (2000–2007, reported)	550
Primary school enrolment ratio (2000–2007, net, male/female)	45/37
% U1 fully immunized (DPT3)	84
% population using improved drinking-water sources	70
Estimated adult HIV prevalence rate (aged 15–49), 2007	1.4
% U5 suffering from acute malnutrition*	14.8
% U5 suffering from chronic malnutrition*	32.5

Sources: *The State of the World's Children 2009*. \* Sudan Household Health Survey 2006

Major humanitarian challenges remain throughout Sudan and although recovery and development activities are taking place across the country, large pockets of humanitarian needs persist. The most notable is the ongoing crisis in Darfur. Disease outbreaks, lack of basic services, natural disasters and intermittent conflict affect communities in every part of the country. Post-conflict reconstruction, with an estimated 4 million internally displaced persons, is a daunting task. An estimated 16 million children under age 15 may require humanitarian support in 2009.

Summary of UNICEF Emergency Needs for 2009*			
Sector	North of Sudan	Southern Sudan	Total
	Area Programme		
Health and Nutrition	23,199,023	10,473,817	33,672,840
Water, Sanitation and Hygiene	27,987,108	15,000,000	42,987,108
Education	15,911,624	10,063,567	25,975,191
Child Protection	13,816,174	4,065,000	17,881,174
HIV/AIDS	3,085,000	1,600,000	4,685,000
Mine Action	687,765	687,765	1,375,530
Non-Food Items and Emergency Coordination	8,967,408	4,266,111	13,233,519
Communication and Advocacy	1,450,000	500,000	1,950,000
Planning	5,862,500	0	5,862,500
<b>Total**</b>	<b>100,966,602</b>	<b>46,656,260</b>	<b>147,622,862</b>

\* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other underfunded emergencies.

\*\* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

## 1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

2008 has been a challenging year in many areas of Sudan, with floods, threat of a malnutrition crisis and increased conflict worsening the situation in many vulnerable communities. Darfur remains the major humanitarian crisis in Sudan, with over 300,000 newly displaced since the beginning of 2008, bringing the total number of internally displaced persons (IDPs) in Darfur to 2.7 million. Fighting in Abyei and the subsequent displacement of 50,000 people required urgent intervention from UNICEF and partners. Risk of injuries from landmines and unexploded ordnance (UXO) remains high, with movement of returnees and IDPs further exacerbating the problem.

In April 2008, there was considerable concern that the nutritional situation would deteriorate significantly as we entered the height of the hunger gap period. Floods in 2007 led to failed harvests in many areas, resulting in food insecurity and high food prices. Insecurity on trade routes preventing food from reaching towns, and an increased number of returnees further aggravated the problem.

In mid-May, large-scale fighting broke out in Abyei town between the Sudan Armed Forces (SAF) and the Sudan People's Liberation Army (SPLA) causing the majority of the population to flee and UN agencies and NGOs to evacuate staff. Some 50,000 people were estimated to be displaced and in need of food and shelter, with a cumulative total of 317 vulnerable, separated, unaccompanied or missing children.

Epidemic diseases continue to affect the country. Over 12,000 cases of acute watery diarrhoea (AWD) were reported throughout Sudan. UNICEF provided essential drugs, including oral rehydration salts (ORS), for almost 8,000 people. One polio case was confirmed in the northern states, and six in Southern Sudan. A meningitis outbreak in Darfur prompted vaccination of 30,000 people.

Southern Sudan reports one of the highest maternal mortality ratios in the world and only 10 per cent of births are assisted by qualified personnel. Although no data are available, experience on the ground shows that the lack of qualified health workers has resulted in many antenatal and maternity services at health centres being run by traditional birth attendants (TBAs) or village midwives. In addition, a high number of mothers are delivering at home despite visiting health facilities for antenatal care (ANC). Data from UNICEF-supported health facilities show that about 34,600 women attended ANC in 2008 yet only about 2,700 (8 per cent) delivered in a health facility.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In response to fighting in the Abyei region, and working with partners in an environment of continued uncertainty and tension, UNICEF acted swiftly to address the needs of the displaced, providing non-food items (NFIs), safe drinking water and supplementary food to 50 per cent of the affected population, as well as supporting networks and reactivating schools to bring some normality to both the host and displaced children. An emergency vaccination campaign targeting 19,000 children achieved over 90 per cent coverage, ensuring that children were immunized against measles and polio. Vitamin A campaigns reached 85 per cent of the children. In addition, 212 out of 317 children estimated to have been separated in Abyei, were reunited with their families.

