HUMANITARIAN ACTION AND POST-CRISIS RECOVERY
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Hawa Issak (right) holds her infant son, Ibrahim, to whom she gave birth in the Ifo refugee camp, where they are now living, in Kenya’s North Eastern Province, near the Kenya-Somalia border. A girl accompanies them. The camp is among three that comprise the Dadaab camps, located near the town of Dadaab in Garissa District.
Executive Summary

In the wake of the large-scale humanitarian crises the previous year in Haiti and Pakistan, children and women were once again deeply affected by large-scale crises in 2011. While UNICEF as part of the wider humanitarian system pushed through organizational changes to be able to deliver on its Core Commitments for Children in Humanitarian Action (CCCs) and as part of inter-agency efforts, new challenges arose, requiring immediate implementation of the new Corporate Emergency Activation Procedure as well as constant evolution of response mechanisms to new threats.

Perhaps no other humanitarian crisis dominated 2011 as the drought and severe nutritional crisis in the Horn of Africa, which impacted over 13 million people amid armed conflict and escalated into famine in parts of Somalia, causing a massive population displacement crisis. For the second straight year, massive floods affected Pakistan in 2011, impacting 5 million people in Sindh Province. Floods also had deadly impact in Brazil and Thailand. A tropical storm killed many in the Philippines in December, and an earthquake hit Turkey in October.

Elsewhere conflict and civil unrest continued to take a heavy toll on children and women. Social and political turmoil in Libya as well as the ‘Arab Spring’ highlighted the need for more political analysis and the adaptation of tools designed for more traditional responses, such as on advocacy. The election crisis in Côte d’Ivoire peaked at the start of the year, with Ivorian refugees fleeing into Liberia as well as other surrounding countries. Many children and women were internally displaced and grave violations committed against them. A referendum and independence created the world’s newest country in South Sudan, also posing new challenges for the protection and fulfilment of children’s rights.

These were among the 292 humanitarian situations that UNICEF responded to over the year in 80 countries, with differing responses based on the scale of the emergency and the local capacity to respond. UNICEF and its partners continued to operate in a challenging environment, with a significant increase in security incidents affecting staff in 2011 (including the death of three staff members as a result of a deliberate attack on the United Nations in Nigeria). Humanitarian actors’ ability to deliver assistance in a neutral and impartial manner were tested in Côte d’Ivoire and Libya, and insecurity inside and outside Somalia threatened response in the Horn of Africa, including in the Dadaab refugee camps.

Amid these challenges, UNICEF showed evidence of strengthened systems as a result of changes implemented after the major emergencies of 2010. Despite the massive responses to Haiti and Pakistan in 2010, UNICEF sent even more personnel (to slightly fewer countries) in responding to humanitarian situations in 2011, an increase of 5 per cent to 618 deployments or a 87 per cent increase in emergency deployments as compared to 2009. And although, again, the ‘Level 3’1 emergency in the Horn took the bulk of the surge (247 personnel or 40 per cent of the total), it did not dominate as Haiti and Pakistan did in 2010 (drawing 91 per cent of surge assignments). The time required to recruit and process emergency surge deployments was reduced to an average of 19.5 days for the Horn of Africa, as compared to 27 days for the Haiti emergency in the previous year. This can be attributed to strengthened systems to deploy more quickly in the initial days of response, including a restructured human resources unit dedicated to emergencies at New York headquarters.
UNICEF had one of its strongest years for humanitarian income (Other Resources Emergency, or ORE), with governmental and National Committee donations totalling $963 million, albeit a 6 per cent decrease from 2010. Forty-one per cent ($396 million) of 2011 humanitarian income was dedicated to the response in the Horn. Thematic unearmarked funding, which allows UNICEF to invest in critical but underfunded sectors, constituted $187 million (or 19 per cent) of the total contributions, a 44 per cent decline compared to 2010. Still, with the exception of 2010, this was the highest amount of yearly humanitarian thematic income since 2005, when donors gave generously following the Indian Ocean tsunami. The percentage drop in 2011 is due in part to the previous year’s significant donor response to the Haiti earthquake and cholera emergency. Sixty-five per cent of 2011 humanitarian thematic funds were given to the drought and famine crisis in the Horn of Africa.

Humanitarian action represents an increasing proportion of UNICEF’s global work. Organizational humanitarian spending (ORE) approached $1 billion in 2011, up nearly 11 per cent from the previous year and 44 per cent as compared to 2009. In addition to the three large-scale responses (Haiti, Pakistan and Horn of Africa) over the last two years, overall UNICEF country-level expenditure remained concentrated in countries in humanitarian and fragile contexts. Twelve of the 15 country offices that represent UNICEF’s top overall expenditure (all resources) were part of UNICEF’s Humanitarian Action for Children appeal, and these countries consumed 47 per cent of the organization’s overall country-level expenditure. The top four (Somalia, the Democratic Republic of the Congo, Pakistan and Ethiopia) alone spent 25 per cent of UNICEF’s overall country-level expenditure.

For UNICEF, 2011 was further characterized by putting learning into action by strengthening its organizational capacity to respond. Taking lessons from the past year’s humanitarian responses to the Haiti earthquake and Pakistan floods, UNICEF undertook an organizational effort to define internal accountabilities for large-scale, Level 3 emergencies, culminating in the Executive Director’s issuance of the Corporate Emergency Activation Procedure in March 2011. This was first implemented four months later with the declaration by the Executive Director of the Horn of Africa crisis as a Level 3 emergency requiring organization-wide mobilization.

Simultaneously, an organization-wide collaborative effort began to develop accompanying Simplified Standard Operating Procedures (SSOPs) in all sectors, train immediate response teams ready for deployment to emergency situations within 48 hours, and strengthen UNICEF’s capacity to fulfil its global cluster lead commitments. The SSOPs in particular fed into and were informed by the Horn of Africa response, allowing for live learning of their applicability. A process to similarly clarify the definitions and simplified standardized procedures for Level 2 emergencies began in late 2011 as part of efforts for more timely and effective responses to all humanitarian situations, including rapid deployment. Furthermore, UNICEF completed an independent review of its response to the Haiti earthquake, conducted a regional ‘lessons learned’ workshop on the 2010 Pakistan floods and launched an internal ‘lessons learning’ exercise on the Horn of Africa response. These exercises and others contributed to the improvement of UNICEF’s capacity to respond to emergencies through increased accountability and learning.

UNICEF also ensured that its own internal learning fed into the wider humanitarian system and has been a key advocate in the Inter-Agency Standing Committee (IASC) Principals’ agenda to accelerate the transformative agenda within the humanitarian reform process. Many of the systems that UNICEF built following Haiti and Pakistan – the declaration of a system-wide emergency, the criteria for Level 3 designation, immediate response teams and a greater focus
on performance monitoring in emergencies – were used as models for similar inter-agency mechanisms, with the IASC agreeing on the need for a new system for major emergencies.

UNICEF further strengthened its commitment to the cluster approach by moving its global cluster coordinators to Geneva into one dedicated unit within the Office of Emergency Programmes to be largely supported by UNICEF’s core funds effective January 2012. The Level 3 SSOPs include a commitment to deploy UNICEF’s global cluster coordinators and global cluster information management specialist to help ramp up the system.

UNICEF advocacy on grave rights violations contributed to what became Security Council resolution 1998, expanding the triggers for the monitoring and reporting mechanism (MRM) to include attacks on schools and hospitals. UNICEF continues to invest in providing better tools, guidance and direct support to its country offices to ensure that the organization’s commitments to address grave violations are fulfilled.

And as 2011 came to an end, UNICEF again began scaling up for another looming crisis, this time the nutritional crisis in the Sahel. By December, UNICEF had issued statements by the Executive and Regional Directors on the unfolding crisis, contributed to the development and launch of an inter-agency UN nutrition and food security strategy for the Sahel crisis and established a regional emergency management team.

This report is structured to present the threats to children and women, and challenges to respond to these; the scope of UNICEF’s 2011 response; the evolving internal and inter-agency systems to respond to this changing context; results against the Programme and Operational Commitments of the CCCs; and an analysis of income and expenditure. UNICEF’s Humanitarian Action Study, an annual analysis of the organizational response, is included in annex B.

**RESULTS in humanitarian action, 2011**

**Scale and Impact**
- UNICEF responded to 292 humanitarian situations in 80 countries;
- 618 surge deployments, including 135 standby partners;
- $963 million in humanitarian income

Globally, UNICEF and partners assisted an estimated:

**NUTRITION**
- 1.823 million severely malnourished children aged 6–59 months through therapeutic feeding programmes.
- 86.8 million children aged 6–59 months received vitamin A supplements.

**HEALTH**
- 52.3 million children aged 6 months to 15 years vaccinated for measles.
- 2.57 million families received 2 ITNs.

**WASH**
- Over 18.5 million people with access to safe water to agreed standards.
- Over 4.86 million people with access to appropriately designed toilets.
- 12.5 million people with access to soap or alternative and functional hand washing facilities.
- Over 10.2 million children with access to safe water, sanitation and hygiene facilities in their learning environment.

**CHILD PROTECTION**
- Over 2 million children with safe access to community spaces for socializing, play, learning, etc.
- Over 11,600 children associated with armed forces or groups reintegrated into their families and communities.
- Over 18,300 separated children reunified with family members.

**EDUCATION**
- 8.76 million school-age children, including adolescents, accessing formal and non-formal basic education (including temporary learning spaces and play and early learning for young children).

**HIV/AIDS**
- 835,000 pregnant women with access to prevention, care and treatment including PMTCT.

*Source: Country office annual reports.*
**Introduction**

Coming off the 2010 Haiti earthquake and Pakistan floods, women and children were once again deeply affected by large-scale crises in 2011. UNICEF responded to 292 humanitarian situations in 80 countries.3 Drought and conflict in the Horn of Africa caused a severe nutritional crisis across the region, massive population displacement and a full-blown famine in parts of Somalia. In part due to the massive scale-up in humanitarian interventions, indicators had dropped below famine levels in all areas by early 2012, but remained at critical pre-famine levels with continuing high child mortality and children’s rights increasingly complicated by security and access challenges, particularly in Kenya and Somalia. Again, massive floods affected Pakistan in 2011, impacting 5 million people in Sindh Province. Social and political turmoil in Libya and throughout the ‘Arab Spring’, an election crisis in Côte d’Ivoire, which drove Ivorian refugees into Liberia as well as other surrounding countries and led to a large number of internally displaced and grave violations committed against children and women, and a referendum and independence in South Sudan all posed challenges for the protection and fulfilment of children’s rights.

**Strengthened procedures for increased capacity in humanitarian response**

UNICEF applied lessons from the Haiti and Pakistan emergencies in 2010 to strengthen internal and inter-agency systems and procedures to better deliver results for children and women. Identifying the need for a corporate mechanism to mobilize an organization-wide response, in March, the Executive Director issued a Corporate Emergency Activation Procedure (CEAP) for large-scale, ‘Level 3’ emergencies. This was activated four months later in response to drought in the Horn of Africa. Six months on, UNICEF programmes have overcome significant challenges to reach children with programmes in nutrition; health; water, sanitation and hygiene; child protection and education (see programme results below for the Horn of Africa).4 The organization also ensured that this learning fed into the wider humanitarian system and was a key advocate in the Inter-Agency Standing Committee Principals’ agenda to accelerate the humanitarian reform process. Many of the systems that UNICEF developed following the crises in Haiti and Pakistan – the declaration of a system-wide emergency, the criteria for Level 3 designation, immediate response teams and a greater focus on performance monitoring in emergencies – were used as models for similar inter-agency mechanisms. In December 2011, the IASC Principals agreed to develop a Humanitarian System-Wide Emergency Activation, triggered by a Level 3 emergency that activates mechanisms and tools to ensure that the system delivers effectively and can monitor its performance. These will address adequate capacity and tools for enhanced leadership and coordination, among others, of the humanitarian system.

UNICEF’s Corporate Emergency Activation Procedure also called for the streamlining, simplification and finalization of procedures applicable to Level 3 emergencies. A major focus of work in 2011, the Simplified Standard Operating Procedures (SSOPs) issued by UNICEF Executive Director Anthony Lake in March 2012, will override normal procedures
UNICEF in Humanitarian Action and Post-Crisis Recovery

Threats to children and women, and challenges to response

The recorded number of natural disasters in 2011 (302) as well as the number of people killed (over 29,000) and affected (206 million) were lower than the average of the past decade. In human terms and economic impact, the disasters most affected high- and middle-income countries, where UNICEF’s role is different. These disasters included: the Brazil floods (January); the New Zealand earthquake (February); the Japan earthquake/tsunami (March); two waves of severe storms and tornadoes (April and May) and Hurricane Irene (August/September) in the United States of America; floods in Thailand (August to December); the earthquake in Turkey (October) and the storm Sendong/Washi in the Philippines (December). For Brazil, the floods were the deadliest in the country’s history (900 deaths), and in Thailand, they became the country’s most expensive natural catastrophe ($40 billion).

Meanwhile, complex emergencies and fragility continued with subregional implications, disproportionately affecting the most vulnerable and posing threats to equity. Children in fragile and conflict-affected states are twice as likely to die before the age of five, and no low-income fragile or conflict-affected country has yet achieved a single Millennium Development Goal.

Instruments and tools for humanitarian response were challenged in 2011 by the Arab Spring uprisings, highlighting the need for more political analysis and the adaptation of tools designed for more traditional responses, such as on advocacy. Furthermore, many countries are facing both natural disasters and conflicts. These crises perpetuate cycles of exclusion, vulnerability, gender inequality, and poverty – increasing risks and posing a threat to development.

Response, whether in situations of natural disasters, armed conflict or a combination of these, remained complicated by a challenging operating environment. The year 2011 saw a significant increase in security incidents affecting UNICEF staff (including the death of three staff members as a result of a deliberate attack on the UN in Nigeria), reflecting the types of environments UNICEF operates in. Delivering assistance in a manner consistent with humanitarian principles was increasingly difficult in contexts such as Côte d’Ivoire and Libya, the former exposing challenges of providing a humanitarian response in the context of a political mission following the late 2010 election. The response in the Horn of Africa was impeded by
insecurity inside and outside Somalia, including in the Dadaab refugee camps, further complicated by military incursions into Somalia and restrictions imposed by non-state entities.

The year also saw significant shifts on the agenda of grave child rights violations and protection of civilians, with the UN Secretary-General in January outlining the world’s move to “an era of accountability” through strengthening of the International Criminal Court, country-level tribunals and efforts to safeguard human rights and advance humanitarian law, as well as operationalizing the responsibility to protect. This most directly addressed children in 2011 through Security Council resolution 1998, which adds attacks on schools and hospitals to the triggers for listing in the UN Security Council’s monitoring and reporting mechanism (MRM) on children and armed conflict (CAAC). UNICEF sees these as major opportunities to promote and protect child rights. The practical application of rights violations monitoring may pose risks to UNICEF programmes, which have to be carefully managed. UNICEF continues to invest in providing better tools, guidance and direct support to its country offices to ensure that the organization’s commitments to address grave violations are fulfilled.

