

UNICEF HUMANITARIAN ACTION REPORT 2006

UNICEF would like to thank the Swiss National Committee for UNICEF for its contribution to the production of this Humanitarian Action Report 2006.

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



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FOREWORD

In 2005, a series of natural disasters and continuing humanitarian crises around the world have affected the lives and well-being of millions of children. In South East Asia, children have been struggling to cope with the devastating aftermath of the tsunami. In the Sahel region and in Southern Africa, thousands of children have been suffering from malnutrition. Close to 200,000 children below the age of five have been treated for malnutrition in Niger, while an additional 300,000 are still at risk. Hurricanes, floods and mudslides have affected the lives of thousands of children in Central America and the United States. In Pakistan, it is estimated that half of the earthquake victims were children, many of whom were in school at the time of the quake. Many lost their homes and families, and are still in urgent need of assistance and protection. As in past years, millions of children have also been struggling to survive in countries forgotten or ignored by the rest of the World, such as Colombia, Congo, Mozambique, Nepal, Sudan and Zimbabwe.



Faced with often complex crisis situations around the globe, the international community has responded with great solidarity in 2005. The outpouring of generosity from our donors to emergencies in general and to the tsunami disaster in particular has been unprecedented. Thanks to this extraordinary support, UNICEF was able to respond quickly and more efficiently to the needs of millions of children.

Many of the disasters, which occurred during this past year, have highlighted once again the importance of emergency preparedness for rapid response. The immediate availability of basic humanitarian supplies and the ability to dispatch them rapidly to populations in affected areas can save many lives in emergencies. In 2006, UNICEF will seek to further enhance its preparedness at the country and regional levels along with its key UN and NGO partners.

The year ahead will also bring new challenges to UNICEF. The Inter-Agency Standing Committee (IASC) has agreed to implement a 'cluster approach' to improve the predictability and quality of humanitarian response in non-refugee settings. UNICEF has agreed to lead the clusters for nutrition, water and sanitation, common data services, and education, while continuing strong field work in health and child protection. UNICEF has worked very closely with partners to develop specific cluster reports and we will now jointly develop a work plan to implement the approach starting with new emergencies in 2006. Combined with our Core Commitments for Children in Emergencies (CCCs), the cluster lead arrangement implies significant strengthening of our coordination and field capacity to deliver humanitarian assistance more effectively. Meeting this commitment with high standards of staffing and response is an enormous challenge and one we cannot meet without the support of our donors.

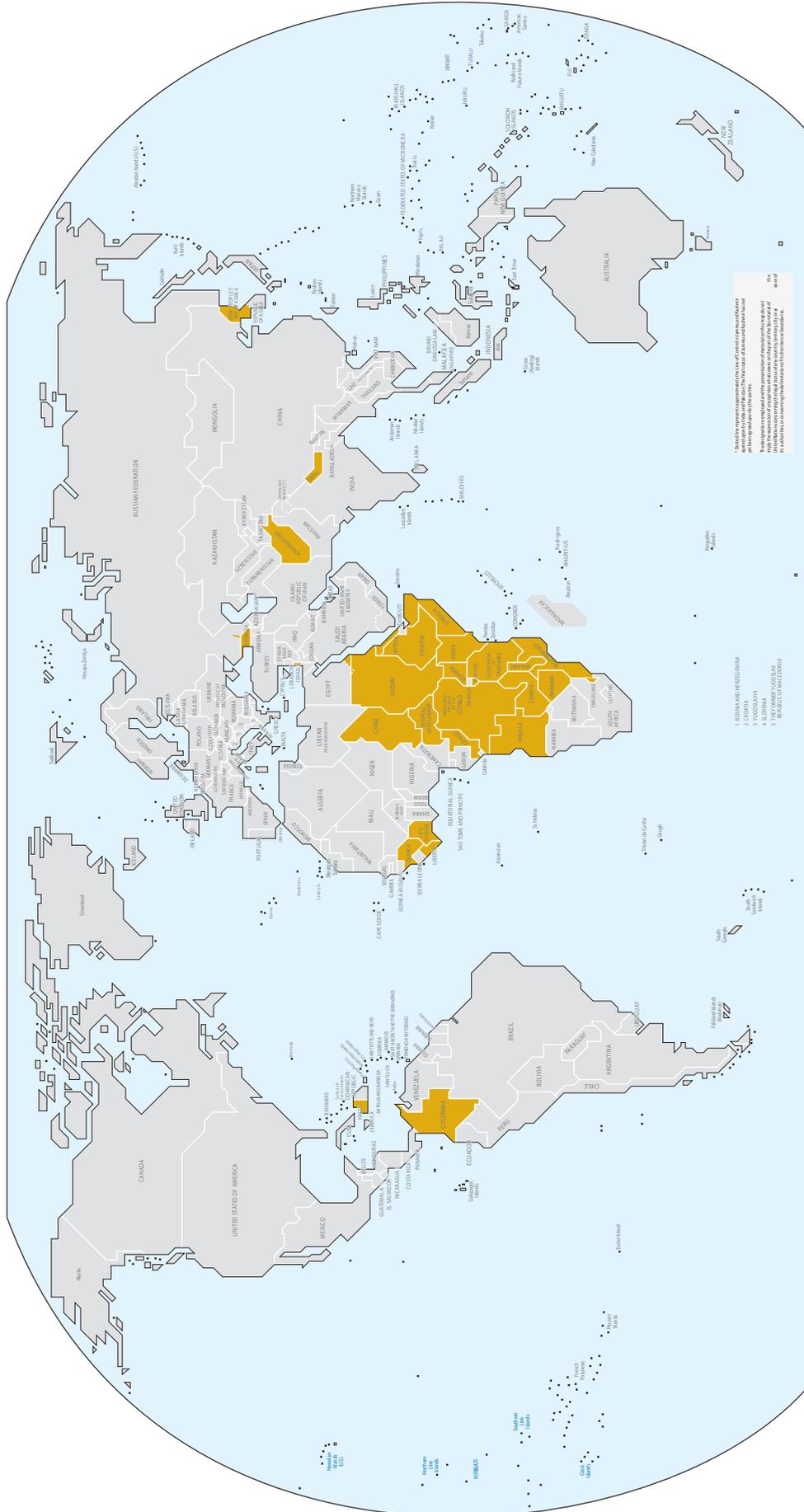
This *Humanitarian Action Report 2006* is UNICEF's appeal for children and women in 29 emergencies around the world. We count on your continued generosity to help defend their rights.

Thank you.

Ann M. Veneman
Executive Director

A handwritten signature in black ink, which appears to read 'Ann Veneman'. The signature is fluid and cursive, extending across the width of the text area.

2006 UNICEF Humanitarian Action Financial Requirements



* The shaded areas represent the level of UNICEF humanitarian action financial requirements for 2006. The shaded areas are based on the level of UNICEF humanitarian action financial requirements for 2006. The shaded areas are based on the level of UNICEF humanitarian action financial requirements for 2006. The shaded areas are based on the level of UNICEF humanitarian action financial requirements for 2006.

Department of Public Information
Cartographic Section

Map No. 3933 Rev.2 UNITED NATIONS
August 1, 1999

2006 UNICEF HUMANITARIAN ACTION FINANCIAL REQUIREMENTS

Region/Country	Funding requirements (US\$)
CEE/CIS	500,000
Georgia	1,545,000
Northern Caucasus	7,470,000
EAST ASIA AND THE PACIFIC	1,100,000
DPR Korea	11,200,000
EASTERN AND SOUTHERN AFRICA	7,685,000
Angola	10,000,000
Burundi	26,301,482
Eritrea	10,918,595
Ethiopia	45,580,000
Kenya	4,900,000
Malawi	13,000,000
Mozambique	7,312,000
Somalia	18,786,330
Swaziland	4,145,000
Tanzania, United Republic of	4,892,300
Uganda	44,128,496
Zambia	6,688,000
Zimbabwe	23,763,815
MIDDLE EAST AND NORTH AFRICA	2,350,000
occupied Palestinian territory	8,360,454
Sudan	331,067,102
SOUTH ASIA	940,800
Afghanistan	21,854,792
Nepal	7,287,723
THE AMERICAS AND CARIBBEAN	2,030,000
Colombia	3,676,000
Haiti	5,960,640
WEST AND CENTRAL AFRICA	10,229,918
Central African Republic	7,390,600
Chad	13,516,325
Congo	3,802,400
Côte d'Ivoire	16,164,878
Democratic Republic of the Congo	91,671,112
Guinea	8,720,533
Liberia	20,845,025
TOTAL CAP	222,362,379
TOTAL NON-CAP	583,486,341

Appeal within the Consolidated Appeal Framework.

Appeal outside the Consolidated Appeal Framework.

INTRODUCTION

UNICEF in humanitarian action

UNICEF has always been working in emergencies, both natural and man-made. Originally called the United Nations Children's Emergency Fund, the organization was created to provide humanitarian assistance to children living in a world shattered by the Second World War. Much has changed since then, but UNICEF's fundamental mission has not. Though emergencies have become increasingly complex and their impacts ever more devastating, UNICEF remains dedicated to providing life-saving assistance to children affected by disasters, and to protecting their rights in all circumstances.

Since 1998, UNICEF has based its humanitarian activities on a series of Core Commitments for Children in Emergencies (CCCs), which summarize in concrete terms the programmatic and operational actions required in health and nutrition, water and sanitation, protection, education and HIV/AIDS in order to ensure the survival and protection of children during crises. The CCCs have proven extremely effective at orienting the organization's interventions, also allowing other humanitarian actors to plan their own activities accordingly, conscious of UNICEF's commitments.

To achieve these commitments, UNICEF works closely together with local and international partners, including governments, UN agencies and civil society. These partnerships are crucial to ensuring comprehensive and effective delivery of humanitarian assistance.

Key issues

During emergencies, children are especially vulnerable to disease, malnutrition and violence. In the last decade, more than 2 million children have died as a direct result of armed conflict, and more than three times that number have been permanently disabled or seriously injured. An estimated 20 million children have been forced to flee their homes, and more than 1 million have been orphaned or separated from their families.

Today, however, children are proportionally more affected by natural disasters (such as earthquakes, tsunamis, hurricanes, floods and droughts) than by wars, as the number of armed conflicts has decreased in number and amplitude over the past years. The result, however, is the same. The devastating impact on access to food, shelter, social support and health care results in increased vulnerability. Measles, diarrhoea, acute respiratory infections, malaria and malnutrition are major killers of children during humanitarian crises. Emergencies often also result in displacement of children, the loss of education, separation from parents and social support, sexual and gender-based violence, abuse, abduction and exploitation. These conditions also increase the risk of transmission of HIV/AIDS.

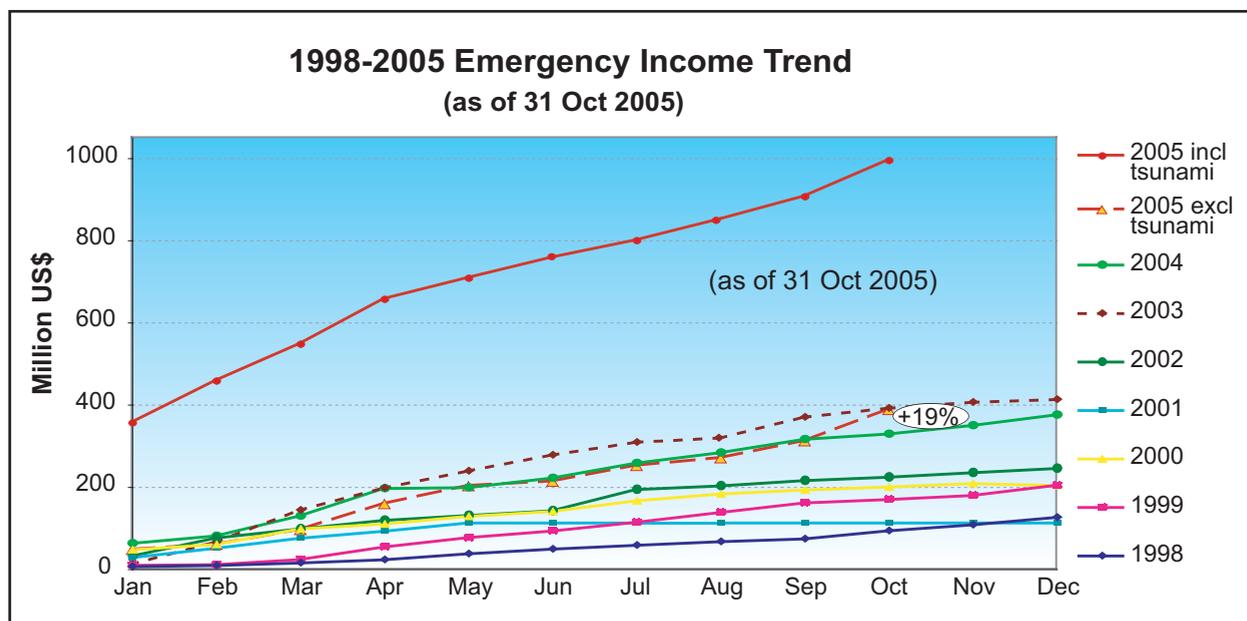
To ensure life-saving assistance reaches all children in need, everywhere, including those caught in forgotten emergencies, UNICEF has prepared this *Humanitarian Action Report*, which provides a supplement to the Consolidated Appeal. This report presents a broader and more detailed picture of our humanitarian action on behalf of children in emergencies worldwide, including countries not covered by the CAP.

EMERGENCY FUNDING IN 2005

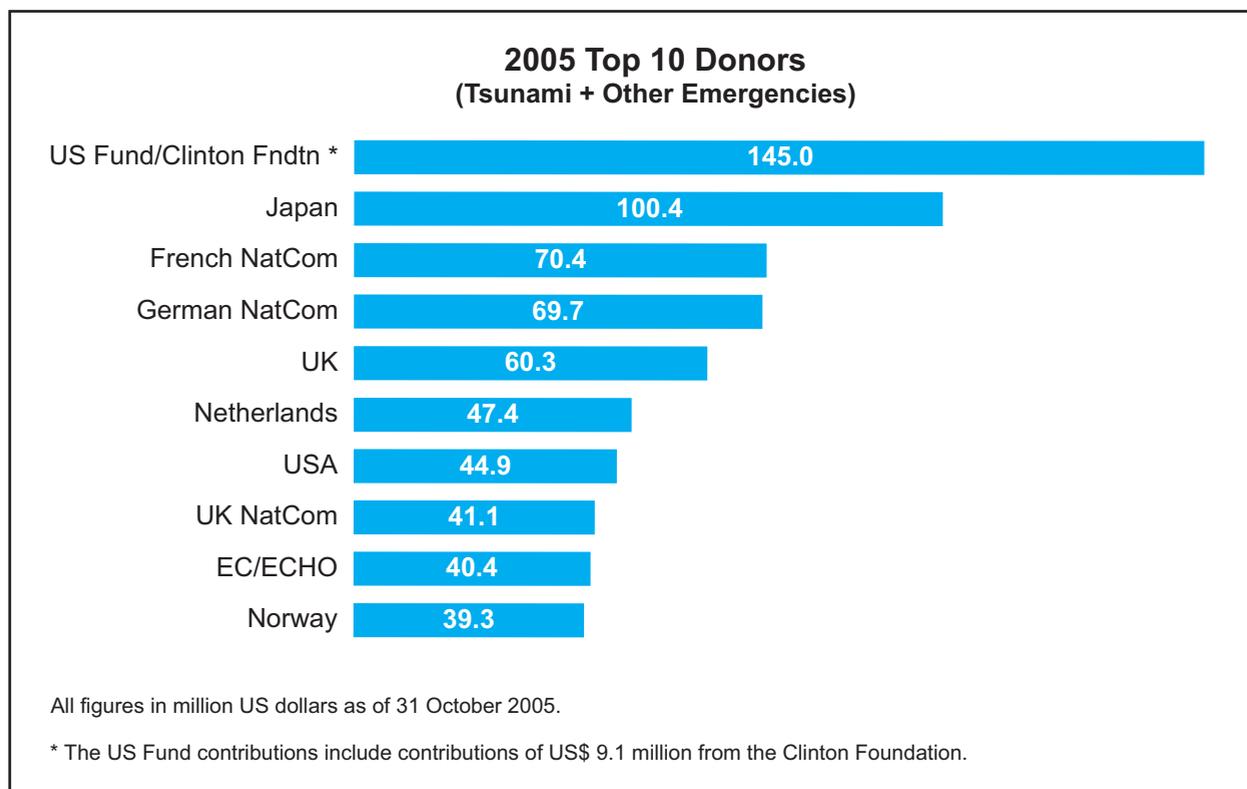
UNICEF emergency income reached a record-breaking US\$ 1 billion at the end of October 2005. The outpouring generosity from our donors and especially to the Indian Ocean tsunami disaster has been unprecedented. Thanks to this extraordinary support, UNICEF was able to work more quickly with partners on the ground, mobilizing massive response for the tsunami within days of the disaster. Emergency funding excluding the tsunami still shows a 19 per cent increase over 2004. This is a major

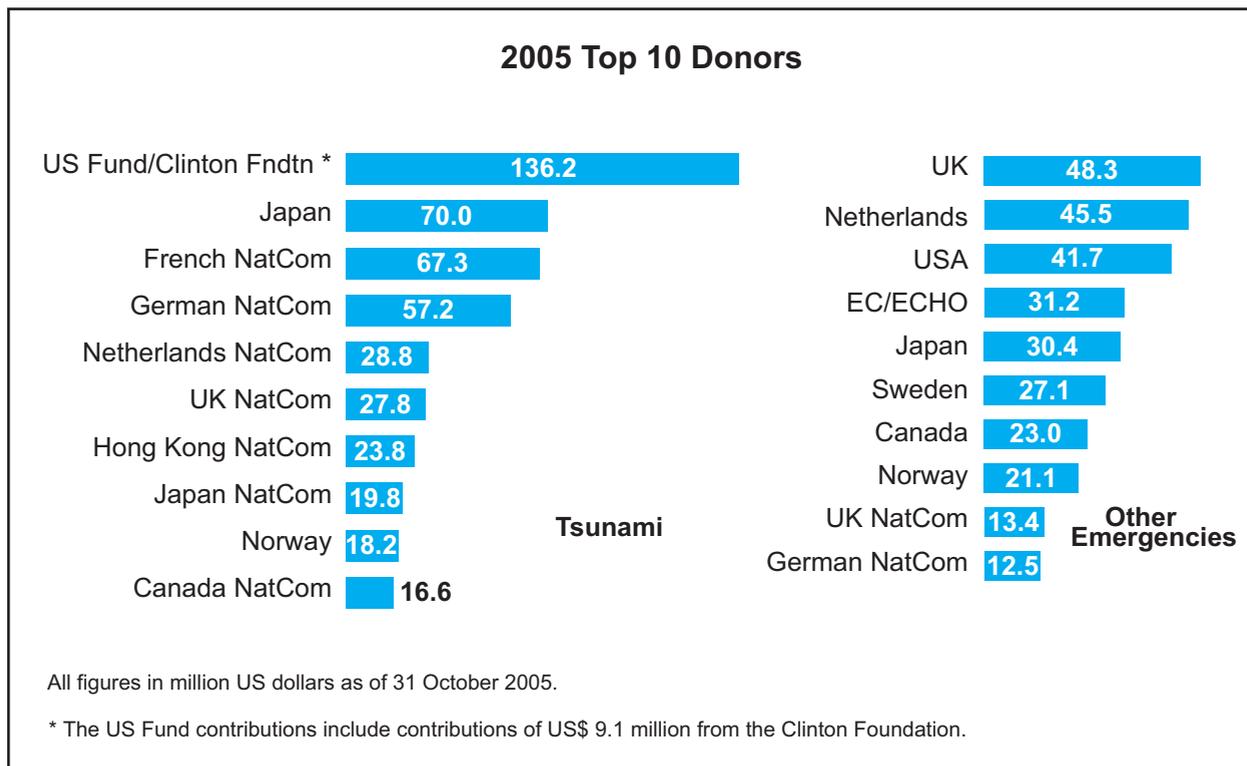
accomplishment, showing that donors kept their promises to continue funding other emergencies in addition to the tsunami.