Health interventions over the year were both preventative and responsive. Response to outbreaks of measles, polio and AWD was ongoing in 2008, together with training of emergency health personnel and other preventative activities. As a precautionary response to four confirmed polio cases in three states of Southern Sudan and in West Darfur, five National Immunization Days were conducted in the north of Sudan targeting approximately 6.1 million children under age five, and in Southern Sudan over 2 million children under age five were targeted for rapid immunization in the affected states. Throughout Southern Sudan, three polio rounds have taken place, reaching 3 million children and achieving over 100 per cent coverage. In addition, over 3.3 million children were vaccinated against measles throughout Sudan. UNICEF responded to nutrition concerns through close monitoring and prepositioning of supplies, providing therapeutic care for almost 22,000 children (86 per cent of target coverage) mainly in Darfur and for almost 14,000 children (55 per cent of target coverage) in the vulnerable states of Southern Sudan.

Throughout Sudan, access to improved drinking-water facilities increased, was re-established or was sustained for over 2.5 million IDPs, returnees and host communities or other vulnerable communities. In addition, access to safe means of excreta disposal increased, was re-established or was sustained for over 100,000 schoolchildren, IDPs, returnees and host communities. As part of AWD prevention, UNICEF supported the continuous chlorination of water supply and hygiene promotion in the northern states, benefiting close to 4 million people.

In the north of Sudan, a total of 496,142 children (47 per cent girls), including nomadic children, registered as first-grade students, exceeding the annual target of 300,000 children. In the Darfur states alone, 126,619 children (69,923 boys and 56,696 girls) started their school life. A total of 913 classrooms were constructed for approximately 68,000 children and 328,116 children (143,299 boys and 123,817 girls) now have access to one meal a day at school through the Food for Education programme in collaboration with the World Food Programme (WFP). Throughout Sudan, over 1.5 million students and teachers benefited from school supplies, including education emergency stock and school tents that had been prepositioned in key locations. In the north of Sudan, 3,054 primary schoolteachers have been trained in basic subjects, child-centred learning, HIV and life skills, which will increase the quality of education of approximately 230,000 students, whilst in Southern Sudan an additional 1,400 teachers have been recruited.

Over 1,200 children have benefited from the services provided by Family and Child Protection Units that are operated by police forces in five states in the north of Sudan, with a further nine units in the pipeline. An awareness campaign on female genital mutilation (FGM) and prevention of child recruitment has so far reached over 2.5 million people. A national strategy for child reintegration has been prepared, and over 120,000 vulnerable children and young people benefited from psychosocial services, enhanced protection, and reintegration support, including education and vocational/livelihood opportunities.

A total of 1.3 million non-food items (NFIs) – blankets, sleeping mats, plastic sheets and jerrycans – were procured, which will benefit some 190,000 households, including 581,000 children in the north of Sudan. Furthermore, 4,000 mosquito nets, 2,000 NFI kits (with supplies for a family of five) and cooking sets were distributed to vulnerable and displaced communities following localized conflict in Gogri, Southern Sudan.

As the lead agency in the Task Force for the Sudan Information Campaign for Returns, UNICEF provided coordination and technical guidance on the development of educational materials, which were distributed to 1.6 million IDPs, returnees, host and receiving communities to enable them make informed decisions about their own movement, health, protection and well-being.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

As sector lead for water, sanitation and hygiene (WASH), education and child protection, and co-chair with the World Health Organization (WHO) for health and nutrition activities, UNICEF plays a key role in the coordination and implementation of emergency activities. Close collaboration and partnerships continue with relevant government bodies and numerous international and national NGOs.

#### Linkages of HAR with the Regular Programme

UNICEF's humanitarian actions link closely with early recovery interventions, which lead directly into planning for longer-term development work. In line with government priorities, there has been a shift in programming to increase focus on recovery and development to complement humanitarian projects. However, humanitarian funding is still greatly needed, particularly for health and WASH programmes. UNICEF's programmes include preparedness for emergencies, such as conflict-related displacement, drought, floods and epidemics, which contribute to the overall goals of advocating for the protection of children's rights, helping to meet their basic needs and expanding their opportunities to reach their full potential.

Sudan is still an unstable environment in which to work and, in 2009, with the elections taking place and the increasing risk of small and large-scale conflict, the overall emergency programme goal is to ensure critical preparedness and response with prepositioning of supplies and contingency plans in place.

#### Health and Nutrition (US\$ 33,672,840)

For 2009, the overall goal is to minimize the impact of the ongoing crisis on the health and nutritional status of children under age five and to ensure that pregnant women in affected areas are identified and provided with micronutrient supplementation.

