



Keziah Vatoko (7 yrs) who is in class 3 at École Publique Centre Ville is excited to open her Unicef backpack.

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for every child

Humanitarian Situation Report No. 1

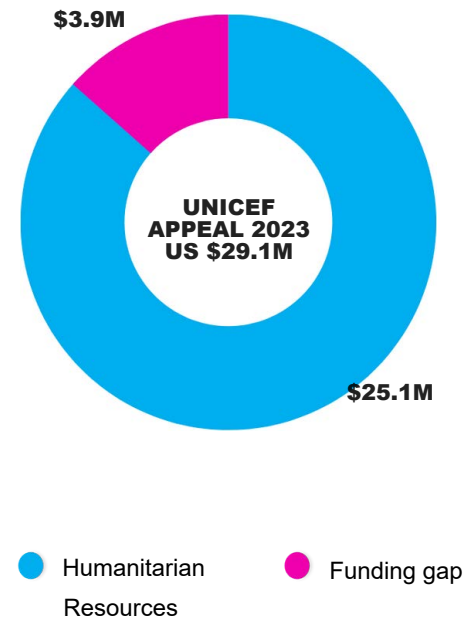
Reporting Period
1 January to 30 June
2023

East Asia and Pacific Region

HIGHLIGHTS

- East Asia and the Pacific remains the most disaster-prone region in the world. More than 210 million children are highly exposed to cyclones; 140 million to water scarcity; and 120 million to coastal flooding. During the first half of 2023, the region has experienced multiple storms and cyclones, earthquakes, volcanic eruptions and drought, alongside protracted conflict and civil unrest, which have displaced people from their homes and disrupted their access to basic services.¹
- UNICEF prioritised delivery of life-saving assistance in response to Tropical Cyclones Judy and Kevin in Vanuatu, the dzud in Mongolia, the ongoing post-election violence in Papua New Guinea, and the growing humanitarian needs along the Thai-Myanmar border. UNICEF has also responded to outbreaks of polio and typhoid, alongside the ongoing COVID-19 response, food shortages, malnutrition and water scarcity. UNICEF East Asia and Pacific Regional Office has also provided substantial support to Myanmar for the response to the ongoing humanitarian crisis and the compounding impacts of Cyclone Mocha.
- 1.85 million children received Vitamin A supplementation in Democratic People's Republic of Korea (DPRK), Mongolia and the Pacific region. 8.26 million children were vaccinated against measles in DPRK, the Pacific, Philippines and Thailand. 8.88 million children were vaccinated against polio in DPRK, Indonesia and Philippines.

FUNDING STATUS (IN US\$)**



UNICEF continued supporting governments and partners across the region to strengthen shock responsive systems and structures. This holistic disaster risk management approach includes building local and national capacities for: climate and disaster risk analysis; emergency preparedness and child-, gender- and disability-inclusive humanitarian action; as well as strengthening programming within the humanitarian-development-peacebuilding nexus.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

East Asia and the Pacific remains the most disaster-prone region in the world. Children born in the region today are experiencing a six-fold increase in climate related disasters compared to their grandparents. Over the last 50 years, the region has witnessed 11 times increase in floods; 4 times increase in storms; 2.4 times increase in droughts and 5 times increase in landslides. Over 210 million children are highly exposed to cyclones; 140 million children are to water scarcity; and 120 million children to coastal flooding.²

Several countries situated along the Pacific Ring of Fire are prone to earthquakes, volcanic eruptions and tsunamis. The region is also significantly affected by the negative impacts of climate change, with more frequent and more intense cyclones, floods and droughts. In 2023, cyclones and severe storms have impacted Myanmar (Mocha), Vanuatu (Judy and Kevin) and the Philippines (Mawar (Betty), Nalgae (Paeng) and Dodong). The El Niño weather phenomenon is anticipated to further increase the risk of widespread drought and extreme weather events across the region. Drought-critical areas have already emerged in Papua New Guinea's Enga and Southern Highlands provinces while Viet Nam is anticipating widespread drought in the next 12 months.

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More than 1.8 million people in Myanmar are internally displaced due to protracted conflict and violence. Adding complexity to the humanitarian situation, Cyclone Mocha made landfall in Myanmar on 14 May. An estimated 3.4 million people live in the areas most affected by the Cyclone, including an estimated 1.2 million people displaced by violence. Access for children and their families to essential services such as health, protection, nutrition, water, sanitation and hygiene, and education is severely constrained. The humanitarian community estimates more than 500,000 individuals in the states and regions most impacted by the cyclone need humanitarian assistance.

The situation along the Thai-Myanmar border remains critical due to ongoing outbreaks of violence in Myanmar which have prompted villagers and internally displaced people (IDPs) to seek refuge in Thailand. The Royal Thai Government has established temporary safe areas along the border; however, many choose to stay in open areas without access to services. Almost 10,000 people, including at least 3,000 children, were staying in five temporary safety areas in Mae Hong Son province following an influx in mid-June 2023. The steady increase in both number of refugees and their length of stay has created additional needs for services for children.

The Pacific region faced various humanitarian challenges, including droughts, disease outbreaks, and natural hazards such as floods, earthquakes, and tropical cyclones. Vanuatu was hit by two category 4 tropical cyclones, Judy and Kevin, in March 2023, causing significant damage to infrastructure and shelter and disrupting essential services including access to clean water, nutrition and health services. Almost half the population were affected – 148,981 people, including an estimated 58,000 children aged under 15 years – with the provinces of Shefa and Tafea hardest hit. Kiribati is facing a severe drought due to low rainfall and increased salinity in water sources. More than 94,000 people, approximately 79 per cent of the population, have been affected. Drought also posed challenges in responding to the typhoid outbreak in Tuvalu. Tuvalu also experienced a second wave of COVID-19 community transmission in June 2023.

In the Philippines, alert level 3 was triggered on 8 June for Mayon Volcano. As a precautionary measure 20,134 persons have been evacuated, of which 18,706 are staying in designated evacuation centers and may remain displaced from their homes for months. The country has also been hit by three cyclones and severe storms during the reporting period, while ongoing skirmishes in Mindanao continued to cause instability and community displacements.

Extreme winter weather in Mongolia, known locally as dzud, caused severe food shortages and left herder families struggling to afford basics. According to the Government's June report, 14 of Mongolia's 21 provinces have been affected and 3.2 million livestock have perished, with vast implications for herding families and their children's wellbeing. As a result, 213,000 people, including 80,000 children, required humanitarian aid, including food, access to health facilities and hygiene items. The Democratic People's Republic of Korea (DPRK) is also facing major food scarcity aggravating existing food insecurities. Government restrictions and border closures have impacted UNICEF's ability to monitor the situation and effectively respond to the needs.

In Papua New Guinea, violence related to the 2022 general elections has continued in the Highland regions in 2023 and the situation remains volatile after the withdrawal of the Defence Force from the conflict area in April 2023. Meanwhile, tensions over resources in the Enga, Hela and Southern Highlands provinces have escalated resulting in more than 400 deaths, affecting an estimated 265,000 people and displacing more than 21,000 people into other provinces. Internally displaced people had limited access to WASH, food, education and health services, including basic first-line care. Eleven of 33 schools in Porgera, Enga province, remain closed due to violence.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

In response to both ongoing and emerging crises, UNICEF in East Asia and the Pacific has prioritised working with national and local partners to ensure the delivery of life-saving assistance in line with the Core Commitments for Children in Humanitarian Action. UNICEF has provided substantial support to Myanmar for the response to the ongoing humanitarian crisis and the compounding impacts of Cyclone Mocha, and to the growing humanitarian needs along the Thai-Myanmar border. Despite significant funding constraints, UNICEF continues to support life-saving programmes in the Democratic People's Republic of Korea (DPRK), focused on addressing major stockouts and limited availability of health and nutrition supplies, as well as completing key water supply projects. In the Pacific region, UNICEF is playing a critical role in supporting the governments and communities of Kiribati, Tuvalu, Vanuatu, Republic of the Marshall Islands, Federated States of Micronesia, and Samoa in their response efforts. Following Tropical Cyclones Judy and Kevin, UNICEF's response plan allocated USD 5 million to furnish crucial assistance to affected children for both response and initial early recovery needs, and staff were deployed to support government coordination, assessments and response across the WASH, Health, Nutrition, Education and Protection sectors.