The charts below show our leading top ten donors for emergency assistance in 2005.

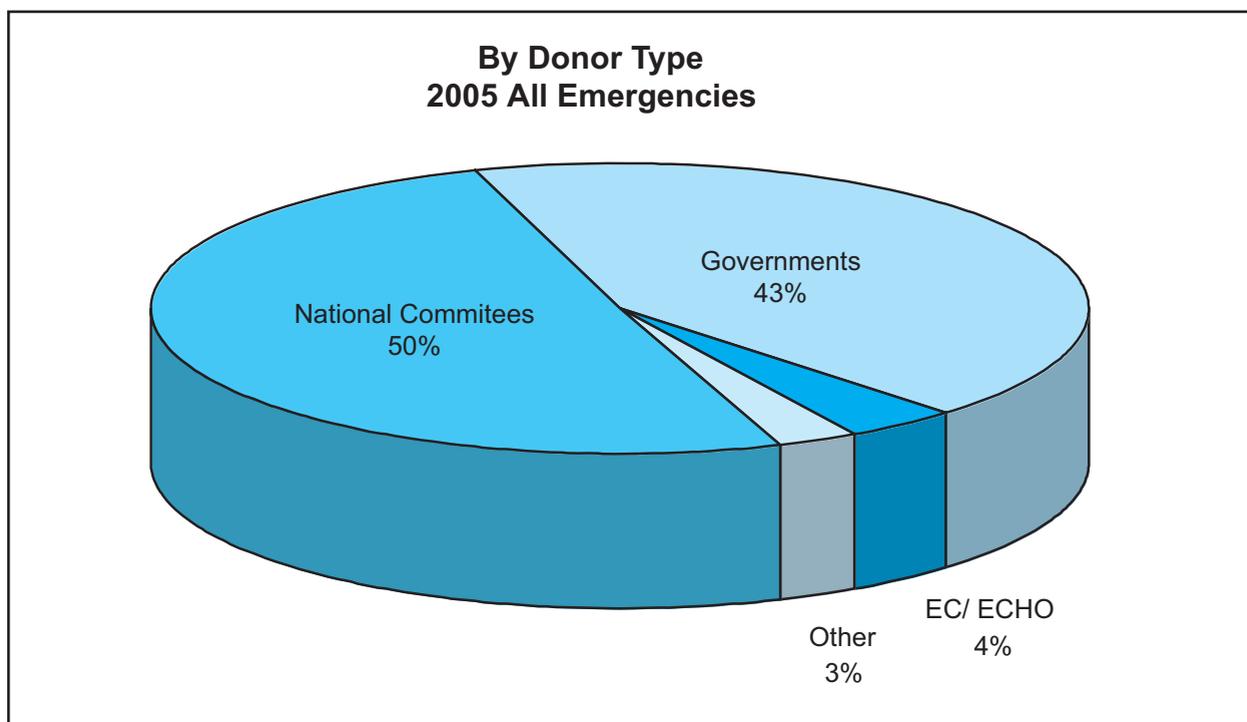


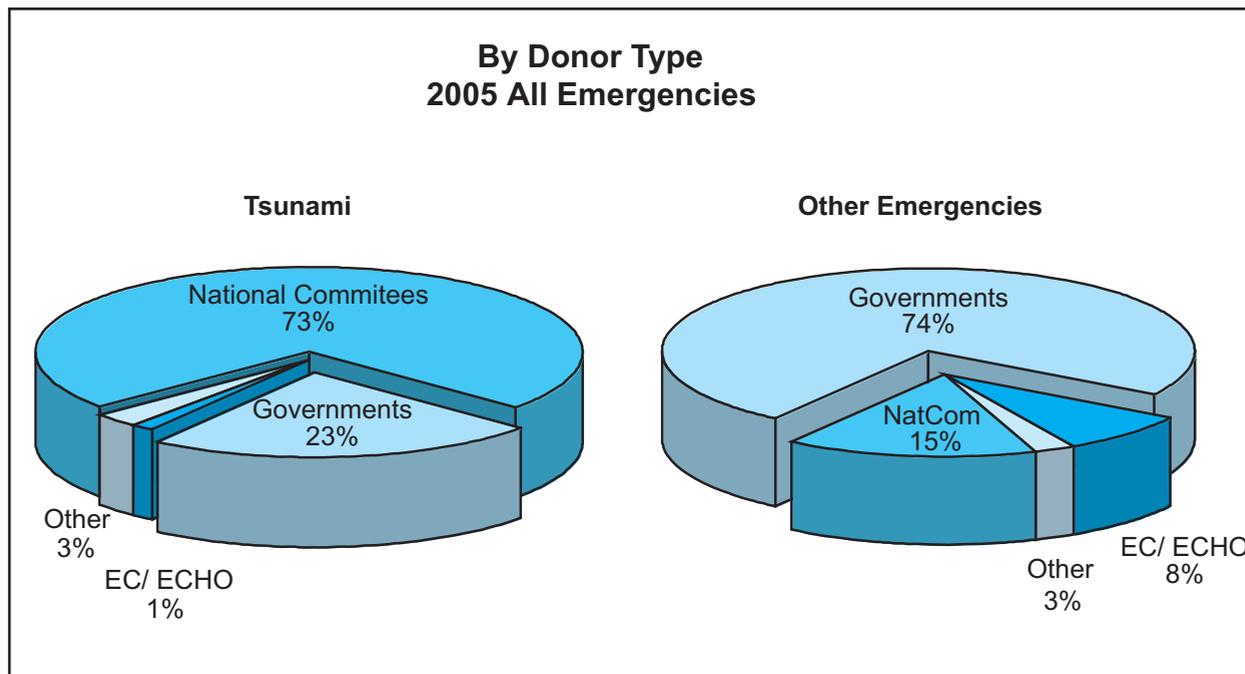
The US Fund for UNICEF was the largest contributor to UNICEF for overall emergency funding (i.e. for the tsunami disaster plus other emergencies). Also, the US Fund was the largest contributor to the tsunami disaster. Their contributions included the generous funds from the public as well as the Clinton Foundation. For emergencies excluding tsunami, the United Kingdom was UNICEF's largest contributor. Our sincere appreciation goes to all our donors and particularly to the top donors who contributed about 65 per cent of the total emergency funding in 2005.





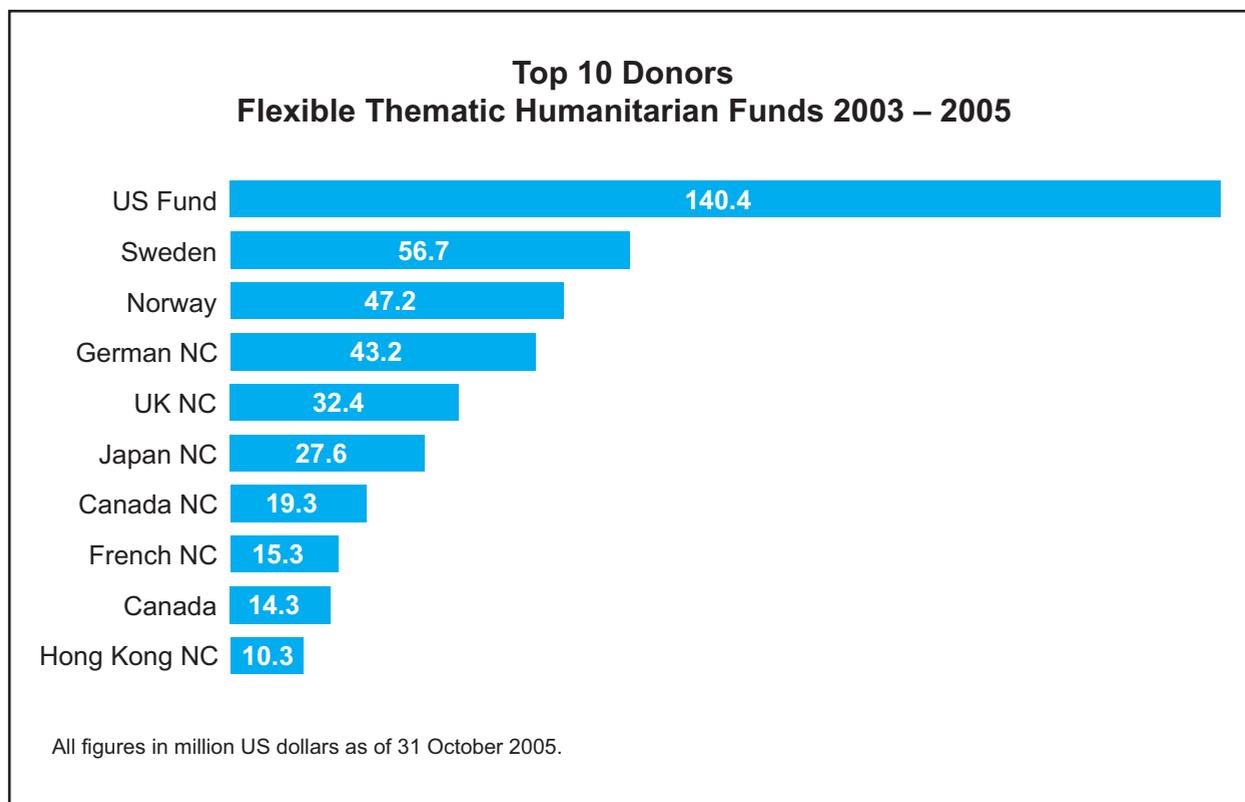
For tsunami relief, extraordinary support came from the National Committees for UNICEF, as can be seen from charts above; eight out of the ten top donors were UNICEF National Committees. For other emergencies, Governments took the lead with 74 per cent of the total emergency support coming from governments.



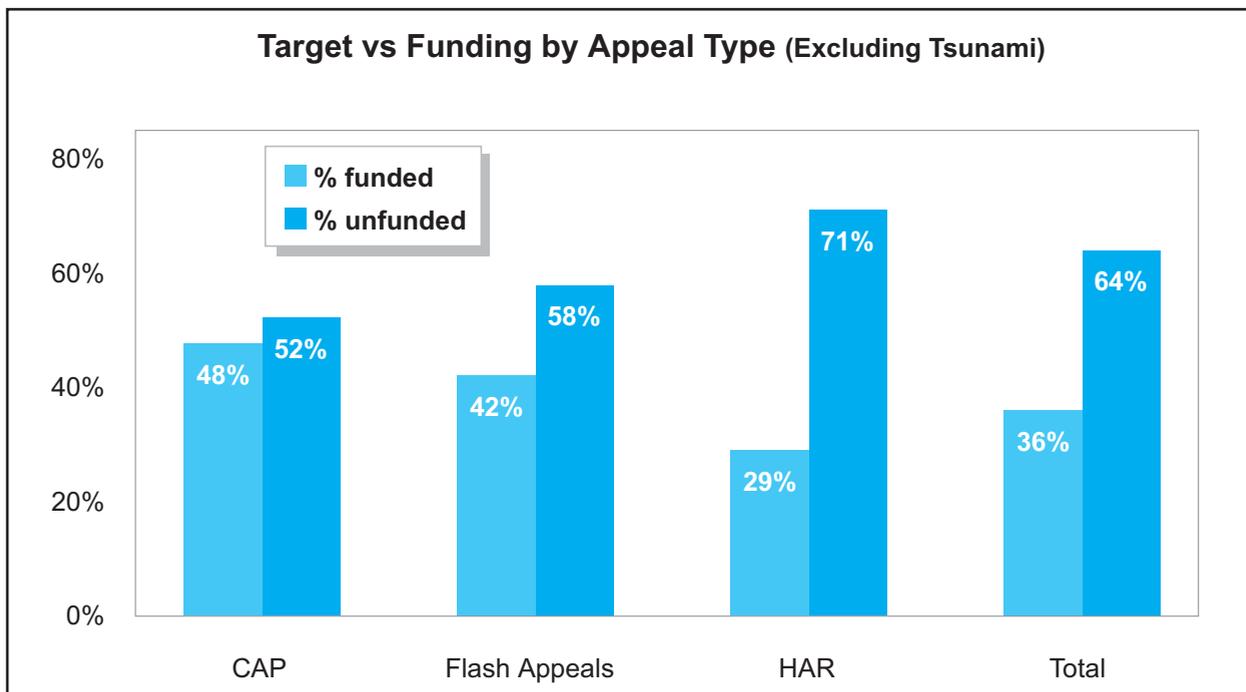


UNICEF would like to give special thanks to the donors who gave flexible funding. Flexible thematic humanitarian funding has increased significantly since 2003. A dramatic increase was witnessed in 2005 when thematic humanitarian funds increased by more than US\$ 348 million (more than six fold) – from US\$63 million in 2004 to US\$ 411 million in 2005, in large part thanks to tsunami contributions. The flexibility of thematic funding allowed UNICEF to respond more effectively to crisis situations around the world and facilitates longer-term planning.

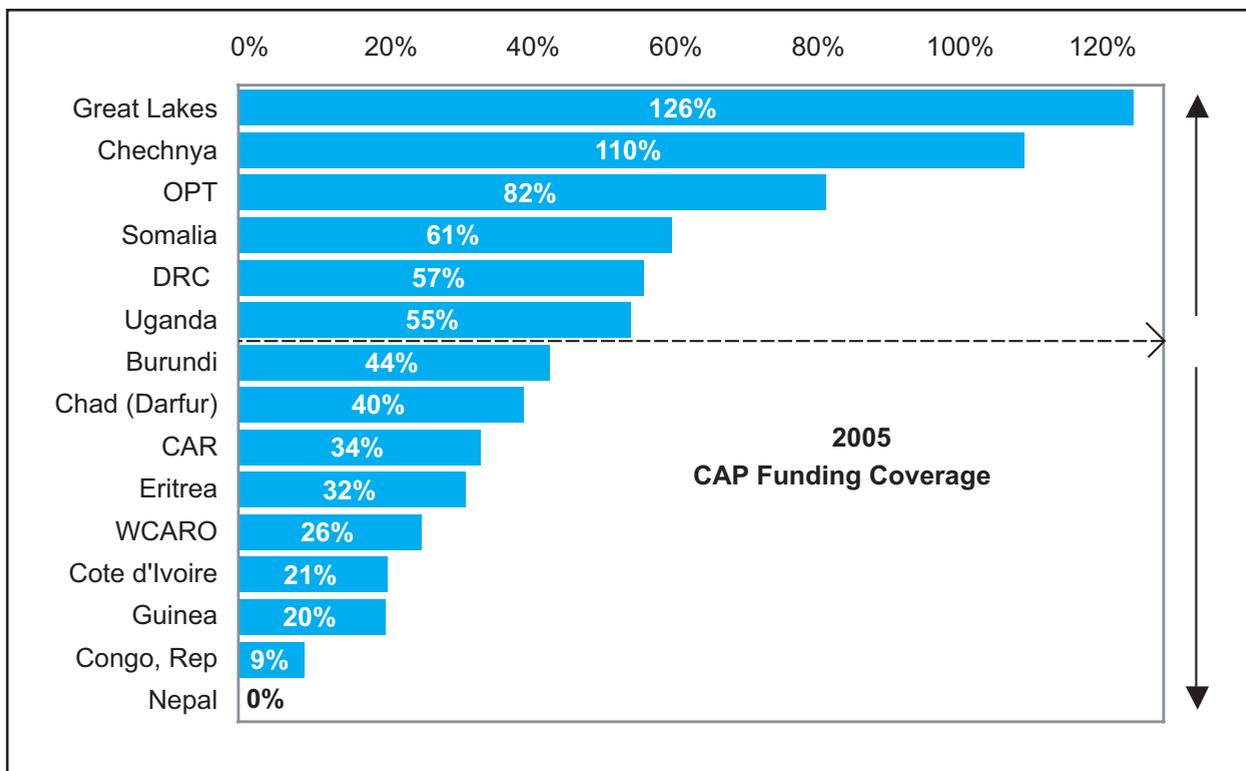
Special appreciation is given to our top ‘thematic humanitarian’ donors.



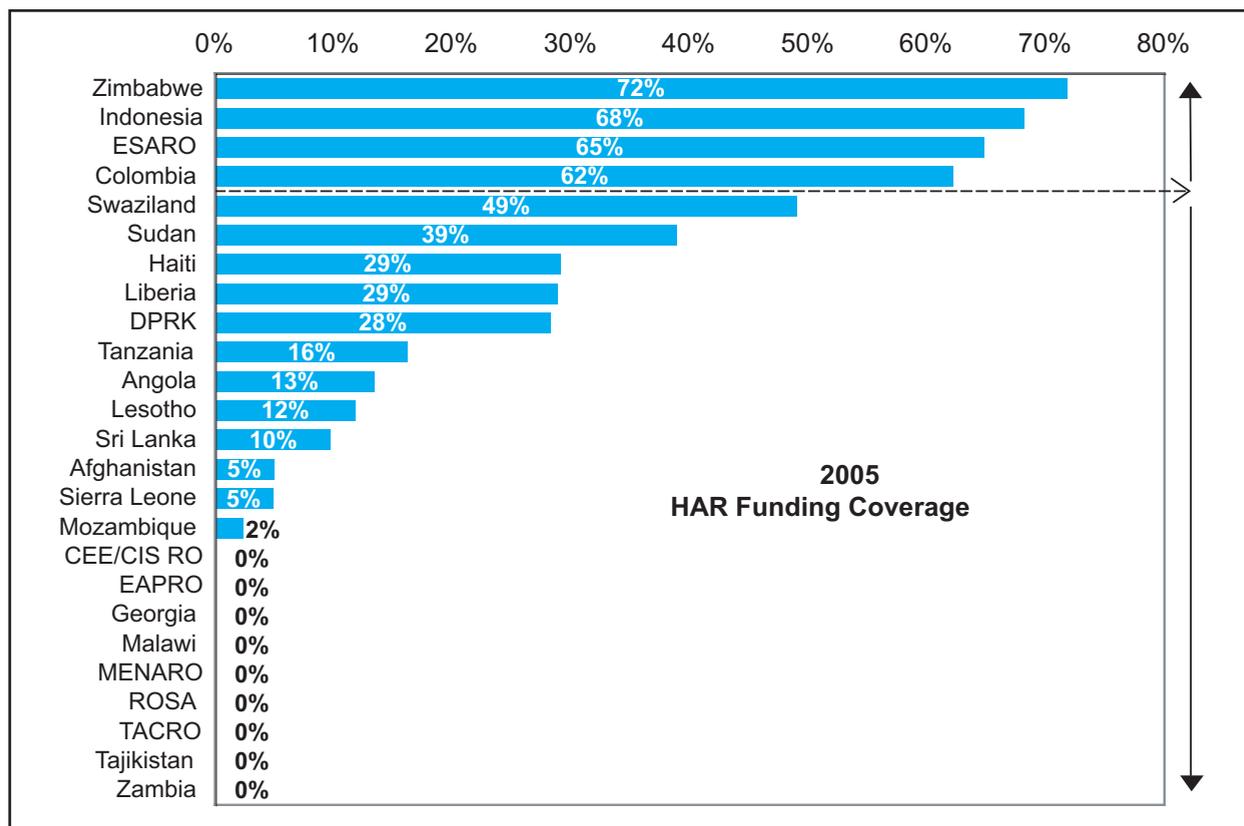
Unfortunately, while total emergency funding increased significantly in 2005, funding for forgotten emergencies did not reach adequate levels for effective humanitarian response. Some CAP and non-CAP countries included in last year's Humanitarian Action Report (HAR) were not adequately funded, and many children in these forgotten emergencies continue to struggle to survive.



