About this committee

The United Nations Children's Fund (UNICEF) is a United Nations Programme headquartered in New York City that provides long-term humanitarian and developmental assistance to children and mothers in developing countries. It is one of the members of the United Nations Development Group and its Executive Committee.

UNICEF relies on contributions from governments and private donors. Governments contribute two thirds of the organization's resources; private groups and some 6 million individuals contribute the rest through the National Committees. It is estimated that 91.8% of their revenue is distributed to Program Services. UNICEF's programs emphasize developing community-level services to promote the health and well-being of children. UNICEF was awarded the Nobel Peace Prize in 1965.

Most of UNICEF's work is in the field, with staff in over 190 countries and territories. More than 200 country offices carry out UNICEF's mission through a program developed with host governments. Seventeen regional offices provide technical assistance to country offices as needed.

Children in the MENA region

Violence, political instability, insecurity, poverty and deprivation have made 2014 a very difficult year for many children in the Middle East and North Africa. Over the past three years, the region has seen continued violence in Syria that has resulted in massive refugee outflows to the surrounding countries, as well as political transitions in Yemen and Tunisia, political uncertainty in Egypt and protracted and unresolved crises in Sudan and the State of Palestine. The Saharawi refugee situation, which is entering its 38th year, is one of the most complex refugee crises in the world, with refugees housed in five main camps near Tindouf, in southwest Algeria.

In 2013, the escalation of violence in Syria had regional consequences, including for those countries facing an influx of refugees. Egypt, Jordan, Lebanon, Iraq and Turkey bore the brunt of the outflow, with the Executive Director of the United Nations High Commissioner for Refugees (UNHCR) declaring, 'We have not seen a refugee outflow escalate at such a frightening rate since the Rwandan genocide almost 20 years ago'. Over four million Syrian children are now affected in Syria by the relentless violence, with an additional 1.1 million Syrian children now living as refugees in Egypt, Jordan, Iraq, Lebanon and Turkey. Children have experienced torture, detainment and injury as a result of the conflict. There is a very real risk of a lost generation of Syrian children that will grow up knowing only displacement, fighting and violence.

Drought, food insecurity, unemployment, poverty, conflict, military operations, natural disasters and epidemics continue to impact the humanitarian needs of children and women in MENA.

What do UNICEF spend their money on?
Which short-term problems are critical?
Which long-term problems are critical?
How will this impact upon your country’s priorities?

Research starting point: http://www.unicef.org/mena/7320.html
What priorities does UNICEF have for MENA?

**Child survival and development**
Child survival and development Under-five mortality in the Middle East and North Africa decreased by 25 per cent between 2000 and 2010, largely due to better access to health and vaccination services.

**HIV and AIDS**
In most countries of the region, HIV is mostly concentrated among certain communities, in particular populations at high risk including men having sex with men, injecting drug users and commercial sex workers.

**Education**
Most countries in the Middle East and North Africa have made significant progress toward increasing children’s school enrolment, attendance and completion.

**Child protection**
UNICEF uses the term ‘child protection’ to refer to preventing and responding to violence, exploitation and abuse against children – including commercial sexual exploitation, trafficking, child labour and harmful practices such as female genital mutilation and cutting and child marriage.

**Emergencies**
One of UNICEF’s key priorities to ensure that children living in conflict situations or experiencing natural disasters enjoy the same rights as children everywhere else.

**Adolescents and youth**
In the Middle East and North Africa region, there are 83 million adolescents (10-19 year olds), representing 20 per cent of the population. The highest proportions are found in Yemen and the Occupied Palestinian Territory (25 per cent each) followed by Djibouti, Iraq, Jordan and Sudan (23 per cent).

**Social policy**
Disparities among countries are very significant in the Middle East and North Africa region: Qatar’s GDP, for example, is more than 73 times higher than Yemen’s, which is less than 1,000 kilometers away and has the second highest rate of chronic child malnutrition in the world at 58 per cent.

Which are urgent short-term problems?
Which are urgent long-term problems?
How can we guarantee sustainable solutions?
Palestine:
The humanitarian situation in the State of Palestine deteriorated as a result of escalating violence beginning in June 2014, posing a serious threat to children’s lives, liberty and security. In Gaza, hundreds of people, including women and children have been reported killed and many more injured as a result of increased military operations and the escalation of hostilities. Both airstrikes and rocket attacks are putting children at risk, leaving them exposed to physical harm and mental distress. The deteriorating situation has exacerbated the already dire humanitarian conditions for children in Gaza which worsened during the first six months of 2014, leading to a significant decline in the provision of basic services, a fuel crisis, and the depletion of family coping mechanisms. In the West Bank, girls and boys continue to be affected by home demolitions and military operations, arrests, poor treatment and harassment at checkpoints.