National governments have led the responses to a number of smaller-scale emergencies across the region, with UNICEF providing strategic and targeted support to ensure the humanitarian needs of the most vulnerable are being adequately addressed. In all countries, UNICEF also continues to provide essential support to COVID-19 prevention and recovery programmes, and is gradually transitioning this work into its regular development programming and operations.

The following provides a summary of UNICEF's programme response in Cambodia, DPRK, Indonesia, Laos PDR, Malaysia, Mongolia, the Pacific, Papua New Guinea (PNG), the Philippines, Thailand, Timor Leste and Viet Nam.³

CAMBODIA

HEALTH

UNICEF supported procurement and delivery of 498,240 doses of Pfizer-BioNTech COVID-19 vaccine in collaboration with the COVAX facility.

WATER, SANITATION AND HYGIENE (WASH)

A joint project, led by IOM, supported COVID-19 prevention at all seven target points of entry along the Cambodia-Thailand border in Battambang, Banteay Meanchey and Oddar Meanchey province. WASH support included distribution of hygiene and cleaning supplies, operation and maintenance training, and promotion activities for officials, migrant workers and passengers at the border which reached 1,050 people (281 female).

UNICEF supported the Department of Hospital Services to strengthen equitable, inclusive and integrated routine immunization and COVID-19 vaccination. Training on infection prevention and control and the WASH Facility Improvement Tool was provided to 25 health staff from provincial health departments, operational districts and district referral hospitals from three provinces of Kratie, Ratanakiri and Preah Vihear. These core trainers will cascade training down to health centre level to improve quality of care.

National data on WASH in health centres was collected via an online self-assessment tool (ona.io) for operational districts down to health centres. Around 90 per cent of health centres nationwide have provided data so far. In the absence of a national monitoring system, this online tool provides basic data that can be used to monitor WASH in health facilities.

SOCIAL PROTECTION

UNICEF continues to support implementation of the national Cash Transfer Programme (CTP) for vulnerable people affected by COVID-19, implemented since July 2020. The CTP covers 705,799 households or around 2.8 million individuals. In late 2022, two temporary additional national programmes were introduced to respond to floods (covering 99,169 households) and inflationary pressures (covering 495,119 households). UNICEF provided technical support to strengthen digital and implementation capacities of national partners for these programmes.

UNICEF continued supporting national partners to implement eligibility screening for the social assistance programmes, with 2,096,134 IDPoor individuals identified as being in receipt of at least one round of COVID-19 vaccination. With ECHO support, and in collaboration with WFP, UNICEF initiated the development of the shock-responsive complement to the family package of four core cash transfer programmes that will be introduced in 2024. The work on this complement is a part of the Shock-responsive Social Protection Framework endorsed by the Government of Cambodia.

SOCIAL AND BEHAVIOUR CHANGE COMMUNICATIONS (SBCC) AND ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

UNICEF made significant strides in enhancing access to COVID-19 information and vaccination for targeted populations, particularly in remote and hard-to-reach areas. Throughout the reporting period, UNICEF shared findings from 2022 rapid community coverage assessments with subnational authorities in eight provinces, with the aim of addressing barriers and responding to feedback from missed populations. This helped to build trust and increase demand for COVID-19 vaccination among target populations as well as improve program responsiveness and social accountability. In total, UNICEF Cambodia was able to reach and engage 1,231,490 individuals, including 619,989 women, 326,443 children, 183,360 ethnic minorities, and 16,278 people with disabilities.

UNICEF engaged with media and developed social media messaging was developed through daily insights from Talkwalker, UNICEF's social listening platform, to inform and educate Cambodians about COVID-19 vaccination which reached 6,439,021 people and contributed towards the country's vaccination achievements.

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA (DPRK)

HEALTH

UNICEF's work in the health sector in DPRK continues to focus on reducing the risk of epidemic-prone outbreaks by filling critical gaps in child immunization that have been created by long periods of vaccine stock-outs since 2020. A second catch-up immunization campaign, using vaccines delivered to DPRK by UNICEF in late 2022; ensured that 358,180 children were vaccinated with BCG; 296,310 children received a second dose of Pentavalent vaccine; 78,333 children were vaccinated with polio vaccine; and 104,221 children received their first dose of measles-rubella vaccine, while another 154,712 children received their second dose of the vaccine to provide full immunity. A total of 149,463 pregnant women received a first dose of Td vaccine. As a result of the most recent campaign, every child in DPRK who had never received BCG vaccine has now been fully immunized and efforts continue to scale up routine immunization services for other antigens.

Essential medicines including amoxicillin and gentamicin to treat up to 15,000 children are being distributed through the UNICEF supported programme.

Cold chain equipment was distributed to 224 sites in March 2023, including provincial and county medical warehouses, Ri- (village) level hospitals and clinics in 13 provinces. The upgraded cold chain system is anticipated to benefit nearly one million children and women through ensuring access to properly stored vaccines.

The 7,300 immunization doctors trained last year on micro-planning and managing the vaccination campaign have now rolled out training to “household doctors” in their respective areas of the country in early 2023.

The CO has also worked to accelerate planned support to maternal health facilities to ensure women, adolescent girls and newborns can access quality life-saving and high-impact maternal and neonatal health services. After delays caused by prolonged border closures, 250 hospitals have now received essential maternal health equipment including labour beds, gynaecological examination beds, examination lights, infusion stands, and instrument tables. Two hospitals providing comprehensive emergency obstetric and newborn care services received extra equipment, including patient monitors, ultrasound machines, operating lights, phototherapy machines, resuscitation tables, warmer systems, incubators, and electrocardiogram machines.

NUTRITION

With continuing concerns over possible food shortages in DPRK, UNICEF concentrated its efforts on ensuring a pipeline of nutrition supplies to support children and women affected by acute malnutrition. Regular distributions of ready-to-use therapeutic food to treat 6,580 children have been taking place to Community Management of Acute Malnutrition (CMAM) sites, while child health days held in May saw an estimated 1.5 million children under the age of five years receive vitamin A for the first time in two years. Therapeutic milk supplies to treat 3,456 severely acutely malnourished children have been distributed to CMAM sites since April – the first time in two years that therapeutic milk has been available to the nutrition programme in DPRK. Distribution of multiple micronutrient powders for the nutritional supplementation of 456,000 children aged 6–23 months, also delivered to DPRK this year, is underway.

WATER, SANITATION AND HYGIENE (WASH)

Ensuring that communities and facilities supporting the health and wellbeing of children have access to clean water and adequate sanitation remains a priority. While prolonged border closures since 2020 have prevented work being completed on several programmes in target provinces, 50 out of 76 rail wagons of supplies (water supply pipes and fittings) for community and facility-based programmes have now been delivered to final project locations. Work to complete 11 water supply projects with these supplies is now underway.

INDONESIA

HEALTH

UNICEF supported polio outbreak responses in three provinces after four Acute Flaccid Paralysis (AFP) cases with circulated Vaccine Derived Polio Virus 2 (cVDPV2) were identified in Aceh (3 cases) in November 2022 and West Java (1 case) in March 2023. Eleven healthy children with cVDPV2 were also identified in these two provinces.