In the **north of Sudan**, the health and nutritional status of 4.8 million children under age five and 986,000 pregnant women, including IDPs across the 15 states, will benefit from the following key activities:

- Continue co-supporting Government, together with WHO, for the coordination and implementation of emergency activities in health and nutrition;
- Provide an integrated package of high-impact health and nutrition interventions, including immunization, micronutrient supplementation, deworming, provision of long-lasting insecticidal nets (LLINs) and health and nutrition messages for 90 per cent of children under age five;
- Facilitate growth monitoring, promotion, referral and treatment for acute malnutrition as part of the routine accelerated child survival initiative (ACSI) in focus states, covering at least 30 per cent of children under age five;
- Undertake routine immunization of 90 per cent of children under age five against diphtheria, pertussis, tetanus, hepatitis B, *Haemophilus influenzae* type b, measles, tuberculosis and polio; administer tetanus toxoid (TT) vaccine to 55 per cent of pregnant women in high-risk localities, and three doses of TT vaccine to women of childbearing age in high-risk areas;
- Distribute essential drugs and equipment, including antibiotics and oral rehydration salts (ORS) for primary health-care service delivery;
- Provide midwifery and safe delivery kits to enable safe delivery for 350,000 pregnant women and provide emergency obstetric care for 3,000 pregnant women experiencing complications during birth in three focus states;
- Train approximately 1,500 health-care workers to strengthen the capacity of local health systems to identify and manage childhood illness;
- Train 1,200 village midwives and other health workers in basic midwifery practice to provide antenatal, safe delivery and postnatal care, and increase emergency obstetric care coverage by 10 per cent in focus states;
- Support the implementation of 15 nutrition surveys, assessments and evaluations;
- Train over 1,200 nutrition personnel and service providers of Ministry of Health and NGOs in the identification and treatment of severe malnutrition and essential nutrition package messages;
- Provide technical and material support to roll out community-based treatment of malnutrition in focus states, targeting approximately 25,000 children with severe malnutrition.

In **Southern Sudan**, 3 million vulnerable women and children in all 10 states will benefit from the following key activities:

- Procure and preposition emergency supplies and kits, including mosquito nets, for 3 million vulnerable women and children (90 per cent coverage);
- Engage in capacity-building of early response teams and communities;
- Immunize 90 per cent of children under age five against measles; and administer at least two doses of tetanus toxoid (TT) vaccine to 50 per cent of pregnant women in all counties and at least three doses of TT vaccine to 80 per cent of women of childbearing age through selected campaigns;
- Support facility- and community-based screening and referral to treatment for acute malnutrition and monitoring of infants and young children's nutritional status;
- Provide therapeutic food and medical supplies to health facilities implementing inpatient care for severely acute malnourished children;
- Provide ready-to-use therapeutic food for 30,000 children and pregnant/lactating women (60 per cent coverage) to support community-based management of severe malnutrition;
- Support capacity development for institutionalization of facility- and community-based management of acute malnutrition within the primary health-care system;
- Promote early initiation of breastfeeding and exclusive breastfeeding in the first six months of life by training health workers and mother support groups, and integrate with neonatal care;
- Provide vitamin A supplementation for children aged 6–59 months through National/Subnational Immunization Days (NIDs/SNIDs) and routine immunization services; promote multivitamin and mineral powders for children under age five (80 per cent coverage);
- Support localized nutrition surveys and nutritional surveillance activities of the Ministry of Health at central and state levels;

- Provide a comprehensive package of maternal and neonatal health and nutrition care in at least 50 per cent of antenatal care (ANC) centres in the seven focus states;
- Train 50 per cent of midwives providing services in the targeted primary health-care centres/hospitals in basic emergency obstetric care.

### **Water, Sanitation and Hygiene (US\$ 42,987,108)**

For 2009, the overall goal is to contribute to the reduction of children's morbidity and mortality due to water, sanitation and hygiene-related diseases. As the sector lead, UNICEF will support the Government to coordinate sector response and ensure timely interventions.

In the **north of Sudan**, some 2.6 million IDPs, refugees, and vulnerable people (64 per cent of target population) will be reached through the following key activities:

- Ensure operation and maintenance of 598 water schemes; rehabilitate/construct 1,455 boreholes and construct a further 158 water schemes at schools for 63,200 children;
- Construct 30,500 household latrines and sanitary facilities at 179 schools for 71,600 children, including hygiene education and sanitation awareness;
- Train 10,425 community members and local government agencies in operation and maintenance of water and sanitation facilities, hygiene promotion, latrine construction, management of water facilities, and water quality monitoring;
- Promote hygiene education and awareness in local communities to complement existing water and sanitation services.