Syria
The impact of four years of conflict in Syria has been devastating for millions of children. Unrelenting violence, grave child rights violations, massive population displacement, and damage to infrastructure and essential services has left 10.8 million people in need of essential humanitarian support, of whom over 5 million are children. Many displaced people live in collective centres or private unfinished residential areas with very poor conditions. Access to power is limited, the quantity and quality of drinking water inadequate, and sanitation facilities poor. An estimated 3 million children are displaced, one million children are out of school, and another million are at risk of dropping out due to insecurity. Low school attendance rates are confirmed, especially in hard-to-reach areas, with rates as low as 36 per cent. There is an acute lack of learning spaces, with one in five schools destroyed, damaged, or used for other purposes. A lack of access to clean water, hygiene and sanitation coupled with the deteriorating food security situation is raising serious concerns about the nutritional status of children, while the collapsing health care and water systems are exposing children to infectious diseases. Only 47 per cent of hospitals are fully functioning and availability of safe drinking water has been reduced by at least 50 per cent compared to pre-crisis levels, with some locations only able to supply as little as 5 litres per person per day. These vulnerabilities were compounded in October 2013, when the first case of wild polio virus since 1999 was confirmed inside Syria by the World Health Organization (WHO), with 36 reported cases to date. In mid-2014 a measles outbreak was also reported, with 160 confirmed cases and over 2,000 suspected cases in the first half of 2014 alone – double the number of reported cases for the whole of the previous year.

http://www.unicef.org/appeals/syria.html#sthash.9qb3bFrC.dpuf

Syrian Refugees
Conflict, violence and economic turmoil have affected nearly half of the Syrian population. As of 30 June 2014, some 2.85 million registered Syrian refugees, including over 1.4 million children, have taken refuge in Lebanon, Jordan, Turkey, Iraq and Egypt.4 As the situation continues to worsen inside Syria, the number of refugees grows daily, with more than 100,000 newly registered Syrian refugees each month since January 2014. While Syrian refugee children have fled the worst of the violence, they remain at risk and in need of support in the host country. Syrian refugee children may experience psychosocial stress as a result of event, and many face persistent threats of measles, polio, malnutrition and diarrhoeal disease. Over 50 per cent of Syrian refugee children are out of school, there is an increase in numbers of child marriages, and 1 in 10 children are engaged in labour, with boys more likely to participate in the worst forms of child labour. There is also pressure on children, particularly boys, to return to Syria to fight. While some 400,000 refugees live in over 35 refugee camps across Jordan, Turkey and Iraq, the majority live in host communities. Many of these refugee families live in makeshift settlements and are exposed to harsh elements putting them at increased risk of disease. The burden of meeting the basic needs of refugees is taking a massive toll on local services, natural resources and systems. Water supplies are strained in Jordan and Lebanon, and low levels of average annual rainfall in the sub-region have led to increase risks of water borne diseases.5 In Lebanon, health care costs have increased and classrooms are overcrowded. The total number of Syrian refugees projected by the end of 2014 has been reduced from 4.1 million to 3.59 million, due to reduced arrivals in Iraq and Egypt. As such, UNICEF programme targets have been revised accordingly.

http://www.unicef.org/appeals/syrianrefugees.html#sthash.EBQtZzYI.dpuf
Iraq
Iraq is facing multiple overlapping crises, including a recent surge in violence between government forces and armed groups which has led to the displacement of over 1.2 million people, 50 per cent of whom are children. Since January 2014, some 550,000 people have been internally displaced by fighting centred in Fallujah and Ramadi in the Anbar Governorate. On 9 June, an additional 650,000 people were displaced from Ninewa province and across central Iraq, including Salah Al-Din and Diyala following the takeover of Mosul and other cities by insurgent groups. In August, the assault on Sinjar resulted in the displacement of an estimated 200,000 people from minority groups, most of whom fled in the Kurdistan Region of Iraq.

Population movements remain fluid with additional displacement occurring on a daily basis, while access to basic services in areas controlled by armed groups is decreasing. In addition to the recent upsurge in violence, humanitarian actors continue to respond to the Syrian refugee crisis in the Kurdish region and Anbar Province, as well as to the re-emergence of polio in Iraq.

http://www.unicef.org/appeals/iraq.html#sthash.Ojed1Hoq.dpuf

Sudan
Conflict in Sudan continues to affect the lives of millions of children. Some 3.5 million people in Darfur are suffering the consequences of the armed conflict that began over 10 years ago. In addition, conflict continues to affect parts of the three Kordofan States, including Abyei and Blue Nile State, while five states in the western part of Sudan have seen renewed conflict in 2013 and 2014, which has led to the displacement of an additional half a million people and to serious protection concerns. In the southern Border States, humanitarian actors are responding to some 84,000 newly arrived South Sudanese refugees who have fled the conflict in South Sudan, with numbers expected to increase to 165,000 by year end.1 In Darfur, renewed inter-tribal conflict and ongoing war between various rebel factions and the Sudanese army has displaced 300,000 people since February 2014.