The outbreak response was led by the MoH with technical support from UNICEF and WHO. More than 6.5 million children aged under 13 years were targeted in Aceh, North Sumatra and West Java provinces to receive two doses of novel Oral Polio Vaccine type 2 (nOPV2) between December 2022 and June 2023. In Aceh, the second round of the Polio response was implemented from January to March, targeting 1.2 million children aged under 13 years and reaching 1,153,310 (95% coverage). In North Sumatra, two rounds of outbreak response were implemented, targeting 1.3 million children aged 0-59 months and reaching 1,294,171 (96% coverage) in the first round and 1,276,852 (95% coverage) in the second. In West Java, two rounds of outbreak response were implemented from April to June targeting 3.9 million children aged 0-59 months, reaching 3,834,634 (96% coverage) and 3,676,799 (92% coverage) children respectively. UNICEF supported MoH to conduct a readiness assessment on vaccine and logistics preparations as well as social and behaviour change for demand generation in the three provinces.

WATER, SANITATION AND HYGIENE (WASH)

UNICEF provided technical support to businesses and innovators to develop sustainable, safe WASH products and services that strengthen the long-term resilience of children and their communities. UNICEF continued its support to the INCUBITS innovation hub, established with the Government of Indonesia (GoI) in 2021, to strengthen business and community resilience in WASH and emergency contexts. Six innovation challenge winners received technical support early in the year to explore the potential for their innovations to be commercialized sustainably. Another five young people received technical assistance to develop innovations ranging from the use of solar panel technology to address water challenges in the emergency context to the creation of hand sanitizer from starfish extracts.

UNICEF also supported GoI to mobilize businesses through the WASH4Work initiative to improve access to safely managed, climate and disaster-resilient WASH facilities and services in the workplace and in communities, including those in disaster-prone areas. Building on the WASH landscape study in 2022, UNICEF and GoI developed the WASH4Work guidance with contributions from 150 participants at a one-day industry consultation event in May 2023. As a result, the WASH4Work initiative has been positively accepted by the private sector and was introduced at the subnational level in Aceh Province in May and July 2023.

SOCIAL PROTECTION

UNICEF has been collaborating with GoI to implement Adaptive Social Protection (ASP) to connect the role of social protection with disaster management and climate change adaptation in responding to and mitigating disasters and other climate shocks and risks. The Ministry of

Planning has included ASP in the 2025–2045 Long-term National Development Plan and is drafting the ASP technical guidelines with the involvement of National Agency for Disaster Management. In July, the Ministry of Villages conducted a series of trainings for village officers to allocate village funds in post-disaster rehabilitation and reconstruction and climate change adaptation under the framework of Adaptive Social Protection. The training was conducted in Yogyakarta Province covering Sleman, Bantul and Kulon Progo districts. Meanwhile, the Ministry of Social Affairs has designed the Lumbung Sosial programme, a village-level emergency response unit to maintain the availability of food and equipment needed to respond to shocks. UNICEF advocated for cash transfers in the form of child benefits to be included in the Lumbung Sosial programme by facilitating coordination with the conditional cash transfer programme (Family Hope or PKH).

LAO PDR

HEALTH

UNICEF supported implementation of an Electronic Immunization Registry system which will strengthen data collection and reporting for more effective COVID-19 vaccination program monitoring in Lao PDR. The registry system was piloted in Hadsaifong district, Vientiane Capital and a training was conducted at the district hospital, which was the first occasion when government and development partners had access to the system together with the district staff. UNICEF provided technical support and feedback related to enhancement of the application. UNICEF also supported hands on Training of Trainers (ToT) on usage of the system for 134 staff (82 male, 52 female) from all 18 provincial health offices.

UNICEF strengthened the cold chain system through recruitment of five cold chain technicians who will assist MoH to install 776 items of cold chain equipment across 18 provinces. Five teams have been deployed and 141 units have been installed across four provinces in the reporting period. Two large (40 m³) walk-in cold rooms were installed at central level which can easily accommodate 3-4 million doses of vaccines. Two additional small (10 m³) walk-in cold rooms have been installed at provincial health offices in Xayanbuly and Xeingkuang. These two provinces will now act as regional cold chain hubs for management of the cold chain system.

EDUCATION

As part of COVID-19 recovery, UNICEF continued to provide extensive support to the Ministry of Education and Sports (MoES) to address learning loss and supplementary learning materials and teacher guides were created to support numeracy development. Across 536 primary schools in eight target districts, 43,920 students in grades 1 to 5 received numeracy posters for learning mathematics developed by MoES. Nationally, 7,481 grade 5 teachers and 839 teacher training college (TTC) trainers received Grade 5 teaching booklets for new Grade 5 mathematics textbooks.

UNICEF also supported TTCs with training in mathematics and the use of the Khang Panya Lao online and offline digital platform and learning tools. Some 85 mathematics teacher trainers and 80 demonstration school teachers from all eight TTCs were trained and will cascade their knowledge of the digital learning platform and tools to the remaining 674 TTC colleagues.

Psychological first aid and mental health and psychosocial support (MHPSS) training for core trainers was conducted to support greater access to gender- and age-appropriate mental health and psychosocial support programmes in schools and learning environments. The trainers from MoES were upskilled to understand risks, triggers and symptoms of mental health issues and how to listen to children with anxieties.

WATER, SANITATION AND HYGIENE (WASH)

UNICEF supported the government to strengthen warehouse management for WASH supplies which will support emergency preparedness and disaster risk reduction. Improvements were carried out on four government-owned regional warehouses, and warehouse management training for seven warehouse staff (5 male, 2 female) was also conducted.

UNICEF focused on activities to mitigate risks for flood-prone communities. Training and workshops were conducted for 40 participants (33 male, 7 female) from three southern provinces (Savannaketh, Saravane, Attapeu). In collaboration with the Lao Red Cross, 65 people (48 male, 17 female) from 12 villages in two provinces were targeted for community-based capacity building. Guidelines on flood resilient sanitation design were developed for use by masons to facilitate latrine construction in flood-prone communities. Guidelines for designing child-friendly and inclusive evacuation centres were also developed.

MALAYSIA

HEALTH

UNICEF, with support from the Government of Japan, worked to strengthen the cold chain and support “last mile” delivery of COVID-19 vaccines to underserved communities in Malaysia to ensure equitable vaccine access for indigenous and rural communities. Procurement of cold chain equipment and vehicles, which was delayed in 2022 due to global supply chain disruptions and changes in government leadership, was completed and delivered to the MoH by mid-June 2023. Thirteen state health authorities received logistical support for delivery of vaccines which included 1,080 emergency backpacks, 1,900 protector cases and 13 vehicles. These items are being used to extend COVID-19 vaccination as well as other routine immunizations to underserved remote communities. The MoH medical team also provided integrated medical services, including dental, nutrition, maternal and child health, and health screening as part of the outreach programme.

Thirteen state health care facilities received 30 vital sign monitors and 100 defibrillators to better equip medical personnel to monitor adverse reactions to vaccines; and 175 laptops to support government efforts to register vaccine recipients and facilitate contact tracing, self-quarantine and booking COVID-19 vaccination appointments.

MONGOLIA

HEALTH

UNICEF is working to ensure that children in dzud-affected areas have uninterrupted access to essential medicines and health services through functional health facilities. UNICEF provided essential medicines, including cold/flu medicines, antibiotics and vitamins, to dzud-affected soum health centers, and also procured 120 Interagency Emergency Health Kits, containing basic medicines, medical devices and supplies, which are being distributed to remote health centres in areas in need.

NUTRITION

In response to the increased risk of malnutrition and respiratory diseases during the dzud, UNICEF supported the MoH and the National Centre for Public Health to procure and distribute high-dose Vitamin A supplements for 350,000 children aged 6-59 months to strengthen their immune systems, prevent measles outbreak and improve their chances of survival.