UNICEF continued to be an active participant in the United Nations Consolidated Appeal Process (CAP) to ensure that the special needs of children and women are met. In 2005, UNICEF requirements in 9 out of the 15 CAPs were funded below 50 per cent. In countries where resources from non-emergency sources did not grow significantly many vital needs of children and women remain unmet.

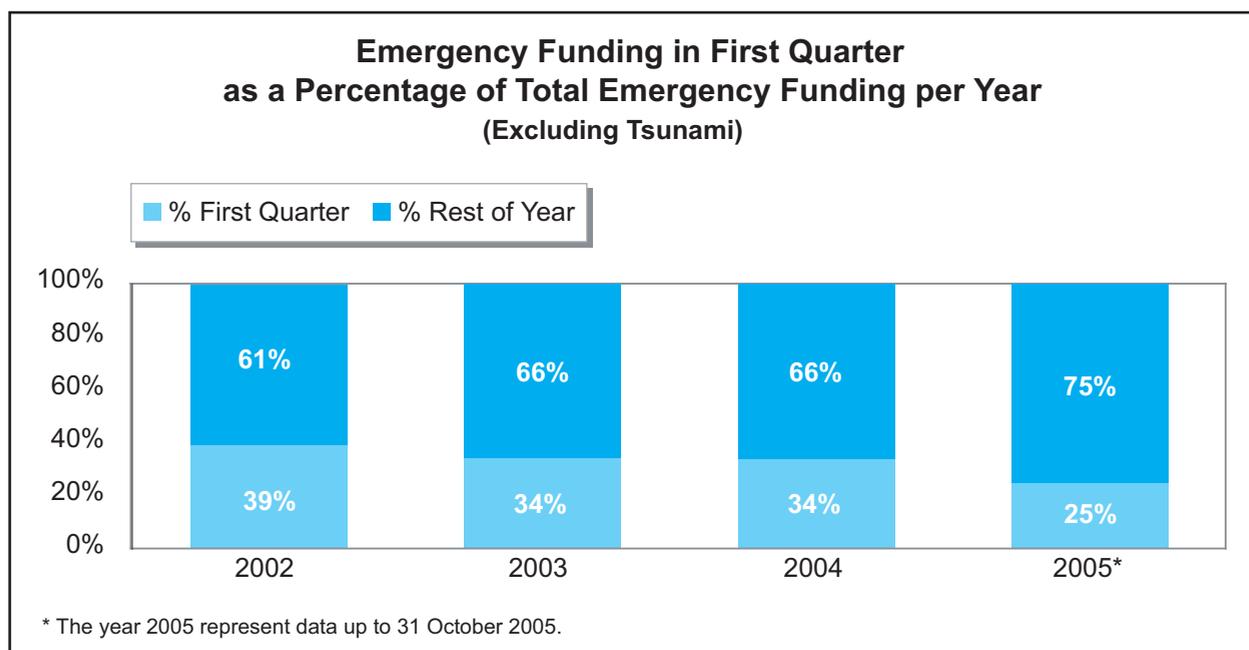


Out of 25 crises situations, only four HAR appeals were funded above 50 per cent. Nine HAR crises appeals did not get any emergency funding.



Importance of early funding

Early funding not only avoids suffering and loss of lives, but also ensures better value for the donor's money. Humanitarian action is more cost-effective if begun early, before the situation of children and women deteriorates. For example, emergency vaccination in conflict areas can prevent the spread of infectious and life-threatening diseases, which are cheaper and easier to prevent than to treat.



CENTRAL AND EASTERN EUROPE, THE COMMONWEALTH OF INDEPENDENT STATES

CEE/CIS
CENTRAL AND EASTERN EUROPE,
THE COMMONWEALTH
OF INDEPENDENT STATES



CEE/CIS

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

Regional Office financial needs for 2006

Sector	US\$
Emergency Response Fund: Contingency planning and initial response activities in an emergency, including: contingency planning, rapid assessments, immediate supply procurements, immediate human resource mobilization.	400,000
Emergency Preparedness and Response Planning (EPRP)/Training: Assistance to Country Offices in updating their EPRPs, and further training to Country Office staff in EPR issues.	100,000
Total *	500,000

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

The protective environment for women and children remains precarious in many parts of the Central and Eastern Europe, Commonwealth of Independent States (CEE/CIS) region. Unresolved conflicts, characterized by low-level warfare, tense ceasefires and growing tensions, continue to affect several countries in the region.

- In the North Caucasus (Russian Federation), low-intensity warfare continues to affect the Chechen Republic, where security sweeps and human rights violations are frequent, and more than a decade of conflict has destroyed much of the social and economic infrastructure.
- Instability has spread further into the neighbouring Republics of Ingushetia, Daghestan, North Ossetia, Kabardino-Balkaria and Karachaevo-Cherkessia, where political unrest has grown amid deteriorating socio-economic conditions, and security incidents are occurring on an increasing scale.
- Turkey has also seen a resurgence of conflict in the south-east, and Kurdistan Worker's Party (PKK) attacks in other parts of the country.
- Ceasefire violations are occurring with rising frequency along the contact line between Azerbaijan and Armenia over the disputed territory of Nagorno-Karabakh.
- In Georgia the situation involving the separatist republics of Abkhazia and South Ossetia remains volatile, and sporadic security incidents threaten to escalate tensions further.
- In the Republic of Moldova, the status of the separatist Transdniestri republic has yet to be resolved, and an increase in tensions is possible in the near future given the regime change in neighbouring Ukraine.

International access and humanitarian assistance to these conflict zones are hampered by security concerns and political obstruction. Nevertheless, socio-economic conditions in these areas are harsh, given the insecurity, extensive damage to both social and economic infrastructure, and weak or collapsed governance structures. In these situations, children and women are particularly vulnerable to rights violations, malnutrition and poverty-related diseases, as *de facto* authorities in these zones are often unable to provide for basic services and reconstruction, and the political situation limits access to international assistance and markets. Psychosocial problems are generally widespread and landmines pose a serious threat to children and local populations in many areas.

After over six years of UN administration of Kosovo, discussions on the final status of the province are expected to commence before the end of 2005. Although it is unclear what form or shape the status talks will take, the process and its final outcome could trigger violence and population movements, potentially impacting peace and security not only within Kosovo but also across the wider region.

Displaced persons

Large numbers of internally displaced persons (IDPs) and refugees from the conflicts in the region continue to face difficult conditions – particularly given the extended duration of displacement and often with little assistance. More than half of the 20 countries in the region report having IDPs. Displaced children are often left without access to adequate education, health care, support or protection. Certain conflicts remain unresolved and limited assistance has been provided for displaced populations in some countries for political reasons. The extended duration of these situations is resulting in a generation that is growing up having known no other way of life, with little optimism for the future and increasing disruptive social behaviour.

Natural disasters

A variety of natural disasters pose seasonal and constant threats throughout the CEE/CIS region. Most countries in the region are vulnerable to sometimes devastating earthquakes, as has occurred most notably in Georgia and Turkey in 2004. Flooding and landslides are frequent occurrences in mountainous countries such as Azerbaijan, Kyrgyzstan and Tajikistan. Coupled with earthquakes, they pose a serious threat in certain areas of Central Asia where Soviet-era waste dumps and chemical facilities are located in some of the most populated regions. These emergencies can have a major impact on children and women, particularly in distant rural areas, where basic services are usually severely limited and which can be isolated by damage to scarce infrastructure.

Drought is also a serious issue for all Central Asian countries – Tajikistan, one of the poorest countries in the region has borne the brunt of severe droughts over the past years, affecting crops and water scarcity, the effects of which continue to affect the country today. Droughts are particularly devastating for the pastoralist and agricultural communities and their families who are dependent on livestock and crops for their livelihood.

Flooding also poses a serious threat throughout much of the region. The year 2005 has seen unprecedented flooding, notably in Eastern Europe where flooding affected, Bosnia and Herzegovina, Bulgaria, the Republic of Moldova, Romania, Serbia and Montenegro, the former Yugoslav Republic of Macedonia, Turkey and Ukraine, in spring and summer. Georgia, Kazakhstan, Kyrgyzstan, the North Caucasus, Tajikistan and Uzbekistan were also affected by flooding in 2005. Over the past few years, the region has seen a gradual increase in the severity of flooding and its effects due to a number of factors: regardless of whether this trend persists, flooding will continue to affect the region on an annual basis.

Concerns surrounding the avian flu have become an issue for the region. The virus has spread via migratory birds and domestic fowl and, at the time of writing, the disease is present in Kazakhstan, Romania, the Russian Federation and Turkey.

Poverty and transition

Despite recent economic growth in most countries in the region, millions of children continue to live in poverty today. Generally, economic benefits have least reached families with children; the poverty risk for children has therefore increased in recent years. According to the latest Innocenti Social Monitor report (2004), 12.5 million of the 42 million children in seven countries with available data were living in poverty in 2001, as measured by national standards. In some countries in the Caucasus and Central Asia, and in South-Eastern Europe, including Armenia, Georgia and Tajikistan, public expenditure on health and education is about 4 per cent of GDP or less – a very low figure by regional standards and in absolute terms. This has proved insufficient to offset the infrastructural damage to these crucial sectors caused by prolonged conflict, neglect and economic decline. Consequently, significant numbers of children and women do not have access to quality health and education services. Levels of inequality are increasing in several countries where economic growth is concentrated only in certain sectors, which, coupled with a lack of progress in economic and political reforms in living standards in much of the Balkans, Caucasus and Central Asia, is exacerbating political and civil instability.

2. ACTION AND ACHIEVEMENTS IN 2005

Emergency preparedness and response planning (EPRP)

Eight Country Offices (COs) were assisted in updating their emergency preparedness plans in 2005 and several other COs undertook independent updates. With the exception of Belarus and the Russian Federation, all COs have completed an EPRP and experience shows that the process is invaluable in defining internal roles and responsibilities, and highlighting gaps and weaknesses in CO capacities and preparedness.

Training and capacity-building

In addition to the technical EPRP support provided, three sessions of EPRP Training have been held in three countries, further strengthening the capacities of participating COs in disaster management.

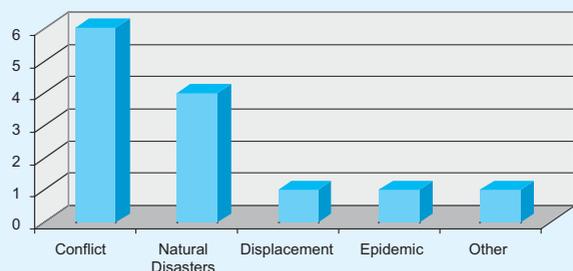
A Principled Approach to Humanitarian Action Training of Trainers was also held, including several UNICEF staff members from the CEE/CIS region as well as participants from other regions.

Direct support in emergencies

Direct emergency support was provided to: Georgia during the flooding in spring; Kyrgyzstan CO during the 'Tulip Revolution' in early 2005; and to both Kyrgyzstan and Uzbekistan COs following the events

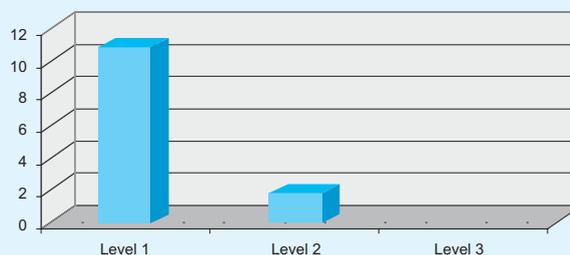
in Andijon in May. The Emergency Adviser and Emergency Officer travelled to the COs to assist with contingency planning.

CEE-CIS's Emergency Response by Type*



* INDICATIVE – Number of emergency incidences reported by Country Offices for year 2004.

CEE-CIS's Emergency Response by Mobilization Level*



* Mobilization Level:
 Level 1. Little or no Regional Office/Headquarters' support (funds, staff, supplies) required by the Country Office to respond.
 Level 2. Additional Regional Office/Headquarters' support (funds, staff, supplies) required by the Country Office to respond.
 Level 3. Massive UNICEF mobilization required to respond.

Consultations

In a new initiative, consultations regarding the situation in the Balkans, and a later session focusing on Central Asia, were held. These involved regional experts on security and youth issues in these areas, and the CO representatives from the sub-regions, providing a space to inform on the most recent academic research in these sub-regions.

Tools/guidance

Efforts have been made this year to further diffuse emergency-related tools and guidance through the region. Specifically, this has involved the translation of the UNICEF Core Commitments for Children in Emergencies into the Russian language which remains a lingua franca throughout much of the region.

Early warning

The Regional Office continues to monitor events and trends in the region, producing bimonthly regional emergency updates. In addition, risk and vulnerability profiles have been developed for each country in the region, providing an overview of the principle issues of risk and vulnerability affecting the country and populations. The profiles also provide links with research institutions in the region and within the countries to facilitate further linkages with the country-specific academic research being conducted.

The Regional Office has also provided support to the development and rolling out of the organization's new Early Warning/Early Action system. Input and assistance has been provided to the EMOPS team in developing the system, and all focal points in the CEE/CIS have received training in the operation of the system.

Staff welfare

Furthering the capacity built in 2003, psychosocial support and assistance for staff welfare was enhanced through a second round of advanced training for the Peer Support Volunteers in the region.

Mine action

Landmines continue to pose a serious threat to the lives and well-being of children in conflict-affected areas, including Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Chechnya (Russian Federation),

Georgia, the UN-administered province of Kosovo, and the border areas between Kyrgyzstan, Tajikistan and Uzbekistan, are also areas of concern. Mine action programmes are in place in Albania, Azerbaijan, Bosnia and Herzegovina, Georgia and the Northern Caucasus (Russian Federation) and are coordinated by the EMOPS Landmine Unit in New York.

3. PLANNED HUMANITARIAN ACTION FOR 2006

UNICEF's regional role

The CEE/CIS Regional Office aims to enhance UNICEF's capacity to respond to the needs of women and children in all forms of emergency and instability in an effective and timely manner. It acts as a central hub through which information is shared, problems solved, guidance given and initiatives developed. This includes the integration of humanitarian preparedness and response into the regular programme cycle, and direct technical assistance and support during emergencies. The Regional Office's support to country programme development is carried out within the framework of Common Country Assessments (CCAs) and the United Nations Development Assistance Framework (UNDAF), ensuring that issues related to humanitarian assistance and response are factored in system-wide and at the outset of programme design. The Regional Office also supports the further development of humanitarian preparedness and response capacities at the country level, not only to enhance UNICEF's response and mainstream preparedness, but to more actively and effectively advise counterparts on the development of emergency assessment and response capacities, and of advocacy strategies and policy. Stronger links were developed with inter-agency partners in 2005 and future collaboration targeting UN Country Teams is envisaged.

Operationalizing for timely and efficient response (US\$ 400,000)

In order to facilitate rapid mobilization in times of emergency, country-specific standby partners and suppliers will be identified, and local rosters and contacts will be developed. This will allow COs to develop local supply agreements to procure the necessary supplies required for an emergency situation in a timely manner, and to recruit local or regional experienced and technical persons in the relevant programme sector, both internal and external to UNICEF. In addition, the Regional Office intends to create a contingency planning and initial response fund to support the immediate needs of countries in emergency. These might include the costs involved in contingency planning, rapid assessments, immediate supply procurement and immediate human resource mobilization.

Preparedness and training (US\$ 100,000)

The Regional Office will continue to provide support and technical assistance to COs in developing contingency plans concerning the avian flu, which became an issue in several countries in the CEE/CIS region during 2005. After compiling feedback, a new template has been developed by EMOPS for the CO EPRPs. The new template will be introduced and rolled out in selected countries in the region during 2006. The new Early Warning/Early Action system is planned to become operational at the beginning of 2006. The Regional Office will provide the support required to ensure the implementation of the system in the region.

The series of sub-regional Consultations begun in 2005 will continue in 2006. Regional experts on topics related to the Caucasus sub-region will be invited to brief and discuss issues with CO Representatives from the sub-region.

Training and capacity-building

A series of trainings in the Principled Approach to Humanitarian Action (PATH) and in EPRP will be conducted in various countries in 2006, with Regional Office support. In addition, direct technical support will continue to be provided to COs as and when potential emergencies arise.

UNICEF HUMANITARIAN ACTION

GEORGIAN CONFLICT ZONES: ABKHAZIA & SOUTH OSSETIA

IN 2006



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

CORE COUNTRY DATA

Child population under 18 (thousands)	1115
U5 mortality rate	45
Infant mortality rate	41
Maternal mortality ratio (1990-2004 reported)	52
Primary school enrolment ratio male/female (2000-2004, net)	89/88
% U1 fully immunized (DPT3)	78
% population using improved drinking water sources	76
HIV prevalence (adults and children, thousands)	3.0
% U5 suffering moderate and severe malnutrition	3% u-weight 2% wasting 12% stunting

Source: *The State of the World's Children 2006*

NOTE: These numbers do not include the conflict zones. High levels of insecurity have prevented the collection of core data and condition indicators in these regions.

Summary of UNICEF financial needs for Abkhazia and South Ossetia in 2006

Sector	US\$
Health and nutrition	350,000
Water and environmental sanitation	300,000
Education	300,000
Child protection and social development	430,000
Programme support	165,000
Total *	1,545,000

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

Among the countries of the Commonwealth of Independent states (CIS), Georgia remains one of the most vulnerable from a humanitarian perspective. The consistent lack of regular external support to the conflict-affected areas of Abkhazia and South Ossetia is clearly reflected in the collapse of the welfare system and the decay of basic services. Both territories have a number of common features: the overall disintegration of the social safety net – affecting all facilities in the conflict-affected areas – and a failure to provide a prompt and effective response to the needs of the population; the persistent and tense atmosphere of volatility related to the unresolved conflicts and the general feeling of hopelessness for the future; the emergence of new and disruptive social behaviours; an increase in criminality; and a general lack of income-generating opportunities.