**Scope of 2011 response**

UNICEF responded to **292 humanitarian situations in 80 countries** in 2011. Although the number of humanitarian situations was consistent with 2010, the number of countries fell. Again, responses ranged from country offices capable of delivering response with existing resources to those where regional and global support was required. The largest of these was the Horn of Africa crisis, affecting over 13 million people and declared a Level 3 emergency by the UNICEF Executive Director, calling for an organization-wide response. The Humanitarian Action Study 2011 in this report’s annex B provides more information on the scope of the organization’s work in humanitarian situations.

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of Humanitarian Situations Responded to by UNICEF in 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEE/CIS</td>
<td>12</td>
</tr>
<tr>
<td>East Asia &amp; Pacific</td>
<td>33</td>
</tr>
<tr>
<td>E. &amp; Southern Africa</td>
<td>87</td>
</tr>
<tr>
<td>Middle East &amp; N. Africa</td>
<td>30</td>
</tr>
<tr>
<td>South Asia</td>
<td>31</td>
</tr>
<tr>
<td>Americas &amp; Caribbean</td>
<td>21</td>
</tr>
<tr>
<td>W. &amp; Central Africa</td>
<td>78</td>
</tr>
</tbody>
</table>

Also, analysis of how UNICEF responded show evidence of strengthened systems built on the 2010 experience. While response to the Haiti and Pakistan emergencies in 2010 absorbed the majority of resources that year, UNICEF had one emergency on a similar scale – the Horn of Africa crisis – but resources were better spread across the organization. Despite the massive responses to Haiti and Pakistan in 2010, UNICEF sent even more personnel to support slightly fewer countries in responding to humanitarian situations in 2011, an increase of 5 per cent to...
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Organizational humanitarian spending against allotments also continued increasing. UNICEF’s total ORE expenditure in 2011 approached $1 billion, up nearly 11 per cent from the previous year and up 44 per cent as compared to 2009. Since 2002, humanitarian expenditure has increased nearly fourfold. This is in part due to the three large-scale responses (Haiti, Pakistan and Horn of Africa) over the last two years, with humanitarian expenditure for Haiti and Pakistan continuing into 2011 (along with response to new crises).

### Emergency (ORE) expenditure, 2002-2011

![Emergency (ORE) expenditure, 2002-2011](chart)

* Indian Ocean earthquake and tsunami thematic programme budget allocations were active from 2005 to 2010.


Again, country-level expenditure remained concentrated in countries in humanitarian and fragile contexts. Twelve of the top 15 Country Offices in overall expenditure (all resources) were part of UNICEF’s Humanitarian Action for Children appeal, and these countries consumed 47 per cent of UNICEF’s overall country-level expenditure. The top four (Somalia, the Democratic Republic of the Congo, Pakistan and Ethiopia) alone spent 25 per cent of UNICEF’s country-level expenditure.

### Responding to the changing context

UNICEF’s response in 2011 came under the guidance of the CCCs, while internally strengthening systems to further clarify its approach to humanitarian action. Towards its commitments to the humanitarian cluster approach, UNICEF had dedicated coordinators in
38 clusters globally (14 in water, sanitation and hygiene—WASH, 10 in nutrition, 8 in education, 7 in child protection). In cluster deployments, it filled 80 per cent (4 of 5) cluster coordinator positions at country level within 30 days of activation. In the Horn of Africa response, existing structures through dedicated cluster coordination in Ethiopia, Kenya and Somalia assisted in meeting UNICEF’s cluster coordination responsibilities/accountabilities.

To solidify its commitment to the cluster approach, UNICEF worked towards unification of cluster lead responsibilities and functions in one organizational unit under the supervision of the Deputy Director of the Office of Emergency Programmes (EMOPS) to further simplify the chain of command and help ensure consistent strategic oversight. The unit will include global cluster coordinators and their deputies, an information management specialist, and a manager to support inter-cluster coordination and support staff. The move of cluster functions to Geneva will also strengthen the links with UNICEF’s humanitarian partners and other clusters led out of Geneva, and provide an opportunity to more directly contribute to the IASC reform agenda. Beginning in 2012, the global cluster coordinator positions for child protection, education, nutrition and WASH will now be funded from UNICEF’s regular resources, an important step towards mainstreaming the costs of coordination at the global level and ensuring predictable funding for these functions. Further evidencing UNICEF’s commitment to clusters, the Level 3 SSOPs include a decision to deploy UNICEF’s global cluster coordinators and global cluster information management specialist to help strengthen the system.

UNICEF has also advocated for a strategic approach to humanitarian coordination, noting that clusters as specific coordination mechanisms should only be rolled out in situations where no existing, nationally led, sector coordination mechanisms are already in place. Where these do exist, UNICEF’s role would be to support them rather than to establish parallel mechanisms. Similarly, UNICEF has developed models to ensure that it helps build the capacity of technical partners in the line ministries to conduct coordination of preparedness and response, so that in the future there will be less of a need to roll out humanitarian clusters.

Elsewhere, partnerships continued enabling UNICEF to leverage diverse approaches as a method for achieving better – and collective – results for children. At country level, it engaged with a combined 1,218 civil society partners in humanitarian programming. UNICEF’s standby arrangements produced 135 deployments from 13 partners to support response. Still, partnerships were tested in some of the more complex responses of 2011, such as in the Horn of Africa, requiring closer collaboration to ensure all the rights of children are being met in humanitarian response. UNICEF is working to strengthen its collaboration with partners to resolve specific issues, including, for example, dialogue with the Office of the United Nations High Commissioner for Refugees (UNHCR) on predictable engagement that led to a joint letter signed by UNICEF Executive Director and the High Commissioner for Refugees in October.

Further feeding into wider humanitarian action, UNICEF’s work to support national capacity development in humanitarian action included country-level exercises in Burundi, Kenya, Lebanon, South Sudan and Uganda to bolster national capacities to reach the CCC benchmarks. A technical note on capacity development for the CCCs was finalized and disseminated, and this was incorporated into the International Dialogue on Peacebuilding and Statebuilding, the Secretary General’s Report on Civilian Capacities, the priorities of the Peacebuilding Commission, and the IASC’s approach to capacity development work. UNICEF’s approach was adapted by the IASC in their recent handbook, ‘Capacity Development of Displaced and Host Communities’, and contributed to efforts with the International Federation of Red Cross and Red Crescent Societies (IFRC) to develop a handbook for capacity development for displaced and host communities in urban humanitarian areas for 2012 publication. UNICEF
is also leading an initiative of the IASC sub-working group on preparedness to strengthen coherence and coordination on developing national and local capacities on emergency preparedness in a selected number of countries (Ghana, Haiti, the Philippines and Uganda).

As part of its organization-wide **equity refocus**, in 2011 UNICEF worked to scale up programmes that target inequities suffered by the world’s most disadvantaged women and children. Analysis of equity tracking results from crisis-affected countries revealed the need to strengthen data collection to better identify and analyse the needs of the most vulnerable crisis-affected populations more frequently and with greater geographic reach. This is currently being addressed through the organization’s Monitoring of Results for Equity System, which is being aligned with the Humanitarian Performance Monitoring System to facilitate country-level analysis and timely and adaptive decision-making.

UNICEF also continued strengthening **gender equality** programming, including through the dissemination of country-specific guidance for ongoing humanitarian responses in Côte d’Ivoire, the Horn of Africa and Libya as part of an inter-agency effort. A multi-country initiative to build the capacity of UNICEF-led clusters in the Central African Republic, the Democratic Republic of the Congo, Mozambique, the Occupied Palestinian Territory and Yemen was finalized, which in addition to specific country-level results, led to the drafting of a Facilitator’s Training Guide on Gender Equality Programming in Humanitarian Action, drawing on the training material developed in the field and designed to be used across a range of humanitarian contexts. UNICEF also worked to ensure that newly developed Global Cluster Training packages for nutrition and child protection reflected gender considerations, and is developing stand-alone modules on gender (to be completed in 2012). In May 2011, UNICEF began hosting the Global GenCap (gender capacity) Adviser in Geneva who provides dedicated support to global cluster leads, and throughout the year UNICEF carried out a series of trainings on the IASC Gender Marker with UNICEF staff and partners at headquarters and regional levels.

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The United Nations’ work on **children and armed conflict (CAAC)** in 2011 witnessed the passing of Security Council resolution 1998, which newly designates attacks on schools and hospitals as among the triggers for listing parties to the conflict in the Secretary-General’s
annual report on CAAC. Listing activates the UN monitoring and reporting mechanism on grave child rights violations in situations of armed conflict, through which reports of violations are submitted to the Security Council, prompting action intended to bring violators in compliance with international child rights standards. UNICEF was an important actor in the advocacy for and drafting of this key resolution. Ongoing advocacy continued related to Security Council resolutions on women, peace and security and conflict-related sexual violence. UNICEF contributed to the drafting of a strategic framework for women, peace and security, as well as to Policy Committee papers on women’s participation in peacebuilding. It also continued its active participation in key inter-agency forums including the Task Force on Women, Peace and Security, UN Action on Sexual Violence in Armed Conflict, and the IASC Sub-Working Group on Gender, in which UNICEF serves as co-chair.

UNICEF is also making investments to promote safer and more resilient communities. In the Horn of Africa measures taken in recent years to reduce the vulnerability and risk posed by drought, insecurity and floods have protected household assets through social safety nets, strengthening government capacity in subnational preparedness plans, and community early surveillance leading to management and prevention of acute malnutrition. Elsewhere, alternative basic education is currently being applied in Ethiopia, Kenya and Karamoja (Uganda), where flexible school hours, mobile schooling and other alternative strategies are used to facilitate livelihood strategies (pastoralism) and promote access to primary education for hard-to-reach populations. And in cyclone prone areas in Asia or Africa, adapted basic social services include structurally safe schools with preparedness plans and the integration of risk reduction in the formal and non-formal curricula (Philippines), and safe water points (Bangladesh). Regional capacity has been strengthened in all regions to work on disaster risk reduction. At the global level UNICEF is working to ensure that all UNICEF regular country programmes are emergency risk-informed. This will contribute to advancing programming work in disaster risk reduction and climate change adaptation, as well as conflict-sensitive programming and peacebuilding. Guidance was drafted and disseminated on disaster risk reduction, and is being finalized on conflict sensitivity and peacebuilding, to support the organization in taking a more strategic and systematic approach to peacebuilding.

Learning from past major emergencies continued to inform UNICEF’s response in 2011 and beyond, with lessons from Haiti and Pakistan feeding into the Horn of Africa and into initial planning for a scale-up in the Sahel. The Corporate Emergency Activation Procedure and Simplified Standard Operating Procedures (SSOPs) it called for were largely the result of lessons learned from the 2010 responses in Haiti and Pakistan. Those experiences also fed into the Horn response, through, for example, stronger surge support and better results monitoring. The SSOPs were in draft stage when the Horn was declared a Level 3 emergency, allowing them to assist in the response as well as providing real-time learning to inform their finalization. A lesson learning exercise on the Horn began in early 2012 that will highlight the impact that activation of Level 3 had on organizational effectiveness. UNICEF is now ensuring that the Horn experience strengthens future responses, including in the Sahel where UNICEF is applying lessons on performance monitoring, for example. Consistent with the organization-wide emphasis on a greater monitoring of results for equity, UNICEF is strengthening its systems for performance monitoring in humanitarian contexts, building on lessons from its application in the Horn, Pakistan and smaller country offices in Western and Central Africa.
### 2011 Crisis in the Horn of Africa *

**Impact:** The drought in Somalia, Kenya, Ethiopia and Djibouti in 2011 resulted in over 13 million people needing humanitarian assistance, including 320,000 children who suffered from life-threatening severe malnutrition. Famine and conflict in Somalia caused massive population displacements and refugee outflows into neighbouring countries.

#### Key results:

In **Somalia**, UNICEF assistance with over 140 mostly local partners to affected populations:

- Vaccinated over 1 million children against measles;
- Provided safe water to 1.76 million people (117 per cent of target);
- Treated approximately 241,000 malnourished children;
- Reached 655 children (of a targeted 950 children) with reintegration programmes for children formerly associated with armed forces/groups or at risk of recruitment;
- Facilitated the enrolment of 420,000 children (42 per cent girls), exceeding the target of 300,000 children, across 2,230 schools in Central Southern Somalia.

In **Kenya**, UNICEF assistance to refugees and affected local populations:

- Reached at least 166,000 children with nutrition programmes;
- Provided safe water to 1.1 million people (44 per cent of target);
- Reached 50,000 refugee children with child-friendly spaces between July and December.

In **Ethiopia**, building on strong existing local systems, UNICEF assistance to refugees and affected populations:

- Admitted 164,000 children (103 per cent of target) into therapeutic feeding centres;
- Immunized 6.7 million children against measles (97 per cent of target);
- Assisted 2,204 separated or unaccompanied refugee children in reuniting them with their families or in receiving kinship care (118 per cent of target);
- Ensured the continued education of 91,000 children (182 per cent of target) in seven drought-stricken regions.

In **Djibouti**, with 20 per cent of the population affected by drought, UNICEF:

- Provided safe water to 110,700 people (92 per cent of target);
- Supported the national nutritional programme in treating 17,500 children suffering from moderate acute malnutrition and 5,800 children for severe acute malnutrition (97 and 128 per cent of respective targets).
Results by Programme Commitment

Following are UNICEF’s contribution with partners to the Commitments in each programmatic and operational area of the Core Commitments for Children in Humanitarian Action (available at http://www.unicef.org/emerg/index_commitments.html). Further information on country-level results can be found in individual Consolidated Emergency Reports.

Rapid assessment, monitoring and evaluation

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

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

For humanitarian action, UNICEF monitors the situation of children and women through its Early Warning/Early Action system as well as situation reports from emergency contexts and daily global news briefs from the Operations Centre. In 2011, 76 per cent out of 129 country offices assessed themselves as having achieved a minimum level of preparedness for an emergency (13 per cent with a medium level of preparedness and 63 per cent with a high level of preparedness). Participation in the Early Warning system more than doubled during the year, increasing by 109 per cent. Headquarters and regional offices collaborated in supporting country offices to strengthen their emergency preparedness through the organization of webinars on Early Warning Early Action, Emergency Preparedness and Response (EPR).
training and simulations. UNICEF also remains a key contributor to the inter-agency Needs Assessment Task Force, which worked through the year to develop a Multi-cluster Initial/Rapid Assessment Framework (MIRA) to be used during the first 72 hours and first two weeks of a crisis.

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

UNICEF has refined a more systematic approach to humanitarian performance monitoring (HPM) based on piloting in 2010, and in 2011 moved to implementing this in Côte d’Ivoire, the Horn of Africa and Pakistan (building on the 2010 experience). The HPM Toolkit was finalized online in UNICEF’s intranet in May and subsequently expanded and refined using the latest experiences, with a response plan template developed based on good practice as a key tool for strategic planning. To strengthen organizational capacity and practice in humanitarian performance monitoring, a community of practice was established, as was an HPM roster with 30 surge support candidates (internal and external) tested and trained at varying professional levels, with continued work required on building up the numbers and calibre of candidates. Similarly, an initial 50 staff members from four regional offices, Eastern and Southern Africa Regional Office (ESARO), Middle East and North Africa Regional Office (MENA), Asia-Pacific Shared Services Centre (APSSC) and West and Central Africa Regional Office (WCARO), and 13 country offices gained basic HPM training through a combination of distance and on-site sessions, with continued training planned for 2012.