EDUCATION

UNICEF distributed 3,000 portable digital audio devices pre-loaded with audio lessons to 3000 dzud-affected herder households with school children in grades 1-12 to ensure continuous access to learning opportunities while unable to attend school.

WATER, SANITATION AND HYGIENE (WASH)

In partnership with the Mongolian Red Cross Society, UNICEF locally procured 797 family hygiene (dignity) kits for dzud- and flood-affected households. By end of June, 500 households had received the kits which will serve approximately 2,500 people.

SOCIAL PROTECTION

In response to the Government's request for assistance from the humanitarian community, UNICEF worked with the Government to identify target beneficiaries for a non-conditional cash assistance intervention. This included herder households from the dzud-affected provinces and soums with children aged under five years, children living in dormitories in dzud risk areas with less than 200 livestock, elderly citizens with underlying health conditions, and low-income households outside of the social protection system. Four hundred dzud-affected households were supported with emergency cash payments of USD 106 in the five most remote soums (80 households each) out of the eight dzud-affected soums. UNICEF supported soum governors' offices to monitor the conditions of herding families cut off by heavy snowfall.

As one of the most effective programs of the shock-responsive social protection system, UNICEF successfully advocated to return the child money program to universal eligibility after it was redesigned as a targeted approach in January 2023. It was amended back to universal allocation starting from 1 July 2023 with reimbursement available to those who missed out under the targeted program.

Beyond supporting the Government's dzud response, UNICEF provided financial and material support to a nationwide Earthquake command exercise and drill led by the State Emergency Commission and National Emergency Management Agency.

PACIFIC MULTI-COUNTRY OFFICE

HEALTH

In Tuvalu, UNICEF provided technical advice and assistance to support the MoH and WHO to respond to a typhoid outbreak. One UNICEF consultant is fully established in Tuvalu to provide support to the MoH for emergency and development actions. Tuvalu also experienced a second wave of COVID-19 community transmission in June 2023 resulting in one death. UNICEF supported MoH to operationalise its COVID-19 vaccination programme including by training volunteers to identify and vaccinate the unvaccinated population.

After Tropical Cyclones Judy and Kevin disrupted health services in Vanuatu, UNICEF supported government and partners to reach more than 2,000 children in the affected provinces with maternal and child health services and continues to support the rollout of a measles catch-up campaign.

In the Republic of the Marshall Islands and the Federated States of Micronesia, UNICEF provided support to coordinate responses to measles outbreaks. UNICEF supported the health departments and MoH to conduct measles catch-up campaigns to address gaps in measles immunity in the community that may have been missed by routine immunisation. Government efforts to convene stakeholders and develop coordinated strategies reflect its commitment to effective and efficient health response measures.

NUTRITION

In Vanuatu, nutrition services were disrupted by Tropical Cyclones Judy and Kevin. UNICEF conducted a nutrition orientation session for the Vanuatu Family Health Association (VFHA) to address nutrition interventions during emergencies. Through subsequent outreach, 402 children residing in the outer islands of Tafea province, including Aneityum, Erromango, Aniwa, and Futuna Islands, have been provided with measles catch up immunization, malnutrition screening, Vitamin A and albendazole. Implementation of the nutrition response is ongoing through orientation of nurses and provision of essential supplies. For example, 25 nurses and interns received orientation training and essential supplies to provide nutrition services to children attending hospitals.

CHILD PROTECTION (INCLUDING SGBV AND PSEA)

In Vanuatu, 10,500 children and 4,500 parents, caregivers and community members in the provinces affected by the twin cyclones were supported through the Child Protection in Emergencies (CpiE) package. UNICEF provided a two-day training on PSEA and child safeguarding to 19 civil society partner organisations prior to the cyclone emergency reaching 1,137 women and girls and 885 men and boys. Some 2,022 affected people were reached with psychosocial support and integrated CPIE (1,375 were children aged under 18 years).

UNICEF supported the Child Protection Subcluster to develop a standard operating procedure for emergencies and messaging and resources to promote child protection, PSEA and safeguarding in emergencies. Additionally, UNICEF provided training materials and supplies to support child-friendly spaces and psychosocial support activities. UNICEF has been involved in reviewing key documents related to gender and protection analysis, national recovery plans, research terms of reference, and SBCC inception reports.

EDUCATION

In Vanuatu, where tropical cyclones caused significant damage, UNICEF has been actively supporting education during crises. UNICEF provided technical assistance to the Ministry of Education and Training (MoET) to review training materials for MHPSS for school principals and teachers adding guidelines on supporting the wellbeing of children with disabilities during emergencies. All schools, including early childhood centres, primary, secondary, and post-secondary institutions, have been fully reopened in Vanuatu under the coordination and support of the Education Cluster in which UNICEF played a key role through technical guidance and support. In the aftermath of the cyclones, UNICEF Vanuatu mobilized Field Office staff to support the response and was one of the first partners to release educational materials to enable children to continue their learning. Temporary learning spaces – 48 tents and 63 tarpaulins – were released to MoET in March and April followed by 42 school-in-a-box sets, 44 ECD kits and 3,747 backpacks containing basic stationary supplies reaching a total of 4,000 children.

UNICEF increased its focus on ECD after the cyclones, considering the unique vulnerabilities and needs of young children in emergencies. Need for a holistic assessment of ECD, including education, WASH, protection, health and nutrition sectors, was highlighted in the post disaster needs assessment and has been included in the country's recovery plan and current efforts to mobilize and channel resources to rebuild more resilient services for young children and their families.

WATER, SANITATION AND HYGIENE (WASH)

In Vanuatu, UNICEF swiftly responded to the cyclones by providing WASH Household kits (including hygiene kits and collapsible water tanks) to affected communities to ensure access to safe drinking water and improved sanitation. Hygiene kits benefitted 17,689 people (8,898 male, 8,791 female), 12,749 people (6,411 male, 6,338 female) received key hygiene messages, and 7,366 women and girls were reached with menstrual hygiene management products and messaging. UNICEF also partnered with local NGOs to provide support to affected communities and schools.

UNICEF assisted the Department of Water Resources (DoWR) to implement technical assessments and address immediate WASH infrastructure needs. DoWR also carted water to evacuation centres for families sheltering there which helped restore access to clean water and functional sanitation facilities for 35,098 people (17,650 male, 17,448 female).

In Kiribati, a severe drought has impacted communities, leading to water scarcity and increased risk of waterborne diseases. UNICEF responded by supplying WASH kits to communities on South Tarawa and outer islands, such as Maiana, Kanton and Betio, which benefitted approximately 500 people from 100 families. Additionally, UNICEF improved WASH access in schools and provided training programs. To strengthen water resource management and drought response, UNICEF is procuring groundwater monitoring equipment, portable desalination units and drinking water quality monitoring equipment.

In Tuvalu, UNICEF responded to drought by providing WASH and COVID-19 kits, collapsible water tanks and purification tablets. UNICEF partnered with a local CSO in Tuvalu in supporting the National Disaster Management Office to distribute hygiene kits and install water filters on four islands enabling more than 5,400 people in Funafuti and the outer islands to practice improved hygiene practices and treat limited drinking water. More than 5,000 people were reached by advocacy and awareness-raising activities in schools and communities using IEC materials provided by UNICEF promoting hygiene and water conservation messages. The same key messages were broadcast by radio and SMS blast reaching more than 10,000 people.

SOCIAL PROTECTION

In Vanuatu, UNICEF is supporting the government to design an inclusive HCT programme to provide vital assistance during emergencies addressing the specific needs of women, girls, and people with disabilities. Government funded HCT is expected to benefit 66,000 households across the country.