Field observations confirm that between 60 and 70 per cent of all displaced persons in Sudan are children. UNICEF anticipates that the floods forecast for the coming months will result the displacement and increased vulnerability of a half a million people in the affected states. A yellow fever outbreak in South and West Kordofan states in late 2013, combined with gaps in routine immunization, have highlighted the need for ongoing vaccination campaigns in these areas. Polio vaccination is still being negotiated in rebel-held areas of Blue Nile and South Kordofan. With the prevalence of global acute malnutrition (GAM) and severe acute malnutrition (SAM) above emergency thresholds, child malnutrition remains a major concern throughout the country.

http://www.unicef.org/appeals/sudan.html#sthash.JG3kkY30.dpuf

Yemen
Yemen’s high rates of malnutrition remain alarming. Over one million Yemeni girls and boys under 5 suffer from acute malnutrition, including 279,000 who suffer from severe acute malnutrition (SAM). Yemeni children are facing a consistently poor humanitarian situation, which continues to be exacerbated by political instability, multiple localized conflicts and chronic underdevelopment. Over half of Yemen’s population is affected: 13 million people do not have access to safe water and sanitation, over 300,000 are internally displaced, and children are facing multiple protection risks.

Thousands of children from Yemen and the Horn of Africa are victims of trafficking and are subject to various abuses. In 2013, 205 children were killed or maimed, including 51 victims of landmines and improvised explosive devices. Women and children are at a higher risk of disease outbreaks due to the breakdown of health services and poor water and sanitation, particularly in rural communities. Ongoing localized fighting has denied tens of thousands of children access to schools. In affected districts, the dropout rate among children is over 20 per cent, and is particularly high among girls. Troubling trends related to child labour and child marriage are also ongoing concerns.

http://www.unicef.org/appeals/yemen.html#sthash.S4T4q3sm.dpuf

Which problems affect more than one country?
Which countries are impacted by others’ problems?
Defining child poverty

Children experience poverty as an environment that is damaging to their mental, physical, emotional and spiritual development. Therefore, expanding the definition of child poverty beyond traditional measures, such as low household income or low levels of consumption, is particularly important. And yet, child poverty is rarely differentiated from poverty in general and its special dimensions are seldom recognised.

Children experience poverty with their hands, minds and hearts. Material poverty – for example, starting the day without a nutritious meal or engaging in hazardous labour – hinders emotional capacity as well as bodily growth. Living in an environment that provides little stimulation or emotional support to children, on the other hand, can remove many of the positive effects of growing up in a materially rich household. By discriminating against their participation in society and inhibiting their potential, poverty is a measure not only of children's suffering but also of their disempowerment.

The threat to childhood from poverty, ill health and deprivation is multifaceted. The response has to be similarly all-embracing. What is needed is an integrated approach to early childhood that will greatly improve the chances that every child will both survive and thrive, additional spending on families, incorporating a gender perspective into poverty reduction strategies, strengthening protection of children at every level and involving them in devising solutions for their problems.

The resources are available to fund a global transformation of childhood, through both increased official development assistance and improvements in the quality of national public finances. Implementing national plans of action for children with a set of specific, time-bound and measurable targets and goals, as agreed at the UN Special Session on Children, would go a long way to meet the agenda of ‘A World Fit for Children’.


About 400 million children live in extreme poverty worldwide despite a sharp decline in the population of poor children over the past three decades, a recent World Bank analysis indicated. The report, for the first time, gives an in-depth profile of the poorest people in the world. It found that, compared to 1981, 721 million fewer people lived in extreme poverty in 2010, or under $1.25 a day, but also concluded that a disproportionate number of children were among them.

Children accounted for one-third of those living in extreme poverty around the world in 2010, compared with only one in five of those living above the poverty line. In low-income countries, the percentages were worse, with half of all children living in extreme poverty. The World Bank Group President, Jim Yong Kim, said, “We have witnessed an historic movement of people lifting themselves out of poverty over the past three decades, but the number of children living in poverty alone should leave no doubt that there remains much work to do. “We can reach our goals of ending poverty and boosting shared prosperity, including sharing that prosperity with future generations, but only if we work together with new urgency. Children should not be cruelly condemned to a life without hope, without good education, and without access to quality health care. We must do better for them.”
Children and hunger

Children are the most visible victims of undernutrition. Children who are poorly nourished suffer up to 160 days of illness each year. Poor nutrition plays a role in at least half of the 10.9 million child deaths each year—five million deaths. Undernutrition magnifies the effect of every disease, including measles and malaria. The estimated proportions of deaths in which undernutrition is an underlying cause are roughly similar for diarrhea (61%), malaria (57%), pneumonia (52%), and measles (45%) (Black 2003, Bryce 2005). Malnutrition can also be caused by diseases, such as the diseases that cause diarrhea, by reducing the body's ability to convert food into usable nutrients.