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

UNICEF completed an independent review of its response to the Haiti earthquake, conducted a regional lessons learned exercise on the 2010 Pakistan floods and launched an internal lesson learning exercise on the Horn of Africa response to determine what did or what did not work, and why. In addition, UNICEF provided leadership and technical support to a number of joint and inter-agency evaluations and research studies, namely the Inter-Agency Real-Time Evaluations of the Haiti (Phase II) and Horn of Africa Responses, the OCHA-led Evaluation of the Central Emergency Response Fund, the WFP-led Joint Global Logistics Cluster Evaluation and the research study to assess the impact of Gender Equality Programming on Humanitarian Outcomes (Phase I), co-led by UNICEF, UN-Women and OCHA. These activities helped improve UNICEF’s capacity to respond to emergencies through increased accountability and learning.

**Nutrition**

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

Emergency situations or crises are characterized by limited access to good-quality food, deprivation, poor health status and constraints to infant and young child feeding (IYCF). Assuring emergency nutrition interventions and safe access to adequate feeding for children
and vulnerable groups is a priority in preventing deterioration of nutritional status. UNICEF works to address needs in multiple contexts in both recovery and fragile situations by undertaking diverse interventions, strengthening national capacities and working with partners, to ensure emergency nutrition response is achieved in a timely and effective manner.

Global response
Last year was a critical year for UNICEF to respond to cases of acute malnutrition in humanitarian settings. In the context of the drought in the Horn of Africa, coupled with the threat of future food insecurity in West Africa, the organization worked to improve the quality and scale-up of community-based management of acute malnutrition (CMAM). Part of this effort focused on reducing the cost and improving the availability and quality of RUTF (ready-to-use therapeutic food) and RUSF (ready-to-use supplementary food) by strengthening national capacities to forecast nutrition commodities and support local production. UNICEF also backed regional office initiatives to strengthen the capacity of staff and partners, including a joint regional training course for Central and Eastern Europe/Commonwealth of Independent States Regional Office (CEE/CIS) and a Nutrition in Emergencies training in MENA. Building on work undertaken in 2010, the Nutrition in Emergency e-learning course went live in early 2011 to provide resources for capacity-building of staff and is being used by other agencies and universities external to UNICEF. To strengthen integrated programming, new guidance on early childhood development was developed for roll-out in 2012, promoting the combination of nutritional supplementation with psychosocial stimulation.

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

The IASC Global Nutrition Cluster committed to building capacity and strengthening coordination at country level. By the end of 2011, seven out of the planned eight capacity mapping exercises were conducted in Chad, the Democratic Republic of the Congo, Niger, Somalia, South Sudan, Sudan and Yemen, informing plans to strengthen coordination capacity in the country. The Nutrition Cluster partners developed a handbook to guide cluster coordinators and partners in the field; roll-out of this will continue in 2012. Training packages on cluster coordination were updated at global regional and country levels, harmonizing resources at these different levels, and using these packages, cluster coordinator trainings took place in Kenya (Nairobi), Senegal (Dakar), Thailand (Bangkok) and Tunisia (Tunis). UNICEF as cluster lead agency pursued standby agreements in 2011 to support rapid response at country level and International Medical Corps), a Nutrition Cluster partner, has agreed to host two rapid response staff members as nutrition surge cluster coordinators, with one already hired and deployed to West Africa.

At country level, substantive support was provided for cluster coordination, including in Ethiopia, Kenya and Somalia, in response to the food crisis. Existing structures for cluster/sector coordination through dedicated cluster coordination in each country assisted in meeting UNICEF’s cluster coordination responsibilities/accountabilities. In Ethiopia and Kenya UNICEF and key ministries coordinated regular information sharing and engaged in detailed planning to ensure a timely and comprehensive response. In Somalia, UNICEF drew on existing UN and
non-governmental structures to support cluster coordination. In all countries, sector response plans were defined jointly by all stakeholders, with the Nutrition Cluster a dynamic platform for the coordination of various interventions, as well as for technical discussions.

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

Monitoring and assessing malnutrition rates is a critical part of UNICEF’s work to better identify and respond to the nutritional needs of children and women. In the **Horn of Africa**, timely nutrition assessment was critical to informing emergency programming, particularly through UNICEF support of the Food Security and Nutrition Analysis Unit in **Somalia**. In **Ethiopia**, the 2011 response benefited from existing systems to address vulnerability at community level, with regular monitoring using the nutrition monitoring matrix tool based on the revised hot-spot, food-insecure *woredas* (districts) list. The information was published in internal and external weekly humanitarian bulletins and was used by stakeholders in mobilizing resources needed to respond to the emergency and fill in gaps. In **Sudan**, nutritional assessment and monitoring mechanisms were strengthened through a modification in sampling and the expansion of feeding centre databases and nutrition information systems in every Sudanese state. These feeding centre databases will help UNICEF, the government and other partners monitor the quality of CMAM interventions.

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

The promotion of adequate infant and young child feeding (IYCF) practices is an important measure to strengthen nutritional behaviour and increase child survival. Around 13,000 mothers in affected areas of the **Occupied Palestinian Territory** benefited from IYCF counselling with focus on early initiation of breastfeeding through the Baby-Friendly Hospital Initiative, primary health care facilities and post-natal visits. In the **Philippines**, working with the government and partners, UNICEF provided IYCF counselling support and strengthened existing community support groups, reaching 15,000 conflict-affected pregnant and lactating women. In addition, UNICEF supported the government in monitoring donations of milk products (e.g., milk formula, baby bottles) to emergency-affected communities, which is prohibited by national legislation and the international code. All reported violations were documented and reported to the government through the Nutrition Cluster.

**Commitment 4:** Children and women with acute malnutrition access appropriate management services.
Globally, UNICEF supported **1.823 million** severely malnourished children aged 6–59 months through therapeutic feeding programmes. Compared to 2010, the 2011 cured rate (85.2 per cent) and defaulter rate (4.2 per cent) have improved but the death rate figure has increased (to 6.6 per cent), most likely as a result of better death notification. In **South Sudan**, a total of 64,500 children (102 per cent of the target) with severe acute malnutrition were treated in 2011, benefiting from a shift to community-level management of severe acute malnutrition, an enhanced capacity development in underserved counties and improved pipeline management. In **Yemen**, UNICEF targeted 79,000 children with severe acute malnutrition and enrolled nearly 66,000 in treatment through scaling up of programmes countrywide. The low cure rate (50 per cent) is due in part to the defaulter rate of 19 per cent. This is being addressed through a strengthened community volunteer programme.

**Nutrition in Somalia**

In response to the famine and food insecurity in Somalia, a major part of UNICEF’s nutrition response to the emergency from July onwards was the scaling up of treatment services for severe and moderate acute malnutrition. From July to December, UNICEF reached around 241,000 malnourished children in Somalia, including: 107,000 severely malnourished children (77,000 in south central Somalia alone) of a targeted 110,000; and 134,000 moderately malnourished children (133,000 in the South alone) of a targeted 99,000. For severe acute malnutrition, the UNICEF figure is the same as the total cluster partners’ effort since UNICEF supports all actors working in southern Somalia, except a few NGOs (non-governmental organizations) that neither report to nor participate in the cluster. Results were achieved through supporting 29 stabilization centres, 480 outpatient therapeutic programmes and 605 supplementary feeding programmes, to which UNICEF provided contributions including supplies, operational costs, training and technical support. Further, UNICEF-supported nutrition sites increased by 64 per cent, from 973 to 2,108 across Somalia in this period. Management of acute malnutrition teams were trained and oriented on gender issues, and gender-specific topics were also incorporated into health worker trainings and nutrition education messaging.

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

**86.8 million** children aged 6-59 months received vitamin A supplements worldwide through UNICEF support. Provision of micronutrients is another key intervention in emergencies. For the post-earthquake recovery phase and in response to the cholera crisis in **Haiti** in 2011, there has been an unprecedented expansion of preventative and curative nutrition services for children and women. Over 500,000 women received iron-folic acid tablets to prevent anaemia, and for the first time, vitamin
A supplementation reached 70 per cent of children aged 6–59 months during National Child Health Week. Additionally, over 6,300 post-partum mothers received vitamin A and over 356,000 children aged 12–59 months received albendazole (deworming medication). During the flood emergency in the Eastern Province of Sri Lanka, 30,000 at-risk pregnant and lactating women (of a target of 48,000) and 65,000 children aged 6–59 months received multiple micronutrient suppletions.

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

UNICEF strives to disseminate information regarding nutrition services in emergencies. Responding to food insecurity in Niger, UNICEF reached 239,000 pregnant women or caregivers with children under two with promotion of adequate nutrition practices, surpassing the target of 200,000. In Pakistan, 157,000 women were reached with information on IYCF, which constituted only 10 per cent of the target due to the overwhelming workload of the Lady Health Workers network. In Afghanistan, around 246,000 pregnant and lactating women (123 per cent of the target) received optimal IYCF messages and counselling on IYCF in emergencies.

Challenges
An ongoing challenge, strongly emerging from the findings of the 2010 mapping exercise of the global community-based approach to management of severe acute malnutrition, is that reporting and nutrition information management in this area remains weak. In 2012, UNICEF is working across the organization to strengthen nutrition situational and programmatic information. Another challenge arising from the global mapping was that of integrating nutrition into health systems and government apparatus – a critical means of ensuring nutrition concerns are addressed in a country and the necessary interventions are undertaken. Tools for measuring levels of integration are currently being developed at the global level to be able to map progress and inform a strategic way forward. Finally, there is still some work to be done to raise the profile of nutrition in specific contexts, particularly in contexts where food insecurity is prevalent. UNICEF in 2012 will work on addressing issues around advocacy and facilitating planning for enhancing the profile of nutrition in specific contexts.

Health
Strategic result: Excess mortality among girls, boys and women in humanitarian crisis is prevented.

Mortality and morbidity are critical risks in emergencies. UNICEF plays a vital role in strengthening the capacity of countries and partners to reduce excess mortality from disasters from all types of hazards and target the most vulnerable population with appropriate interventions. The CCCs for health address the major causes of maternal, neonatal and child mortality. Injuries or violence may immediately account for a substantial number of deaths, whereas in protracted humanitarian situations, most deaths are attributable to common health conditions prevalent in the community, such as malnutrition, pneumonia, diarrhoea, measles, malaria (in malaria-endemic areas) and neonatal causes. UNICEF is committed to supporting the continuum of care across the maternal, newborn and early childhood periods at the household, community and health-facility levels, with an increasing emphasis on community health approaches.
Global response

In 2011, UNICEF, the United Nations Population Fund (UNFPA), the World Health Organization (WHO), IFRC and others at the global level worked to launch the Joint Statement on Scaling up the Community-based Health Workforce for Emergencies. The statement promotes a more central role for community health workers in all phases of emergency risk management and establishes a strong framework for a reinforced commitment from governments and supporting partners in terms of providing resources for these frontline workers. Another advancement at global level was the development of a specific disaster risk reduction guidance note on how to it should be integrated into development and humanitarian health programmes, including cross-cutting issues. This guidance will be rolled out in 2012. UNICEF also participated in the development of a multisectoral and multi-agency report in close collaboration with the Peacebuilding Commission, analysing the contributions of social protection systems/social service delivery – including health services – to peacebuilding, stability and resilience. The goal is to introduce an appropriate, systematic approach, with specific, evidence-based interventions that will bring more predictable outcomes for peacebuilding.

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

UNICEF plays a critical role at the global and national levels, particularly within the Health cluster, in facilitating coordination of the health sector to be rapid and predictable by providing technical assistance, supporting capacity-building and training, and the development of inter-agency guidance and tools, and through country support. At global level, UNICEF has played a major role on the development of the IASC Global Health Cluster strategic framework and the minimum cluster commitments at country level.

At country level, for example, in Haiti, as part of the Health cluster, UNICEF provided technical assistance to the Ministry of Health for the implementation of the joint UNFPA/UNICEF/WHO project on reproductive health. In Sri Lanka, the cluster approach was formally adopted in 2008 in response to the complex emergency in the Northern and Eastern Province of the country. UNICEF works actively under the Global Health Cluster (led by WHO) at the national level, and leads subnational coordination at field level. In Afghanistan, in 2011, UNICEF supported the Global Health Cluster in scaling up the delivery of a basic package of primary health services.

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

UNICEF globally supported the measles vaccination of 52.3 million children

Large-scale, life-saving health interventions are a crucial part of UNICEF’s work in this sector, including the provision of two insecticide-treated nets to families and wide-scale vaccination campaigns. For example, in Somalia from July to December, UNICEF and partners provided 144,000 long-lasting insecticide-treated mosquito nets (LLITNs) to 50 per cent of the target population, despite the difficult access in Central and Southern Somalia. In Djibouti, following several measles
outbreaks in June and August. UNICEF supported a mop-up immunization campaign and in December, supported mass immunization against measles and polio, deworming and vitamin A supplementation, launched by the President of Djibouti. Over 113,000 children under five were vaccinated, with 94 per cent total coverage. In Sudan, UNICEF helped maintain polio-free status since March 2009 and conducted mass measles campaigns covering over 90 per cent of under-five children in the country. In Afghanistan, in low coverage districts a measles vaccination campaign helped to increase coverage up to 98 per cent. In Tajikistan, UNICEF supported the Ministry of Health’s efforts to ensure that almost 1 million children under five, more than 98 per cent of the target, received two additional doses of polio vaccine during two rounds of polio campaigns in April and May 2011 in an effort to sustain the polio-free status of the region.

**Health in Ethiopia**

From July onwards, in drought-affected areas, UNICEF’s health sector support contributed to a more robust health system moving into 2012, with strengthened capacity to respond to emergencies and greater resilience to their impact. The Government’s subnational measles supplementary immunization campaign, launched on 25 September 2011, reached 97 per cent of children aged 6 months to 15 years (6.7 million children), focusing on 150 drought-affected woredas across the regions most affected. UNICEF supported the Ministry of Health and Regional Health Bureaus by providing vaccines and supplies, technical support and intensive social mobilization efforts. In refugee camps, refugees receive measles vaccines upon arrival in Dollo Ado, which UNICEF has supported since April 2011 by supplying vaccinations to UNHCR. This and the Expanded Programme on Immunization resulted in a 96 per cent coverage rate.