SOCIAL AND BEHAVIOUR CHANGE COMMUNICATIONS (SBCC) AND ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

In Tuvalu, UNICEF supported the MoH to respond to typhoid, dengue and COVID-19 second wave outbreak. Radio messages on typhoid and dengue were refined to ensure messages were holistic and covered all aspects of hygiene and prevention. IEC materials on COVID-19, dengue and typhoid were also developed and 1,800 copies of posters were printed and distributed across Tuvalu, reaching around 7,000 people with awareness messaging. UNICEF trained 20 volunteers (8 female, 12 male) from its CSO partners Live and Learn and Tuvalu Red Cross and another 30 food handlers and vendors (19 female, 11 male) on typhoid prevention measures.

In Kiribati, UNICEF engaged more than 2,000 people in COVID-19 prevention dialogues and generated demand for paediatric COVID-19 vaccines in the context of the drought response. UNICEF supported the MoH to organise community outreach programmes in South Tarawa

at kava bars, bingo, and school drama competitions. UNICEF also conducted orientation and sensitization sessions with 200 school teachers, community members, church leaders and media organisations.

In Vanuatu, UNICEF supported the National Disaster Management Office to create cyclone response messaging on child protection, GBV, PSEA, hygiene, nutrition and back to school issues. These messages were developed into radio messages and posters, reaching an estimated 100,000 people. UNICEF also provided inputs to a national post-disaster survey that focussed on timeliness of assistance to people, feedback mechanisms and readiness of evacuation centres. The initial survey results are being analysed.

In Tonga, in the recovery phase after the volcanic eruption and tsunami, UNICEF conducted an orientation session on SBCC and AAP principles and approaches with eight key officials (3 female, 5 male) of the National Emergency Management Office (NEMO). This orientation was the continuation of UNICEF's support to strengthen NEMO's capacity in DRR. The orientation focussed on SBCC models, community engagement and human centred approaches and AAP.

PAPUA NEW GUINEA (PNG)

HEALTH

UNICEF distributed 70 Interagency Emergency Health Kits and 10 supplementary kits (including midwifery supplies, antibiotics and first aid) to cater to the needs of the displaced populations in the Enga, Hela and Southern Highlands (SHP) provinces. Public health in emergency training was conducted in Enga and SHP focusing on integrated health services with routine immunization both in preparedness and response for 30 health care workers (15 women, 15 men) and 40 village health assistants (19 women, 21 men). Twelve communities in SHP and 16 communities in Laiagam/Sirunki district of Enga province are implementing integrated services in coordination with the Provincial Health Authority with technical support from UNICEF.

UNICEF supported integration of COVID-19 vaccination into primary healthcare and routine immunisation in selected provinces as well as supporting the Ministry of Health in forecasting and procurement of COVID-19 vaccine through the COVAX facility.

CHILD PROTECTION (INCLUDING SGBV AND PSEA)

Community-based MHPSS activities were carried out in partnership with Child Fund to strengthen and restore resilience and prevent GBV and violence against children. UNICEF completed GBV service mapping in partnership with Child Fund and the Child Protection Cluster and shared a service provider directory with cluster members. UNICEF also supported the introductory training for community-based helpers (similar to UNICEF's psychological first aid but contextualized for PNG) in Enga and Eastern Highlands Province. The training was delivered to 40 first responders (23 women, 17 men) from family support centres, village courts, youth groups and faith-based organisations.

EDUCATION

Funding was secured to support remote learning for students of 49 schools impacted by violence in the three provinces. The home learning and booster packs were re-printed and distributed to 13,500 students (6,345 girls, 7,155 boys) in the 49 project locations in partnership with ADRA students and Catholic Dioceses. In addition, 337 teachers (172 women, 165 men) completed training on how to use home learning and booster packs to mitigate lost learning opportunities. Schools in Southern Highlands and Enga provinces received 25 sets of school-in-a-box and recreational kits to setup temporary learning spaces along with seven large tents, 23 small tents and 19 tarpaulin rolls. A total of 1,300 parents/caregivers (780 women, 520 men) received training on parenting in emergencies.

WATER, SANITATION AND HYGIENE (WASH)

Improved water sources and handwashing facilities were installed in 216 schools in NCD, Madang, Morobe, Western and Sandaun provinces benefitting 35,843 students (17,205 girls, 18,638 boys). In addition, more than 1,990 primary/elementary school children (1,008 girls, 982 boys) now have access to gender-segregated accessible WASH facilities installed in eight schools in Nawaeb and Bogia.

UNICEF procured and distributed 301 hygiene kits, including menstrual kits, to promote healthy, hygienic practices for more than 1,500 internally displaced people (678 female, 822 male) in Jiwaka and Western Highland provinces.

ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

UNICEF developed a new community feedback mechanism and trained implementing partners to systematically collect data and feedback from affected populations. Development of a feedback dashboard is underway.

PHILIPPINES

HEALTH

UNICEF supported national emergency preparedness through the development of policies and resources to mainstream disaster risk reduction management in health. Working with the Health Cluster and the Department of Health, a policy was developed to guide local leadership and governance as well as a manual of operations for a national training summit. UNICEF has also produced manuals and learning videos to enhance health in emergencies following a national workshop in 2022. UNICEF supported the nationwide measles-rubella (MR) and oral polio vaccine (OPV) supplemental immunization campaign for children aged under five years. Through UNICEF vaccine procurement, risk communication community engagement and field level monitoring, 8.1 million children (84% of the target) and 2.3 million children (82%) were vaccinated for MR and OPV, respectively. As part of the multi-sector response to COVID-19, 10 tents and 28,000 items of personal protective equipment were distributed to three hospitals, while 4,000 masks were provided to schools in Bangsamoro

Autonomous Region in Muslim Mindanao (BARMM) to increase student safety.

NUTRITION

UNICEF supported the Nutrition Cluster to develop the national strategic plan for nutrition in emergencies (NiE), map capacity in 17 regional clusters, expand cluster membership, revise terms of reference for members and working groups, and to conduct trainings for health providers. A total of 3,241 children aged under 5 years were screened and 843 pregnant and lactating women were provided with maternal nutrition and infant and young child feeding (MNIYCF) information and services. Training supported 179 health service providers to improve their skills and knowledge on NiE, MNIYCF, family malnutrition screening, and outpatient management of acute malnutrition.

UNICEF continued to provide technical and coordination support to the government for climate events including El Niño, STY Mawar (Betty), TD Dodong, STS Nalgae (Paeng) and ongoing actions for the Mayon Volcano eruption. UNICEF donated and delivered 200 cartons of F75 therapeutic milk and therapeutic complex of vitamins and minerals to support regular programs for treating wasting and filling critical supply gaps.

CHILD PROTECTION (INCLUDING SGBV AND PSEA)

Collaborating with local partners, typhoon-prone communities in three regions benefitted from UNICEF-supported preparedness and readiness activities while the deployment of trained protection monitors and psychological first aid providers will reduce, detect, and address protection risks. Some 1,180 individuals in humanitarian situations received community-based MHPSS, 154 staff were trained in MHPSS and 'do no harm' strategies, and messaging on prevention and access to services reached 145,967 people. In BARMM, 13,083 individuals affected by STS Nalgae (Paeng) benefitted from MHPSS, while 418 school and day-care personnel were trained on psychological first aid. Another 132 vulnerable children, including survivors of CP-GBV cases and children with disabilities, were referred to frontline workers for services. Finally, 6,441 caregivers and community members received CP, GBV risk mitigation, and PSEA orientations, and 232 children and adolescents re-issued birth certificates.

UNICEF is better integrating PSEA into programming and operations. Seven webinars for 71 UNICEF staff (34 male, 37 female) and 172 CSO partners (54 male, 118 female) reinforced SEA reporting procedures and assistance to survivors, SEA risk assessment, and incorporating a PSEA indicator. A newly formed task team is also supporting the strengthening of PSEA in preparedness and response plans while a community of practice for CSO partners was established to increase PSEA capacities.