Although formally in place, health services are deprived of any means to assist the population. Hospitals, polyclinics and maternity facilities are all in desperate need of rehabilitation and all existing equipment is either broken or outdated. There is no continuous supply of essential drugs to these facilities and health-care providers have a very low capacity for delivery of quality medical care. There is no access to new research or the opportunity for skill upgrading, which is reflected in outdated practices related to maternal and child health such as advocacy of infant formula instead of breastfeeding and the separation of mothers and babies after birth. Homes and public facilities have no access to safe water or electricity and many health and education facilities have no access to these resources at all.

The low quality of education for children in the conflict zones is also a constant concern. Most schools lack any basic or advanced educational equipment and the system barely survives on the goodwill of teachers and parents who are asked to contribute to expenses for salaries and basic facility maintenance. Schools function on an outdated curriculum while life skills based methodologies or advanced educational support is non-existent. Sport programmes and recreation facilities are largely neglected due to lack of funds and other resources. Students have no access to healthy and safe school environments where they can take part in sport and recreational activities to learn basic life skills, develop their potential and be challenged and stimulated. Many children whose parents are overwhelmed with the task of basic survival are left to cope on their own, and there has been a reported increase in violence and abuse within families. The general collapse of social services has resulted in a lack of any form of psychosocial support or social protection for the most vulnerable parts of the population (persons with special needs, victims of abuse, drug addicts, etc.).

While the UN is granted access to Abkhazia, the *de facto* authorities frequently deny NGOs and humanitarian aid groups. This compounds the lack of regular external aid and support to the territory. South Ossetia is less complicated to enter than Abkhazia, but the security situation is more tense and unpredictable. Random shootings fuel tensions and indiscriminate rocket and grenade shelling are common. It is a widely held view that Tskhinvali, the South Ossetian capital, is a base for criminal gangs, kidnappers, illegal armed groups and the drug trade.

Java district: Do you call this 'hospital'?



The district hospital of Java region, in the northern part of South Ossetia, used to provide services to the population living in the surrounding villages with 60 beds and several units. After the earthquake of 1992, the hospital, completely destroyed, was moved into few prefabricated barracks, where it is still located.

There is no direct access to water, electricity is supplied through unfixed cables, the only phone connection with the hospital of Tskhinvali (40 minutes away by car) is entrusted to a phone of 1930. No equipment, disposable items, medicines or any other sanitary equipment available.

Rooms are furnished with simple beds and handmade blankets. The only hope for the local population is *not* to find themselves in need of emergency assistance.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

UNICEF Georgia has a strong working relationship with the other UN agencies operating in the conflict zones, the Government of Georgia, the *de facto* authorities of Abkhazia and South Ossetia and local and international NGOs. Despite limited financial resources and international staff (national staff are unable to travel to the conflict areas due to security concerns and continuous ethnic tension), UNICEF has pushed ahead with its agenda and made a number of key achievements and interventions in the areas of health, water and sanitation and education.

UNICEF continues to provide expanded programme on immunization (EPI) vaccines and supplies for the annual state immunization plan in Abkhazia and South Ossetia. To strengthen the cold chain, UNICEF supplied vaccine refrigerators to the desperately under-equipped vaccine storage areas of Abkhazia in the summer of 2005. The Georgia Country Office has also procured essential vitamins and drugs for pregnant women and children, as well as much needed surgical and obstetric equipment for hospitals and polyclinics in Abkhazia. To help improve the quality of the drinking water, schools and health facilities are being provided with water tanks and calcium hypochlorite for purification.

UNICEF also supplies schools in the conflict zones with much needed material resources. Recreation kits for a number of Abkhaz schools have been procured for the 2005/2006 school year, complementing previously supplied UNICEF student and teacher materials and helping to ensure the 'Right to Play'.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

In the conflict-affected areas of Abkhazia and South Ossetia, UNICEF Georgia works with UNHCR, UNV, UNDP and WFP to ensure a strong inter-agency partnership in all interventions. With the United Nations Observer Mission in Georgia (UNOMIG) especially, UNICEF collaborates closely in the transport and distribution of essential medical and student/teacher materials to health facilities and schools throughout Abkhazia.

Linkages of HAR with Georgia Country Programme

UNICEF's Emergency Programme is closely linked with the overall Georgian Country Programme of Cooperation, most notably in the provision of EPI vaccines and supplies for the annual state immunization plan in Abkhazia and South Ossetia. By ensuring that the Georgian immunization plan covers the conflict-affected areas, the Georgian Ministry of Health and the *de facto* Abkhaz and Ossetian governments now work together in transport, distribution and reporting. Breastfeeding campaigns and baby-friendly hospital initiatives in Georgia are also mirrored in the conflict zones, as is the reduction of micronutrient deficiencies and provision of iodized salt in Georgia and iodized oil capsules in Abkhazia and South Ossetia.

In 2006, UNICEF Georgia's conflict zones operations will focus on improving the skills, knowledge and ability of social service providers to deliver quality health and education services. UNICEF intends to compliment this by upgrading severely inadequate and outdated hospital and school equipment and providing essential drugs and medical supplies to depleted health facilities. Close to 50,000 conflict-affected children and 6,000 pregnant and lactating women will benefit from UNICEF interventions in the following sectors:

Health and nutrition (US\$ 350,000)

- Provision of obstetric and midwifery kits to the main maternity facilities in South Ossetia;
- Strengthening the immunization programme through skills upgrading of all professional staff;
- Upgrading of competencies and skills of relevant health-care employees to implement the Integrated Management of Childhood Illness (IMCI) Initiative in maternity facilities and children's polyclinics;
- Support to exclusive breastfeeding and nutrition programmes;

- Distribution of iron, iodine and vitamin A tablets to children and pregnant women through existing immunization programme chains in both regions;
- Development of HIV/AIDS health education curricula and the training of teachers to enable children and teenagers to make healthy choices and adopt safer behaviour.

Water and environmental sanitation (US\$ 300,000)

- Distribution of safe water tanks and calcium hypochlorite to all schools and health centres in South Ossetia;
- Promotion of health and hygiene education in both regions to prevent water-related diseases and reverse the general lack of sanitation;
- Continuous procurement and distribution of de-worming tablets to children in the conflict zones through schools and immunization programmes.

Education (US\$ 300,000)

- Training of elementary and secondary schoolteachers in Abkhazia and South Ossetia in interactive learning methods with an emphasis on life skills and child development;
- Restocking Abkhaz schools with basic teacher and student supplies and provide full UNICEF school-in-a-box and recreation kits to South Ossetia;
- Provision of recreation kits to all schools in both regions to support the 'Right to Play' and promote organized sport, recreation and healthy lifestyles.

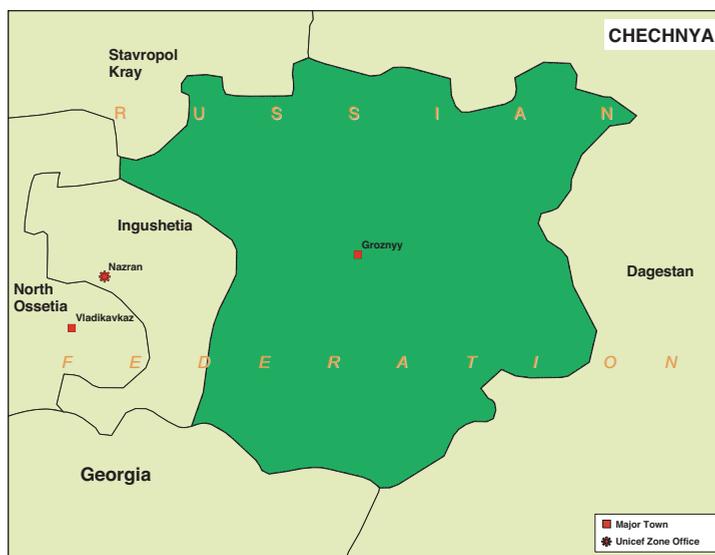
Child protection and social development (US\$ 430,000)

- Support to youth centres in Tskhinvali (South Ossetia) and Sukhumi (Abkhazia) to develop projects aimed at confidence-building, leadership skills, conflict resolution and empowerment among the youth population;
- Training of community-based social service providers in Abkhazia and South Ossetia in the field of psychosocial support and counselling for children and youth;
- Programme support to the HALO Trust (a demining NGO) in developing culturally appropriate and accessible mine-risk education (MRE) communication materials for HALO's interactive MRE initiatives for children and their families in Abkhazia and Zugdidi (on the Georgian side of the ceasefire line);
- Support to survivor assistance programme for landmine survivors, aimed at reintegration;
- Further development and expansion of the annual UNICEF-funded summer camp for child landmine survivors.

Programme support (US\$ 165,000)

- International staff to facilitate, coordinate and oversee interventions in the conflict zones (national staff unable to travel to Abkhazia and South Ossetia due to security concerns and continuous ethnic tension);
- Operating costs (transport to and from conflict zones, office space and supplies on UNOMIG compound and a local field assistant to be permanently based in Abkhazia).

UNICEF HUMANITARIAN ACTION NORTH CAUCASUS IN 2006



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

Summary of UNICEF financial needs for 2006

Sector	US\$
Health (including psychosocial rehabilitation)	2,670,000
Water and environmental sanitation	840,000
Education	2,800,000
Child protection	180,000
Mine action	980,000
Total*	7,470,000

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

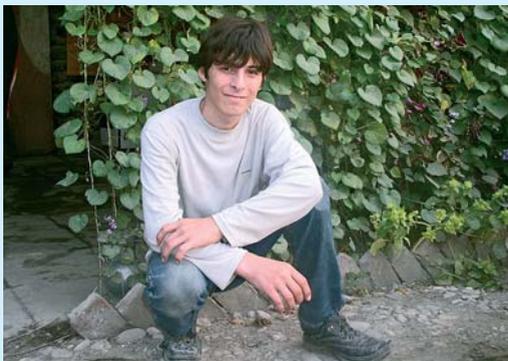
Slight improvements in the security environment and living conditions have been observed in Chechnya in 2005. However, general instability continued there and even increased in other North Caucasus (NC) republics: bombings, ambushes, sweep operations, target killings and disappearances of civilians have been reported throughout the region. Humanitarian needs, stemming from two military campaigns conducted over the past decade and severe economic underdevelopment, remain considerable: with an unemployment rate of at least 80 per cent, much of the population of Chechnya continues to depend on humanitarian aid for survival and a significant reduction in needs appears to be at least several years away. Access to basic social services – particularly in the water, education and health sectors – remains problematic for most civilians in Chechnya, especially women and children. Internally displaced persons (IDPs), estimated at more than 160,000 in Chechnya, 30,000 in Ingushetia and up to 10,000 in Dagestan, continue to comprise a large portion of the vulnerable population.

In the education sector, the situation in Chechnya remains precarious. The preliminary findings of a survey conducted by UNICEF highlight that many schools in rural areas remain severely damaged or dilapidated and that classes are often organized on the basis of two or three shifts per day. The availability of textbooks, stationery, school furniture and other educational materials also remains insufficient. The pre-school education sector is of particular concern: out of some 80,000 children aged 3-6 years, less than 8,000 have access to 79 state kindergartens, while an additional 2,250 are hosted in 45 early childhood education (ECE) centres supported by UNICEF and other aid agencies. Similar gaps are affecting, although to a lesser extent, the education services provided in Ingushetia and Dagestan. In Ingushetia, in particular, more than 1,600 internally displaced children in temporary settlements continue to rely on the education services provided by UNICEF and NGO partners.

In the North Caucasus, particularly in Chechnya and Ingushetia, basic health indicators – such as infant, child and maternal mortality – remain significantly higher than in the region at large. Iron-deficiency anaemia is highly prevalent in pregnant and lactating women as well as in children. Crowded living conditions and poor sanitation facilities predispose to communicable diseases such as diarrhoea and respiratory diseases, which constitute the most frequent factors of morbidity among children. Vaccination coverage of children, especially of those displaced, is dangerously low.

Meanwhile, the presence of landmines and explosive remnants of war (ERW) continues to pose a serious threat to civilians, including children, in Chechnya. According to the UNICEF-supported Information Management System for Mine Action (IMSMA) database, 3,033 civilians (including 737 children) have been killed or injured by mines/ERW since 1995.

“I kicked it for fun, but it turned out to be a mine.”



“When the second war broke out, my family’s apartment in Grozny was destroyed and we found shelter with relatives in a village. On 9 July 2002, I survived an incident that changed my life. I was walking by the roadside on my way back home when noticed a can on the ground. I kicked it for fun, but it turned out to be a mine and it exploded. I felt an acute pain, but didn’t lose consciousness for some time. Some by-standers took me to my uncle’s house and then to the hospital. I underwent surgery and my leg was amputated. I spent about a year in the hospital. UNICEF provided me with prosthesis, crutches and rehabilitation. From the Government I only received a small disability pension. Now I play football in a UNICEF-supported team of children who went through the same experience. My father works as doctor, but his salary is very low. My mother is unemployed and sick. I dream that she’ll get better and that we’ll all leave for a better place.”

Umar Eskiev, 15 years old, mine survivor from Chechnya.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

In 2005 UNICEF continued to implement the established components of its North Caucasus programme: education, mine action – i.e. mine-risk education (MRE) and survivor assistance –, health as well as water and sanitation. UNICEF continued to act as inter-agency coordination focal point for the education and mine action sectors. In this capacity, it worked to further strengthen the partnership among all stakeholders (UN agencies, government counterparts, ICRC, international and local NGOs). UNICEF also further developed new important areas of intervention: peace education and tolerance-building (PETB), psychosocial rehabilitation and child protection.

In education, UNICEF rehabilitated 18 schools and kindergartens in Chechnya, Ingushetia and North Ossetia. In Ingushetia UNICEF continued to support 'parallel' schools for 2,600 internally displaced children from Chechnya and four children centres catering for 590 internally displaced pre-school-age children. In Chechnya, 360 drop-out young people benefited from vocational training, while 1,350 children aged 3-6 received education and care at 27 ECE centres in Chechnya and Dagestan. UNICEF also trained 500 teachers from rural schools in Chechnya and distributed more than 530,000 education items to schools and schoolchildren in the region. In addition, some 10,000 children and adolescents from five republics of the NC participated in a number of events in the context of the new PETB programme.

In 2005 UNICEF further expanded the capacity of its water production and delivery programme in Grozny, which served 105,000 beneficiaries on a daily basis, with a special focus on schools and hospitals. In the health sector, the organization, *inter alia*, assisted 100 health facilities in Chechnya and Ingushetia through the provision of basic medical equipment, consumables as well as cold chain equipment; trained 50 health professionals in vaccination-related issues; raised awareness of some 15,000 mothers and primary care providers on child health care and parenting issues; established and equipped three Youth-Friendly Clinics, and three Youth-Friendly Centres in Chechnya and Ingushetia; trained 35 social, health and education professionals on youth-friendly approaches, peer education and psychosocial support for HIV/AIDS-affected youth.

In mine action, UNICEF reached more than 80,000 people with MRE presentations; distributed more than 5,000 MRE items; created and trained 10 community-based MRE focus groups in heavily-affected areas and established a permanent incident surveillance system through the establishment of 15 'letter boxes' (one in each district of Chechnya). An important confirmation of the effectiveness of MRE efforts over the last four years has been the gradual reduction of incidents recorded in Chechnya (from 204 in 2003 to 88 in 2004). UNICEF also provided physical rehabilitation to 187 mine/UXO child survivors; psychosocial assistance to 113 children; vocational training to 220 children with disabilities and distributed over 700 assistive items to mine/UXO child survivors and other disabled children.

Following the Beslan school siege of September 2004, UNICEF provided counselling support to approximately 5,500 traumatized children and adults. Some 59 local psychologists, 78 teachers and students from the local university and 43 social workers were provided with advanced skills training on psychosocial assistance. Almost 600 pieces of medical and recreational equipment were supplied to the Rehabilitation Centre in Vladikavkaz, while additional supplies were provided to schools and hospitals in Beslan. With a view to strengthening its psychosocial assistance activities in Chechnya, UNICEF completed the first stage of a Psychosocial Baseline Study in the republic and provided trauma counselling training to 50 specialists, including psychologists and teachers, as well as social and medical workers.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

UNICEF will act as focal point for education and mine action as well as further consolidate partnerships with UN agencies, ICRC and NGOs, including within the framework of the 2006 Inter-Agency Transitional Workplan for the NC. UNICEF will remain an active member of the Inter-Agency Standing Committee Field Team, the Humanitarian and Development Forum for the NC as well as the NC Security Management Team. Cooperation will also be sought with an increasing number of governmental actors, particularly at the republican and regional level.

Regular programme

The UNICEF programme in the NC will be formally integrated as one of four key components in the 2006-2010 UNICEF Country Programme for the Russian Federation. Growing internal synergies will therefore be pursued, particularly in thematic areas such as child protection and health, development and HIV/AIDS prevention for young people.

Health and nutrition (US\$ 1,130,000)

Some 265,000 children, young people and mothers will benefit from the following key activities:

- Support the ongoing rehabilitation of the cold-chain infrastructure in Chechnya, with special focus on primary and secondary health-care facilities, through the provision of basic supplies, consumables and equipment, to benefit about 170,000 under-five children;
- Provide training to at least 50 health-care workers involved in child immunization services and organize awareness-raising campaigns promoting the benefits and importance of child immunization;
- Organize mother empowerment training sessions for 20,000 mothers with under-five children – including in IDP settlements in Ingushetia, in temporary accommodation centres (TACs) in Chechnya and in Dagestan;
- Provide age-appropriate and culturally-sensitive counselling on reproductive health care, family planning, HIV/STI and substance abuse prevention to about 75,000 young people in Chechnya and Ingushetia;
- Continue to support three Youth-Friendly Clinics and three Youth Information Centres in Chechnya and Ingushetia – through the provision of equipment, methodological and information material as well as training.

Psychosocial rehabilitation (US\$ 1,540,000)

Some 20,000 civilians, mainly children and women, will benefit from the following activities:

- Contribute equipment and training to the establishment of a republican psychosocial rehabilitation centre in Chechnya to ensure continued specialized provision of counselling to conflict-affected children and their caregivers;
- Contribute to the establishment in Chechnya of a Government-led Steering Committee in charge of developing overall psychosocial guidelines and standards;
- Upgrade knowledge and skills of some 100 qualified professionals from Chechnya (psychologists, teachers, social workers) in providing psychosocial support to 5,000 affected children (aged 6-18) and their caregivers;
- Continue to provide psychosocial rehabilitation to 3,000 crisis-affected children (aged 6-18) and adults in Beslan and psychosocial rehabilitation to more than 100 NGO staff implementing UNICEF projects in Chechnya, so as to increase the quality of their work with children;
- Facilitate at least three advocacy events with the involvement of some 500 conflict-affected children in Chechnya and North Ossetia (Beslan) to ensure the visibility of the psychosocial problem in the North Caucasus.