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

In 2011, UNICEF strengthened routine immunization coverage: In drought-affected areas in Kenya, emphasizing measles and polio, from August to end-December, overall coverage for children aged under one year improved from 42 to 62 per cent. UNICEF also supported the procurement of cold chain equipment for Dadaab refugee camps and provided measles vaccines for newly arriving refugees, increasing routine measles immunization coverage to 100 per cent and drastically reducing outbreaks. UNICEF supported populations with health supply provision. UNICEF provided immediate life-saving support for those affected by insecurity in Libya. In the city of Misrata, 30,000 people (100 per cent of the target) benefited from kits for emergency health, obstetric surgery, midwifery, resuscitation, and 32 first aid kits, jointly delivered with the World Food Programme (WFP). In terms of obstetric care, in Haiti, UNICEF supported the completion of two out of a planned four basic emergency obstetric care facilities in 2011, to re-establish access to an underserved area/population of around 124,000 women of childbearing age and 15,000 pregnant women. In the Democratic People’s Republic of Korea, above 98 per cent of all pregnant women received two doses of tetanus toxoid (TT) vaccine nationwide. In addition, more than 341,500 post-partum women received vitamin A
within first 30 days after delivery. Targeting vulnerable children affected by polio and physical disabilities as a result of the 2010 polio outbreak in Tajikistan, UNICEF, with the government, supported the training of 820 staff and 400 parents to provide services for nearly 700 children with disabilities at the local level.

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

UNICEF worked to improve health behaviour change in 2011. In Pakistan, to strengthen community outreach to the most hard-to-reach children, UNICEF provided support to rehabilitate of a network of Lady Health Workers from the flood-affected areas. This resulted in the successful mobilization of 6,700 of these health workers who conducted 93,000 health education sessions for 1.2 million mothers and pregnant women. In South Sudan, UNICEF supported efforts to ensure that children and women received the basic package of health services through implementation of the Accelerated Child Survival Intervention; as a result, nearly 632,000 households were reached with key messages on child survival.

**Commitment 5:** Women and children have access to essential household items.

In 2011, UNICEF’s health sections at country level continued both to ensure the supply of household items, as well as support in the coordination of non-food items (NFI) and ‘family kit’ provision as it falls under the remit of other sections in different country contexts. For example, in Côte d’Ivoire, nearly 14,000 emergency-affected households with women and children received cooking and eating utensils through the support of the UNICEF health section. In Myanmar, responding to the needs of the conflict-affected population in Kachin and those affected by the earthquake in Tarlay, UNICEF with partners supported 2,000 families with family kits, pre-packaged kits including household essentials such as soap, towel, cooking utensils and blankets; another 2,000 families received woollen blankets in Tarlay. In Sudan, the NFI Common Pipeline served over 290,000 newly displaced and disaster-affected people in the Darfur and South Kordofan states, in addition to 510,000 already displaced people in Darfur. In total, 1.4 million internally displaced persons (IDPs) were reached with NFI provisions, surpassing the target of 1.18 million. As a core partner for NFI Common Pipeline along with WFP and the International Organization for Migration (IOM), UNICEF procures all NFIs for the pipelines that serve over 90 per cent of NFI needs in Sudan.

**Challenges**

A common challenge at the country level is the shortage of human resources for health for specific positions, both at national level and at health facilities in rural areas, and the high level of trained staff turnover at facility level. Technical knowledge of many staff requires strengthening. Additionally, working in communities and rural areas continues to be a critical measure in order to reach the most vulnerable population, but also a particular challenge due to a lack of information and difficulties in information flow, which can inhibit programmatic activity. There is also a huge reliance in many countries on the already strained capacities of community health workers to reach rural communities. It is necessary, therefore, to continue to develop the capacity of national actors and to strengthen interventions, especially at the community level. A more long-term, sustainable approach is needed, with stronger links between development and
humanitarian programmes that assess and address risk, building on existing capacities and enhancing resilience.

**Water, sanitation and hygiene**

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

Water, sanitation and hygiene (WASH) are critical for survival in the initial stages of an emergency. People in emergencies – and especially children – are generally much more susceptible to illness and death from disease, often caused by a lack of sanitation, inadequate safe water supplies and poor hygiene. UNICEF works to protect and restore children’s right to safe supplies of water, to improved sanitary facilities and to be able to practise safe hygiene. UNICEF’s role in emergency programming encompasses direct response, support to capacity-building and preparedness, and response coordination at the global and country levels. In recovery contexts, UNICEF supports the development of national policies on water and sanitation and the strengthening of human resource capacity.

**Global response**

At global level, UNICEF continued to respond to the need for increased capacity-building of country offices to effectively provide immediate and appropriate humanitarian responses. UNICEF has been rolling out its WASH in Emergencies (WiE) training course since in mid-2009, reaching 46 per cent of all UNICEF WASH professional staff globally by the end of 2011, with French and Spanish translations also completed. By end-2010 41 per cent had been trained, but the transfer to UNICEF’s internal VISION operations system slowed the pace of the training, which will need to incorporate the changes in working modes. Also in 2011, the WiE course was fully adapted for use by and orientation of standby partner staff, with two trainings conducted in 2011, hosted by MSB (Swedish Civil Contingencies Agency) in Sweden (March) and RedR in Australia (July). The trainings of standby partners are timely, as standby deployments to the field for emergency response have increasingly gained importance over the past years, with staff in 2011 mainly deployed to Côte d'Ivoire, the Horn of Africa, South Sudan and the Arab Spring.

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

UNICEF continues to lead the IASC Global WASH Cluster (GWC). Key progress was made in the business mode of the GWC, with partners endorsing the working arrangements for the GWC in May 2011, which were subsequently officially issued. The GWC Strategy was endorsed at the April meeting, whereby UNICEF and emergency WASH partners are able to align their activities in support of shared objectives. The year also saw significant advances in cluster partner engagement with consortia of partners raising funds and implementing significant components of the strategic plan, including: the recruitment by partner agencies of six regional cluster advisers tasked to support WASH cluster preparedness at country level; and the development of a rapid assessment team to deploy immediately to emergency locations to identify the number, location and condition of the population affected by a disaster. Based on a successful pilot phase, an expansion (from six to nine members) and diversification (coordination and information management skills) of the rapid response team was initiated in November.
At the country level, as WASH cluster lead, UNICEF worked to ensure strong, coordinated, efficient, effective and timely humanitarian response. For example, in Zimbabwe, UNICEF continued to provide WASH cluster leadership with a full-time coordinator managing a partnership including more than 100 NGOs and private sector organizations. In Afghanistan, UNICEF continued to lead the WASH cluster at national level and was either lead or co-lead at subnational level, overall managing 51 member organizations, and contributing also to strong inter-cluster strategic planning and action.

**Water, sanitation and hygiene in Sudan**

Overall, in 2011, around 3.59 million people (109 per cent of the target) benefited from access to improved water sources. This was achieved through a strategic shift towards UNICEF’s refocus – improving access to WASH services among the underserved, particularly for conflict-affected populations in the Darfur region and the three transitional areas, targeting IDPs, returnees, host communities and the nomadic population. To this end, 115 further vulnerable rural and emergency-affected communities were identified in 2011. Needs assessments were conducted, community plans prepared and 3,900 community members were trained on water services management, operation and maintenance. As a result, 717,000 vulnerable people had access to improved drinking water from new and rehabilitated water sources. Further, 38,900 schoolchildren and staff in 97 schools now have increased access to water supply and sanitation. UNICEF also supported a sustained water supply for about 2 million IDPs, returnees and host communities by assisting the chlorination of water supply and providing apparatus and fuel for the operation and maintenance of water systems. A further 400,000 affected people in White Nile, Sennar, River Nile and Red Sea states were assisted through water trucking and installation of water tanks, treatment units and distribution points.

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

UNICEF supported over 18.5 million people with access to safe water to agreed standards.

Provision of clean drinking water is a crucial life-saving intervention in emergencies. For instance, over the year in Ethiopia, in drought- and flood-affected areas, water-trucking operations reached some 187,000 people (114 per cent of target), including 30,000 children under five. The provision of water treatment chemicals benefited approximately 406,000 people (124 per cent of target), including 65,000 children under five. In Libya, the conflict crisis impacted desalination and chlorination plants that deliver water to households. UNICEF assisted with the procurement of 60 tons of essential anti-scalant chemicals to five desalination plants in Eastern Libya, covering the needs of 500,000 people during 100 days, doubling the original goal of assisting 250,000 vulnerable people. The WASH programme in the Democratic People’s Republic of Korea shifted its focus in 2011 from urban to rural areas to better address urban/rural inequity and the gap in health indicators and service availability. Five gravity-fed water supply systems (one urban and four rural) were completed, providing
Through UNICEF support over 4.86 million people had access to appropriately designed toilets and 12.5 million people had access to soap or alternative hand-washing facilities.

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

Diarrhoeal episodes have been found to be reduced by 32 per cent by improving sanitation and 44 per cent by hand washing with soap; for this reason, provision of sanitation and hygiene is a critical WASH intervention in humanitarian action. In Djibouti, access to toilets and washing facilities was improved as 26,000 people (of a target of 20,000) benefited from the construction of 150 family latrines. In response to the 2011 floods in Pakistan, over 562,000 people (of a target of 600,000), including nearly 290,000 children, were reached with access to gender-sensitive sanitation facilities. UNICEF also reinforced community approaches to sanitation in 2011, through the Pakistan Approaches to Sanitation (PATS) initiative – integrated support for toilet construction, hygiene promotion, social mobilization and improved household water treatment – which maximized humanitarian funding opportunities to reinforce sustainable development, reaching over 3 million people with improved sanitation in 2011. In Kenya, from July onwards, water trucking and the repair and rehabilitation of water sources enabled UNICEF to reach 1,090,000 people (of whom 654,000 are children) with access to safe water, including 270,000 people accessing nutrition services in 85 health centres and 88,000 children in 172 schools.

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

UNICEF supports dissemination of information to strengthen prevention of illness in emergencies. In 2011, one of the organization’s most important achievements in the Central African Republic was a coordinated, rapid and effective response to contain the country’s first cholera outbreak in 15 years. Community networks circulated flyers and posters on the risks, prevention and treatment of cholera, reaching an estimated 140,000 persons among the cholera-affected population; the weekly case fatality rate was reduced from 25 per cent in week 38 to 0 per cent from week 45 onwards, clearly indicating an increased capacity to identify and treat cases successfully. In the Yushu earthquake zone in China, UNICEF supported community working units to reach 100,000 residents living in temporary settlements with social mobilization messages for environmental clean-up, community-based hygiene promotion, and utilization of sanitation facilities and drinking water. In Kyrgyzstan, trainings in hygiene behaviour change reached almost 20,000 children, in the most vulnerable municipalities.

Commitment 5: Children access safe water, sanitation and hygiene facilities in their learning environment and in child-friendly spaces.
UNICEF continued to promote WASH in schools for the benefit of children, teachers and caregivers in 2011. In the Occupied Palestinian Territory, tankered water was provided to 216 schools in Gaza throughout the scholastic year 2010/2011, benefiting nearly 125,000 children (70,000 girls and 55,000 boys). In Sri Lanka, to address the floods in 2011, more than 102,000 children in 114 schools gained access to child-friendly water and sanitation facilities, including hand washing and safe disposal of human waste. This created a better environment for effective learning and teaching, resulting in improved school attendance rates (up 5 per cent, to 15 per cent). In 2011, in Haiti, with the support of UNICEF and partners, WASH facilities in schools were installed in 48 schools, reaching 17,600 schoolchildren.

Challenges

WASH is a key component in the delivery of other sectoral interventions (such as WASH in schools, temporary learning spaces, nutrition and childcare centres, among others) and as such there is a need for the WASH sector to have adequate capacity and resources to be able to appropriately and proactively support this integration, engaging these sectors in all phases of the emergency for a better impact of UNICEF action. More generally, continued investment is required for the training, maintenance and management of human resource rosters for the WASH cluster, and for UNICEF programmes. In recent years, the increasing use of standby secondments and internal redeployment of UNICEF WASH staff to programme and cluster functions highlight the need for the organization to strengthen efforts to expand talent pools, strengthen the capacities of internally deployed staff and expedite recruitment from external sources.

Child protection

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

Emergencies can cause displacement, breakdown of family and social structures, erosion of traditional value systems, and violence, all of which seriously degrade the protective environment for children. Child Protection in Emergencies (CPiE) work is the prevention of and response to abuse, neglect, exploitation of and violence against children in emergencies – in practice it encompasses child protection programmes and systems building, as well as integrating child protection actions into all other humanitarian sectors.

Global response

At global level, UNICEF continued to strengthen the quality of child protection responses. A crucial step forward in formalizing CPiE standards was made in 2011, with UNICEF playing a lead role within the global-level Child Protection Working Group (CPWG) in developing a set of inter-agency minimum standards for Child Protection in Humanitarian Response. Country consultations are now ongoing in 18 countries. To improve inter-agency child protection responses, the child protection rapid assessment toolkit was reviewed and revised, and UNICEF supported the piloting of this tool in Côte d’Ivoire and Somalia. UNICEF also supported the development of guidance for implementation of the Monitoring, Analysis and Reporting Architecture to respond to Security Council Resolutions 1888 and 1960 (on conflict-related sexual violence), rolled out to over 20 countries. Building capacity for protection response, UNICEF, in collaboration with UNFPA and UNHCR, continued to implement the capacity-
building project funded by the European Community Humanitarian Office in eight countries, ensuring stronger engagement in and support for interventions concerning gender-based violence (GBV) by senior management, as well as greater multisectoral action and increased advocacy and fund-raising capabilities. UNICEF also continued to advocate for endorsement and implementation of the Paris Commitments and Paris Principles by Member States, and to support the global campaign for universal ratification and implementation of the Optional Protocols to the Convention on the Rights of the Child.

Strong field support for child protection continued in 2011. UNICEF child protection specialists provided in-country technical guidance and support to 14 countries and remote technical guidance and support to 20 countries to strengthen programme response in a range of contexts. In 2011, UNICEF’s global team provided significant technical support to country offices to develop layered interventions that provide basic structured psychosocial support to a significant number of children, often in child-friendly spaces (CFS), including in Egypt, Libya, the Occupied Palestinian Territory, Tunisia and Yemen.

Child protection in Pakistan

A new model was developed in 2011 in response to the floods in southern Pakistan. Learning from the lessons of the previous year’s disaster, UNICEF focused on integrated emergency interventions, co-locating child protection, GBV and educational services, as well as health, nutrition and WASH where possible, and including mobile outreach services. The aim was to create an environment to improve the safety, health and well-being of children, including adolescents, and women through integrated, community-organized, age- and gender-appropriate activities and services. The result was PLaCES (Protective Learning and Community Emergency Services). By combining services through PLaCES, UNICEF sought a greater impact for beneficiaries and increased cost-effectiveness, also addressing some challenges experienced in the 2010 floods, such as: a need for more interaction between and complementarity of education, protection and health services, and referral of cases; a need for organized activities for adolescent girls and boys who had tended to engage less in regular CFS; and a lack of a clear transition mechanism from emergency to early recovery; and long-term sustainability. The total beneficiary number reflects the overwhelming need and demand: as of end-2011, more than 126,000 children and 55,000 women were accessing the services.