EDUCATION

UNICEF supported the Education Cluster to develop and implement a plan to strengthen core cluster mandates and subnational cluster capacity. This improves education resilience through integrating early childhood, non-formal, technical, vocational, higher, and adult education in cluster programs.

UNICEF continued its Digital Learning Recovery Programme for 53 Southern Leyte and 43 Dinagat Islands schools affected by STY Rai (Odette). A total of 143 teachers (73 male, 70 female) were trained on the School in a Bag and Learning Passport in Dinagat, and hub devices were distributed. An additional 25 temporary learning spaces were provided in Caraga benefiting 577 preschool children, and 310 ECD kits catered to about 6,200 learners.

For the Mayon Volcano unrest, a total of 16 temporary learning spaces, 1,000 student kits and self-learning modules were distributed in Albay for schools used as evacuation centres and the mandatory learning camps during the school break.

Meanwhile, STS Nalgae (Paeng) response in BARMM delivered 20 temporary learning spaces, 5,000 student kits, 150 teacher kits, and 6,000 face masks to learners. To support early learning and development, UNICEF delivered 20 ECD kits, 120 Learn from Home kits, and training for 60 child development workers on the Teach from Home modules.

WATER, SANITATION AND HYGIENE (WASH)

UNICEF WASH preparedness for the CERF funding for Anticipatory Action (AA) was strengthened to ensure continuous access to safe water and hygiene for around 10,000 people in nine local government units in Catanduanes and Northern Samar.

SOCIAL PROTECTION

UNICEF continues its technical advisory role to strengthen shock-responsive social protection, which includes refining the AA use of HCT via the vertical expansion of the government's flagship social safety net program along with other UN agencies under the CERF AA. UNICEF monitored the Mayon Volcano unrest and coordinated with the Department of Social Welfare and Development to monitor the need for HCT programming from partners. UNICEF contributed to the harmonization of cash and voucher assistance indicators of the Post-Distribution Monitoring Indicators Task Force, incorporating innovative indicators on the environment.

SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION (SBCC) AND ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

UNICEF supported selected local government units in the Catanduanes and Northern Samar to develop communication and community engagement plans for local emergency preparedness. Nine municipalities and 18 barangays were provided with communication materials such as family preparedness booklets. Discussions were initiated with 27 local government units on strengthening feedback mechanisms for affected communities to raise issues, concerns, and questions, especially during emergencies.

UNICEF submitted a proposal for the third year of the CERF AA Pilot to support 21,000 families across nine municipalities in the provinces of

Catanduanes and Northern Samar with cash top-ups, WASH, nutrition, child protection, and SBCC.

THAILAND

HEALTH

UNICEF Thailand has been working in catchment areas to ensure access to life-saving vaccines. In the period between December 2022 and June 2023, 3,164 migrants were immunized against COVID-19. A total of 782 children aged under 5 years old have completed the full doses of the vaccine series and 3,465 children aged under 5 years old have completed all doses of EPI vaccinations at one year of age.

CHILD PROTECTION (INCLUDING SGBV AND PSEA)

UNICEF, in partnership with Help Without Frontiers (HWF), organized a ToT session on child safeguarding policy with 62 participants from 10 partner organizations, aiming to enhance the understanding and knowledge of the participants on the policy, procedures, case management, and response mechanisms.

Also in cooperation with HWF, UNICEF conducted emotional and psychosocial support activities in nine child-friendly spaces in Mae Sot and Poppkra districts, Tak province, which aimed to improve social interaction and provide a safe and supportive environment for 617 children (334 boys, 283 girls) and 190 parents. The activities involve play-based activities, creative learning and recreation activities. This included parent and caregiver meetings to discuss parenting-related issues. Child safeguarding posters and PSEA materials were placed in each child-friendly space. Furthermore, seven child protection cases received individual case management (assistance and remedies) through collaborations with relevant stakeholders.

In partnership with the Department of Children and Youth at central level, UNICEF provided case management support for Rohingya refugees, including 381 unaccompanied minors (211 boys, 170 girls), 26 parents/caregivers and 42 accompanied children. This includes identification of alternative placement (from immigration custody) and family tracing, while working to identify durable solutions for individuals.

WATER, SANITATION AND HYGIENE (WASH)

In partnership with Help Without Frontiers (HWF), UNICEF organized a two-day training to equip partner organizations with knowledge and practices for WASH in emergencies with a total of 32 participants (15 male, 17 female).

HWF provided WASH services to the influx of refugees in four temporary safety areas in Mae Sot, Tak province, including Rujira, Naung Bo Den, Gate 34, and SMRU clinic. The WASH services included the establishment of the water system and the provision of water tanks and clean water for drinking and use, reaching 1,109 displaced people, including 617 children. In addition, HWF assisted in setting up two bathing stations and two mobile toilets in Rujira area.

In response to the influx in Mae Hong Son in June 2023, hygiene kits were distributed to Karenni refugees in two temporary safety areas, Ban Sao Hin and Ban Oo Nu, covering 600 adults and 95 children.

SOCIAL PROTECTION

UNICEF conducted an assessment on the feasibility and risks of HCT for displaced populations from Myanmar. The assessment investigated the characteristics and needs of displaced populations, security situation, access to goods, products and financial services, market capacity and functionality, acceptance of cash transfer, and overall appropriateness of HCT. It was based on a review of existing data complemented by qualitative data collection through key informant interviews and focus group discussions in Mae Sot, Chiang Mai City, and Chiang Rai City. The assessment was finalized in May 2023, highlighting the risks and limitations and recommending alternative assistance to the affected populations for the present time.

TIMOR-LESTE

HEALTH

UNICEF continued to provide direct technical assistance to the national vaccine secretariat and hands-on technical support to all municipalities through two international consultants and 13 national SBCC consultants. In support of shifting back to routine health services, UNICEF provided in-service support, mentoring and technical assistance to MoH and municipal health service staff to integrate COVID-19 vaccination into routine immunization delivered by all static health facilities and mobile outreach services. Technical support was also extended for enumeration, microplanning and budgeting for the upcoming measles-rubella campaign at the municipal level. In addition, 16 biomedical technicians were equipped with knowledge and skills on cold chain repair and maintenance and installation of solar refrigerators in 81 health facilities is ongoing. This combined support has helped raise COVID-19 vaccine first dose coverage to over 90 per cent of the eligible population and 80 per cent coverage for the second dose.

COVID-19 vaccination data was collected, analysed and reported daily through the Timor-Leste health information system with disaggregated information on age, gender and geographical coverage. The vaccination coverage data in each municipality/village/hamlet was disaggregated by gender and age and used to inform innovative strategic approaches to reach target beneficiaries in the schools and communities.

Expansion of ultra-cold temperature freezers at the national warehouse (SAMES) increased capacity to safely store up to 600,000 Pfizer vaccine doses at any given point in time. Double cab vehicles provided as a part of this program are used for mobile outreach, monitoring, and support supervision by MoH staff. The mini truck provided is used by SAMES to distribute the medical supplies to the municipalities.

UNICEF provided technical, logistic, and financial assistance to MoH to roll out a multi-antigens campaign across the country as well as in distribution of all vaccines and consumables and nutrition supplies related to the integrated immunization program.

NUTRITION

Mother support groups were strengthened in five municipalities (Covalima, Lautem, Liquiça, Manufahi and Oecussi) by establishing 76 new groups and training members on key care practices for infant and young child feeding and building the capacity of 173 health workers. In total, 8,741 caregivers were reached with messages on key care practices. Another 1,000 people, including community leaders, were reached through 23 advocacy meetings. Moreover, a new data collection and reporting platform was created to capture group activities.

Technical support was provided to MoH to develop a micronutrient supplement plan for adolescents in schools and forecast micronutrient supplement quantities for procurement.