Water and environmental sanitation (US\$ 840,000)

Some 117,000 people will be reached through the following activities:

- Purify and distribute potable water to 117,000 persons in Grozny, for a total daily capacity of at least 600,000 litres and with a special focus on schoolchildren, hospital patients and returnees living in TACs;
- Procure and distribute 38 water tanks to education and health-care facilities in Grozny;
- Promote hygiene education and the appropriate use of water among the beneficiary population in Grozny, including 53,000 students and teachers in schools and 11,000 hospital staff and patients, including through 250 special awareness-raising interactive drama plays;
- Distribute hygiene education materials, including 50,000 pocket calendars, to schoolchildren, hospital patients and returnees living in TACs in Grozny;
- Provide limited support, in terms of IT and other technical items, to the public water provider (Vodokanal) in Grozny.

Education (US\$ 2,800,000)

More than 110,000 children as well as 5,000 teachers will benefit from the following activities:

- Support a comprehensive situation analysis of the status of the education system in Chechnya;
- Support the professional training and/or re-qualification of some 1,000 teachers, Ministry of Education officials and school methodologists in Chechnya, Ingushetia and Dagestan;
- Expand the existing network of 27 community-based ECE centres to 30, so as to provide basic pre-school education and care to 1,500 children in Chechnya, with the strong involvement of parents in the provision of hygiene and health-care education;
- Promote vocational training and catch-up classes for 240 vulnerable adolescents in Chechnya;
- Continue to manage 12 IDP schools hosting some 1,600 children and 4 Children's Centres providing daily education and health care to 590 internally displaced children in Ingushetia, while promoting their gradual integration into the regular education system;
- Provide schools and kindergartens in Chechnya, Ingushetia and Dagestan with basic school materials (30,000 textbooks, 1,350 sets of furniture, 200 blackboards, 450,000 pieces of stationery, 7,000 school bags), so as to benefit some 55,000 pre-school and schoolchildren;
- Rehabilitate up to five schools and one kindergarten in Chechnya as well as one kindergarten in Ingushetia, for a total of over 1,000 beneficiaries;
- In the area of peace education and tolerance-building, organize several events with participation of 50,000 children and youth, 4,000 educators and at least 100 government staff from five republics in the region.

Child protection (US\$ 180,000)

More than 20,000 children will benefit from the following initiatives:

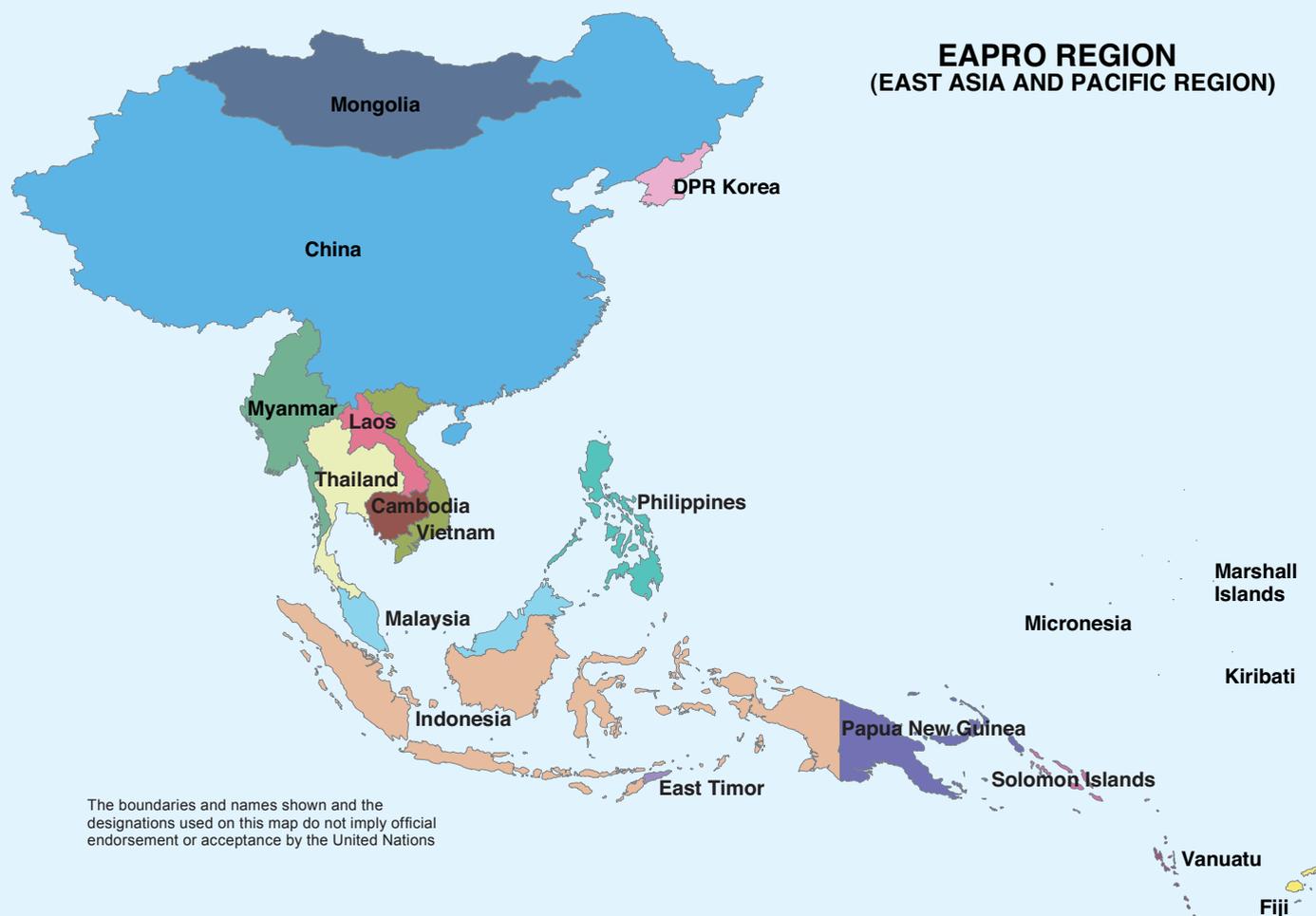
- Support 22 leisure centres providing a safe environment to some 700 children daily in Chechnya;
- Conduct training/workshops on the promotion of the Convention on the Rights of the Child for 640 government officials as well as for 4,000 schoolchildren and teachers in Chechnya and Ingushetia;
- Support the Chechen Ministry of Labour and Social Development in improving the quality of the social services available to vulnerable children and their families;
- Support the creation of Child Rights Ombudspersons in Chechnya and Ingushetia;
- Train staff from NGOs based in Chechnya to collect and analyse information on violations of children's rights.

Mine action (US\$ 980,000)

More than 250,000 children in Chechnya will benefit from the following key activities:

- Establish eight additional MRE working groups in the most mine/ERW-affected villages in Chechnya;
- Collect, analyze and share mine/ERW-related information with all concerned stakeholders;
- Support and monitor the MRE school course, thus targeting some 180,000 students in Chechnya;
- Conduct MRE presentations for some additional 75,000 children through the State Chechen Drama Theatre, Voice of the Mountains, the State Chechen Youth Committee;
- Design and disseminate new MRE materials (T-shirts, leaflets, posters, schoolbags);
- Train 250 teachers from secondary schools of Chechnya in delivering the MRE school course;
- Provide prosthetic assistance and physical rehabilitation to at least 60 mine/ERW child survivors and other children with disabilities;
- Distribute supportive devices (100 wheelchairs, 250 crutches, 150 walking sticks) to some 400 mine/ERW survivors and other disabled children;
- Provide psychosocial support to 180 mine/ERW child survivors and other children with disabilities and their primary caregivers;
- Provide some 150 mine/ERW child survivors and children with disabilities with vocational training in carpentry, tailoring and computing.

EAST ASIA AND THE PACIFIC



Regional Office financial needs for 2006

Sector	US\$
Emergency preparedness and disaster mitigation	850,000
Adolescent development support in post-conflict countries	250,000
Total*	1,100,000

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

In 2005, the East Asia and the Pacific region has had to contend with a number of emergencies ranging from frequent natural disasters to outbreaks of epidemics, political strife and armed conflict. The devastation caused by these emergencies has tested the coping mechanisms and response capacities of families, communities and governments, and has posed serious challenges to the realization of women's and children's rights in the region.

The Indian Ocean tsunami in December 2004 created an emergency of unprecedented magnitude for the region. Indonesia, Thailand, Malaysia and Myanmar were all affected, with Indonesia bearing the brunt of the disaster with a quarter of a million people dead or missing, including 5 per cent of Aceh's population. Typhoons and torrential rain brought floods, landslides, damage, displacement and infrastructure loss in China, Indonesia, Myanmar, the Philippines and Viet Nam. Typhoon Damrey in particular required half a million people to be evacuated from Southern China and the east coast of Viet Nam. Cyclones battered the Pacific Island countries – Cook Islands, Samoa and American Samoa – and compounded existing vulnerabilities related to issues of access, high dependency on imports and stretched country capacities to deal with emergencies. Earthquakes disrupted lives in China and Indonesia, where a volcanic eruption on the island of Sumatra also forced the evacuation of 26,000 inhabitants.

Drought and high temperatures in 2005 affected Cambodia, Lao PDR, Myanmar and Viet Nam, raising fears that an extended drought could cause longer-term damage to agricultural output in the region, as well as increased risks of famine and diseases caused by lack of usable water. Due to a drought in the summer of 2004 and a subsequent harsh winter, Mongolia is struggling with food shortages as more than 40,000 livestock died. In the Democratic People's Republic of Korea (DPR Korea), chronic food and energy shortages are continuing to deplete people's coping mechanisms.

Outbreaks of diseases have also been observed in the region. Malaysia warned that dengue fever is nearing an epidemic and joined neighbouring Singapore in taking emergency measures to tackle the disease. Confirmed human cases of avian influenza have reached 116 in the region with 60 deaths, potentially putting millions of people at risk, according to a WHO update on 29 September 2005.

Armed conflict and its aftermath continued to cause disruption, displacement and death throughout the region, affecting women and children worst. The region, however, has also seen one landmark development in this area: in Indonesia hopes of lasting peace have been paved by the signing of an accord in August between the Indonesian Government and the Free Aceh Movement, ending 29 years of civil war that have claimed 15,000 lives, many of whom were civilians. It is envisaged that the peace deal will facilitate the flow of aid and contribute significantly to rebuilding the lives of survivors, many of whom are women and children devastated by the tsunami. Also in Indonesia, Papua province is still affected by sporadic outbreaks of violence, with attacks carried out by separatist groups.

In the Philippines, the peace agreement on Mindanao between the Philippines Government and the Moro Islamic Liberation Front (MILF) is yet to be realized. There are reports of an increase in rebel ranks and a lethal mix of militant groups emerging in southern Philippines sharing resources and capabilities, foreshadowing an escalation of violence and attacks.

In southern Thailand, growing tensions in a region with different socio-cultural and religious values from the rest of the country have led to a violent uprising that has already claimed the lives of more than 1,000 people.

After decades on the run, approximately 170 women, children and old men of the Hmong ethnic minority emerged from their jungle hideouts in Laos to surrender to the government. Sporadic information suggests that more may surrender. In a separate development, in July, the Thai Government suspended all support to the Hmong community – some 6,000 of whom were already living in Thailand's Petchabun province and had recently been joined by others crossing from Lao PDR – and had proposed to deport them to Lao PDR. This resulted in the Hmong community, the majority of whom are women and children, camping along the roadside, in district offices and in other facilities with uncertain access to shelter, food, water and basic health care.

In Myanmar, there continued to be conflicts in 2005 between the government armed forces and some opposition groups that are not party to the ceasefire agreements. Political tensions and limited humanitarian access to large zones of the country are still a concern for humanitarian assistance, although international sanctions and the economic environment make it more necessary than in other countries of the region.

The areas engulfed or affected by emergencies in the region have seen devastating impacts. In many instances basic social infrastructure – particularly access to health care, clean water, safe sanitation and education – has been weakened or damaged, threatening the survival and development of children. Family and community structures that care for and protect children have been destroyed, leaving millions of children without their parents or separated, displaced, psychologically affected, vulnerable to disease and death, and exposed to the risk of trafficking, abuse and sexual exploitation.

The ongoing conflicts in the region have taken their toll on families. There are an estimated 500,000 internally displaced persons (IDPs) and former refugees in Indonesia, 600,000 in Myanmar and 120,000 in the Philippines. There are currently some 120,000 refugees from Myanmar living in Thailand in nine camps along the Thai-Myanmar border. Thailand also hosts an estimated 700,000 unregistered economic migrants from Myanmar. In Malaysia, UNHCR statistics indicate that there are an estimated 20,000 asylum seekers and refugees, and the caseload has been increasing rapidly over the last two years. The protection of refugee and displaced children is an important concern for UNICEF in this region, as many governments have not yet ratified the Refugee Convention and do not recognize displaced populations.

Other areas of concern remain the recruitment and association of children with armed forces in several countries, particularly Myanmar, the Philippines and Thailand. The role adolescents and young people play in communal violence and armed conflict needs to be better understood both during conflicts and in post-conflict situations. Concerted actions such as disarmament, demobilization and reintegration (DDR) must be taken to direct children's potential towards a positive and constructive future and not towards hatred and violence.

Greater emergency preparedness and response capacity is essential to reduce damage and harm caused by recurring natural disasters.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

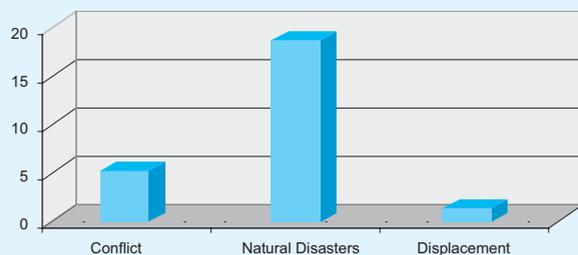
Regional coordination and partnership

The Indian Ocean tsunami resulted in a major change of regional level emergency coordination and partnership dynamics. Immediately after the onset of the tsunami, the International Federation of Red Cross and Red Crescent Societies (IFRC) Regional Office in Bangkok called for weekly coordination meetings among regional UN agencies and NGOs, in which the UNICEF East Asia and Pacific Regional Office (EAPRO) regularly participated. EAPRO also enhanced partnership with the two new regional UN offices working in disasters established in 2005, namely the Regional Office of the Office for the Coordination of Humanitarian Affairs (OCHA) and the Secretariat of the International Strategy for Disaster Reduction (ISDR). A breakthrough in disaster management in the regional political agenda was the signing of the Association of South-East Asian Nations (ASEAN) Agreement on Disaster Management and Emergency Response at the ASEAN Ministerial Meeting on 27 July in Vientiane. The highlight of this agreement is the establishment of the ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management, which will play a critical coordination role for ASEAN member countries in the area of data and information management, standby arrangements, capacity-building, etc. Many UN agencies, including UNICEF, UNHCR, WFP and OCHA, contributed to the finalization of the above ASEAN Agreement through participation in the ASEAN Workshop on Standby Agreements held in Myanmar on 28-29 June 2005. A long-term partnership with the South-East Asia Regional Office of the Coalition to Stop the Use of Child Soldiers (SEACSUCS) in Bangkok and the Psychosocial Trauma and Human Rights Program (PST) in the University of the Philippines has been maintained in the area of child protection in emergencies.

Emergency preparedness and response

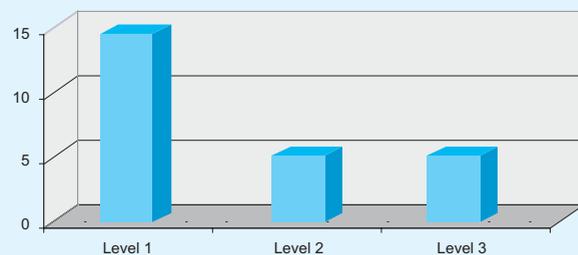
- Through intensive efforts by EAPRO since early 2004 in providing technical support for emergency preparedness and response planning, all 14 Country Offices have developed plans as of July 2005. However, operationalization of these plans became a challenge due to lack of funds for preparedness, such as minimum levels of stockpiling of emergency supplies.
- On the other hand, capacity-building of UNICEF staff in preparedness has been enhanced through emergency preparedness and response training of trainers for nine Country Office staff members from the region in June and actual country-level training with UNICEF Lao PDR in September. Emergency preparedness and response planning and training was also conducted by UNICEF Myanmar.
- An emergency simulation exercise based on the scenario of an earthquake in Manila was carried out with UNICEF Philippines, and the staff demonstrated impressive response thanks to their ongoing efforts in preparedness.
- As part of important follow-up on tsunami relief, 'lessons learned' exercises took place at country and regional levels among UNICEF, UN agencies, NGOs and governments, to some of which EAPRO contributed in terms of facilitation or participation. Based on these lessons learned documents, EAPRO made in-depth analysis and finalized a report that will become a basis for critical action planning in emergency preparedness and response capacity-building in 2006.
- Factoring heightened vulnerability of children, young people and families prior to and resulting from the earthquake/tsunami disaster, EAPRO places special emphasis on research and monitoring to influence immediate and longer-term response and preparedness, and to reinforce children's rights to primary consideration and their voice in actions taken on their behalf. An overall monitoring system will be developed to track key indicators in all affected areas and provide strategic information to UNICEF offices, partners and policy/decision makers. This is supported through a number of research activities such as: the impact of the disaster on young people; life-planning in affected areas and potential impact on the spread of HIV/AIDS; communication and advocacy and their impact on influencing and effecting policy change; and function of social safety nets and child welfare assistance funds, drawing on positive and negative experiences in other disasters.

EAPRO's Emergency Response by Type*



* INDICATIVE – Number of emergency incidences reported by Country Offices for year 2004.

EAPRO's Emergency Response by Mobilization Level*



* Mobilization Level:
 Level 1. Little or no Regional Office/Headquarters' support (funds, staff, supplies) required by the Country Office to respond.
 Level 2. Additional Regional Office/Headquarters' support (funds, staff, supplies) required by the Country Office to respond.
 Level 3. Massive UNICEF mobilization required to respond.

Children affected by armed conflict

- A consultation meeting was organized by EAPRO to finalize a draft emergency psychosocial assessment handbook with UNICEF and NGO participants from tsunami-affected and other countries. The handbook is currently undergoing final review. A mini-booklet based on the handbook will also be produced and published by the end of this year.
- Ongoing support is provided to the Regional Emergency Psychosocial Support Network through PST to maintain the website, resource database and newsletter publication.
- From June to November 2005, EAPRO initiated peer assessment on the situation of adolescents in post-conflict areas in Bougainville, Papua New Guinea, and in the Solomon Islands using empowerment as a strategy for data collection methodology. The assessment report will be produced in January 2006.
- Support was provided to SEACSUCS in advocating for the ratification of the Optional Protocol on the involvement of children in armed conflict in Thailand and Indonesia.

- Technical support was provided to UNICEF Thailand and Philippines on the issue of working with Non-State Entities.
- Publication and launch of the regional analysis report on Children Caught in Conflicts covering the Thai-Myanmar border, Indonesia and the Philippines is planned for late 2005.
- Regional emergency psychosocial training is planned to take place in early December with participants from ASEAN member countries, as part of the ongoing collaboration and partnership with the ASEAN Committee for Disaster Management.