Geographically, more than 70 percent of malnourished children live in Asia, 26 percent in Africa and 4 percent in Latin America and the Caribbean. In many cases, their plight began even before birth with a malnourished mother. Under-nutrition among pregnant women in developing countries leads to 1 out of 6 infants born with low birth weight. This is not only a risk factor for neonatal deaths, but also causes learning disabilities, mental, retardation, poor health, blindness and premature death.

Strategies for Tackling Child Poverty

Child hunger is the biggest scandal of our time. More than 2 million children die every year because they can’t get enough to eat. Millions more live with physical disabilities or learning difficulties because their growth has been stunted by lack of food.

Stunting (or stunted growth) is what happens to a child’s brain and body when they don’t get the right kind of food or nutrients in their first 1,000 days of life. The damage is irreversible. That child will never learn, nor earn, as much as he or she could have if properly nourished in early life. A child needs good nutrition to develop, as much as they need clean water and education.

A stunted child is often inches shorter than a child who’s had enough of the right kind of food. Their immune system is weaker, leaving them more vulnerable to disease. They're five times more likely to die from diarrhoea. About 180 million children under the age of five suffer from stunting and are not reaching their potential.

Children and conflict

In times of conflict, children are always the most vulnerable. Right now, millions of children around the world are caught up in conflicts where they are not just bystanders, but targets. In South Sudan, Sudan, and the Central African Republic, thousands of young people are being recruited and exploited as child soldiers. Elsewhere, children suffer from the extreme effects of armed conflict, exposing them to hunger, disease, injury, psychological trauma and sexual exploitation.

The special threats facing children refugees

Refugee children who are younger than five years old are especially at risk. They usually make up 15 or 20 percent of the refugee population and die more frequently than any other group. Children die in refugee camps mostly because of shortages in food and medicine. When food and medicine are in short supply, it is children who suffer the most.

Humanitarian aid for Syrian children
http://www.youtube.com/watch?v=7vAPe0hffy0&list=UU93hYg2fYoOJeBHOzayneCw

Meeting the needs of Syrian refugees in Iraq
http://www.youtube.com/watch?v=IBkVZQUAbR0
Children and water

All children have the right to be healthy. Yet thousands of children die every day because of inadequate access to safe water and sanitation services and poor hygiene practices. Every year, diarrhoea claims the lives of 1.5 million children and has serious impacts on the welfare of millions more - such as ill health, impaired learning, environmental degradation and lost opportunities.

Children's rights to an adequate standard of living and to the highest attainable standard of health are enshrined in the Convention on the Rights of the Child. Globally, an estimated 2,000 children under the age of five die every day from diarrhoeal diseases.

Almost 90 per cent of child deaths from diarrhoeal diseases are directly linked to contaminated water, lack of sanitation, or inadequate hygiene. Despite a burgeoning global population, these deaths have come down significantly over the last decade, from 1.2 million per year in 2000 to about 760,000 a year in 2011. UNICEF says that is still too many. UNICEF child mortality data show that about half of under-five deaths occur in only five countries: India, Nigeria, Democratic Republic of the Congo (DRC), Pakistan and China. Two countries – India (24 per cent) and Nigeria (11 per cent) – together account for more than a third of all under-five deaths. These same countries also have significant populations without improved water and sanitation.

Children's rights to an adequate standard of living and to the highest attainable standard of health are enshrined in the Convention on the Rights of the Child. The fulfilment of these rights is the ultimate goal of UNICEF’s water, sanitation and hygiene (WASH) programmes.

Children and climate change

Children in developing countries are among the hardest hit by climate change, despite being the least responsible for it. Climate change denies children their rights to health, education, to a childhood and to be treated fairly. In parts of sub-Saharan Africa, it has already impacted on agriculture, leading to an increase in malnutrition among children.

There is evidence that the global climate is changing. A global temperature increase of 3-4°C could cause changed run-off patterns and glacial melt will force an additional 1.8 billion people to live in a water scarce environment by 2080. Source: UNDP: Human Development Report, 2007/2008

Climate change is predicted to have a whole range of impacts on water resources. Variation in temperature and rainfall may affect water availability, increase the frequency and severity of floods and droughts, and disrupt ecosystems that maintain water quality. Source: Intergovernmental Panel on Climate Change

The cost of adapting to the impacts of a 2°C rise in global average temperature could range from US$70 to $100 billion per year between 2020 and 2050, according to the World Bank. Source: WWDR, 2012
The ‘Girl Effect’

Caroline Harper, head of the social development programme at the Overseas Development Institute, explained: "An extra year of primary school increases a girl's future wages by 10-20% and an extra year of secondary by 15-25%." Reiterating the point, Monique Villa, CEO of the Thomson Reuters Foundation, added: "Seventy per cent of a woman's salary goes back into her family. If you want to tackle poverty, you help girls become women, get educated and employed."

For those who advocate on behalf of girls' rights, the combination of moral and economic imperatives makes for an irresistible call to action from the development community – and this dual-advocacy approach to those in power is starting to bear fruit. Speaking earlier this year about what is being referred to as ‘the girl effect’, the UK development minister, Justine Greening, said: "Investing in girls and women is the smart thing to do. By unleashing their potential, we see incredible returns for girls and women themselves, for their families and communities, and for their economies and countries."