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

At global level, UNICEF in 2011 continued to lead the Child Protection Working Group (CPWG), co-lead the gender-based violence area of responsibility (GBV AoR) with UNFPA, under the broader Protection Cluster, and co-chair the Mental Health and Psychosocial Support Reference Group (MHPSS RG). At country level, UNICEF led or co-led coordination of child
UNICEF supported around 2 million children with safe access to community spaces for socializing, play and learning.
Globally in 2011, over 18,300 separated children were reunified with family members.

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

Strengthening national capacities for preventing and addressing child separation is a critical protective intervention. This is a key issue in Sri Lanka, where UNICEF continued to support expansion of the Family Tracing and Reunification (FTR) Unit to all districts in the north. As of 2011, FTR units have successfully traced 117 children, of whom 54 have been or are being reunified with their parents or relatives. In Somalia, through CFS, 543 separated and 223 unaccompanied children were identified at the border areas with Ethiopia and Kenya and provided with food, medical care and psychosocial support. The child protection programme is also working to introduce the inter-agency child protection information management system to support with tracking and case management of unaccompanied/separated children. Following the post-electoral crisis in neighbouring Côte d’Ivoire, in Liberia, UNICEF trained 154 child protection workers to support reunification of Ivorian separated refugee children. As result, 1,672 separated children were reunified with their families or placed in foster care.

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

Emergencies often heighten risks of violence, abuse and exploitation. In Côte d’Ivoire, over 977,000 persons (of a target of 1,242,000) were reached by awareness sessions on the risks of violence, abuse and exploitation against children. In Sudan, UNICEF supported the establishment of 18 operational Family and Child Protection Units and outreach desks in rural and refugee areas in 2012, which offer services to women and children. The units in Khartoum, for example, reported 2,734 victims of violence in 2011, a 32 per cent growth from 2010. In the Democratic Republic of the Congo, almost 20,000 cases of sexual violence (including 6,000 children, 2 per cent of whom are boys) were reported and assisted by UNICEF and partners. In Kyrgyzstan, as part of post-conflict recovery and emergency preparedness, UNICEF supported the training of over 246 community members on gender equality and GBV prevention.

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

The provision of psychosocial support is a critical aspect of emergency response, particularly in conflict contexts. The response in 2011 focused on greater integration between community-based child protection responses and mental health and psychosocial support. In Afghanistan, 2,728 (2108 boys, 620 girls) of a target of 4,000 vulnerable children were identified by UNICEF-supported Child Protection Action Networks and benefited from integrated psychosocial support through referral to mainstream services such education, health, family reunification, individual counselling, family mediation or legal aid. In Iraq, around 86,000 refugees were reached with community-based psychosocial care activities, double the original target. In Tunisia, in
In 2011, over 11,600 children associated with armed forces or groups received UNICEF support to reintegrate into their families and communities.

In conflict contexts, child recruitment and the need for child reintegration into families and communities are pressing issues that UNICEF seeks to address. For instance in South Sudan, a total of 447 children (of a target of 1,500) benefited from release and reintegration assistance programmes supported by UNICEF, despite lack of accessibility in some areas for security reasons. UNICEF South Sudan has also been working with the Republic of South Sudan DDR Commission to finalize a new programme on disarmament, demobilization and reintegration, including children, for implementation in 2012. In the Democratic Republic of the Congo, through UNICEF support, almost 2,000 children (of whom 266 were girls) were released from armed forces and armed groups and another 5,000 children (1,915 girls) received reintegration support. UNICEF conducted a study in the Occupied Palestinian Territory to assess the situation of Palestinian children held in Israeli military detention and is currently in dialogue with Israeli authorities to promote the introduction of safeguards in the system and enhance the protection of children.

Commitment 7: Child recruitment and use, as well as illegal and arbitrary detention, are addressed and prevented for conflict-affected children.

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

UNICEF works to ensure the safety of children and women from landmines or unexploded ordnances. For instance in Eritrea – a country that estimates 1 in 10 causes of child morbidity is from injuries from landmines – UNICEF supported national authorities to provide mine risk education to some 373,000 people, exceeding targets by 24 per cent. In addition, UNICEF continued to support the Ministry of Health’s mine incident surveillance efforts through the integration of mine incidents into broader injury surveillance and the public health system. To protect the well-being and safety of children in Libya, approximately 13,000 children benefited from UNICEF-supported risk awareness sessions. As co-leader of the CPWG, UNICEF coordinated a risk assessment and worked with partners to ensure the clearance of unexploded ordnances in 60 schools in Eastern Libya, benefiting an estimated 20,000 children. In Iraq, a national mine risk education strategy planned for 2012 to 2014 was developed, which includes the development of mine risk education guidelines and standards to be applied countrywide.

Challenges
Despite the progress that has been made in terms of advocacy and developing and disseminating tools, there is still a lack of appreciation of the significance and complexity of child protection issues from all quarters; likewise, demonstrating evidence on child protective measures remains a major challenge. Consequently, to some extent child protection continues...
to suffer from low prioritization – leading to problems such as a lack of funding and human resources, and in some cases, slow scale-up of responses on the ground. Continued joint advocacy by sector partners in 2012 will be a critical element in ensuring CPiE is appropriately and sufficiently integrated into future emergency responses. For MHPSS, the hiring of capacity at headquarters level (missing for much of 2011) and the roll-out of MHPSS guidance will help to strengthen understanding and programming in this area in 2012. Finally, to address mine action challenges, UNICEF will continue to advocate and support capacity for strengthened surveillance, as well the development of standards and guidance on victim assistance.

**Education**

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

In situations of emergency, chronic crisis and early reconstruction, education provides physical, psychosocial and cognitive protection that can be both life-saving and life-sustaining for children and adolescents. It offers safe spaces for learning and provides a sense of normalcy, stability and hope for the future; helps to protect children against exploitation and harm; and provides life-saving knowledge and skills during emergencies. Emergency education response also strengthens systems, contributing to a country’s longer-term recovery and economic stability.

**Global response**

Last year, 28 million children of primary school age – 42 per cent of the world total – were living in conflict-affected countries. UNICEF worked at the global level in 2011 to address these issues and build capacity to support education services for children in conflict and disaster settings. For example, UNICEF participated as a Steering Committee member on the Global Coalition to Protect Education from Attack while supporting several global- and country-level initiatives. In over 42 countries, the Education in Emergencies and Post-Conflict Transition Programme (EEPCT) provided flexible funding and environments in which innovative and needs-based preparedness and response activities took place at all levels.

Education also remains a key UNICEF entry point for disaster risk reduction (DRR) and climate change adaptation. For instance, it has continued to push for the institutionalization of DRR within government education frameworks, including through seconding staff to governments (for example, in Burundi). All regions conducted capacity development workshops for UNICEF, government and partners on Education in Emergencies (EiE), some resulting in draft country action plans, including: (i) rolling out EiE training packages at national and/or subnational level; (ii) strengthening DRR preparedness/contingency planning; and (iii) mainstreaming EiE and DRR into national policies. UNICEF also provided assistance to the Education Cluster on its technical DRR guidance note and advocated for the mainstreaming of DRR into regular development programmes, including gathering an evidence base through 13 case studies from 9 countries into a Compendium on Transitional Learning Spaces.

### Education in Kenya

**Drought-affected areas:** As a result of the Horn of Africa crisis, an estimated 508,000 children suffered disrupted education in drought-prone areas of north and north-eastern Kenya. Beginning in July, UNICEF partnered with NGOs to provide education and supplies for 105,000 drought-affected children. In Kenya, support to boarding schools is a key means of providing both food security and education to children in drought-stricken areas. With the Ministry of Education, UNICEF developed a DRR manual for low-cost boarding schools and
reinforced the capacity of 236 teachers and district quality assurance and standards officers on disaster preparedness and management for future droughts. **Refugee camps:** To address the needs of over 110,000 refugee children aged 6–17 years affected by the Horn of Africa crisis, UNICEF worked with NGOs to support access to education for over 49,000 children, by providing services and supplies, including early childhood development materials, teaching and learning materials and recreation kits. Additionally, UNICEF collaborated with UNHCR and NGOs to finalize the Dadaab Education Strategy 2012–2015 to improve access and quality of education in the camps, which led the Ministry of Education to develop a government policy on refugee education in Kenya.

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

At the global level, UNICEF and Save the Children completed a review of the co-lead arrangement of the Education Cluster. Both organizations have renewed commitment to continue and strengthen co-leadership of the Education Cluster at the highest level. UNICEF has reached agreement with cluster partners Finn Church Aid and NORCAP (Norwegian Capacity, operated by the Norwegian Refugee Council) to establish a rapid response team (akin to teams for other clusters) to provide predictable and strong Education Cluster coordination surge support. To ensure strong support for particular countries, the global Education Cluster developed a ‘watch list’ to enable more strategic country engagement, focusing on nine countries in 2011. To develop capacity, a total of 14 Education Cluster coordinator trainings were held for 380 staff (up from 250 in 2010).

UNICEF also led Education Clusters at the country level: responding to the crisis in **Somalia**, the Education Cluster partners carried out two rapid needs assessments covering all regions in south central Somalia and successfully advocated for funding to address needs and gaps. Addressing natural disasters in the **Philippines**, EiE capacities of national and regional Education Clusters were strengthened through three batches of frontline responders training in collaboration with partners, with 93 participants trained.

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

Enabling school-age children, including adolescents, to have access to formal and non-formal basic education is a key emergency education intervention supported by UNICEF. For example, in response to the 2011 floods in Pakistan, UNICEF established 2,070 temporary learning centres in Sindh and enrolled 102,500

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**Around 8.76 million** school-aged children, including adolescents, accessed formal and non-formal basic education through UNICEF support.
children (45 per cent girls). Due to capacity constraints, this number was about half the target, although it constituted the majority of the cluster partners’ total. Of those, 38,000 children are ‘first timers’ who had never before been to school. Responding to the needs of vulnerable Iraqi children, in Jordan UNICEF and its partners surpassed the target of 2,000, reaching almost 8,000 Iraqi and Jordanian children, parents and community members with early childhood, remedial and informal education; in the Syrian Arab Republic, around 1,700 Iraqi children (about 48 per cent girls) benefited from an improved educational environment and space.

UNICEF worked with partners to deliver school supplies (e.g. textbooks and learning kits) to ensure quality education in emergencies for students in humanitarian situations. In the Central African Republic, UNICEF supported the distribution of 165 education kits to 6,600 vulnerable children and in Eritrea, essential education supplies were provided for approximately 6,800 students (44 per cent girls), of a target of 15,000. Responding to the armed conflict in Kachin state in Myanmar, UNICEF provided essential learning packages, textbooks, school kits and recreation kits for around 12,500 primary children in IDP camps.

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

UNICEF continues to support safe learning environments for children, in conflict and natural disaster contexts. In Nepal, 36 master trainers (20 per cent female) and 720 teachers were trained and 72,000 children (50 per cent girls) in 360 schools gained knowledge and awareness on earthquake preparedness. Furthermore, the Government of Nepal declared all schools as “zones of peace” (SZOP Campaign) and endorsed the National Framework and Implementing Guidelines. The SZOP initiative was expanded to an additional 130 schools, totalling 744 schools in 9 affected districts that committed to remaining open despite political conflicts. In Sri Lanka, over 35,000 conflict-affected children in the Northern Province benefited from 73 schools being reconstructed or rehabilitated and equipped through UNICEF support. In Tajikistan, UNICEF with the government supported a school-based DRR model, implemented in 16 target schools in 4 disaster-prone districts, mobilizing communities and providing emergency preparedness and response-related supplies for over 9,000 children.

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

In 2011, UNICEF continued to address the psychosocial needs of children affected by conflict and to provide life-saving skills and messages. In Yemen, support was provided with the child protection programme and local NGOs to 12,000 students, of whom 60 per cent were girls, in conflict-affected areas, providing recreational activities, psychosocial support and trauma healing opportunities. In the Democratic Republic of the Congo, more than 107,000 children (45 per cent girls), over 52 per cent of the target, have had improved access to education and psychosocial support through the rehabilitation and equipment of 350 adapted protective spaces, reducing risks of psychosocial stress. In Afghanistan, UNICEF EiE programming focused on psychosocial support and school protection with 2,100 schoolteachers trained in psychosocial support by 120 trained master trainers in Kandahar City; 670 teachers remain active in ongoing training.
Commitment 5: Adolescents, young children and caregivers access appropriate life skills programmes and information about the emergency, and those who have missed out on schooling, especially adolescents, receive information on educational options.

Provision of life skills education is a critical intervention for older youth. In the Occupied Palestinian Territory, with NGOs and the government, UNICEF continued to support 93 community-based organizations to offer quality adolescent-friendly activities, reaching 59,000 adolescents aged 10–18 with after-school remedial learning, recreational activities, life skills-based education and adolescent-led community initiatives. Almost half were girls who, without this programme, would have little or no access to activities outside the school. Around 75 per cent of the 93 adolescent-friendly spaces supported by UNICEF were located in vulnerable areas. In Côte d’Ivoire, UNICEF supported 1,700 volunteer teachers with training on basic pedagogical competencies to integrate them in the formal school system. In Haiti, almost 15,000 children (out of the planned 20,200) in relocation camps, host communities and returning areas accessed education after the earthquake either by reintegrating into schools or by attending temporary learning spaces and life skills sessions.

Challenges
Education continues to face significant challenges to being prioritized as a life-saving part of humanitarian response, with challenges often receiving with only 2 per cent of humanitarian funding dedicated to education in recent years. In addition, the global financial crisis has put pressure on aid budgets and on national budgets, threatening the progress achieved in education in emergencies over the last decade. Capacity is low in many cases: The number of partners working in the sector during emergencies is often limited, as is the number of proficient technical staff that can be deployed to support. UNICEF will continue to strengthen capacity at all levels, including through training staff and developing standby arrangements and rosters as well as overall programme monitoring capacity. Finally, UNICEF is continuing to explore ways of addressing gender discrimination and challenging social norms enhancing girls’ access to education.

HIV and AIDS
Strategic result: Vulnerability to HIV infection in humanitarian crisis is not increased and HIV-related care needs arising from a humanitarian crisis are met.

People living with HIV – especially children – are often more vulnerable to the consequences of emergencies, including losing access to essential services such as antiretroviral treatment. UNICEF works in a range of contexts supporting affected populations with prevention of mother-to-child transmission (PMTCT), paediatric antiretroviral therapy (ART), provision of related training, and post-rape care including post-exposure prophylaxis for HIV (PEP). UNICEF’s programming in other sectors can help to prevent behaviours and situations that can increase the risk of HIV transmission. This often requires a specific focus on working with local authorities to better understand the risk of HIV infection among young children, adolescents and young people in the context of national and subnational humanitarian responses. All of these interventions in emergency situations are important for reaching the global targets including universal access and virtual elimination of mother-to-child transmission.
Global response
At the global level in 2011, UNICEF worked to strengthen capacity for HIV in emergencies programming, including through the roll out of the revised IASC Guidelines for Addressing HIV in Humanitarian Settings. The IASC Task Force on HIV/AIDS targeted five countries with support (the Central African Republic, the Democratic Republic of the Congo, Haiti, South Sudan and Zimbabwe) and much of this work aims to ensure that HIV is integrated into humanitarian response, across all clusters and sectors – a crucial, yet often overlooked step. UNICEF and UNAIDS co-facilitated a training on the revised IASC Guidelines in Juba, South Sudan in April for the Government, UN organizations, international NGOs and civil society. Draft workplans for integrating HIV into cluster response plans were developed. Simultaneously, UNICEF provided training to child protection officers on GBV and HIV/AIDS, also in Juba. A mission to Haiti to launch an intersectoral initiative with the HIV/AIDS, child protection and youth sections was conducted in May, to increase the utilization of care along the continuum of HIV, GBV and sexual and reproductive health-related services.