3. REGIONAL APPROACHES FOR HUMANITARIAN ACTION IN 2006

Role

In the area of humanitarian action, UNICEF EAPRO plays a key role in the region. This includes: 1) coordination with other regional agencies in emergency preparedness and response strategies; 2) promotion of inter-agency approaches to make concerted efforts in disaster management in each country using a long-term perspective; 3) provision of technical support to UNICEF Country Offices in preparing for and responding to natural disasters and conflicts; 4) enhancement of the regional knowledge base and advocacy on the situation of children affected by armed conflict, especially adolescents in post-conflict context; 5) facilitation of inter-country collaboration, information exchange and strategy development in relation to the internally displaced and refugees; and 6) capacity-building of UNICEF staff and UNICEF partners in the area of child rights, emergency preparedness, child protection and humanitarian principles.

Focus

UNICEF is moving towards more long-term and sustainable approaches to deal with natural disasters, especially recurrent floods, cyclones and drought, paying particular attention to risk, vulnerability and capacity analysis. This will in turn help inform and improve preparedness and effective capacity-building of government counterparts and communities. Capacity-building, partnership building, advocacy and knowledge management are all important strategies for both natural disasters and conflicts. The effectiveness of this focus will be enhanced by mainstreaming emergency activities in long-term programming, networking with regional partners and technical support.

4. PLANNED HUMANITARIAN ACTION FOR 2006

Emergency preparedness and disaster mitigation (US\$ 850,000)

- Operationalization of the Emergency Preparedness and Response Plan (EPRP) in the Country Offices with high potential large-scale emergency risks in 2006. This includes pre-positioning of emergency supplies especially in the countries with huge logistical constraints, such as Pacific Islands and Papua New Guinea. UNICEF Lao PDR and Viet Nam are also ready to gear up their preparedness in supply pre-positioning.
- Technical support to review and update EPRP in the countries that have not operationalized their EPRP. Support Country Offices to undertake EPR planning in high-risk countries with inter-agency and other partners (at national and sub-national levels where relevant). Support the documentation and sharing of lessons learned in Country Offices based on past emergency response.
- Support disaster mitigation efforts in the countries with recurrent natural disasters where more emphasis is being placed on monitoring the impact of drought on children, community awareness campaigns, education and risks and vulnerability analysis.
- Training of UNICEF staff and partners on emergency preparedness and response, on the Principled Approach to Humanitarian Action (PATH), on Action for the Rights of Children (ARC) and on working with IDPs.

- Strengthen Country Office capacity to contextualize the Core Commitments for Children in Emergencies and adapt the generic monitoring and evaluation tools developed by UNICEF Headquarters to country contexts. Support Country Offices in integrating these tools into the country inter-agency assessments, tools and systems.
- Support country offices to institutionalize mechanisms and tools for regular monitoring and timely evaluation of UNICEF's response to emergencies (e.g. Real Time Evaluation, After Action Review).
- Technical support to Country Offices in strategy development to mainstream emergencies in country programmes, as well as development of the Common Country Assessment and the UN Development Assistance Framework.
- Train Regional Office staff on the early warning system in order to be able to provide technical assistance and training to Country Offices in monitoring and analyzing country developments.
- Strengthen Regional Advisers' roles in overseeing and controlling the quality of preparedness and response for humanitarian action through technical training and skills development in leadership and management.
- Identify, establish and implement agreements with potential technical agencies and academic institutions for surge capacity, research and certification in specific technical and operational clusters (e.g., in WES, psychosocial support).
- Capacity-building and partnership-building with regional agencies, especially WHO, Asian Disaster Preparedness Centre, OCHA, the International Strategy for Disaster Reduction (ISDR) and ASEAN Committee for Disaster Management in promoting coordinated and comprehensive approaches in emergency preparedness and disaster mitigation.
- Support Country Offices to mainstream gender in EPR planning, strategies and interventions.

Adolescent development and support in post-conflict countries (US\$ 250,000)

- Organize a regional workshop on 'adolescents in post-conflict countries' based on peer-assessment reports and further develop regional collaborative networks and partnerships in working on adolescents in post-conflict countries.
- Based on the findings and recommendations of peer assessment reports and building on current UNICEF initiatives in the region, support initiatives to enhance youth participation, development and empowerment in post-conflict countries.

UNICEF HUMANITARIAN ACTION

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

IN 2006



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

CORE COUNTRY DATA

Child population under 18 (thousands)	6810
U5 mortality rate	55
Infant mortality rate	42
Maternal mortality ratio (1990-2004 reported)	110
Primary school enrolment ratio	108*
Primary school enrolment ratio for girls	101*
% U1 fully immunized (DPT)	73**
% population using improved drinking water sources	100***
% U5 suffering moderate and severe malnutrition (height/age)	37

Source: *The State of the World's Children 2006*

* No net figures available

** MoPH 2004

*** Empirical observation suggests 25 per cent

Summary of UNICEF financial needs for 2006

Sector	US\$
Health and nutrition	7,315,500
Water and environmental sanitation	3,184,500
Education	700,000
Total*	11,200,000

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

The Democratic People's Republic of Korea (DPR Korea) had achieved remarkable progress in human development by the end of the 1980s in terms of key social indicators – access to health, water and sanitation, educational achievements, mortality rates. It had also achieved some of the Millennium Development Goals (MDGs) by the end of the 1980s, particularly those of universal primary education and gender equality.

With the collapse of the Soviet block economy, the 1990s witnessed a rapid decline coupled with natural disasters leading to widespread famine in the mid-1990s. Food insecurity has led to malnutrition, particularly among women and children. Standards of health care have declined appreciably, especially in the rural areas, and there are shortages of medical and hospital supplies. This has been compounded by the disruption of energy supplies. Access to water and sanitation has also suffered and quality of education has been negatively affected by acute shortages of school supplies, as well as deteriorating physical infrastructure.

This situation, coupled with greatly reduced industrial and agricultural output, has had a significant effect on the capacity of the State to provide basic services to its population. Coping strategies exercised by the population, including cultivation of marginal land and large-scale firewood collection (to replace scant supplies of coal for cooking and heating in the long sub-zero winters), have resulted in deforestation and environmental degradation. Since July 2002, the Government has embarked on a series of economic reforms geared towards partial introduction of a market economy. It is difficult to assess either their degree of actual implementation or their impact. However, in spite of signs of accrued economic activity, there seems to be an emerging class of disadvantaged urban population, faced with growing unemployment due to the closing of factories and reduced opportunities for alternative employment.

While there has been some progress in catering to the immediate needs of the population over the last decade – as illustrated by the results of the nutrition surveys conducted in 1998, 2002 and 2004 – there is little hope of achieving current MDGs in child mortality reduction and improving maternal health without major investments in the social sector. The 2004 nutrition survey highlighted moderate improvements since 2002 in the nutritional status of younger children, a positive trend. However, chronic malnutrition and underweight are still high by WHO standards. Moreover, some one third of mothers were found to be malnourished and anaemic, as was the case in 2002. Lastly, child and maternal malnutrition remain relatively higher in the Northern Provinces. This indicates that assistance to the most vulnerable groups, such as young children and mothers, needs to be sustained.



Improving the lives of DPR Korea's children

By providing essential medicines and vaccines to protect children against common diseases, nutritional complements for malnourished children, clean water and other basic inputs for children, the UNICEF-supported programmes have contributed to improving the lives of DPR Korea's children.

However, weak managerial capacity of government counterparts has constrained progress on delivery of inputs and project implementation, highlighting the need to pursue capacity-building efforts.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of DPR Korea's population by focusing on the priority areas of health, nutrition, water and sanitation, and education. Humanitarian agencies still do not have access to 42 of the 203 counties where 15 per cent of the population lives.

In the area of health and nutrition, routine immunization services have been improved through increased technical and supply assistance. More than 90 per cent of under-one children were immunized against tuberculosis, polio, measles and hepatitis B, and about 80 per cent immunized against diphtheria, whooping cough and tetanus. More than 93 per cent of pregnant women were immunized against tetanus. Technical and supply assistance also contributed to improved logistics capacity of medical stores and local production of oral rehydration salts (ORS). About 2 million under-five children received vitamin A supplementation and de-worming tablets. In the first nine months of 2005, 9,500 medicine kits were distributed to 2,648 health facilities, enabling prompt treatment of key childhood illnesses. More than 27 per cent of the approximately 10,000 severely malnourished children were rehabilitated in 156 rehabilitation centres nationwide. Also on a national scale, women received iron and folic acid supplementation before pregnancy and multi-micronutrients during the first trimester of pregnancy. About 2 million children and 300,000 pregnant/lactating women received minerals and vitamin-fortified food in collaboration with WFP. As part of the preventive strategy of malnutrition, training has been given on the improvement of key caring practices at care institutions where growth and development of children is regularly monitored, and messages on key caring practices for women and children were disseminated to households nationwide. A comprehensive primary health-care package outside the system of hospitals has been strengthened through section doctors who provide ante- and post-natal care to mothers, treat most common health problems of children, and provide health education to communities. About 80,000 people, including 6,500 children, have benefited from clean water and rehabilitated sanitation facilities in schools and hospitals and about 5 million more have gained access to clean water through water treatment systems in urban centres. Some 1,000 families now have access to improved household sanitation facilities. During the year, about 214,500 children in primary schools and kindergartens have received textbooks and 650,000 have received stationery sets. About 4,000 children in four schools have benefited from better learning environments through comprehensive rehabilitation of school facilities.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

Inter-agency theme groups comprising UN agencies and INGOs meet monthly to discuss issues, progress, plans and strategies. Weekly inter-agency meetings exchange information among UN agencies and INGOs. Ministries, Departments and local authorities implement projects.

Regular programme

The current Country Programme is from January 2004 to December 2006. Its four major programme areas are: health and nutrition, water and environmental sanitation, education, and advocacy and planning. Geographical coverage is both nationwide and focused on selected counties. While the core of the Country Programme largely responds to the immediate needs of children, it also endeavours to address some of the underlying causes of the situation through implementation of a comprehensive approach to early childhood care and a cross-cutting strategy of capacity-building.

Health and nutrition (US\$ 7,315,500)

With a deteriorated health service system, the entire under-18 population, especially under-five children, will benefit from the following key activities in health and nutrition:

- Maintain high coverage (more than 90 per cent) for all antigens; increase DTP3 coverage from 80 to 85 per cent through provision of vaccines and syringes; strengthen cold-chain capacity in 50 counties; and develop EPI multi-year plan.
- Upgrade operation theatres of health facilities in focus counties and strengthen capacity in safe motherhood through training and provision of obstetric and midwifery kits.
- Procure and distribute kits (including at least six most vital medicines) to 2,600 health facilities covering about 60 per cent of the total population.
- Procure 40,000 MT of vitamin and mineral premix for locally-blended fortified food (supplied by WFP) for children attending nurseries/kindergartens, pregnant and lactating women in accessible counties.
- Continue supporting therapeutic feeding for 20,000 (50 per cent of total) severely malnourished children.

- Provide iron/folic acid to 300,000 women before pregnancy and multi-micronutrients to 300,000 women during the first trimester of pregnancy.
- Procure and distribute vitamin A and de-worming tablets to all under-five children, two times a year.
- Train 120 health staff in treating severe malnutrition.
- Continue to improve logistic capacity of the Central Medical Warehouse and eight Provincial Medical Warehouses.
- Provide raw material for the local production of ORS to increase the yearly production to 5 million sachets (about 60 per cent of local needs).
- Continue to provide basic diagnostic tools to 2,500 section doctors in focus counties.
- Train 500 health staff in proper diagnosis and treatment of major childhood illnesses such as diarrhoeal diseases and respiratory tract infections.
- Continue training of caregivers on growth, development and key caring practices with special emphasis on prevention of malnutrition, as well as training staff of Korean Women's Union to disseminate key caring practices at household level.
- Monitor and evaluate the performance of the two pilot counties on Integrated Management of Childhood Illness (IMCI) and prepare for expansion.
- Continue support for the implementation of IECD strategy in 10 focus counties.

Water and environmental sanitation (US\$ 3,184,500)

Some 5 million people – including children in institutions such as baby homes, nurseries, kindergartens and primary schools – will be reached through the following key activities:

- Rehabilitate water and sanitation facilities in 15 child-care institutions in focus counties benefiting 10,000 children;
- Provide water treatment chemicals and spare parts to provide safe water for 5 million people in urban areas;
- Rehabilitate and construct water supply systems in three focus counties to provide safe drinking water to 90,000 people through gravity-fed systems;
- Construct/rehabilitate 1,500 household latrines for 1,500 families in focus counties;
- Train 100 local water engineers and technicians at national and local levels on design and management of gravity-fed water supply systems;
- Promote hygiene education in 50 schools in focus counties where sanitation facilities have been upgraded since 2002 and involve 30,000 children in better hygiene practices with support of school and head teachers;
- Provide potable water quality monitoring laboratories to 15 anti-epidemic stations in 10 focus counties and 5 major cities to upgrade their monitoring capacity.

Education (US\$ 700,000)

A total of 400,000 children will benefit from the following key activities:

- Supply basic scholastic materials, including 300 tons of paper for printing textbooks for 400,000 children in primary schools and kindergartens nationwide;
- Provide comprehensive rehabilitation for at least five primary schools/kindergartens in focus counties with double-glazed windows, upgraded kitchens and water and sanitation facilities, benefiting about 10,000 children;
- Train 50 Ministry of Education officials at national/local level on Education Management Information System (EMIS), learning assessment and life skills-based education, and introduce these activities in 20 pilot schools in focus counties.

EASTERN AND SOUTHERN AFRICA

ESARO REGION (EASTERN & SOUTHERN AFRICA REGION)



Regional Office financial needs for 2006

Sector	US\$
Emergency preparedness: Eritrea, Ethiopia, Malawi, Zambia and Zimbabwe	100,000
Emergency response: Burundi, Ethiopia, Eritrea, Malawi, Uganda and Zimbabwe	150,000
Madagascar (health and nutrition, water and environmental sanitation, education, and child protection)	7,250,000
Child protection in emergencies	185,000
Total*	7,685,000

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003

1. CRITICAL ISSUES FOR CHILDREN

The region of Eastern and Southern Africa has had more emergencies over the past decade than any other region in the world. Wars and civil conflict, the breakdown of governance, droughts and floods, and various epidemics including the debilitating HIV and AIDS pandemic, have been significant hurdles towards the realization of women and children's rights. The last year has been no exception; although countries like Angola, Burundi and Somalia continue to see a consolidation of the peace process, many countries, including Burundi, Ethiopia, Eritrea, Somalia, Uganda and Zimbabwe continue to require annual consolidated appeals.

Children living in unstable environments continue to be one of the special protection priorities in the region in 2005. Armed conflict negatively impacts the rights of children in many complex and interrelated ways. Children are directly involved in conflict, either as child soldiers in Uganda or when targeted as civilians. Abuse, exploitation and violence against women and children are regularly used as weapons of war in the region. This is well documented in Angola, Burundi and Uganda.

The peace processes in Burundi, Somalia and Sudan will start and/or continue to precipitate the return of internally displaced persons (IDPs) and refugees to their communities. As in all massive population movements, children remain vulnerable and will require particular attention and protection.

To further complicate the violence and vulnerability faced by children in conflict, very high rates of HIV/AIDS in the region further threaten their existence. While the situation had improved quite significantly in the six southern African countries in 2004, the HIV/AIDS pandemic – coupled with the additional renewed shock of drought in Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe – continue to exacerbate the vulnerabilities of families, communities and children.

2. ACTION AND ACHIEVEMENTS IN 2005

Emergency preparedness and response

In the course of 2005, The Eastern and Southern Africa Regional Office (ESARO) continued to make advancements in the expansion of emergency preparedness and response capacity in the region. Key actions and achievements in 2005 include:

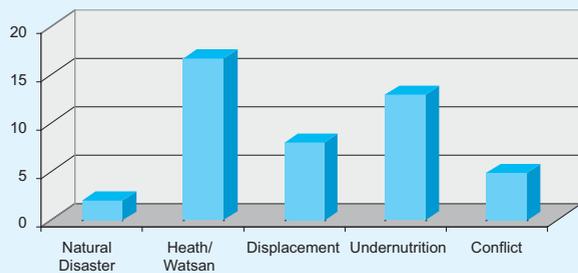
- Ninety per cent of all UNICEF staff were trained in emergency preparedness and response (EPR) in Burundi and Uganda Country Offices. In addition, an emergency preparedness and response process was completed in Comoros, Eritrea, Ethiopia, Malawi, Rwanda, Tanzania and Zimbabwe.
- A baseline study was undertaken to determine the extent of EPR integration into the country programme planning process. The study provides a baseline from which yearly improvements in EPR can be monitored.
- One-day simulations to test Country Office preparedness were developed and pilot-tested with the Somalia and Zimbabwe country teams.
- Concrete steps were taken to improve Country Office monitoring and evaluation of emergency responses, including dissemination of the pilot release of core monitoring indicators and the first regional training on monitoring and evaluation in crisis situations. The Uganda Country Office also received two weeks of coaching to strengthen their rapid assessment capacity.
- A practical toolkit was developed to improve the coordination capacity of key staff members in Country Offices. The toolkit will be piloted and rolled out in 2006.
- ESARO has undertaken 55 technical missions to support the emergency response capacity of Burundi, Comoros, Eritrea, Ethiopia, Malawi, Mozambique, Rwanda, Somalia, Tanzania, Uganda, Zambia and Zimbabwe.
- Steps continued to be taken towards establishing a regional surge capacity roster, and the screening and selection of candidates will continue in 2006. An induction course is scheduled for the first quarter of 2006.

Child protection

A review of ESARO’s achievements in relation to issues affecting children living in unstable environments shows that progress has been made in a number of areas through support to country programmes and the facilitation of regional initiatives. Specifically, UNICEF has worked with other UN agencies and humanitarian partners on priority issues including disarmament, demobilization and rehabilitation (DDR), HIV/AIDS and sexual exploitation. Regional Office actions and achievements in 2005 include:

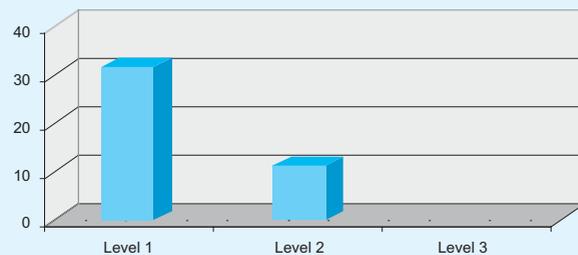
- More effective coordination on the prevention and response of UNICEF and partners to sexual and gender-based violence (SGBV), by hosting a planning workshop for a wide variety of partners, establishing an inter-agency regional task force and the joint recruitment (UNICEF and UNIFEM) of a technical expert to support country-level programming. Training on SGBV undertaken in Uganda and joint field missions completed to Angola and Rwanda.
- Developed and piloted a child protection toolkit in conjunction with East Asia and Pacific Regional Office.
- Training on the prevention of recruitment of child soldiers undertaken with UNHCR and Save the Children in Rwanda; a child protection training will be completed in Ethiopia in December.
- With Headquarters, facilitated both a regional inter-agency meeting on HIV/AIDS in emergencies and supported a similar OCHA-led regional meeting for additional organizations and participants.
- Completed a ‘lessons learned’ exercise on psychosocial work with children affected by armed conflict and organized and presented findings at an expert consultation in Uganda in June 2005.
- Undertook a mapping exercise on youth and adolescent participation in programming for emergencies and transition programmes.
- Full-time technical assistance provided to the International Conference on the Great Lakes process.