With the 2015 deadline for the millennium development goals looming, 'the girl community' has a unique opportunity to get adolescent girls added to the next set of targets. "There is a significant prize out there," said Howard Taylor, managing director of the Nike Foundation. "The girl effect is all about transforming the prospects of every adolescent girl in the world, and ending intergenerational poverty." But, as with every area of development practice, how exactly to intervene is often the cause of heated debate.

Girls and education

All over the world poverty and discrimination continue to have a detrimental effect on girls’ attendance in school. This is particularly true when they reach adolescence and, in many families, a daughter’s domestic and reproductive role takes precedence over her right to education. Violence in schools, early marriage, pregnancy and housework continue to constitute significant barriers to girls' education around the world.

A high percentage of children suffer from intestinal infections caused by parasites as a result of poor hygiene and inadequate sanitation. Parasites consume nutrients, aggravate malnutrition, retard children's physical development and result in poor school attendance and performance. Household chores, such as fetching water, keep many girls out of school. Also, the lack of separate and decent sanitation and washing facilities in schools discourages girls from attending school full time and forces some to drop out. The majority of the 121 million school-age children not in school are girls.

Much has been made of the empowering nature of education for girls. It gives them the ability to become active citizens and the possibility of more choice in their lives. It means that as adults they are more likely to earn a living that can help lift their families out of poverty. It also makes it more likely that their children will survive childhood and be better educated themselves. It is the reason why 15-year-old schoolgirl Malala Yousufzai, from Pakistan, was prepared to risk her life so that girls could be educated.32 Thankfully, in many countries, increasing numbers of girls are now going to school. However, during an emergency, education is often disrupted, sometimes permanently. And yet it is at such times that education is particularly important. “Education brings stability, normality and routine into a child’s life, which is absolutely essential, especially when they are displaced,” said Radhika Coomaraswamy, Special Representative of the Secretary-General for Children and Armed Conflict

The challenge now is to make sure that all girls, however poor, isolated or disadvantaged, are able to attend school on a regular basis and gain a good quality education that equips them for life.
End of the 21st Century: Close to Half of the World's Children Will Be African

Ending Child Marriage:
- Reduces their exposure to violence and abuse.
- Allows girls to be active members of society.
- Reduces health risks, including HIV and death during childbirth.
- Keeps girls in school.
- Helps break cycles of poverty.

When girls are allowed to be girls, we all do better.

#EndChildMarriageNOW
#childrenofsyria

REFUGEES BY NUMBERS

1,000,669

HALF OF THE REFUGEES
CHILDREN MAKE UP ROUGHLY HUNDREDS OF THOUSANDS

43,665
EGYPT

322,297
LEBANON

324,534
JORDAN

106,889
IRAQ

185,205
TURKEY

4 million people affected

The boundaries and names shown on this map do not implies official endorsement or acceptance by the United Nations.
Chronic childhood malnutrition leads to reduced physical and mental development.

UNIVENUTRITION

165 million

children under 5 years of age suffered from stunting in 2011

Regional estimates of stunting among under-five children (2011):

- 62.7 million (39.6%)
- 55.8 million (39.6%)
- 6.3 million (11.7%)

Stunting, or low height for age, is caused by long-term insufficient nutrient intake and frequent infections.

UNIVENUTRITION

TO PREVENT

- Improve water supply, sanitation and hygiene
- Ensure nutritious food security for poor households, in quantity and quality
- Promote early initiation and exclusive breastfeeding through 6 months of age

UNIVENUTRITION

UNIVENUTRITION

UNIVENUTRITION

UNIVENUTRITION

UNIVENUTRITION

UNIVENUTRION

A PROMISE RENEWED

COMMITING TO CHILD SURVIVAL
Water, Sanitation and Hygiene: Children

**WASH and health** - Water- and sanitation-related disease, despite being preventable, remains one of the most significant child health problems worldwide. Diarrhoea is the most serious of these diseases, alone killing over 3,000 children each day. 88% of diarrhoeal disease is attributed to unsafe drinking water, inadequate sanitation and poor hygiene. Children in developing countries typically have four to five bouts of diarrhoea a year. Even when they don’t kill, these diarrhoea episodes can physically and mentally stunt children, affecting them for the rest of their lives. By weakening children, diarrhoea increases mortality

**WASH and education** - A high percentage of children suffer from intestinal infections caused by parasites as a result of poor hygiene and inadequate sanitation. Parasites consume nutrients, aggravate malnutrition, retard children’s physical development and result in poor school attendance and performance. Household chores, such as fetching water, keep many girls out of school. Also, the lack of separate and decent sanitation and washing facilities in schools discourages girls from attending school full time and forces some to drop out. The majority of the 121 million school-age children not in school are girls.