HIV and AIDS in Côte d’Ivoire

Côte d’Ivoire has the highest adult HIV prevalence in West Africa. The post-election violence that started in 2010, resulted in the collapse of many services and a failure to meet the health care needs of the displaced, including those living with HIV or AIDS. Some areas of the country lost nearly half of all medical staff since the beginning of the crisis. As a result, public HIV prevention services ceased to operate and some agencies suspended their activities. In collaboration with partners, UNICEF concentrated on strengthening the capacity of NGOs and community-based organizations to provide HIV-related services and commodities. For example, UNICEF made PEP available in the country’s four main regions to ensure that survivors of sexual violence have access to this important service. In collaboration with partners, UNICEF also trained nurses and midwives on PMTCT in a number of districts, and tracked key indicators, such as children receiving antiretrovirals in IDP camps and is providing HIV testing at voluntary counselling and testing centres. These efforts are starting to yield results, but progress has been uneven. As of December 2011, only 4,000 HIV-positive children who were on ART before the crisis are continuing to receive treatment – meeting only 67 per cent of the target. Fewer than 9,500 orphans and vulnerable children at high risk of HIV have access to essential services, falling short of the target of 15,000. Still, some targets are being met. At the end of 2011, 1,970 internally displaced pregnant women with HIV who were on ART before the crisis continued to receive treatment for PMTCT, exceeding the target of 1,844.

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

Given the lack of knowledge and cultural barriers around the prevention and treatment of HIV/AIDS, information dissemination is a crucial aspect of UNICEF’s response in emergencies. In 2011, UNICEF, with partners, in Ethiopia supported the development of a minimum package for HIV and AIDS interventions in emergencies. The package, scheduled to be launched at the end of April 2012, includes information on HIV prevention, treatment, care and support and other relevant information to support individuals and groups responding to emergencies. The
UNICEF Sudan Country Office did not receive humanitarian funds for HIV/AIDS interventions in 2011. UNICEF was, however, able to provide HIV prevention skills and knowledge to approximately 30,000 adolescents in the Darfur states, mostly in IDP settings. In addition, 5,000 returnees of young age were also reached with HIV prevention skills and knowledge in the Kosti way station. The specific WASH needs of HIV-infected and affected households are a key public health issue for Zimbabwe. Home-based care workers continued to play an active part in the social mobilization campaign during water disease outbreaks. Partners’ hygiene and health promotion during outbreaks included awareness on HIV and AIDS prevention. During the reporting period, about 1,160 adolescents living with HIV received information and skills on disclosure and ART adherence, while 29 HIV-positive youth peer support leaders (76 per cent girls) were trained to promote safe sexual and reproductive health.

Commitment 2: Children, young people and women access HIV and AIDS prevention, care and treatment during crisis.

Scaling up of HIV/AIDS services in emergencies, including PMTCT, is critical to ensure the needs of the affected populations are met and lives are saved. In South Sudan, remarkable progress was made in PMTCT with 49,000 pregnant women (97 per cent of the target) receiving antenatal care services in 42 sites across the 10 states, being counselled, tested and receiving results. Nearly 600 women living with HIV received antiretroviral prophylaxis to prevent HIV transmission to their infant – over 10 per cent more than in 2010. The number of HIV-exposed infants receiving antiretroviral prophylaxis has also increased to almost 400 – double the number of 2010. Nearly 39,000 sexually active persons in vulnerable communities gained access to HIV testing services – twice the target set. In 2011 in Haiti, UNICEF provided crucial support to the Ministry of Health for PMTCT, with support services targeting pregnant women introduced in 11 additional health facilities located in four departments. In each of these departments coverage of PMTCT services has increased by 50 per cent on average, allowing care for more than 800 HIV-positive pregnant women who were previously not covered. With UNICEF support, 149,000 pregnant women received HIV testing, and 1,870 HIV-positive pregnant women and over 2,000 children born from HIV-infected mothers received antiretroviral treatment (35 per cent of the target). To increase demand for PMTCT services and encourage community support, UNICEF also worked with the government to launch a national mass media communication campaign on PMTCT. Responding to the famine and conflict in Somalia, UNICEF, through partners, supplied post-rape care kits that included PEP to mother and child health clinics in all 16 districts of Mogadishu, reaching 2,500 persons. Maternal and child health workers were trained on psychosocial support and clinical management of rape. From September, 57 cases of new HIV infections were referred to hospitals.

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

The continuum of HIV/AIDS care is a crucial element to ensuring the well-being of people living with HIV in emergencies and in transitioning into the recovery phase. In China, UNICEF supported psychosocial support activities for earthquake-affected women with HIV. To strengthen local actions for community care, UNICEF supported training on post-earthquake psychosocial support for 65 grass-roots social workers, who conducted home visits to 553 families and provided group counselling to 220 children from elementary schools. Among these
families, 21 children living with HIV received timely hygiene education and supplies along with supplementary food packages; 44 children returned to school after receiving school subsidies and assistance from community workers for household work; and all 726 women and 50 children living with HIV/AIDS were guaranteed two years of free treatment for opportunistic infections in local clinics and hospitals. In Pakistan, the new protective model PLaCES (Protective Learning and Community Emergency Services) – dedicated spaces for children, adolescents and women – provided an opportunity to learn about the long-term consequences of child marriage on female children, such as health risks associated with sexually transmitted infections, including HIV, and provided HIV referral services to ensure continuum of care.

UNICEF supported around 835,000 pregnant women with HIV and AIDS prevention, care and treatment services, including PMTCT.

Cross-cutting
While HIV is a stand-alone CCC sector, it is also a critical cross-cutting issue within other sectors. At country level, for instance, in Zimbabwe, within the Nutrition Cluster, the integration of HIV into community-based management of acute malnutrition (CMAM) with infant and young child feeding (IYCF) activities has been a real challenge; however, UNICEF and the government initiated a model project towards full integration of IYCF, CMAM, paediatric HIV and PMTCT in eight districts, using non-emergency resources. The community IYCF trainings currently include modules on IYCF in the context of HIV, and those trained health workers are expected to practice effective cross-referral between nutrition and HIV interventions. In the Democratic Republic of the Congo, the Education Cluster, coordinated by UNICEF, developed guidelines for partners to enhance their capacities on HIV/AIDS.

Challenges
HIV/AIDS is perhaps the most challenging of the cross-cutting issues, since there is a need both for specific HIV/AIDS programmes as well as the integration of HIV/AIDS considerations into the programmes of other sectors. Given this issue, ensuring that HIV and AIDS programming is adequately resourced is difficult. For example, in the Central African Republic, UNICEF planned to focus on improving HIV coordination mechanisms to strengthen awareness-raising of HIV among young people and making HIV testing available in emergency zones; however, these activities were not implemented due to lack of funds received in 2011 for HIV in emergencies. At global, regional and national levels, resources for HIV/AIDS continue to be scarce, yet they are essential for UNICEF to uphold its mandate, especially in reaching the most vulnerable populations and the global target of universal access to treatment and elimination of mother-to-child transmission.

Supply and logistics

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

Global response
During the year, UNICEF’s Copenhagen-based Supply Division supported 50 countries in emergencies and responded to over 600 emergency orders, of which 170 were considered rapid response. The total value of emergency procurement for the year was $166 million, with Somalia alone accounting for $68 million. Some 73 per cent of the money UNICEF spent on emergency supply orders throughout the year was for the Eastern and Southern Africa Region, with the emergency response to the Horn of Africa creating an exceptionally high demand.
Some 70 per cent of resources spent on all emergency supply orders were for medical commodities, including nutrition supplies.

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

UNICEF stretched beyond its mandate to deliver non-traditional supplies in humanitarian contexts in 2011. The massive humanitarian response to the drought and famine in the Horn of Africa, combined with the lack of general food distribution in southern Somalia, required the organization to step into the role of food supplier to reach hundreds of thousands of children through traditional and innovative nutrition programmes, including blanket supplementary feeding. As a result, UNICEF expanded its supply efforts beyond its normal product range to include the procurement and distribution of corn soya blend (CSB) flour and regionally procured food staples (e.g. rice, pulses, oil) for blanket supplementary feeding. Beginning in July, the organization rapidly scaled up its supply and logistics operations to secure the pipeline of CSB and other life-saving supplies to the region. While a sustained sea-freight pipeline was established in October, the first bulk shipments of CSB arrived in Somalia in July by airlift to cover the lead times required for overseas shipping and manufacturing production capacity. Food constituted at least 75 per cent of the procurement for the Horn response. UNICEF also went beyond its regular scope of commodity supply in procuring and shipping 21 million litres of water into Libya, in addition to essential medicines and health kits. Other major humanitarian supply efforts included the provision of health and WASH goods to the victims of a devastating cholera outbreak in West and Central Africa ($1.9 million), widespread flooding in the Philippines following tropical storm Sendong ($6.7 million) and repeat flooding in Pakistan brought on by monsoonal rains ($6.1 million).

The increase in the number of Level 3, large-scale emergencies has underscored the importance of improved partner coordination, emergency simulation training and pre-positioning of stock for UNICEF supply operations. UNICEF continues to build capacity to further strengthen rapid supply and logistics operations in emergency situations. Five senior emergency supply and logistics staff members were trained as members of immediate response teams in a week-long emergency simulation in 2011. UNICEF also trained 298 people, including government counterparts, international and local NGOs, as well as UNICEF staff in 13 country offices, in warehousing and transport management.

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

Between 1 July and 15 December 2011, UNICEF purchased $87.4 million worth of supplies (local and offshore) for the humanitarian response in the Horn of Africa, with more than half ($49.8 million) devoted to nutrition programmes, including $35.4 million in Somalia. This in turn has supported a scale-up that has almost doubled the number of nutrition programmes operating in southern Somalia. In addition to the cost of supplies, over $15.4 million was spent on offshore freight alone (air and sea) during this period. Of the total procured value, 37 per cent ($32.3 million) was incurred locally in Djibouti, Ethiopia, Kenya and Somalia. By leveraging in-kind-assistance arrangements throughout the response, the organization saved $2.25 million in airlifting cargo and warehousing of supplies. In addition, UNICEF continues to use its influence
on global markets to drive down the price of commodities for women and children and maximize the efficiency of every donor dollar, including in humanitarian contexts.

Challenges
The organization has faced complex challenges to meet the requirements for non-traditional supplies in high-threat environments. In particular, restricted humanitarian access in Somalia has hampered UNICEF’s efforts to deliver life-saving assistance to regions ravaged by famine and conflict. On 28 November, Al-Shabaab, the main radical Islamist group in Somalia, banned 16 humanitarian organizations, including UNICEF, from operating inside militant-controlled areas of the south. As a result, UNICEF has been forced to reduce its provision of emergency supplies to rebel-held areas of the country. Additional challenges were encountered in the immense transit of UNICEF emergency supplies to the Horn of Africa due to congestion at ports and slower-than-anticipated onward distribution from the organization’s CSB supply chain hub in Kenya, stemming mainly from slow transit processes. In response, UNICEF shifted its transit hub for the crisis to Dubai where the organization had access to donated storage space and CSB shipments from Europe and India could be swiftly transferred to barges and air charters headed to Mogadishu and Mombasa. Humanitarian access was also restricted in Libya due to security concerns during the country’s conflict.

Horn of Africa Emergency: Offshore and Local Orders from July 2011

* Data as of 15 December 2011.
Results by Operational Commitment

Media and communication

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

UNICEF’s communication and public advocacy work continues to draw timely media and public attention to the situation of children and women in emergency contexts. Regional communication and advocacy efforts highlighted the crisis in the Horn of Africa, the complex situation in Côte d’Ivoire, and the looming threat of a major nutrition crisis in the Sahel as each emergency evolved during 2011. Similar efforts in the face of the biggest cholera outbreak in recent times in West and Central Africa led to increased engagement by the donor and humanitarian community on an often overlooked issue. Events in Egypt, Libya, the Syrian Arab Republic, Tunisia and Yemen required a delicate balance between UNICEF fulfilling its mandate to uphold children’s rights through public positions and maintaining its neutrality in the midst of complex political sensitivities. Communication developments and innovations present challenges and opportunities for the humanitarian community as whole. Through digital and social media, information is instantly disseminated in the public domain. To stay relevant UNICEF needs to respond rapidly.

Throughout 2011, CARMA, an independent media analysis company, rated UNICEF’s media performance in the area of emergencies as highly favourable in terms of coverage by UNICEF’s target traditional and social media. Out of a list of media sources targeted by UNICEF as well as a random sampling of social media coverage, CARMA monitored all global online media coverage for stories that mentioned UNICEF at least twice in all United Nations languages in 2011. The graph below shows UNICEF media mentions focused on emergencies in 2011. The average favourability rating for all of 2011 was 69 (highly favourable), which was up from the 62 average in 2010.

UNICEF media performance, 2011
Commitment 2: Humanitarian needs and the actions taken to address them are communicated in a timely and credible manner to advocate for child-friendly solutions, increase support for the response and, where necessary, assist with fundraising.

The year was dominated by the crisis in the Horn of Africa, from raising awareness about the impending crisis and the impact on children and women through extensive media coverage globally, to mobilizing international support to scale up the humanitarian response. Strategic use of social media in the Eastern and Southern Africa Region also highlighted the crisis and assisted in mobilizing donors. For example, UNICEF appealed directly to YouTube during the Horn of Africa crisis resulting in a featured spotlight on their homepage titled ‘Aid for Africa’. UNICEF’s video “The Horn of Africa: A full blown catastrophe...this is what it looks like” was one of seven aid agency videos placed in rotation on the YouTube homepage and generated over 512,000 video plays. This activity not only extended UNICEF’s audience reach and spread awareness of UNICEF’s key messages, but also generated 134,000 clicks to UNICEF.org and over 36,000 clicks to the Horn of Africa donate page. UNICEF also worked strategically to push for greater protection of children in the countries in the Middle East where protests toppled several governments.