CHILD PROTECTION (INCLUDING SGBV AND PSEA)

An assessment of a community affected by flood and landslides in Suco Zulo, Covalima municipality identified 139 children (69 girls, 70 boys) living with their families in the evacuation centre. The assessment was conducted by UNICEF and local partner NGO, Ba Futuru, in coordination with the Ministry of Social Solidarity and the Secretary State of Civil Protection. The 139 children received MHPSS to assist their recovery from stress and trauma.

WATER, SANITATION AND HYGIENE (WASH)

WASH facilities in 45 Community Health Centres (CHCs) are being progressively upgraded in 12 municipalities (Baucau, Manatuto, Dili, Ermera, Covalima, Aniro, Aileu, Bobonaro, Liquisa, Manufahi, Lautem and Oecussi) to support infection prevention and control efforts. By end of June, work in eight CHCs had been fully completed and another five were 75 per cent complete. Needs and gaps assessments in the remaining 14 CHCs and 10 health posts have been completed and designing and budgeting is in progress. The upgrades are improving accessibility and gender equality of the existing facilities.

WASH infection and prevention control supply packages, comprising consumables, equipment, wearables and safety gear to cater 3-6 months of service needs, have been received by 13 of 35 planned CHCs so far, while another eight are ready to be delivered. Procurement is ongoing for the remaining 24 CHCs.

SOCIAL AND BEHAVIOUR CHANGE COMMUNICATIONS (SBCC) AND ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

UNICEF supported MoH to raise community awareness of COVID-19 prevention and vaccination. The initiative reached approximately 3,400 people in 49 communities and 33 schools in five municipalities. Five posters, 1,612 banners and six billboards on prevention and vaccination, including booster doses, were developed to support communication efforts.

COVID-19 messaging was spread via social media and national television including 16 talk shows, 22 radio spots, 8 videos and 10 radio dramas. The television broadcast reached 60,000 people in one day while community radio broadcasts reached approximately 50,000 people over a month. An additional 51,084 persons were reached with risk communication and community engagement messaging and 116,706 persons were reached through the UNICEF Timor-Leste Facebook page.

UNICEF deployed 13 consultants to 13 municipalities to support subnational sustainability of SBCC activities for vaccination campaigns, nutrition and WASH interventions.

VIET NAM

HEALTH

UNICEF procured medical equipment for the National Hospital for Tropical Diseases to support the diagnoses and treatment of infectious diseases. The equipment, including an automated immunoassay analyser, a coagulation analyser, haematology analyser, biochemistry analyser, and automated DNA/RNA extraction machine will enhance access to life-saving health services for children, adolescents and women.

NUTRITION

A community-based nutrition club model was established for ethnic minority women with children aged 0–24 months to improve their knowledge, skills and child feeding practices making use of local foods. Two training workshops were conducted for 98 local health workers in Dien Bien and Gia Lai who then ran 48 communication sessions on infant and young children feeding in four communes reaching 670 women and childcare givers.

Nine tons of ready-to-use therapeutic food (RUTF) were procured by UNICEF to treat children aged 6-59 months with severe acute malnutrition (SAM) in the hardest-to-reach ethnic minority communities in the northern and central highlands. Fifty-nine local health workers (36 female, 23 male) were trained on implementing and managing children with SAM. A screening campaign of 11,400 ethnic minority children aged 6-59 months in 32 communes identified 169 severely malnourished children who were admitted for treatment with RUTF. Another 440 cases of moderate acute malnutrition were referred to the commune health centres for special care and follow-up.

UNICEF supported the National Institute of Nutrition in modelling a sentinel site nutrition data collection to provide early warning of nutritional crises. Twelve sites were selected in the four most disaster-prone provinces in the Mekong River Delta and North Mountainous region (Soc

Trang, Bac Lieu, Ca Mau and Dien Bien provinces). Training has been held for 64 health staff (35 female, 29 male) who will operate and manage this system. The first round of data collection covered 530 households.

CHILD PROTECTION (INCLUDING SGBV AND PSEA)

UNICEF supported the Ministry of Labour, Invalids and Social Affairs to design three MHPSS e-learning courses for frontline and social workers: basic MHPSS, advanced MHPSS for children in emergencies, and clinical social work skills for the mental health of children and youth. Support was also provided to the Ministry to organise a training course for 34 social workers (16 male, 18 female) from Ho Chi Minh city, Dong Thap, Gia Lai, Soc Trang and Da Nang to improve their skills in addressing the mental health needs of children and youth. Dong Thap province was supported to organise a MHPSS training course for 30 social welfare officers (11 male, 19 female).

EDUCATION

During the reporting period, two ToT courses were conducted for 100 primary school teachers (60 female). The courses provided teachers with knowledge and skills to implement the climate-smart school model and monitoring and evaluation framework, using a whole-school approach. As a result of accumulated teacher training efforts since 2021, 21 million children (10 million girls, 87,000 children with disabilities and 3.5 million ethnic minority children), are directly benefiting from gender-responsive and climate-smart schools which will strengthen long term resilience to environmental and climate-related shocks and hazards.

UNICEF engaged 262 children and adolescents (170 girls, 210 ethnic minority children) in consultations and co-creation of solutions on disaster risk reduction and climate change, while ensuring gender-equitable and disability-inclusive participation. Their voices have been fed into national and subnational action plans on disaster risk reduction and an emergency preparedness plan for the education sector.

WATER, SANITATION AND HYGIENE (WASH)

UNICEF supported two national ToT events on SBCC to support women and girls to ensure access to clean water, sanitation, and menstrual hygiene in both rural and humanitarian settings. The goal is to train 140 members of the Vietnam Women's Union (VWU) from 63 provinces, who will in turn train other VWU members to become local promoters.

SOCIAL AND BEHAVIOUR CHANGE COMMUNICATIONS (SBCC) AND ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

The Vaccine Champions programme in Dien Bien and Gia Lai provinces used a ToT approach to equip 144 community leaders (68 female, 76 male), including opinion leaders, influencers and service providers, with communication skills to advocate for vaccination in communities through community information sessions and one-on-one conversations with hesitant people. Nearly 3,000 community people (around 1,650 female) have participated the sessions delivered by the trained vaccine champions which aim to increase vaccine confidence and trust, intention to vaccinate, and uptake of COVID-19 vaccines and routine immunization.

REGIONAL COORDINATION AND SUPPORT

UNICEF engages in a holistic disaster risk management approach to strengthening the emergency preparedness and response capabilities of country offices, governments and partners across the East Asia and Pacific Region. This includes building local and national capacities in child-centred disaster risk reduction and climate change adaptation, developing inclusive shock-responsive social protection systems, and rapidly deploying funding and technical capacity to provide life-saving emergency support for children and their families, in line with the Core Commitments for Children in Humanitarian Action.

The UNICEF East Asia and Pacific Regional Office (EAPRO) has ensured coordinated support to a number of countries experiencing emergencies in the first half of 2023. This has included strategic oversight, coordination, technical and operational support to Myanmar Country Office (CO) to manage the response to the ongoing humanitarian crisis and to respond to the impacts of Cyclone Mocha, and technical assistance to the emergency responses for Tropical Cyclones Judy and Kevin in Vanuatu, the dzud in Mongolia and ongoing post-election violence in PNG. Through the regional Emergency Preparedness and Response Fund, financed through global humanitarian thematic funding, the Regional Office was able to swiftly disburse funds to support the emergency responses for Tropical Cyclones Judy and Kevin in Vanuatu and Cyclone Mocha in Myanmar.