Women and girls also pay the heaviest price for poor sanitation. There are many reasons, beyond the health repercussions of inadequate sanitation.

**School enrolment and attendance**
The lack of safe, separate and private sanitation and washing facilities in schools is one of the main factors preventing girls from attending school.

**Reduce the burden of caring for the sick**
The health and lives of more than half the world’s children are constantly threatened by environmental hazards as they get sick through contact with excreta in their environment. Caring for sick children adds to the already heavy workload of women and girls.

**WASH and development** - Poor water and sanitation exact a heavy economic cost in terms of health spending, loss of productivity and labour diversion. If everyone in the world had access to basic water and sanitation services, the reduction in diarrhoeal disease alone would save the health sector $11.6 billion in treatment costs and people would gain over 5.6 billion productive days per year. When the potential economic gains of providing basic, low-cost water and sanitation facilities are added together, the developing world could save as much as $263 billion a year

**WASH and HIV/AIDS** - Promoting improved hygiene practices and increasing access to water and sanitation facilities helps to reduce opportunistic infections among people living with HIV/AIDS. Better access to facilities also reduces the burden on households caring for AIDS-affected family members. Less time spent on fetching water allows caregivers – who are usually women and girls – more time and energy for coping with the disease or for working outside the home. Appropriate sanitation also helps to ensure that AIDS sufferers, many of whom experience severe bouts of diarrhoea, have access to clean and private facilities.

**WASH and education** - Water- and sanitation-related disease, despite being preventable, remains one of the most significant child health problems worldwide. Diarrhoea is the most serious of these diseases, alone killing over 3,000 children each day.
Water and achieving the MDGs

The number of people in developing regions living in extreme poverty fell from 1.8 billion in 1990 to 1.4 billion in 2005. The World Bank estimates 64 million more people will be living in extreme poverty by the end of 2010 as a result of the economic crisis.

Approximately 60% of the total labour force in Africa works in agriculture, providing livelihoods for 90% of people in rural areas. Crops, fishing and aquaculture, livestock, poultry, dairy ... in rural communities, the availability of food often depends entirely on uncertain weather patterns - whether rains come and rivers flow. Ensuring a sustainable water supply for agriculture increases food production and helps alleviate the world’s hunger.

Water is essential to industry, to economic development and to creating livelihoods for the poor. A reliable water supply also helps poor households augment their income through productive domestic activities such as cultivating vegetable gardens or raising poultry. Without water, agriculture, industry, energy production and all other economic activities come to a halt.

Water is the principal medium through which climate change exhibits its environmental, economic and social impacts. Many regions, and particularly poorer communities, are already vulnerable to floods, droughts and similar water-related disasters which can destroy lives, assets and incomes. But the risks associated with climate uncertainty and change can be mitigated by storing and distributing water wisely when it is scarce and by planning ahead to protect communities from floods. Coping with water-related risks requires the collective involvement and broad planning of integrated water resources management (IWRM).

Providing safe water services and managing water resources wisely improves health and opens opportunities for education and capacity-building for all.

In many poor communities, fetching water from distant sources and queuing for water are physically-demanding and time-consuming responsibilities borne primarily by women and girls. Women have less time to engage in other productive activities, while for girls school attendance is often considered a lesser priority: a gender bias that creates a huge imbalance in school enrolment ratios. The lack of adequate sanitation and separate toilet facilities in schools also reduces girls’ attendance.

Consequent disparities in women’s education and involvement in decision-making can place them at a significant disadvantage in earning an income or having a say in the affairs of their community.

Global under-five mortality fell from 12.5 million in 1990 to 8.8 million in 2008. This means that 10,000 fewer children died each day in 2008.

Every year, 536,000 women and girls die during pregnancy, childbirth or in the six weeks following delivery. Almost all of these deaths occur in developing countries.

In 2008, an estimated 22.4 million people in sub-Saharan Africa were living with HIV. Human health depends on the quality of our immediate surroundings, in which water and sanitation services and their management have a key role. Children are at risk without safe water to drink, without adequate water to stay clean, and without access to safe sanitation facilities.

In such conditions, parents are often powerless to give proper care to their children and are themselves vulnerable to diseases.

Better water quality and sanitation services, and measures that help women to reduce their physical burdens, can improve expectant mothers’ health and contribute to safer pregnancies. The provision of safe water for medical purposes also improves their safety and that of their newborn during and after childbirth.

Reliable, safe water and sanitation services not only lower the incidence of many diseases but also increase children’s and adults’ capacities to combat HIV/AIDS, malaria and other diseases. Access to safe water can help to keep HIV-infected people healthy and productive.
**MDG 7**
Ensure environmental sustainability

Yearly loss of forest was 5.2 million hectares in 2000–2010, down from 8.3 million hectares per year in the 1990s. 87% of the world used improved sources of drinking water in 2008, compared with 78% in 1990. From 1990 to 2008, 1.3 billion people gained access to improved sanitation, but the world’s population increased by over 1.5 billion. Since 2000, the share of the urban population living in slums has declined from 39% to 33% in the developing world. But housing and energy crises may slow progress and, in some cases, reverse positive trends.