Security

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

UNICEF’s ability to deliver humanitarian assistance to affected populations is frequently hindered due to high security threat environments or restrictions imposed by authorities or other entities. During 2011, UNICEF responded to 397 Significant Incident Reports (a major increase from past years, and over 30 of which were severe and critical incidents) affecting nearly 420 staff members and dependents. The organization’s security team continued to provide 24-hour global security support to headquarters, field programmes and operations. The New York-based Operations Centre (OPSCEN) maintained around-the-clock emergency communication and information services for staff in crisis situations, including daily updates from 15 large-scale emergencies in 2011. Efforts to ensure consistency in knowledge and practices among UNICEF security professionals continued through revision of UNICEF’s Security Operations Manual, with key chapters updated on the Framework of Accountability and UNICEF within the UN Security Management System. In order to deliver on UNICEF’s mandate and the CCCs, and based on experience, the organization has been developing guidance on remote programming as an approach to operating in hostile or restricted environments. The guidance will assist UNICEF staff in the field to operate critical programme and monitoring responsibilities through partners, including NGOs, private contractors or local authorities to deliver humanitarian assistance.
Human resources

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

UNICEF had 618 emergency surge deployments in 2011, with the highest deployment rates in response to major emergencies including the Horn of Africa drought and famine (247 surged), Libya and the Arab Spring (138 surged), the Côte d’Ivoire election crisis (102 surged) and preparedness measures during the creation of the new State of South Sudan (38 surged). Total deployment to emergencies was up 5 per cent from the 2010 figure of 587 personnel surged. Eighty-one per cent of requests for surge capacity support were met within 56 days (from the formal country office request to the arrival of staff in the country). For the Horn of Africa, the time required to recruit and process emergency surge deployments averaged 19.5 days, an improvement on the Haiti 2010 emergency’s average of 27 days. Three main deployment modalities were utilized: internal redeployments from UNICEF offices globally, external deployments, and standby partner arrangements. Standby partnerships accounted for 135 of UNICEF’s total emergency deployments for the year. For the Horn of Africa emergency response, ESARO used the rapid response mechanism (RRM) to deploy 44 pre-screened and qualified staff members from within the region. While the emergency recruitment process has been streamlined for speed since 2010, challenges still remain in the rapid deployment of staff to emergencies. The challenge in emergency deployment is the internal administrative procedures that do not facilitate a quick deployment of newly hired personnel. UNICEF is working to simplify procedures to accelerate deployment.

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

For staff operating in emergency contexts, **stress management training and counselling are essential to staff well-being.** Staff responding to emergencies work long hours under significant pressure, and this was no less true in 2011. A proposal to define minimum standards for working and living in emergencies is currently being reviewed for implementation. UNICEF provides group and individual counselling and ensures that all staff members impacted by incidents are reached out to with offers of support. In 2011, stress, trauma and resiliency-building workshops were held in Afghanistan, Haiti, Nigeria and Pakistan, with a total of 322 staff participating. In addition, 82 peer support volunteers were trained to provide services within their respective offices.

**Commitment 3:** Sexual exploitation and abuse by humanitarian workers is prevented.
There were no reported cases of sexual exploitation or abuse by UNICEF humanitarian workers in 2011. The organization continues to uphold its commitment to the guidelines set forth by the UN Secretary-General's Bulletin on special measures for the protection of sexual exploitation and sexual abuse (ST/SGB/2003/13) by ensuring that all staff, consultants and individual contractors are informed of UNICEF policy on this issue; confidential, established channels for issuing complaints are maintained; and timelines for disciplinary resolution of allegations are upheld.

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

UNICEF invested in bolstering the speed and strength of staff learning and preparedness for emergencies. During a week-long emergency simulation, 32 staff members were part of immediate response teams, providing UNICEF with a pool of experienced internal candidates who can be deployed to emergency situations within 48 hours. The organization is also expanding its rapid response mechanism (RRM), used for the quick redeployment of qualified and pre-screened staff within a region to a local emergency. Three out of seven regional offices (East Asia and Pacific Regional Office, ESARO and WCARO) have finalized the development of the rapid response mechanism. By the middle of 2012, The Americas and Caribbean Regional Office and the South Asia Regional Office will have developed an RRM, and by the end of 2012 all the seven regions will be well equipped with RRM. A new emergency deployment kit is also under development for 2012 completion to provide critical orientation material for UNICEF staff, standby partners and consultants deployed for emergency response. In addition, UNICEF revised its Emergency Preparedness and Response (EPR) training during the year to include new modules on the CCCs, Early Warning/Early Action, and emergency risk-informed programming. And as 2011 came to an end, UNICEF again began scaling up for another looming crisis, this time the nutritional crisis in the Sahel. By December, UNICEF had issued statements by the Executive and Regional Directors on the unfolding crisis, contributed to the development and launch of an inter-agency UN nutrition and food security strategy for the Sahel crisis, and established a regional emergency management team.

**Resource mobilization**

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

Throughout the year, the organization worked to meet extraordinary funding requirements amid the uncertain global financial context. UNICEF participated in 14 Consolidated Appeals Processes (CAPs) and issued seven Humanitarian Action Updates, two Immediate Needs Documents and one funding proposal in 2011, outlining the humanitarian situation, UNICEF activities to date, funding status and urgent funding needs. UNICEF also supported rapid funding for humanitarian action by processing 79 rapid response and 49 underfunded Central
Emergency Response Fund (CERF) proposals for a total of $107.2 million, and facilitated flash appeals for eight non-CAP countries. A total of 55 Emergency Programme Funds (EPF, a revolving internal loan) for $124.9 million were issued over the 2010/2011 biennium, including $43.2 million to 15 countries in 2011 (Somalia, Libya, Pakistan, Côte d’Ivoire and Liberia were among the largest).

UNICEF also worked at the policy level to strengthen humanitarian financing. It was a key contributor to the finalization of the new Umbrella Letter of Understanding between CERF and recipient agencies in April 2011. The changes should result in country offices receiving funding more quickly, for longer durations, with clear processes and increased accountability on the use of funds. UNICEF also took steps with Humanitarian Financing Group members in 2011 to implement the recommendations of the five-year evaluation of CERF. UNICEF has also issued new CAP guidance to support country, regional and headquarters staff with the 2012 CAP.

Finance and administration

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

UNICEF revised all financial policies and procedures in 2011 to streamline workflows and improve the efficiency of all financial transactions. In addition, standard financial and administrative operating procedures for Level 3 emergencies were developed to ensure that the organization is able to maintain operations while mitigating financial risk in the most severe humanitarian situations. Throughout the year, UNICEF also prepared to roll out its new Virtual Integrated System of Information (VISION), which went live in January 2012. The new system provides a uniform global system of real-time information and business processes across the organization while ensuring compliance with International Public Sector Accounting Standards (IPSAS). VISION will help streamline UNICEF’s management of resources and transactions to increase organizational efficiency. Special attention was given to training and preparing offices in emergency and post-emergency contexts (such as Afghanistan, the Democratic Republic of the Congo, Haiti, Pakistan and South Sudan) for VISION’s roll-out. The switch-over to the new system required a temporary two-week freeze on automated business transactions at the end of December, which led to significant preparations to prevent the disruption of business processes in emergency countries. In addition, preparedness measures for business continuity in the event of an emergency were strengthened through a business impact analysis of New York headquarters to inform a revised business continuity management plan. The new plan is scheduled for finalization in 2012.
Information and communication technology

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

Rapid ICT response was instrumental in ensuring the successful implementation of UNICEF emergency operations in 2011, providing tools for Internet access, email and security communications. This was especially crucial in the Horn of Africa emergency, where the ICT response also benefited in part from capacity built during the 2008 Kenya election emergency, with additional support provided through the surge of headquarters staff, standby partner secondments, as well as rapid procurement and deployment of equipment stocks. ICT staff and equipment were also provided to assist Egypt, Libya and Tunisia during the Arab Spring uprisings. UNICEF continues to support inter-agency coordination and collaboration at the global and local levels, through the Emergency Telecoms Cluster. The major ICT challenge in emergencies is to ensure timely and efficient deployment of existing resources, including pre-stocked ICT equipment and trained ICT responders. To build field emergency ICT capacity, UNICEF ran two one-week advanced responder courses, which successfully certified 37 UNICEF, WFP and Swedish Civil Contingencies Agency staff as ICT responders. To further support response capacity, an emergency stockpile of crucial ICT equipment is maintained ready for response out of the Copenhagen warehouse. In addition, the UNICEF Intranet’s emergency portal (‘e-portal’) resources are being revamped to strengthen staff access to information and resources for humanitarian action and post-crisis recovery. This included significant revisions to the security portion of the emergencies web page and development of the forthcoming CCC e-resources.

Funding

Income

Donor funding to UNICEF humanitarian programmes in 2011 amounted to $963 million, a 6 per cent decrease from 2010’s total emergency income of $1,023 million. Although in absolute terms funding over the last two years has been high in historical comparison to years without major emergencies, lack of funding for lower-profiled ‘silent emergencies’ continued to be a challenge, as $396 million or 41 per cent of all emergency income in 2011 was dedicated to the humanitarian response in the Horn of Africa, with the remaining $567 million directed towards UNICEF’s other emergency operations, including chronic humanitarian contexts. Governments and intergovernmental organizations continue to contribute the largest portion of funding towards UNICEF humanitarian programmes. In 2011, the European Commission surpassed the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) and the Central Emergency Response Fund (CERF) to become the single largest source of overall humanitarian funding for UNICEF with a total contribution of $126.8 million.
### Top 20 donors and funding sources: Other Resources Emergency (ORE)

<table>
<thead>
<tr>
<th>Donor</th>
<th>ORE (US$)</th>
<th>Donor</th>
<th>ORE (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>European Commission</td>
<td>126,804,884</td>
<td>German National Committee</td>
<td>22,538,810</td>
</tr>
<tr>
<td>UNOCHA*</td>
<td>114,605,084</td>
<td>Belgium</td>
<td>16,783,348</td>
</tr>
<tr>
<td>USA</td>
<td>98,234,871</td>
<td>Norway</td>
<td>16,638,620</td>
</tr>
<tr>
<td>Japan</td>
<td>97,900,000</td>
<td>Belgian National Committee</td>
<td>16,514,613</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>70,717,652</td>
<td>Denmark</td>
<td>16,129,900</td>
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<tr>
<td>UNDP*</td>
<td>50,528,852</td>
<td>Spain</td>
<td>15,512,915</td>
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<tr>
<td>Sweden</td>
<td>42,164,275</td>
<td>Japan National Committee</td>
<td>14,074,526</td>
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<td>Australia</td>
<td>33,896,236</td>
<td>Inter-American Development Bank**</td>
<td>13,999,484</td>
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<tr>
<td>France National Committee</td>
<td>23,785,334</td>
<td>Finland</td>
<td>12,247,928</td>
</tr>
<tr>
<td>United States Fund</td>
<td>22,590,857</td>
<td>Netherlands National Committee</td>
<td>10,609,961</td>
</tr>
</tbody>
</table>

*Contributions received through UNOCHA and UNDP mostly originate from the same group of major UNICEF government and intergovernmental donors and reflect inter-organizational funding arrangements, including CERF.

** This contribution was received through the Government of Haiti.

### Total Other Resources Emergency (ORE): $963 million

- **Governments and intergovernmental organizations**: $610 million (63%)
- **Private sector**: $190 million (20%)
- **Inter-organizational arrangements****: $163 million (17%)

* Intergovernmental organizations that provided ORE in 2011 include UNDP, UNOCHA, UNRWA and WHO.
** Inter-organizational arrangements include funds received through CERF, World Bank, Common Humanitarian Funds and other joint funding mechanisms.
The 2011 *Humanitarian Action for Children* (HAC), UNICEF’s newly renamed annual publication for children and women in emergencies, was launched in Geneva in March. With a theme of ‘building resilience’, the publication examined crises in 32 countries and 6 regions, providing information on UNICEF’s planned response, with funding requirements amounting to a total of $1.5 billion. The HAC Mid-Year Review was disseminated in early August, allowing countries and regions to provide an updated situation overview, information on results achieved and revised funding needs. The 2011 HAC budget was 59 per cent funded at the end of 2011 compared to 52 per cent in 2010. The largest recipients of humanitarian funding in 2011 included Somalia, Sudan, the Democratic Republic of the Congo, Pakistan, Ethiopia, Haiti, South Sudan, Kenya, Yemen and Zimbabwe.

The flexibility of the organization’s humanitarian work is greatly dependent on thematic, unearmarked humanitarian funding. Finland continues to contribute all of its funding as thematic humanitarian, while Norway contributes nearly all of its funding in this manner. In 2011, out of the total $963 million in humanitarian income received by UNICEF donors contributed $187 million (or 19 per cent) in thematic unearmarked funds. This constitutes a 44 per cent decline compared the $332 million recorded in 2010. Sixty-five per cent of this thematic funding was consumed by the emergency response to the drought and famine crisis in the Horn of Africa, with $65 million left over to cover other humanitarian situations.

What is thematic funding?

Thematic funding was created after the adoption of UNICEF’s medium-term strategic plan (MTSP) for 2001–2005 as an opportunity for donors to support the goals and objectives of the MTSP and to allow for longer-term planning and sustainability of programmes. While Regular Resources continue to be UNICEF’s preferred type of funding, thematic contributions are the next best option, as they have fewer restrictions on their use than traditional Other Resources. Donors can allocate thematic funds to the five MTSP Focus Areas and Humanitarian Response as follows:

Focus Area 1: Young Child Survival and Development
Focus Area 2: Basic Education and Gender Equality
Focus Area 3: HIV/AIDS and Children
Focus Area 4: Child Protection from Violence, Exploitation and Abuse
Focus Area 5: Policy Advocacy and Partnerships for Children’s Rights

**Humanitarian Response**

Contributions can be provided at the global, regional or country level. Thematic contributions from all donors to the same Focus Area are combined into one pooled fund account with the same duration, which simplifies financial management and reporting for UNICEF offices. As funds are pooled, UNICEF cannot track individual donors’ contributions. Thematic donors also agree to accept one annual consolidated narrative and financial report that is the same for all donors. Due to reduced administrative costs, thematic contributions are subject to a lower cost recovery rate of 5 per cent (compared with the standard 7 per cent).
Thematic contributions to MTSP Focus Areas and Humanitarian Response, 2011: $373 million

In 2011, 82 per cent of the humanitarian thematic contributions were from National Committees for UNICEF; governments accounted for 15 per cent, while private sector, field office fundraising and others accounted for 3 per cent. In 2011, the largest donor to thematic funding for Humanitarian Response was the German Committee for UNICEF, followed by the United States Fund for UNICEF, French Committee for UNICEF, Norway, and Finland as the top five donors. Finnish and French Committees for UNICEF increased their contributions significantly to thematic Humanitarian Response compared to 2010. Continuing the previous years’ trend, Dutch and Danish Committees for UNICEF continued their commitment to humanitarian response. Among public sector donors, the top five contributing donors to thematic funding were the Governments of Norway, Finland, Canada, Japan and Kuwait.\(^{22}\)

While acknowledging the generosity of donors in providing such funding, UNICEF continues to encourage its donors to provide flexible humanitarian funding for all countries, particularly at the global level. However, **global thematic funding (thematic funding to the global pool) made up just 0.45 per cent of UNICEF's total annual humanitarian income in 2011.** Top donors to global thematic funding were UNICEF Thailand, the Government of Canada and the United States Fund for UNICEF. Regional thematic funding increased in 2011 to 10.16 per cent of total emergency contributions from just 0.07 per cent in 2010. This shift can be attributed to the regional nature of the year’s major emergencies from the Horn of Africa, the Arab Spring and the West Africa refugee emergency resulting from the Côte d’Ivoire election crisis.