In **Southern Sudan**, some 305,000 IDPs, students, and vulnerable communities will be reached through the following key activities:

- Construct 100 water points in rural/returnee host communities and a further 80 in schools and health centres; rehabilitate 340 existing water points;
- Construct 220 institutional toilets in schools and health centres and 17,000 household toilets;
- Train 500 WASH committees (60 per cent women) to ensure an effective operation and maintenance system is in place to support the sustainability of new and existing safe water and sanitary facilities in rural/urban communities.

### **Education (US\$ 25,975,191)**

For 2009, the overall goal is to provide equitable access to quality basic education and secondary education for children and adolescents.

In the **north of Sudan**, a total of 640,000 conflict-affected children/adolescents and 5,000 teachers will benefit from the following key activities:

- Support 440,000 conflict-affected, displaced, disadvantaged and hard-to-reach children, especially girls, through the establishment and construction of 2,500 learning spaces and low-cost classrooms and the rehabilitation of some 2,000 classrooms, and through enrolment campaigns;
- Procure and distribute basic educational materials for 250,000 primary schoolchildren;
- Train 5,000 primary schoolteachers in basic subjects, child-centred learning approaches, child-friendly school initiatives, girls' education, HIV/AIDS, life skills and peace education;
- Strengthen and enhance community participation through the development and training of 2,110 parent-teacher associations (PTAs) ;
- Provide alternative learning opportunities, including accelerated learning programme (ALP) for 200,000 young people out of school who missed basic education opportunities;
- Engage in capacity-building of state Ministries of Education to enable them respond to the massive demand for education and provide effective education services, especially in conflict-torn areas. In coordination with other UN agencies, donors and partners, strongly advocate increased investment in education by the Government of Sudan.

In **Southern Sudan**, 2 million schoolchildren in primary and ALP classes (40 per cent girls) will benefit through the following key activities:

- Procure supplies, including 70,000 Southern Sudan student kits, 35,000 teacher kits, 1.5 million schoolbags for children in lower primary school, 3,500 recreational kits and 6 million exercise books;
- Preposition adequate educational materials for emergency response;
- Develop a practical guide for operationalizing the education in emergencies capacity-building strategy in Southern Sudan.

### **Child Protection (US\$ 17,881,174)**

For 2009, the overall goal is to provide a protective environment for Sudanese children and to strengthen capacities to protect children from violence, abuse, exploitation, neglect and the effects of conflict.

In the **north of Sudan**, over 2.5 million people and vulnerable children will be reached through the following key activities:

- Strengthen coordination mechanisms on child protection for information-sharing, strategy-setting and coordination among the various actors and stakeholders involved in prevention, response and accountability for the protection of children at all levels;
- Monitor and report on violations against children's rights and strengthen advocacy with government authorities/stakeholders and armed groups at national/state level on violations against children's rights, including within the mechanism established by Security Council Resolution 1612;
- Raise awareness of over 2.5 million people on specific child protection issues through communication, information and education (IEC) programmes;
- Ensure that 1,500 children and women in contact with the law, including survivors of gender-based violence, benefit from enhanced legal systems, psychosocial support and child-friendly procedures within the police;
- Ensure that over 150,000 vulnerable children and young people benefit from psychosocial care, enhanced protection, family reunification and reintegration support, including education and vocational/livelihood opportunities;
- Train at least 1,000 government and NGO staff and community members working with children on child rights and various protection issues;
- Ensure that 1,000 children (out of an estimated 6,500 children) associated with armed groups are released and provided with reintegration opportunities, including education and vocational training;
- Support the prevention, identification, tracing, care and family reunification of over 500 unaccompanied/separated children.

In **Southern Sudan**, at least 60 per cent of separated, unaccompanied and orphaned children will have access to psychosocial support, including prevention and response to sexual abuse in emergency situations, through the following key activities:

- Procure and preposition child protection emergency supplies for 1,000 separated and unaccompanied children and survivors of rape;
- Train professional staff from NGOs and state Ministries for Social Development working with children to monitor, report and respond to cases of child sexual abuse and to the needs of unaccompanied, orphaned and separated children in emergencies;
- Support the identification, registration, family tracing and reunification of separated, unaccompanied and abducted children in emergency-affected areas;
- Ensure that at least 60 per cent of unaccompanied, orphaned and separated children have access to psychosocial support services in areas affected by complex emergencies;
- Provide humanitarian assistance and reunification support to children and women associated with the Lord's Resistance Army (LRA) forces;
- Support communities affected by LRA and armed conflicts to establish child protection mechanisms, such as identification of and reporting on missing and/or abducted children and raise awareness of parents and communities on the risk of recruitment and use of children by armed groups;