Water is key to our survival, and that of other flora and fauna on our planet. Integrated water resources management (IWRM) lets users balance water needs for economic and social activities and ensure environmental sustainability.

Adequate treatment and disposal of wastewater contributes to better ecosystem conservation, putting less pressure on scarce freshwater resources. IWRM is also pivotal to reducing our vulnerability to climate change and variability.

Good water management and infrastructure is vital to bringing adequate and sustainable supplies of safe water and sanitation services to poorly serviced communities in rural and urban areas, including slums.

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**MDG 8**
Develop a global partnership for development

Official development assistance (ODA) from developed countries in 2009 equaled 0.31% of their combined national income.

In 2008, the only countries to reach or exceed the 0.7% UN target ODA were Denmark, Luxembourg, the Netherlands, Norway and Sweden.

Cooperation in water resources management, particularly for its sustainable use, is critical.

Development agendas and partnerships must recognize the fundamental roles of sustainable water-resources management and the provision of safe drinking-water and basic sanitation in economic and social development and in ensuring the future of life-supporting ecosystem services.

Where water problems serve as a constraint to development (e.g. water scarcity, salinity, disasters), improving water resources management and water supply and sanitation services can facilitate partnerships for global development.

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**Responsible water resources management is vital for the environment and improves the health and well-being of everybody in the community**

- Better water management reduces mosquito habitats and lowers the incidence of water-borne diseases.
- Safe drinking water and basic sanitation help prevent water-related disease, most notably diarrhoea. (Improved water supply reduces diarrhoea morbidity by 21%; improved sanitation reduces diarrhoea morbidity by 37.5%.)
- Reliable drinking-water supplies and improved water management in human settlement areas reduce transmission risks of malaria and dengue fever and can reduce biological pathogens and chemical hazards to which slum dwellers especially are exposed.
- IWRM can facilitate reconciliation of upstream/downstream water-use conflicts.
- Biodiversity conservation to combat desertification is furthered by sound water management.
- Careful use of water resources can help prevent surface and groundwater contamination, and help minimize water treatment costs.
Funding required in 2014

This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or area or the delimitation of any frontiers. The dotted line represents approximately the Line of Control agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the Parties. The final boundary between the Republic of the Sudan and the Republic of South Sudan has not yet been determined.

Electronic users can click on each name to go to that office’s online content.

<table>
<thead>
<tr>
<th>Region</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Office</td>
<td>US$</td>
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<tr>
<td>Central and Eastern Europe and the</td>
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</tr>
<tr>
<td>Commonwealth of Independent States</td>
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<td>Regional Office</td>
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<td>Georgia (Region of Abkhazia)</td>
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<td>Kyrgyzstan</td>
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<td><strong>Total</strong></td>
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<td>Democratic People’s Republic of Korea</td>
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<td>Myanmar</td>
<td>22,194,000</td>
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<tr>
<td>Philippines</td>
<td>144,629,816</td>
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<td><strong>Total</strong></td>
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<tr>
<td>Eritrea</td>
<td>15,800,000</td>
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<td>Ethiopia</td>
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<tr>
<td>Kenya</td>
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<td>Somalia</td>
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<td>South Sudan</td>
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<td>Uganda</td>
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<td><strong>Total</strong></td>
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<td>Regional Office</td>
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<td>Haiti</td>
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<td><strong>Total</strong></td>
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<td>Middle East and North Africa Region</td>
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<td>Regional Office</td>
<td>3,700,000</td>
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<tr>
<td>Djibouti</td>
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<td>State of Palestine</td>
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<td>Sudan</td>
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<td>Syrian Arab Republic</td>
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<td>Syrian refugees (Egypt, Iraq, Jordan,</td>
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<tr>
<td>Lebanon and Turkey)</td>
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<tr>
<td>Yemen</td>
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<td><strong>Total</strong></td>
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<td>South Asia Region</td>
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<td>Afghanistan</td>
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<td>76,419,771</td>
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<td>West and Central Africa Region</td>
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<td>Regional Office</td>
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<td>Central African Republic</td>
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<tr>
<td>Chad</td>
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<tr>
<td>Côte d’Ivoire</td>
<td>8,100,000</td>
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<tr>
<td>Democratic Republic of the Congo</td>
<td>125,945,000</td>
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<tr>
<td>Liberia</td>
<td>9,194,500</td>
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<tr>
<td>Mali</td>
<td>74,646,500</td>
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<tr>
<td>Mauritania</td>
<td>21,354,756</td>
</tr>
<tr>
<td>Niger</td>
<td>38,900,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>468,992,378</td>
</tr>
<tr>
<td>Global support</td>
<td>US$</td>
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<tr>
<td><strong>Grand total</strong></td>
<td>2,161,829,231</td>
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</table>
Where does the money come from?