**Expenditure**

**Total emergency (ORE) expenditure in 2011 approached $1 billion, up nearly 11 per cent from total emergency expenditure in the previous year.** This constitutes a 44 per cent increase in emergency spending as compared to 2009. As in previous years, the majority of this expenditure (69 per cent) went to young child survival and development. The proportion of emergency expenditure undertaken by sub-Saharan Africa grew by $217 million this year largely due to the drought and nutrition crisis in the Horn of Africa, while emergency expenditure in both the Americas and the Caribbean and Asia was down by $52 million and $61 million respectively as compared to 2010.

Somalia led country offices in emergency expenditure, with $193 million spent in ORE for the year. Pakistan and Haiti also continued to require high levels of assistance with emergency expenditure totalling $121 million and $113 million respectively. Out of the top 10 highest-spending country offices, eight are located in countries with persistent humanitarian needs, as identified by their inclusion in UNICEF’s 2011 *Humanitarian Action for Children* (HAC) report. HAC countries accounted for 90 per cent of all UNICEF emergency (ORE) spending.
Top 25 country offices with highest expenditure, by source of funding, 2011**

Countries with persistent humanitarian situations continue to require a significant portion of UNICEF resources. In 2011, country offices included in the Humanitarian Action for Children required 59 per cent of all resources spent at the country level. The majority of the organization’s total emergency expenditure is concentrated in a handful of countries that make up the top overall spending country offices. Out of the top spending 15 country offices in 2011, 12 of these were HAC countries, which were responsible for 47 per cent of all country-level expenditure.

Emergency expenditure (ORE) by region, 2011

* Asterisks indicate Humanitarian Action for Children countries.
** Emergency expenditure is calculated as the sum of ORE and emergency-coded ORR and RR expenditure.

* Expenditure assistance for Djibouti and Sudan is included under sub-Saharan Africa. Source: UNICEF 2011 Executive Director’s Annual Report, provisional data.
Expression of Thanks

UNICEF expresses its sincere appreciation to all the donors that have supported the organization’s work in the thematic Humanitarian Response and have made possible the results described in this report. In particular, we are grateful to the Governments of Norway and Finland. Special thanks also go to the UNICEF National Committees of Germany, the United States of America, France, Japan, the United Kingdom of Great Britain and Northern Ireland, Spain, Ireland, Belgium and Canada, which have contributed generously. Thematic funding is important because it provides greater flexibility and longer-term planning and sustainability of programmes in order to achieve our MTSP results.
<table>
<thead>
<tr>
<th>ACRONYMS</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>acquired immune deficiency syndrome</td>
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<tr>
<td>ASPCC</td>
<td>Asia-Pacific Shared Services Centre</td>
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<td>CAP</td>
<td>Consolidated Appeals Process</td>
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<td>CCCs</td>
<td>Core Commitments for Children in Humanitarian Action</td>
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<td>CERF</td>
<td>Central Emergency Response Fund</td>
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<td>CFS</td>
<td>child-friendly schools/spaces</td>
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<tr>
<td>CPWG</td>
<td>Child Protection Working Group</td>
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<tr>
<td>EAPRO</td>
<td>East Asia and Pacific Regional Office</td>
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<td>ESARO</td>
<td>Eastern and Southern Africa Regional Office</td>
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<td>GBV</td>
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<td>human immunodeficiency virus</td>
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<td>information and communication technology</td>
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<td>International Organization for Migration</td>
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<td>IFRC</td>
<td>International Federation of Red Cross and Red Crescent Societies</td>
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<td>ITN</td>
<td>insecticide-treated net</td>
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<td>MENA</td>
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<td>MRM</td>
<td>monitoring and reporting mechanism</td>
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<td>OPS/SCEN</td>
<td>Operations Centre (UNICEF)</td>
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<td>OR</td>
<td>Other Resources</td>
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<tr>
<td>PMTCT</td>
<td>prevention of mother-to-child transmission (of HIV)</td>
</tr>
<tr>
<td>ROSA</td>
<td>South Asia Regional Office</td>
</tr>
<tr>
<td>SGB</td>
<td>Secretary-General’s Bulletin</td>
</tr>
<tr>
<td>SMART</td>
<td>Standardized Monitoring and Assessment of Relief and Transitions</td>
</tr>
<tr>
<td>SSOPs</td>
<td>Simplified Standard Operating Procedures</td>
</tr>
<tr>
<td>TACRO</td>
<td>The Americas and Caribbean Regional Office</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNHCR</td>
<td>Office of the United Nations High Commissioner for Refugees</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>VISION</td>
<td>Virtual Integration System of Information</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WCARO</td>
<td>West and Central Africa Regional Office</td>
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<td>WFP</td>
<td>World Food Programme</td>
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<td>WHO</td>
<td>World Health Organization</td>
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*The dollars referred to in the document are US dollars.*
## Annex A.

### Thematic Contributions by Donors to Humanitarian Response, 2011

<table>
<thead>
<tr>
<th>Donor Type</th>
<th>Donor</th>
<th>Amount (in US$)</th>
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<td><strong>Government</strong></td>
<td>Norway</td>
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<td></td>
<td>Finland</td>
<td>12,265,551</td>
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<td></td>
<td>Canada</td>
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<td></td>
<td>Japan</td>
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<td></td>
<td>Kuwait</td>
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<tr>
<td></td>
<td>Republic of Korea</td>
<td>76,650</td>
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<tr>
<td></td>
<td>Belgium</td>
<td>69,086</td>
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<tr>
<td></td>
<td>Netherlands</td>
<td>15,268</td>
</tr>
<tr>
<td></td>
<td>New Zealand</td>
<td>5,020</td>
</tr>
<tr>
<td></td>
<td>Monaco¹</td>
<td>(2)</td>
</tr>
<tr>
<td></td>
<td>Luxembourg¹</td>
<td>(41)</td>
</tr>
<tr>
<td></td>
<td>Andorra¹</td>
<td>(86)</td>
</tr>
<tr>
<td></td>
<td>Sweden¹</td>
<td>(267,784)</td>
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<td><strong>National Committee</strong></td>
<td>German Committee for UNICEF</td>
<td>22,136,642</td>
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<td></td>
<td>United States Fund for UNICEF</td>
<td>21,095,197</td>
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<tr>
<td></td>
<td>French Committee for UNICEF</td>
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<td>Japan Committee for UNICEF</td>
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<td></td>
<td>United Kingdom Committee for UNICEF</td>
<td>9,472,318</td>
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<td></td>
<td>Spanish Committee for UNICEF</td>
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<td></td>
<td>Irish Committee for UNICEF</td>
<td>7,332,580</td>
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<td></td>
<td>Belgian Committee for UNICEF</td>
<td>7,296,913</td>
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<tr>
<td></td>
<td>Canadian Committee for UNICEF</td>
<td>6,176,675</td>
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<td>Netherlands Committee for UNICEF</td>
<td>5,784,327</td>
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<td>Danish Committee for UNICEF</td>
<td>5,086,137</td>
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<td>Australian Committee for UNICEF</td>
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<td>Swedish Committee for UNICEF</td>
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<td>Swiss Committee for UNICEF</td>
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<td>Norwegian Committee for UNICEF</td>
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<td>Finnish Committee for UNICEF</td>
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<td>Hong Kong Committee for UNICEF</td>
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<td>Turkish Committee for UNICEF</td>
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<td>Portuguese Committee for UNICEF</td>
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<td>Iceland Committee for UNICEF</td>
<td>387,337</td>
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<td>Organization</td>
<td>Amount</td>
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<tr>
<td>---------------------------------------------------</td>
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<td>Czech Committee for UNICEF</td>
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<td>Slovenia Committee for UNICEF</td>
<td>204,060</td>
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<tr>
<td>Hellenic Committee for UNICEF</td>
<td>201,436</td>
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<td>Andorran Committee for UNICEF</td>
<td>60,721</td>
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<td>Slovak Committee for UNICEF</td>
<td>39,494</td>
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<tr>
<td>San Marino Committee for UNICEF</td>
<td>9,653</td>
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<tr>
<td>Israel Committee for UNICEF</td>
<td>5,585</td>
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<tr>
<td><strong>Others</strong></td>
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<td>International On-Line Donations</td>
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<tr>
<td>Tetsuko Kuroyanagi</td>
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<td><strong>Private Sector Field Office</strong></td>
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<tr>
<td><strong>Fundraising</strong></td>
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<td>UNICEF-Thailand</td>
<td>1,348,390</td>
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<tr>
<td>UNICEF-United Arab Emirates</td>
<td>684,160</td>
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<tr>
<td>UNICEF-Chile</td>
<td>349,717</td>
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<tr>
<td>UNICEF-Zimbabwe</td>
<td>269,886</td>
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<tr>
<td>UNICEF-Argentina</td>
<td>250,780</td>
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<tr>
<td>UNICEF-Croatia</td>
<td>225,677</td>
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<tr>
<td>UNICEF-China</td>
<td>199,367</td>
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<tr>
<td>UNICEF-Indonesia</td>
<td>152,882</td>
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<tr>
<td>UNICEF-Mexico</td>
<td>144,647</td>
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<td>UNICEF-Saudi Arabia</td>
<td>132,346</td>
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<tr>
<td>UNICEF-Serbia</td>
<td>109,009</td>
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<td>UNICEF-West Bank and Gaza</td>
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<td>UNICEF-Tunisia</td>
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<td>UNICEF-Morocco</td>
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<td>UNICEF-Ecuador</td>
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<td>UNICEF-Brazil</td>
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<td>UNICEF-Peru</td>
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<td>UNICEF-Venezuela</td>
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<td>UNICEF-India</td>
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<td>UNICEF-Russian Federation</td>
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<td>UNICEF-Colombia</td>
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<td>UNICEF-Malaysia</td>
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<td>UNICEF-Nigeria</td>
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<td>UNICEF-Philippines</td>
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<td>UNICEF-Panama</td>
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<td>UNICEF-Guyana</td>
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<td>UNICEF-Egypt</td>
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<td>UNICEF-Ukraine</td>
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<td>UNICEF-Bolivia</td>
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<td>UNICEF-Iran</td>
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<tr>
<td>UNICEF-Jamaica</td>
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<tr>
<td>UNICEF-Belize</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>186,632,699</strong></td>
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¹ Negative figures are the result of closure of expired thematic humanitarian response funds.
<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS</td>
<td>835,000</td>
</tr>
<tr>
<td>Education</td>
<td>8.76 million</td>
</tr>
<tr>
<td>Protection</td>
<td>Over 1.1 million</td>
</tr>
<tr>
<td>Child</td>
<td>Over 2 million</td>
</tr>
<tr>
<td>WASH</td>
<td>Over 1.3 million</td>
</tr>
<tr>
<td>Health</td>
<td>Over 1.6 million</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Over 1.8 million</td>
</tr>
</tbody>
</table>

In 2011, in conjunction with its partners, UNICEF is working on behalf of every child worldwide to help achieve these results.
Top 10 donors:
1. USA
2. UNCHRA
3. Japan
4. EU
5. Sweden
6. UK
7. Sweden
8. Australia
9. France National Committee
10. United States Fund

$963 million

2021 EXPENDITURE

Total $1 Billion

EXPENDITURE COMPARISON TO 2010

63% Gains

Emergency

Resource Mobilization

57% Losses

Other Resources

For Resource mobilization and funding

Emergency

Other Resources

Source for 2010

$2,490.87

$2,785.69

$3,396.23

$42,142.75

$50,228.52

$70,717.92

$97,900.00

$98,343.87

$114,655.08

$126,804.88

$147,400.00
Endnotes

1 The Corporate Emergency Activation Procedure (March 2011) defined Levels of UNICEF Emergency Response as follows:
- Level 1: The scale of the emergency is such that a country office can respond using its own staff, funding, supplies and other resources, as well as the usual support from regional office and headquarters.
- Level 2: The scale of the emergency is such that a country office needs additional support from other parts of the organization (headquarters, regional and country offices) to respond, and that the regional office must provide leadership and support.
- Level 3: The scale of the emergency is such that an organization-wide mobilization is called for.
2 2011 expenditure data is provisional.
3 See also Horn of Africa 6-month report.
4 The average from 2001–2010 was 384 disasters and 106,887 killed. Cred Crunch, ‘Disaster Data: A balanced perspective’, February 2012.
6 Secretary-General Ban Ki-moon, 14 January 2011, Remarks to the General Assembly on 2011 Priorities.
7 UNICEF Country Office Annual Report data.
8 In 2010, UNICEF responded to 290 humanitarian situations in 98 countries. Data are based on analysis of Country Office Annual Reports. As methodology was strengthened in 2011 to improve data quality, results are not entirely comparable to previous years.
9 While Level 3 emergencies are ‘declared’ by activation of the Corporate Emergency Activation Procedures, UNICEF is refining what constitutes a ‘Level 2’ emergency through the process to outline Simplified Standard Operating Procedures for those contexts.
10 2011 expenditure data are provisional.
11 This indicator was calculated using responses from offices that activated or reactivated the cluster approach in 2011 to respond to rapid-onset emergencies in situations where additional surge capacity was required to meet the cluster accountabilities. These offices were: Ethiopia, Libya, Pakistan and Somalia. In all cases, interim arrangements using existing office capacity were put in place prior to the arrival of a full-time, dedicated coordinator.
12 Based on country office reporting. Figure may reflect multiple partnerships with the same civil society organizations more than once between countries and regions.
13 Based on the number of visits to the Early Warning/Early Action system from January to November 2011 compared to the same period in 2010.
14 Figures based on country office calculations available at the time of publication.
15 CARMA’s favourability rating is based on factors such as article prominence, message pick-up, tonality, spokespeople quoted, inclusion of graphics.
16 While this includes local, regional and international procurement, actual expenditure at the country level is likely to be much higher since this figure: reflects goods but not services procured by country offices; excludes the cost of freight (both local and international) as well as any local-level procurements made with cash or through contingency cash requisitions instead of purchase orders; and omits country office expenditure related to emergencies but not classified as such.
17 See exceptions listed in above endnote.
18 CARMA’s favourability rating is based on factors such as article prominence, message pick-up, tonality, spokespeople quoted, inclusion of graphics.
19 Figures based on country office calculations available at the time of publication.
20 UNICEF Humanitarian Action Updates provide an update to donors on humanitarian situations in countries with pre-existing appeals established in UNICEF’s annual Humanitarian Action for Children report. Immediate Needs Documents are official appeals within the UN system that establish a ceiling for funding and allow a UNICEF country office to accept donations as emergency income.
21 UNICEF Humanitarian Action Updates provide an update to donors on humanitarian situations in countries with pre-existing appeals established in UNICEF’s annual Humanitarian Action for Children report. Immediate Needs Documents are official appeals within the UN system that establish a ceiling for funding and allow a UNICEF country office to accept donations as emergency income.
22 See Annex A for a full list of donors to UNICEF’s thematic humanitarian funds in 2011.