The Regional Office provided remote technical and coordination support to Myanmar CO, including revising programming strategies and the Humanitarian Action for Children (HAC) appeal following Cyclone Mocha, ensuring the integration of gender-based violence in emergencies (GBViE), prevention of sexual exploitation and abuse (PSEA) and accountability to affected population (AAP). Regional Office support for advocacy and fundraising efforts enabled Myanmar CO to secure global humanitarian thematic and nutrition thematic funding. Through the Myanmar Education Cluster, EAPRO supported training on contingency planning and preparedness for education in emergencies for 37 participants from 20 local and international civil society organizations in June 2023. EAPRO also provided technical support to strengthen GBViE risk mitigation and caring for child survivors through delivery of training sessions for staff and implementing partners, as well as through stronger integration in WASH operations for displaced populations. To address the growing humanitarian needs along the Thai-Myanmar border, EAPRO facilitated coordination between the Thailand and Myanmar COs, and provided technical assistance to strengthen planning and delivery of the immunization and WASH response.

EAPRO has continued to provide extensive guidance and technical support to COs to strengthen emergency preparedness. The Regional team undertakes regular horizon scanning and risk-monitoring in coordination with the country level and headquarters. Five COs (Timor-Leste, PNG, Indonesia, Mongolia and Thailand) were supported with in-depth reviews of their emergency preparedness plans, with particular focus on ensuring that equity and inclusion considerations and interventions for GBV prevention, mitigation and response, PSEA and AAP are fully integrated. EAPRO is also continuing to monitor the need for cholera preparedness in Myanmar and the Philippines. Technical

inputs were also provided into CO emergency preparedness plans to systematically assess the feasibility of Humanitarian Cash Transfers (HCTs) in every response and strengthen the overall provision of Social Protection in Emergencies.

To support ongoing regional capacity building efforts, the Regional Humanitarian Action Workshop for all CO emergency coordinators and focal points focused on strengthening risk-informed programming and programming for equity in emergency preparedness and response with in-depth sessions on AAP, gender- and disability-inclusion. Sessions on emergency preparedness for response were also integrated into the Regional Network Meetings for Health, Gender, Adolescent Development, and Early Childhood Development.

The Regional Office also provided technical support to a number of COs to enhance capacity of UNICEF staff and partners in specific sectors and cross-cutting issues. Social policy support was provided for the development of Social Protection in Emergencies (SPIE) Standard Operating Procedures in Vietnam and for SPIE staff training in Vietnam and Fiji. In PNG, EAPRO supported partners to respond to the significant child protection and GBV risks during the Highlands violence. While in Vanuatu, the Field Office was supported to develop CPIE, GBVIE and PSEA messaging as well as content for partner training workshops. A regional assessment was conducted to determine early childhood development in emergencies (ECDiE) capacity of COs and identify future training and support needs. Ongoing remote support on AAP was provided to set-up feedback mechanisms (PNG), review programming strategies and resources (Myanmar), documenting AAP good practice (Cambodia, Fiji) and develop tools to assist with AAP integration for implementing partners (Philippines).

EAPRO has continued to provide extensive guidance and technical support to COs to strengthen disaster risk reduction and risk-informed programming. The Regional Office continued to guide and support the climate and disaster risk assessment in Cambodia, which is one of the four pilots globally and will inform future subnational, child-centered risk assessments in the region. As part of the development of the next country programme in the Philippines, substantial engagement and support was rendered to the office to help analyze and integrate climate and disaster risk reduction strategies. EAPRO supported the Asia Pacific Coalition for School Safety to launch the Comprehensive School Safety (CSS) Framework in the region to support preparedness and provided technical inputs to Timor-Leste and Laos on their CSS implementation.

At the regional level, UNICEF, in collaboration with UNDP and OCHA, facilitated a dialogue on the role of businesses in humanitarian response and disaster risk reduction under the Connecting Business Initiative. This consultation with regional business networks identified areas for collaboration and partnership resulting in a Call for Action for Business and Community Resilience.

UNICEF is bridging the gap between longer-term disaster risk reduction efforts and humanitarian crisis response by supporting Anticipatory Action (AA). For example, UNICEF is participating in a working group to enhance national capacities for AA in the Pacific region while also collaborating with OCHA and other United Nations partners on the design of pilot projects for the CERF AA program in Fiji and the Philippines.

The Regional Office worked together with Headquarters on a number of regional policy and guidance initiatives. A regional Accountability to Affected Populations (AAP) Roadmap was developed to operationalize the Global AAP Strategy 2023-2025. In consultation with COs, the first Social Protection in Emergencies Regional Strategy was developed to support resilience and respond to emergencies through social protection, quickly and on a large scale. EAPRO also worked with Headquarters on guidance for disability-inclusive emergency preparedness, which will be piloted in the region. A regional initiative is adapting the emergency early childhood development (ECD) kits to be inclusive and accessible for children with disabilities. Myanmar and the Bangsamoro Autonomous Region of Muslim Mindanao (BARMM) in Philippines are trialing the adapted kits.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF plays a lead role in humanitarian leadership and coordination across the region. At the regional level, UNICEF is actively engaged in the Inter-Agency Emergency Preparedness Working Group (WG); the Issue-Based Coalition on Resilience Building; the Asia Pacific Technical WG on Anticipatory Action; the Accountability to Affected Population and Prevention of Sexual Exploitation and Abuse Technical WG; and the Gender in Humanitarian Action and Gender-Based Violence in Emergencies WGs. Depending on national contexts, within the framework of Humanitarian Response Plans and in partnership with the Humanitarian Country Teams and Humanitarian Coordinators, UNICEF has led or co-led clusters, sectors, subclusters/sectors, and working groups including WASH, Education, Nutrition and Child Protection, as well as GBV and Logistics. In various countries, UNICEF country offices are providing technical support and coordination to national disaster bodies to foster comprehensive approaches to preparedness, early action, and responses to emergencies, including the potential impacts of El Niño.

HAC APPEALS AND SITREPS

- East Asia and Pacific Region Appeals
<https://www.unicef.org/appeals/eap>
- East Asia and Pacific Region Situation Reports
<https://www.unicef.org/appeals/eap/situation-reports>
- All Humanitarian Action for Children Appeals
<https://www.unicef.org/appeals>
- All Situation Reports
<https://www.unicef.org/appeals/situation-reports>

NEXT SITREP: 31 DECEMBER 2023

ANNEX B — FUNDING STATUS

Consolidated funding by sector

Sector	Requirements ⁴	Funding available		Funding gap	
		Humanitarian resources received in 2023		Funding gap (US\$)	Funding gap (%)
Emergency response	25,475,800 ⁵	24,115,563		1,360,237	5%
Emergency preparedness and disaster risk reduction	1,612,000	267,769		1,344,231	83%
Cross-sectoral (ECD, gender and disability inclusion, SGBV, PSEA, AAP)	978,000	271,998		706,002	72%
Regional office technical capacity	936,300	409,167		527,133	56%
Total	29,002,100	25,064,497		3,937,603	14%

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ENDNOTES

1. UNICEF EAPRO, Over the Tipping Point, 2023, available at <www.unicef.org/eap/over-tipping-point>
2. UNICEF EAPRO, Over the Tipping Point, 2023, available at <www.unicef.org/eap/over-tipping-point>
3. Within EAP region, Myanmar has its own Humanitarian Appeal for Children in 2023. Please refer to UNICEF Myanmar's Humanitarian Situation Report No. 5, 2023 for their mid-year results. Available at <<https://www.unicef.org/myanmar/reports/unicef-myanmar-humanitarian-situation-report-no-5-cyclone-mocha>>
4. For 2023, a number of country offices continue to implement COVID-19-related interventions with carry over emergency funds. Going forward, future COVID-19-related funding requirements are being integrated into longer-term development needs and regular programmes of country offices.
5. This budget line includes the funding requirements for the Regional Rapid Emergency Response Fund. This is an agile system to rapidly deploy funding and technical capacity from the regional roster to quickly respond to any sudden-onset events.