- Support community-based organizations (CBOs), NGOs and communities to provide protection and reintegration services to 10,000 children at risk and children victims of violence, abuse and exploitation;
- Build the capacity of CBOs and NGOs to carry out the identification, registration, family tracing and reunification of children without primary caregivers, including IDPs and refugees;
- Provide psychosocial, legal and medical support to at least 60 per cent of children reported as victims of sexual violence, abuse and exploitation.

### **HIV/AIDS (US\$ 4,685,000)**

For 2009, the overall goal is to provide young people with information, skills and access to youth-friendly services, including voluntary and confidential counselling and testing services and routine counselling and prevention of mother-to-child transmission of HIV (PMTCT) services for pregnant women.

In the **north of Sudan**, 10 million young people, women and vulnerable children will be reached through the following key activities:

- Implement and scale up PMTCT services for 80,000 pregnant women through support to 16 PMTCT centres, including the provision of running costs for centres, on-the-job training for PMTCT staff and community mobilization to increase PMTCT uptake;
- Construct an extension to the existing paediatric treatment centre in Omuderman teaching hospital benefiting about 500 children;
- Implement HIV/AIDS life skills curriculum in the general education system of North Sudan reaching 500,000 young people in school; and implement prevention programmes targeting young people out of school through new and innovative programmes reaching a minimum of 4 million youths;
- Develop and disseminate key messages that cover all service delivery areas (prevention, care, treatment and support for people living with HIV/AIDS) through printed materials and broadcasted messages (radio and TV), reaching an estimated 5 million people.

In **Southern Sudan**, 5 million women, young people and vulnerable children will be reached through the following key activities:

- Develop and disseminate behaviour change communication (BCC) messages and materials related to HIV and PMTCT;
- Procure HIV test kits and antiretroviral (ARV) prophylaxis;
- Develop/strengthen PMTCT systems and services, which will facilitate the scaling-up of PMTCT services to 20 antenatal care sites, including the development and dissemination of PMTCT guidelines and training materials;
- Provide education on HIV/AIDS prevention, modes of transmission and living with people who are HIV-positive through participatory life skills activities.

### **Mine Action (US\$ 1,375,530)**

For 2009, the overall goal is to provide mine-risk education (MRE) to 250,000 individuals, including children, and to strengthen national capacities in MRE, through the following key activities:

- Provide MRE to communities, targeting 150,000 individuals;
- Train 2,000 teachers to provide MRE in schools, benefiting over 50,000 children; review, design and distribute MRE materials for four key beneficiary categories;
- Establish surveillance system and strengthen data collection on mine/UXO victims;
- Support national authorities and NGOs assume greater responsibility in managing, coordinating and implementing MRE through systematic training and provision of equipment.

### ***Non-Food Items and Emergency Coordination (US\$ 13,233,519)***

For 2009, the overall goal is to enhance the capacity of national, central and state level actors to respond to natural and man-made emergency outbreaks within 30 days of occurrence and to increase access to emergency-affected populations, including IDPs, returnees and host populations.

In the **north of Sudan**, 240,000 conflict- and disaster-affected households (1.44 million individuals), including 735,000 children, will be supported through the following key activities:

- Coordinate with Non-Food Item (NFI) Common Pipeline partners;
- Procure all NFIs<sup>1</sup> for the Common Pipeline in North Sudan<sup>2</sup> targeting 240,000 households, and distribute through NFI Common Pipeline.<sup>3</sup>

In **Southern Sudan**, some 125,000 displaced persons, host communities and impoverished persons will benefit from the following key activities:

- Procure, preposition and distribute NFIs;
- Enhance protection of 125,000 IDPs and vulnerable populations against health hazards, such as malaria, water- and sanitation-related diseases and acute respiratory infections;
- Support a centralized NFI supply line in Jonglei and Upper Nile that ensures smooth procurement and transport of NFIs to central hubs;
- Establish emergency team sites to enable emergency preparedness and response for 50,000 people.