Figure 2. Top sources of humanitarian funds, 2013

<table>
<thead>
<tr>
<th>Source</th>
<th>USD Millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government of Japan</td>
<td>$179,649,281</td>
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<tr>
<td>Government of the United States</td>
<td>$143,750,029</td>
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<tr>
<td>European Commission</td>
<td>$133,314,036</td>
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<tr>
<td>OCHA – Central Emergency Response Fund</td>
<td>$114,437,674</td>
</tr>
<tr>
<td>Government of the United Kingdom</td>
<td>$74,071,385</td>
</tr>
<tr>
<td>Government of Kuwait</td>
<td>$55,000,000</td>
</tr>
<tr>
<td>UNDP – Multi-Donor Trust Funds</td>
<td>$29,481,806</td>
</tr>
<tr>
<td>Government of Sweden</td>
<td>$26,223,789</td>
</tr>
<tr>
<td>Government of Canada</td>
<td>$18,461,215</td>
</tr>
<tr>
<td>Government of Australia</td>
<td>$15,994,923</td>
</tr>
</tbody>
</table>

2013 provisional data as of 31 October 2013

Figure 3. Top donors – thematic humanitarian funds, 2013

<table>
<thead>
<tr>
<th>Donor</th>
<th>USD Millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government of Finland</td>
<td>$9,629,751</td>
</tr>
<tr>
<td>Japan Committee for UNICEF</td>
<td>$8,766,861</td>
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<tr>
<td>United Kingdom Committee for UNICEF</td>
<td>$6,654,950</td>
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<tr>
<td>German Committee for UNICEF</td>
<td>$4,975,881</td>
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<tr>
<td>French Committee for UNICEF</td>
<td>$2,029,254</td>
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<tr>
<td>Spanish Committee for UNICEF</td>
<td>$1,972,528</td>
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<tr>
<td>Italian Committee for UNICEF</td>
<td>$1,769,801</td>
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<td>Netherlands Committee for UNICEF</td>
<td>$1,758,916</td>
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<td>Hong Kong Committee for UNICEF</td>
<td>$1,514,408</td>
</tr>
<tr>
<td>UNICEF Thailand</td>
<td>$1,389,348</td>
</tr>
</tbody>
</table>

2013 provisional data as of 31 October 2013

What notable successes are there? What work is left to be done?

![Successes and Work Left to Be Done](image)

- **Nutrition**: 72% of children were treated for severe acute malnutrition
- **Health**: 89% of children were immunized against measles
- **Wash**: 83% of children were provided access to safe water for drinking, cooking and bathing
- **Child Protection**: 65% of children received psychological support
- **Education**: 66% of children were provided with access to improved education, both formal and non-formal
Children, health and the MDGs

The Millennium Goals set out to reduce child deaths among the world’s poorest communities. The global rate to be reached by 2015 is 31 per 1,000 live births. Close to 60 per cent of countries have already reduced child mortality to this level and most countries (130) are on track to achieve MDG 4, but we are still faced by many challenges.

Existing low-cost, low technology and high impact interventions such as vaccines, antibiotics, micronutrient supplementation, insecticide-treated bednets, improved breastfeeding practices and adoption of safe hygiene practices can prevent unnecessary maternal and child deaths and reduce under nutrition.

By ensuring that all children have access to basic education and by focusing on children marginalised by poverty, HIV/AIDS, conflict and discrimination, we can break the cycle of poverty.

2013, a year in review
http://www.youtube.com/watch?v=tOM2mLeHhrI

The work of MENA UNICEF
http://www.youtube.com/watch?v=xRdk59An_ec

Progress and Challenges

The world is behind schedule for meeting almost all of the Goals. And the consequences will be suffered most by children.

 Millions will die or sicken from preventable diseases.

 Millions will see their futures dim because their governments have not provided them with basic education.

 Experts agree, however, that meeting the Millennium Goals is achievable by 2015.

 Reaching them will require a stronger commitment and focus from all countries on realising the rights of children, and therefore toward achieving global development and peace.

 Delegates... how can we:

- Build national capacities for primary health care?
- Respond to the needs of children experiencing humanitarian crisis?
- Get girls to school?
- Support good nutrition and water and sanitation improvement.
- Create a protective child environment?
- Advocate and raise awareness and helping effect policies for children’s well-being?

UNICEF carry out a range of specific activities including short-term and long-term humanitarian work

http://www.unicef.org/whatwedo/
http://www.unicef.org/appeals/
Questions for Research:

1. What are the key issues for your country and region?
2. What action has your country taken to promote the eradication of poverty on a national and international level?
3. How is your country promoting the health, nutrition and emotional well-being of children?
4. How is your country promoting education – especially for girls?
5. How has your country implemented legislation that promotes a protective children environment?
6. Do national polices take account of children?
7. Does your country keep and submit data on the well-being of children?
8. What are your country’s priorities? What new legislation, treaties and actions are possible?
9. Who will be your strongest allies in committee?