ESARO’s Emergency Response by Type*



* INDICATIVE – Number of emergency incidences reported by Country Offices for year 2004.

ESARO’s Emergency Response by Mobilization Level*



* Mobilization Level:
 Level 1. Little or no Regional Office/Headquarters’ support (funds, staff, supplies) required by the Country Office to respond.
 Level 2. Additional Regional Office/Headquarters’ support (funds, staff, supplies) required by the Country Office to respond.
 Level 3. Massive UNICEF mobilization required to respond.

3. PLANNED HUMANITARIAN ACTION FOR 2006

MADAGASCAR

The southern region of Madagascar is plagued by chronic food insecurity and 2005 has proved especially severe. Repeated floods early in the year in coastal areas, insect infestation and drought have affected rice and sweet potato production, resulting in acute levels of food insecurity in the south, especially the south-eastern region of the country. Normal coping mechanisms of communities in this region generally rely on agricultural and fishing activities to cope with seasonal deficits of rice. Unfortunately, fishing activities in 2005 were severely affected by restrictions to protect endangered marine species. These activities have reduced access to fish, which has exacerbated an already precarious situation.

It is the Atsimo Atsinanana region where the situation is most worrying. In late October 2005, reports from local authorities indicated a deterioration of the food security situation and cases of famine in 12 communes of Vangaindrano District. Accordingly, the Malagasy authorities and their humanitarian partners decided to carry out an assessment in the region under the auspices of the Conseil National de Secours (CNS). The rapid appraisal of 1,800 children revealed an estimated total malnutrition rate of 50 per cent and 13 per cent severe acute malnutrition. Malnutrition affects more than 14,000 children out of whom about 3,700 are acutely affected. The Anosy region has also been very badly affected, with approximately 2,000 children facing acute malnutrition.

Planned activities in Madagascar for 2006 (US\$ 7,250,000)

UNICEF interventions are designed to build national and local capacity to cope with food shortages. In the Anosy region, UNICEF has already established a therapeutic feeding centre and is providing food supplements to children at risk. Training will be provided for 40 nutrition technicians operating 19 supplementary feeding centres. UNICEF will also support the National Service of Nutrition and the National Office of Nutrition to identify and deploy 30 nurses with experience in nutritional rehabilitation.

In the Atsimo Atsinanana region, UNICEF will support the establishment of a targeted food distribution operation for those families with children that are seriously at risk. Most food will come from WFP; UNICEF will complement this with sugar and oil, and provide technical assistance. UNICEF will support the Ministry of Health to set up five therapeutic and supplementary feeding centres, each with the capacity to treat 100 hospitalized and 200 ambulatory children, and to provide supplementary feeding for approximately 1,000 children.

UNICEF will also strengthen local health centres by fielding medical doctors to address the increased disease burden, and by recruiting five technical international professionals experienced in emergency nutrition interventions. UNICEF will support NGOs operating in the region (Catholic Relief Services and German Agro Action) for the logistics of the operation, and will promote the realization of an anthropometric survey in the affected area to establish the baseline on global mortality rate and crude mortality rate.

Emergency preparedness (US\$ 100,000)

- Continue to undertake vulnerability analysis, emergency preparedness and contingency planning with Country Offices in the region. Particular focus will be provided to supporting preparedness processes in Eritrea, Ethiopia, Malawi and Zambia.
- Roll out the new emergency simulation exercise with Country Offices to test their level of emergency preparedness; identify gaps and establish programmes to address their weaknesses.
- Strengthen EPR processes by supporting capacity-building of UN Country Team members and other partners by developing and piloting an inter-agency emergency preparedness training.
- Support and participate in the OCHA-led Great Lakes, Eastern and Horn of Africa contingency planning exercises and, on request, co-facilitate IASC Country Team Consolidated Appeal Process workshops.
- Strengthen the early warning monitoring of UNICEF key sectors by supporting Country Offices to roll out global emergency monitoring indicators. Follow up on the success of the regional monitoring and evaluations in emergencies training by supporting real-time evaluations and replicating training both at regional and country levels.

Emergency response (US\$ 150,000)

- Coordinate and facilitate support to the management of emergency preparedness and response issues in the context of multi-country operations, especially in the Great Lakes region and Horn of Africa.
- Strengthen existing Regional Office 'rapid response team' mechanisms, consisting of regional advisers, Country Office staff and specialized consultants; continue to provide orientation and training for the rapid response team.

- Roll out UNICEF Core Commitments for Children in Emergencies monitoring indicators, including their integration into the DevInfo database.

Child protection in emergencies (US\$ 185,000)

- Organize the Regional Review of Cape Town Principles for Child Soldier DDR to ensure partner coordination and cooperation for revision of the Principles, incorporating lessons learned on DDR in the region since the initial Cape Town Principles meeting of 1997. The regional review will contribute to a global review in mid-2006.
- Effectively promote, implement, and monitor the inter-agency Action for the Rights of Children (ARC) capacity-building and training initiative in the region, through coordination with the Save the Children Alliance, UNHCR and other partner agencies working with children in conflict and post-conflict situations. Essential additional work on ARC will be conducted for Ethiopia and Eritrea in 2006.
- UNICEF will continue its leadership in working with partners to address HIV and AIDS in humanitarian crises within the inter-agency working group, and to ensure dissemination and implementation of the IASC Guidelines for HIV/AIDS Interventions in Emergency Settings.
- NGO partners, including the Transcultural Psychosocial Organization (TPO) and the Regional Psychosocial Support Initiative (REPSSI), will be supported to ensure provision of appropriate psychosocial technical support and guidance to Country Offices, as a follow-up to the Entebbe Expert Psychosocial Consultation held in June 2005. ESARO will also work closely with the recently-established IASC Task Force on Psychosocial Work in Humanitarian Crises.
- In 2005, data collection and mapping of the problem and response to SGBV in situations of humanitarian crisis was undertaken in cooperation with partner organizations including USAID, UNIFEM and UNFPA. In 2006 the results of the data collection and mapping will be shared in a consultation that presents a Regional Inter-Agency SGBV Strategy. Implementation of the Strategy will include dissemination of the IASC Guidelines for Gender-Based Violence Interventions in Humanitarian Emergencies.
- UNICEF will continue to support organization and facilitation of training on prevention of sexual exploitation in humanitarian crises in 2006, as part of the implementation of the UN Secretary-General's Bulletin on prevention of sexual exploitation.

UNICEF HUMANITARIAN ACTION

ANGOLA IN 2006



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

CORE COUNTRY DATA

Child population under 18 (thousands)	7,100
U5 mortality rate	260
Infant mortality rate	172
Maternal mortality ratio	1,700
Primary school enrolment ratio	55
Primary school enrolment ratio for girls	56
% U1 fully immunized (DPT)	47
% population using improved drinking water sources*	50
% HIV prevalence	5.5
% U5 suffering moderate and severe malnutrition (stunting)	31

Source: UNICEF Country Programme Document, 2004

*Source: Meeting the MDG Drinking Water and Sanitation Target: A Mid-Term Assessment of Progress, WHO/UNICEF Joint Monitoring Programme, August 2004.

Summary of UNICEF financial needs for 2006

Sector	US\$
Health and nutrition	2,300,000
Water and environmental sanitation	2,000,000
Education	1,500,000
Child protection	2,000,000
HIV/AIDS and youth	2,200,000
Total*	10,000,000

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

The 27-year civil war, which ended in 2002, led to the internal displacement of more than 4 million persons, the majority of whom were children and women. More than three quarters of them have now returned to their areas of origin, most without any form of assistance. Although services in urban areas are stretched well beyond their limits, social indicators show that rural areas are worse off than urban ones. There is a pressing need to restore services and revive local economies in rural areas, while ensuring the reintegration of the returnee population. Mine infestation, however, continues to impede the safe return of populations to rural areas, the revival of agriculture and household food security.

Poor nutrition is a major cause of the high levels of child morbidity and mortality. The 2001 Multiple Indicator Cluster Survey revealed that 45 per cent of under-five children suffered from chronic malnutrition, 31 per cent were underweight and 6 per cent were acutely malnourished. Two leading health concerns are malaria and HIV/AIDS. The HIV prevalence rate is estimated at 5.5 per cent, but data gaps and weak surveillance need to be addressed in order to adequately assess and monitor the situation. Malaria is the largest single cause of child mortality and, in 2001, only 2 per cent of children under five were using insecticide-treated mosquito nets. WFP assessments continue to show areas of food insecurity in the country and the need for continued surveillance and support to therapeutic feeding centres. Other main causes of child mortality are acute respiratory infections, diarrhoeal diseases and vaccine-preventable diseases, particularly measles. Immunization coverage is increasing, although only 47 per cent of one-year-olds are fully immunized. Education presents a number of challenges, beginning with the fact that 44 per cent of children do not attend primary school. There continues to be a gender disparity in access to education, to the disadvantage of girls.

An estimated 1 million children died during the years of conflict, while approximately 43,000 children at present remain separated from their families. The conflict took a heavy toll on the psychosocial well-being of a generation. The number of orphans cared for in Angolan households is very high, with 11 per cent of all children under 14 having lost one or both parents.

Some 30 per cent of children 5 to 14 years old are working. Sexual and economic abuse of children, including child trafficking in certain parts of the country, have also emerged as problems. Although a legal framework and national strategy for child protection exist, as do networks of child protection organizations, implementation needs strengthening to reach the many Angolan children who are deprived, abused or exploited.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

The Government and UNICEF, working closely with other partners, provided life-saving support in situations of acute critical need. In response to a number of nutrition crises, UNICEF supported intensive efforts to train health workers, supply therapeutic and supplementary feeding centres and provided technical support. As a result, a number of emergencies were brought under control. Through collaboration with UNICEF, the Government expanded its participation in efforts to provide emergency relief and essential social services.

The 2005 Country Programme has supported efforts leading from emergency to recovery, while promoting greater national ownership of programmes. In the health sector, three polio campaigns for more than 5 million children were conducted, along with vitamin A supplementation. An integrated package of services – immunization, vitamin A supplementation, de-worming, malaria information and provision of mosquito nets – were disseminated through campaigns in 59 priority municipalities. Such interventions are an expansive effort to bridge the gap in basic health infrastructure and routine services by increasing health outreach services. UNICEF continued to support initiatives to build the capacity of the Government to progressively take over the treatment of malnourished children. These initiatives, which include development of national nutrition protocols and the training of health workers, have progressed well and constitute an entry point for development of more nutrition programmes.

The outbreak of the Marburg virus in Uige in the first half of 2005 showed the weakness of the health system and the continued need for emergency resources in the country.

Tears for Suzana's lost parents



Suzana's eyes tearfully remember the lost image of both her parents, who were taken by the Marburg virus in May. She and her six brothers now live with their grandparents.

They are safe because they were separated from their parents immediately after they were infected with the Marburg virus. Suzana is in Class 2 at the village school. She says she faces a lot of difficulties to get school materials and clothes as her grandparents are very poor.

"I want to study to have a good job in the future," Suzana says. The traditional authority (soba) of Ngana Camana says there were 14 Marburg orphans like Suzana, who have lost both parents and are often subjected to insults and stigma because of their situation.

Suzana Monteiro, 10 years old, Ngana Camana village, 10 km from Uige.

Flooding in Cuanza Norte had a severe impact on local water systems and sanitation services. UNICEF responded through the provision of personnel, equipment and training in order to provide clean water and sanitation options for affected communities. UNICEF provided equipment to pump clean water into affected areas and provided information to local people on how to avoid infection from contaminated water sources.

In 2005, school construction and rehabilitation continued to expand the physical infrastructure available for children to attend class. The in-service training of 20,000 primary schoolteachers also continued across the country, thus improving the quality of education. In-service training will remain a priority in the coming years as the Government recruited an additional 21,000 teachers in 2005, many of whom lacked teaching qualifications. In 2005 two training sessions were held in each province. The Education for Life and Peace project continued to benefit out-of-school youth.

The mine-risk education (MRE) programme achieved some very important milestones in 2005 through its projects targeting motorists and schoolchildren. Attractive classroom materials have been designed and disseminated to schools throughout the country to make children realize that mines continue to pose a risk to their safety every day and that there are basic safety steps they must take to avoid injury. More than 3.5 million primary schoolchildren were reached through the provision of teacher training and educational materials. Children were also sensitized to the dangers of mines across many of their common areas of movement through the provision of games that they can use at school or at home. Similarly, UNICEF carried out a very successful awareness-raising campaign for motorists. Since the end of the campaign in March 2005 there have been no reported cases of cars being blown up by roadside mines.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

Planned actions are carried out primarily in collaboration with the Government of Angola and match project outcomes as set out in the UN Joint Programming document and the UN Development Assistance Framework 2005-2008. UNICEF supports the Ministry of Education to lead the education bloc and is a key member of health and protection coordination bodies. UNICEF maintains partnerships with NGOs, community-based organizations and other groups such as faith-based organizations. Information systems to support Government-led sector-wide planning will be prioritized by all programme areas in 2005.

Regular programme

The funding proposed in *Humanitarian Action Report* will be used to supplement programmatic funding in areas of emergency throughout the country. All programme sections make some impact on improving conditions for the Angolan people where they live under an immediate threat, be it from the structural weaknesses in the health sector or the daily risk of injury from mines. Emergency preparedness and response have been fully integrated into regular programme activities.

Health and nutrition (US\$ 2,300,000)

Some 5 million children under five and 520,000 pregnant and lactating women will benefit from the following key activities:

- Restore vaccine cold-chain storage capacity in 59 municipalities;
- Support training, communication materials and field implementation costs to ensure delivery of 1 million long-lasting insecticide-treated mosquito nets to under-one children, and a further 500,000 nets to pregnant and lactating women through antenatal clinics;
- Provide basic drugs and therapeutic and supplementary food to treat 15,000 severely malnourished and 60,000 moderately malnourished cases;
- Design and implement an emergency package for health education in 59 municipalities reaching 70 per cent of the population.

Water and environmental sanitation (US\$ 2,000,000)

Some 340,000 people will be reached with hygiene promotion, while 300,000 people (including 40,000 schoolchildren) will benefit from improved provision of safe water and adequate sanitation facilities, which requires the following activities:

- Provide water and sanitation facilities to 100 schools;
- Construct or rehabilitate 300 wells and boreholes and installing handpumps to provide safe drinking water to 300,000 people;
- Promote the construction of 1,800 latrines by families in their homes to provide sanitary means of excreta disposal;
- Promote hygiene education and hygiene awareness programmes in 60 schools and 750 local communities to complement existing water and sanitation services.

Education (US\$ 1,500,000)

Some 120,000 under-five children, 40,000 primary school-age children and 150,000 out-of-school adolescents will benefit from the following key activities:

- Increase access to pre-schooling for infants (aged 1-4 years) through training of 4,000 pre-school educators;
- Establish 100 community-constructed or rehabilitated schools, including water and sanitation facilities and basic teaching-learning materials;
- Establish community-based learning for 150,000 out-of-school adolescents;
- Train and provide teaching materials to 7,500 community-based animators for adolescent learning.

Child protection (US\$ 2,000,000)

Some 2.3 million children in primary school, 4 million people in communities and 21,500 children in need of special assistance (former child soldiers, separated children, street children, children in conflict with the law) are targeted through the following key activities:

- Capacity support to the national government body for mine action in training on mine-risk education (MRE);

- Provide MRE to all target areas and populations (outlined by provincial landmine impact surveys) in at least five provinces in 2006 – approximately 4 million people;
- Disseminate MRE through schools and train teachers on MRE to act as community MRE activists;
- Continue efforts to improve and expand family tracing and reunification activities of young people and other war-affected separated children, especially approximately 10,000 former child soldiers;
- Provide material, technical and financial support to the Ministry of Justice for birth registration and provide assistance for permanent establishment of birth registration at municipal and community levels.

HIV/AIDS and youth (US\$ 2,200,000)

Some 700,000 children in school and 150,000 out-of-school youth (beneficiaries of voluntary counselling and testing centres and of HIV prevention and stigma reduction communication campaigns) are targeted through the sectoral interventions and the following key activities:

- Establish HIV youth clubs for 150,000 children aged 9 to 16 and expand child protection networks;
- Reach 700,000 children aged 9 to 16 with HIV information;
- Establish prevention of mother-to-child transmission support in areas of high prevalence;
- Support the development of materials to increase prevention awareness and advocate for stigma/discrimination reduction through a nationwide mass media campaign.

UNICEF HUMANITARIAN ACTION

BURUNDI

IN 2006



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

CORE COUNTRY DATA

Child population under 18 (thousands)	3875
U5 mortality rate (2004)	190
Infant mortality rate (2004)	114
Maternal mortality ratio (2000 adjusted)	1000
Primary school enrolment ratio male/female (2000-2004, net)	62/52
% U1 fully immunized (DPT3)	74
% population using improved drinking water sources (2002)	79
HIV prevalence (children 0-14 years, thousands)	27
% U5 suffering moderate and severe malnutrition (stunting)	57

Source: *The State of the World's Children 2006*

Summary of UNICEF financial needs for 2006

Sector	US\$
Health and nutrition	10,471,756
Water and environmental sanitation	2,717,680
Education	10,707,424
Protection and human rights	868,000
Mine action	397,600
Emergency preparedness and response	1,139,022
Total*	26,301,482

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

More than 12 years of armed conflict and political instability have led to dramatic changes that continue to gravely affect the well-being and livelihood of children and women. The high rate of chronic malnutrition among children under five is related to the long-term impact of food deficit and poor diet quality caused by the conflict and several natural disasters. Malaria cases represent 40 per cent of health centre consultations and 50 per cent of hospital deaths among children under five. The declining immunization coverage rate is another concern, reflecting deficiencies in the management of the national immunization programme. Moreover, the extremely high rates of maternal mortality reflect women's poor health status and the poor performance of the health system, especially in terms of pre/postnatal care and emergency obstetrics.

Abuses of human rights and violations of international law by all parties in the conflict remain widespread and of serious concern. Children and women, in particular, are victims of sexual and gender-based violence. Non-governmental sources indicate that less than 5 per cent of rapes are reported to police or judicial authorities. In remote areas, rape cases are often resolved by community elders without referral to courts.

The declaration of free primary education in Burundi has doubled enrolment, bringing with it the massive need for qualified teachers, desks, books, uniforms, teaching manuals, blackboards, classrooms, water supplies for schools and separate latrines for pupils. In addition, there are existing challenges in the retention of children in school, particularly girls, and in the reduction of geographical and cultural disparities in the access to education. The responsibilities for improving school infrastructure generally lie with the individual schools, communities and parents – in a country where the GDP per capita is less than US\$ 100 per annum. The critical priority is to ensure maximum access and retention of first graders.