### ***Communication and Advocacy (US\$ 1,950,000)***

For 2009, the overall goal is ensure that 500,000 IDPs have accurate and timely information to enable them make informed decisions about their return options through the following key activities:

- Produce 15 radio programmes on areas of return and related issues and broadcast daily through Khartoum state Radio and two other radio stations in the North to inform IDPs on the situation in their prospective areas of return;
- Produce, distribute and disseminate information, education and communication (IEC) materials, including printed materials and audiovisual documentaries;
- Produce and distribute information about the rights of community members to remain or return to places of their choice; inform on safety and security en route and on the availability of social services and means of livelihood and reintegration issues at final places of return for 250,000 returnees in Southern Sudan.

1 One plastic sheet, two jerrycans, two blankets and two sleeping mats for each household.

2 In the north of Sudan, over 90 per cent of NFI needs for emergency response in Darfur and other states are met by the NFI Common Pipeline.

3 In the north of Sudan, UNICEF's primary responsibility in the NFI Common Pipeline partnership is procurement of all NFIs. The UN Joint Logistics Centre is responsible for coordination/identification of target beneficiaries with the Office for the Coordination of Humanitarian Affairs (OCHA) and pipeline partners, while CARE International is responsible for logistics and monitoring and evaluation (M&E).



## 1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

The conflict in Sa'ada Governorate, which is 240 kilometres from the capital Sana'a, started in 2004 and has been ongoing despite many mediation efforts. The latest ceasefire was declared in June 2008. Of the Governorate's population of 700,000, it is estimated that over 130,000 are displaced throughout the region, mainly in seven camps or with host families within and around Sa'ada. Women and children comprise a high percentage (over 70 per cent) of those affected and dwelling in the camps. With the destruction of many basic facilities, such as health, nutrition and education across the Governorate, access to services is affected. Opportunities for many livelihoods have diminished due to the conflict, and poverty levels have risen.

The global trend of increasing food prices during 2008 has severely affected Yemen – one of the poorest countries in the region. This situation is exacerbated by key health and nutrition indicators for women and children, which are already some of the worst in the world. The Family Health Survey (2003) showed stunting at 53 per cent, wasting at 12.4 per cent (120,000 children under age five are severely wasted) and underweight at 45.6 per cent. The 2006 World Food Programme/ UNICEF survey conducted in five districts indicated anaemia to be 81.5 per cent among children under age five; 73.1 per cent among pregnant women; and 83 per cent among lactating women. Children under age five are the most vulnerable segment of the population and are more at risk of malnutrition when availability and access to food are compromised at the community level.

A strong tropical storm blew across southern Yemen in the last week of October 2008 and hit the two south-east Governorates of Hadramout and Al-Mahara. Sixty-eight deaths were reported, 2,000 houses damaged and over 100 institutions affected, including infrastructure such as power and phone lines, roads and water systems in various locations of the two Governorates. Some 25,000 to 30,000 people (3,500 families) have been displaced with the overall number of persons affected (especially those whose livelihoods were destroyed) rising to 700,000. A total of 79 health facilities, including hospitals and health centres, and 14 schools comprising 62 classrooms were partially or severely damaged in both Governorates. Seventy-five per cent of the damage was sustained by the Wadi region of Hadramout, mainly the historic area of Seyoun. A rapid assessment undertaken by a joint UN team in the immediate aftermath of the storm confirmed that around 20,000 to 22,000 people were displaced. The priority needs are food, clean water, prevention of waterborne diseases and repair of damaged water systems, medicines, shelter, and restoration of livelihoods and rehabilitation of basic services, like schooling, as flood victims have taken shelter in public buildings including schools. The World Bank's assessment of the damage to infrastructure and shelter will complement the joint UN team assessment on humanitarian needs.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

After a rapid assessment undertaken in Sa'ada Governorate by a joint UN team during cessation of hostilities in May–June 2007, UNICEF worked through local and international NGOs on the ground in the areas of nutrition, water, sanitation and hygiene, education and protection. Partners included the Charitable Society for Social Welfare (CSSW), Yemeni Red Crescent, Islamic Relief, the Charitable Society of Yemeni Doctors, and Sa'ada Women's Association. Following training of health staff in the main government hospital, NGOs and volunteers in the management of severe acute malnutrition at community and facility levels and with the establishment of three outpatient therapeutic centres, 1,029 children under age five were screened, 158 referred to the outpatient therapeutic programme (OTP) and 17 to therapeutic feeding centres.

In water, sanitation and hygiene (WASH), 32 latrines and 5 wash basins were constructed in the two camps serving mainly women and children. Twenty-four volunteers were trained in correct hygiene practices in order to reach internally displaced persons (IDPs). The distribution of blankets and shoes benefited 1,814 young children and 847 children aged 1 month–12 years in time for the onset of winter. School kits and bags benefited 40,000 students. Awareness-raising sessions on girls' education, early marriage and child trafficking were organized for 3,000 parents in the camps. Psycho-educational support was provided to 400 internally displaced children and literacy skills and awareness on child protection issues to 100 internally displaced girls.

As regards child protection, a psychosocial needs assessment of children, adolescents and families was undertaken as well as field research on children affected by armed conflict, which will form the basis for future programme interventions. First-level psychosocial interventions targeting displaced children have been undertaken in early 2008.

For the ongoing crisis precipitated by high food prices, UNICEF focused its efforts on addressing the management of severely acutely malnourished children under age five through the establishment of community therapeutic care (CTC) centres with the aim to go to scale within the next year. Based on the 2003 Pan Arab Project for Family Health (PAPFAM) survey, some 120,000 children nationwide are estimated to be severely acutely malnourished. UNICEF supported the Government in

developing its Emergency Nutrition Action Plan mid-2008, which includes the establishment of 13 therapeutic feeding centres (TFCs) offering inpatient care in main referral hospitals nationwide and outpatient therapeutic programmes (OTPs) in each of the country's 334 districts. Capacity-building of health professionals and community volunteers is part of the strategy. In October 2008, an international nutrition expert trained 180 key government health professionals, university professors, NGOs (CSSW), hospitals and health centres. The establishment of OTPs and TFCs will be prioritized in Governorates experiencing emergencies such as Hadramout, al-Mahara and Sa'ada, as well as those with the highest severe acute malnutrition indicators. UNICEF is procuring partial quantities of ready-to-use therapeutic food (RUTF) needed for a six-month period, drugs, therapeutic milk and rehydration solutions for complicated malnutrition cases as well as anthropometric tools to go to scale with interventions. Furthermore, within the next six months, UNICEF will be facilitating the local production of RUTF in Yemen, thus considerably reducing future production and freight costs.

In the two flood-affected Governorates of Hadramout and Al-Mahara, UNICEF is taking the lead in the nutrition, WASH, education and child protection sectors. To this end, UNICEF is providing supplies for 1,000 families, including 50 water tanks (2m<sup>3</sup> capacity), 7,500 blankets, 2,000 twenty-litre jerrycans, 1,000 plastic jugs for water, 2,600 hygiene kits and 900 boxes of water purification tablets (containing 9 million tablets). The prevention of waterborne diseases is a key lifesaving priority in the immediate emergency phase. Distribution is undertaken through government systems and selected NGOs, such as the Yemeni Red Crescent, with reliable networks on the ground. UNICEF is advocating for available impregnated mosquito nets to be redirected from current Ministry of Health supplies to malaria-prone areas in the two Governorates. The need to repair water systems in rural areas is another priority. Seventy-two tents are being provided for temporary learning spaces (schools) pending Government decision to establish camps for IDPs without shelter, or continue to allow people to live in the schools until homes are repaired in affected areas. Initial supplies, such as 70 'school-in-a-box' kits and basic stationery are also being provided for affected schoolchildren.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

The UN Emergency Planning and Response Team chaired by the World Food Programme (WFP) on behalf of the UN Resident Coordinator is the main UN coordination mechanism. Cluster-based approach principles are currently being followed by the concerned UN agencies working with Government and civil society organizations in emergency situations. The official adoption of the approach will be formalized as soon as the joint UN Emergency Contingency Plan is finalized.

#### Linkages of HAR with the Regular Programme

The activities proposed above in all three scenarios are accelerated interventions from the regular programmes of young child survival and development, education and protection, and are adapted for the particular situation. They will contribute to the key results of the Regular Programme.

UNICEF supports activities in the different emergency scenarios detailed above. Those for Hadramout complement the activities contained in the UN response plan for immediate and early recovery. UNICEF's overall goal in emergencies is to contribute in collaboration with key partners to ensuring that women and children access their rights to basic services and protection.

#### Health and Nutrition (US\$ 950,000)

For 2009, the overall goal is to minimize the impact of the ongoing crisis on the health and nutritional status of children under age five and to ensure that pregnant women in affected areas are identified and provided with micronutrient supplementation. Some 200,000 IDPs (25,000 in Hadramout and 170,000 in Sa'ada), host communities and impoverished persons will benefit from the following key activities:

- Procure and distribute essential emergency drugs and equipment to cover the needs of the 200,000 IDPs during three months;
- Continue supporting the three therapeutic feeding centres and 16 OTPs previously established; establish 11 new TFCs and 338 OTPs for the management of 120,000 children suffering from severe acute malnutrition;

- Train 44 trainers and 660 doctors and nurses in the management of severe acute malnutrition in OTPs; 20 doctors and 40 nurses in the management of complicated cases of severe acute malnutrition in TFCs; and 6,000 community volunteers in screening for severe acute malnutrition at household level;
- Support the implementation of nutrition surveys (one in February and one in August 2009) in five areas of Yemen;
- Procure and administer twice a year vitamin A to all children under age five (8 million doses);
- Engage in social mobilization campaigns to promote appropriate infant and young child feeding behaviour as well as immediate and exclusive breastfeeding.

### **Water, Sanitation and Hygiene (US\$ 220,000)**

For 2009, the overall WASH aim is to ensure that children and women have safe and reliable access to culturally appropriate, secure, sanitary and user- and gender-friendly sanitation facilities and that they receive critical information on how to prevent child mortality, especially from diarrhoeal disease; and to ensure sanitation facilities for 20 per cent of affected schools in Hadramout and access to clean drinking water and sanitation facilities among 10,000 to 14,000 IDPs (2,000 families) and returnees in Sa'ada. Specific actions include, but are not limited to:

- Set up effective leadership for WASH cluster/inter-agency coordination, and ensure children's and women's special needs regarding water, sanitation and hygiene are met through the recruitment of an international WASH specialist for a six-month period;
- Ensure that women and children have safe and reliable access to sufficient water of appropriate quality and quantity for drinking, cooking and maintaining good hygiene;
- Undertake water treatment at household level among returnees facing drinking-water problems in Sa'ada Governorate through the provision of household water filters;
- Support hygiene promotion in accessible schools and returnee communities, especially among returnees, local councillors and influential leaders, and provide hygiene kits;
- Construct/rehabilitate gender-responsive sanitary facilities in 30 schools in Sa'ada, giving priority to girls' schools (benefiting approximately 1,000 girls);
- Promote hygiene education and hygiene awareness programmes in these 30 schools and neighbouring communities in Hadramout in order to complement existing water and sanitation services.

### **Education (US\$ 780,000)**

For 2009, the overall goal is to create a network of stakeholders and partners in education that are active in emergency situations by (a) establishing coordination mechanisms with education partners to support Government; (b) raising awareness on the cluster-based approach/tools and standards among partners; and (c) setting up monitoring and evaluation mechanisms with education partners.

#### **Conflict in Sa'ada**

For 2009, the overall goal is to respond to the educational needs of 50,000 internally displaced and returnee children and 500 teachers in Sa'ada through the following key activities:

- Supply basic scholastic materials, including notebooks, pencils and erasers, for 50,000 primary schoolchildren;
- Procure and distribute recreational kits and school supplies for 25,000 children;
- Train 500 primary schoolteachers, with particular attention to psycho-educational support, HIV/AIDS prevention and peace education in collaboration with relevant agencies;
- Build the capacity of local education authorities to conduct needs assessments, supply distribution and monitoring;
- Distribute self-learning materials for 3,000 internally displaced children.

### **High food prices**

For 2009, the overall goal is to raise awareness and highlight the negative impact of high food prices on school enrolment in Yemen. Some 500 school councils involving parents and school personnel of 10 Governorates will benefit through the following key activities:

- Conduct impact assessment in selected Governorates to get a field evidence base of the impact of food prices on enrolment and retention of children in schools, especially girls;
- Engage in advocacy activities highlighting the impact of high food prices on enrolment and retention rates in schools and finding local solutions to address the consequences of early drop-out, such as early marriage and trafficking;
- Organize advocacy meetings with the Girls' Coordination Councils in 22 Governorates to develop local plans in partnership with civil society organizations and private sector to minimize the impact of high food prices.

### **Child Protection (US\$ 100,000)**

For 2009, the overall goal is to scale up psychosocial response to at least 5,000 children affected by the conflict in Sa'ada and the floods in Hadramout through the following key activities:

- Set up a network of professionals involved in psychosocial interventions (based on the Young Men's Christian Association (YMCA) model in the Occupied Palestinian Territory). The network would become the basis for a referral system to monitor abuse;
- Set up at least five child-friendly spaces;
- Support recreational and psychosocial activities for at least 5,000 children.

Other child protection interventions in Sa'ada:

- Advocate for child rights, including the implementation of the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict;
- Raise awareness on the impact of traditional practices, such as early marriage;
- Undertake a rapid assessment on child trafficking;
- Support the registration of at least 5,000 children;
- Support the identification, registration and family tracing of unaccompanied minors;
- Advocate for the care and protection of orphaned and other vulnerable children;
- Undertake capacity-building of at least 90 service providers in using play therapy.