High morbidity and mortality of young children are linked to unsafe water and poor hygiene and sanitation. Only 43 per cent of households have access to a water source within 500 metres, and only 22 per cent of households use hygienic latrines. Three out of four primary schools do not have access to potable water and 38 per cent do not have enough latrines. With the increased number of pupils in primary schools, a major challenge for the water and sanitation sector is to ensure a healthy and hygienic learning environment for children.

Substantive advancement in the peace process and the demobilization of approximately 3,000 child soldiers have occurred in 2004 and 2005. However, the recruitment of child soldiers by the Front National de Libération (FNL) remains a concern in provinces such as Bujumbura Rural and Bubanza, which are still affected by armed conflict. During the post-conflict period, special attention must be paid to mine action, as no party involved in the conflict has kept records of their mine-laying activities.

“He came into my room with a machete...”



“He came into my room with a machete and threatened to cut my head off if I cried ... then he raped me. After a while, I managed to run out of the house, but he followed me and told me not to cry and not to tell anybody that these things happened. My mother accompanied me to the Sexual and Gender-Based Violence Care SWAA Centre. I received medical care and treatment. A social worker also listened to me and advised me on the psychosocial and legal assistance I can receive at the Centre.”

Photo: UNICEF/François Delbée

A 13-year-old girl with her mother at the Sexual and Gender-Based Violence Care Centre in Muyinga, April 2005.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

In cooperation with national and international partners, UNICEF continues to respond to the humanitarian needs of the Burundian population. Humanitarian action has mainly focused on the priority sectors of health, nutrition, water and sanitation, primary education and child protection. However, these interventions were hindered due to the sporadic fighting in Bujumbura Rural and Bubanza provinces, as well as drought and food deficit in the eastern and northern regions.

UNICEF provided support to the mine-risk education (MRE) programme. As child participation is crucial, all communications materials for MRE were produced with the input of children. UNICEF supported the finalization of the Periodic Report for the Committee on the Rights of the Child, and demobilization and reintegration of approximately 3,000 child soldiers. UNICEF also supported a multisectoral centre for response to and prevention of sexual and gender-based violence (SGBV). More than 55 per cent of survivors assisted by the centre are under 18 years of age. Additionally, UNICEF contributed to the reunification of around 5,000 children with their biological or extended families in the three provinces of Ruyigi, Cankuzo and Rutana.

In the education sector, years of advocacy and lobbying with cooperating partners have led to the declaration of free primary education by the newly-elected president in August. The immediate result has been an estimated 100 per cent increase in enrolment in first grades. During the 2004/5 'Back-to-School' campaign, UNICEF successfully targeted 500,000 children, of whom 250,000 were enrolled for the first time and received basic school materials. Some 143 classrooms were rehabilitated, and crucial teaching and learning supplies were provided.

UNICEF provided water and sanitation supplies to 81 schools and supported 10,000 households to build their own latrines. Over the course of the year, 156,000 people gained access to safe water through the rehabilitation of gravity-flow water systems and the protection of spring water. Complementary action for improved hygiene was provided through social mobilization campaigns.

Routine vaccination and treatment of malaria have been improved through increased technical and supply assistance to the Ministry of Health. Some 1,023,133 people were vaccinated against meningitis in a major campaign between February and October in Kayanza, Kirundo, Ngozi and Rutana provinces. From January to August, 130,530 under-one children were provided with vitamin A; 145,576 were immunized against measles; 140,382 received three doses of pentavalent vaccine; and 150,928 received three doses of polio vaccine. In August 2005, 2,000 children were treated in UNICEF-supported therapeutic nutrition centres and 24,500 children were treated in supplementary nutrition centres.

In provinces with repatriated persons, drugs and equipment have been distributed to hospitals and health-care centres. For 1,444 internally displaced children, systematic nutritional screening and 4 tons of BP5 high-energy biscuits were provided. UNICEF made a water tankering truck available to the International Rescue Committee to assist asylum seekers with water supply. UNICEF also supported UNHCR with two collapsible 10,000-litre bladders, along with distribution systems and pumps. UNICEF supported the response to the cholera epidemic in Bujumbura and Nyanza-Lac by building a cholera treatment centre and provided 5,000 *Aquatabs* (water disinfection tablets) to prevent further cases. UNICEF was providing basic non-food kits (jerrycans, blankets, soap) for around 3,000 households.

In partnership with the Government, donor agencies and NGOs, UNICEF continued its efforts to halt and diminish new cases of HIV/AIDS in Burundi through the training of 761 HIV/AIDS youth animators in nine provinces and the establishment of 24 youth centres.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

Joint planning takes place with the Government, UN agencies and other partners including media and civil society. Decentralized programme implementation takes place with local authorities, NGOs and community-based organizations.

Regular programme

The joint three-year Country Programme Action Plan for 2005-07 consists of six programmes – education, health and nutrition, HIV/AIDS and youth, child protection, water and environmental sanitation, and communication. Emergency preparedness and response is integrated in all programmes.

Prevention of and response to health and nutritional emergencies – and transitional programmes focusing on basic needs such as water, sanitation, hygiene promotion, education, as well as life skills-based education for HIV/AIDS prevention and mine-risk education – will constitute the main focus of UNICEF's programme in 2006.

Health and nutrition (US\$ 10,471,756)

Vulnerable people in 16 provinces – including children, pregnant and lactating women, mothers, internally displaced persons (IDPs), refugees and returnees – will benefit from the following key activities:

- Procure and distribute essential emergency drugs and equipment to 100 health centres in most-affected areas;
- Ensure that 50 per cent of pregnant women and children sleep under long-lasting insecticidal treated nets by training 2,000 community-based health workers and distributing 268,000 long-lasting insecticidal treated nets;
- Train health workers to support immunization campaigns and improve practices related to treatment of diarrhoea and fever; exclusive breastfeeding; hygiene and sanitation; and the use of long-lasting insecticidal treated nets for under-five children and pregnant women;
- Provide antiretroviral equipment and support to 10 prevention of mother-to-child transmission (PMTCT) centres and provide obstetric materials and equipment to 32 hospitals;
- Provide new refrigerators and spare parts to improve the cold chain in 133 health centres;
- Organize a tetanus campaign in six provinces at high risk of neonatal tetanus to reach 680,795 women of childbearing age;
- Treat 2,000 children suffering from severe malnutrition and 2,800 children suffering from moderate malnutrition; initiate the management of malnutrition at the community level, and reinforce nutrition surveillance systems in communities;
- Provide integrated prevention and treatment services for sexual and gender-based violence (SGBV) and expand the five centres already providing SGBV services; sensitize actors through mass campaigns, peer education, resource mapping and advocacy to improve the legal framework and fight against impunity;
- Provide (PEP kits) testing and treatment of sexually transmitted infections, HIV/AIDS psychosocial assistance and follow-up to facilitate the reintegration of victims/survivors.

Water and environmental sanitation (US\$ 2,717,680)

Some 130,000 crisis-affected people and 40,000 primary schoolchildren will be reached through the following key activities:

- Construct/rehabilitate water and adequate sanitary facilities in 80 schools;
- Repair 10 gravity-flow water systems and protect 400 water springs to provide safe drinking water to 130,000 repatriated and internally displaced persons and their host communities, and in primary schools in 10 target repatriation provinces;
- Support construction of 15,000 household latrines in this focus area;
- Train 2,000 water point committee members, 75 water technicians and 120 members of community supervision committees;
- Promote hygiene education and hygiene awareness programmes in 80 schools and surrounding communities to complement existing water and sanitation services;
- Distribute soap for primary schools and chlorine for water treatment to deal with potential cholera outbreaks in prone areas.

Education (US\$ 10,707,424)

Based on the successful 'Back-to-School' campaign of 2004/5, actions for 2006 will reinforce the peace and reconciliation process under way. Focus will be on 510,000 children, 20,000 adolescents, 5,000 youth trainers and 2,000 unqualified teachers in 10 targeted repatriation provinces with activities to:

- Rehabilitate 500 primary schools and establish 200 mobile classrooms in primary schools;
- Provide educational materials, student desks, blackboards, and uniforms for 510,000 children;
- Provide 2,000 unqualified teachers with crash courses and train 1,000 qualified teachers on gender and life skills, with a particular emphasis on HIV/AIDS, peace education and psychosocial support;
- Support non-formal education programmes through training of 5,000 youth trainers on gender and life skills, and supply of materials;
- Provide peace education through non-formal education activities for 20,000 adolescents;
- Train caregivers to provide integrated childhood care for 5,000 young children aged 3-6 years in camps for internally displaced persons in five provinces;
- Provide second-chance educational activities and participation for 8,000 adolescents;
- Provide non-formal education among adolescents who lack educational opportunities due to the crisis.

Protection and human rights (US\$ 868,000)

Reintegration of 1,000 separated and 20,000 displaced children will be targeted through activities to:

- Reinforce existing structures among NGO and government partners through further training, organizational management and provision of relevant supplies for the protection of children in three target provinces;
- Implement tracing and family reunification for 1,000 separated children and community reinsertion of children returning to their communities;
- Undertake sensitization sessions of community-level committees in collaboration with government for the prevention of violence, exploitation, discrimination, abuse and neglect for children in need of protection, including separated and internally displaced children;
- Support the formulation, endorsement and implementation of legislation, regulations and policies for the protection of children against violence, exploitation, discrimination, neglect and abuse, including children without primary caregivers;
- Support monitoring of child rights violations with community-level committees in three targeted provinces, and at national level in collaboration with UN and other partners.

Mine action (US\$ 397,600)

Communities and vulnerable groups, including returnees in southern Burundi, will be targeted through the following key activities:

- Use existing informal and formal community networks to develop a community-based mine-risk education (MRE) approach, including 15 MRE teams from national NGOs, to train at least four community volunteers in 110 affected communes;
- Conduct MRE programmes for primary schoolteachers, IDPs and returnees, and build capacity of local leaders in communication skills;
- Enhance child participation in the creation and dissemination of appropriate MRE messages.

Emergency preparedness and response (US\$ 1,139,022)

- Provide (within 48 hours) essential life-saving non-food items to 50,000 vulnerable women and children affected by an acute emergency;
- Construct maximum three temporary community infrastructures (temporary classrooms and health centres);
- Organize emergency preparedness and response training for 20 local humanitarian actors;
- Ensure UNICEF support through two decentralized offices in high-repatriation areas.

UNICEF HUMANITARIAN ACTION

ERITREA

IN 2006



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

CORE COUNTRY DATA

Child population (0-14 years)	1,500,000
U5 mortality rate (DHS/02)	93
Infant mortality rate (DHS/02)	48
Maternal mortality ratio (estimate 2004)	600-750
Primary school enrolment ratio male/female (2000-2004, net)	49/52
% U1 fully immunized (DPT3)	83
% population using improved drinking water sources	57
HIV prevalence (children 0-14 years, thousands)	5.6
% acute malnourished U5 children (suffering moderate and severe wasting)	13
% chronic malnourished U5 children (suffering moderate and severe stunting)	38

Sources: *The State of the World's Children 2006*, *Demographic and Health Survey 2002* and other national surveys

Summary of UNICEF financial needs for 2006

Sector	US\$
Health and nutrition	3,500,000
Water and environmental sanitation	3,589,000
Education	723,900
Child protection and IDP support	2,729,400
Mine action	376,295
Total*	10,918,595

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

Years of armed conflict in Eritrea, coupled with four consecutive years of drought, have gravely worsened the well-being and livelihood of children and women throughout the country. In 2005, two thirds of the population were in need of food aid. Food prices have soared in the past years, even as purchasing power is diminished by increasing poverty.

According to the nutrition surveys undertaken annually since 2003, global acute malnutrition (GAM) in children under five years of age is very high, above the WHO emergency threshold of 10 per cent in all regions except Maekel (Asmara). Between 35 to 54 per cent of non-pregnant women are malnourished. These numbers indicate a continued need for supplementary and food aid interventions. Assessments to identify 2006 food requirements are still under way: clearly, however, despite good rainfall in 2005, the recovery process will take time.

Traditionally, livestock are a source of milk, an important nutritional component for children. Yet due to the hardship of drought, which resulted in a lack of grass and limited agriculture activities, many families have lost or sold their animals. Nearly half of households in Eritrea are female-headed, leaving women not only to collect water and keep the household in order, but also to manage the family's agricultural activities such as ploughing and harvesting. Although there is high general knowledge of 'best feeding practices', little time is left for child care. These factors have negative consequences for the health and nutritional status of children.

The lack of water and long distances to available water points force many families to use unsafe water. Sanitation coverage in rural Eritrea is still very low. Only 3.6 per cent of the population have access to improved sanitation facilities, posing additional health risks to children. Thus diarrhoeal diseases still represent a major threat to children's survival.

Almost 50,000 people, 70 per cent of whom are women and children, have been unable to return to their villages since the end of the border conflict with Ethiopia in 2000. Most of these people are living in camps for internally displaced persons (IDPs), lacking the most basic non-food items such as clothing and firewood. In addition, the return to their villages of some 30,000 IDPs over a period of two years has put an extra burden on existing structures and there is a need for provision of basic services such as schools, water systems and health facilities to accommodate their integration. Despite strong efforts, some 250,000 – fully half – of primary school-age children in Eritrea are not in school.

"When I finish school I would like to be a teacher."



"I live in Senafe town, close to the border to Ethiopia. My school, the hospital and the big hotel in town were destroyed during the war. At that time I was only eight years old and I had to escape the town and live in a camp with my family. I was going to school in a tent in our camp, Mai Habar. Our school is rebuilt now and I am in Fifth Class. When I finish school I would like to be a teacher."

A 13-year-old boy in Rwiet school, Senafe, Eritrea.

Photo: UNICEF-ERA/Castaldi

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of the Eritrean population affected by the previous wars and by drought. In line with its Core Commitments for Children in Emergencies, UNICEF has focused on the priority areas of health and nutrition, water and sanitation, basic education, child protection, HIV/AIDS prevention and landmine awareness.

Over the past year, UNICEF has supported the Government's efforts towards ensuring child survival in the country. UNICEF supported the immunization of 400,000 children against polio in a rapid response to cases discovered in neighbouring countries. Despite this action, one case was identified in Eritrea and a second campaign is planned. Routine immunization, vitamin A supplementation and maternal health programmes were also strengthened through UNICEF assistance. Some 22,000 women and malnourished children were provided supplementary food on a monthly basis. Up to 500 children per month were treated for severe malnutrition in 40 centres. More than 25,000 children in 98 schools were reached by clean water in an effort to facilitate school feeding provided by WFP. Some 57,000 people in 12 communities gained access to safe water through rehabilitation or construction of water sources, and more than 100,000 drought-affected people were provided clean water through trucking. Prevention of HIV/AIDS was integrated throughout all programmes, including posting of educational boards at water sites, developing policies for infant feeding and continued work in integrating life skills within the formal education system. Clothing, shoes and blankets were provided to UNDP for distribution to 5,000 children and 4,000 IDPs and returnees through a joint programme. More than 43,000 people, among them 24,000 children, in mine-affected areas received mine-risk education.

Certain interventions were at times hindered by lack of access to affected areas. For example, although malnutrition has been highest in the more isolated and sparsely-populated regions of the country access has not always been possible to these areas.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

Line ministries remain the key partners for UNICEF. In addition, joint programmes with the UN are now being implemented in numerous sectors, such as (a) nutrition (with WFP); (b) recovery/IDP return (with UNDP); (c) HIV prevention (with UNFPA and WHO).

Regular programme

The Country Programme of Cooperation (2002-06) is coming to an end and the process to develop a new programme (2007-2011) has been launched. Emergency activities continue to address the immediate risks/threats to children and are implemented within the longer-term strategies and programmes such as health/nutrition, WES, education, protection and HIV/AIDS. The major thrust of UNICEF emergency efforts in 2006 will remain in nutrition and child survival (immunization) and micronutrient control.

Health and nutrition (US\$ 3,500,000)

Activities will target some 914,000 drought-affected and displaced women and children in the country. This will include: 563,400 women of childbearing age, some 8,000 children who are severely malnourished, 156,500 pregnant and lactating women, and 125,200 infants. It will also include 61,000 moderately malnourished children under five. Activities will include:

- Providing therapeutic and supplementary food and equipment to more than 50 health centres, and reinforcing the training of staff;
- Providing emergency reproductive health supplies to detect and treat complications due to pregnancy and childbirth (emergency obstetric care) in a joint effort with UNFPA;
- Ensuring quality preventive and curative health care and essential drugs for one third of the population (more than 1 million people) identified as the most vulnerable (in a joint effort with WHO);
- Strengthening the nutrition information management system/surveys and nutrition units at decentralized levels to improve quality of nutrition interventions;
- Providing vaccines and supplies such as cold-chain equipment, needles, syringes and safety boxes for routine vaccination of 125,000 under-one children;
- Providing micronutrients nationwide;
- Ensuring malaria control (provision of insecticide-treated nets, antimalarial drugs and insecticides, etc.);
- Upgrading the national capacity to prevent the spread of HIV/AIDS with special emphasis on prevention of mother-to-child transmission (PMTCT) in 36 centres.

Water and environmental sanitation (US\$ 3,589,000)

Some 90,000 men, women and children in 30 communities will be assisted with new water systems. In addition, water trucking arrangements will be made for 65,000 drought-affected people in various communities and 26,000 schoolchildren in 98 schools. Similarly, 30,000 people will be sensitized and supported with sanitation and hygiene, especially regarding the construction and use of household latrines. Policy work will complement these key activities:

- Providing 40 to 50 communities, including community institutions such as schools and health centres, with clean water through construction of water systems and water trucking when no other alternative is feasible. Water trucking mostly applies to the regions of Anseba, Northern Red Sea (NRS) and Southern Red Sea (SRS);
- Ensuring the maintenance of water systems through training of more than 100 operation and maintenance technicians and tariff collectors;
- Providing urgent temporary water to 98 primary schools in NRS, SRS and Anseba regions, complementing a school feeding programme by WFP;
- Supporting the construction of 6,000 household latrines and 60 latrines for schools and health centres in 30 prioritized communities.

Education (US\$ 723,900)

A total of 22,400 displaced and returnee children will benefit through the following key activities:

- Supporting school refurbishment and extensions to accommodate new entrants;
- Monitoring the teaching and learning arrangements for affected children;
- Providing school materials to all children;
- Providing clean water and sanitary facilities and supporting hygiene and health education;
- Training teachers on guidance, counselling and psychosocial support to children;
- Supporting the teaching of life skills to children – for HIV/AIDS, mine-risk education and livelihoods;
- Supporting protective networks for orphans and other vulnerable children through community education.

Child protection and IDP support (US\$ 2,729,400)

Some 30,000 IDPs and returnees will be targeted through the provision of basic household items. In addition, households taking care of orphans and street children will be strengthened. UNICEF aims at ensuring that social vulnerability is reduced through the following actions:

- Providing clothing, shoes, blankets and sanitary items to 25,000 children and 6,000 IDPs and returnees;
- Supporting national bodies for systematic identification of orphans and vulnerable children at risk;
- Conducting emergency preparedness and response (EPR) training for counterparts to strengthen capacity to respond to the needs of vulnerable groups in times of emergencies;
- Providing income-generating assets to 2,800 households taking care of orphans and street children.

Mine action (US\$ 376,295)

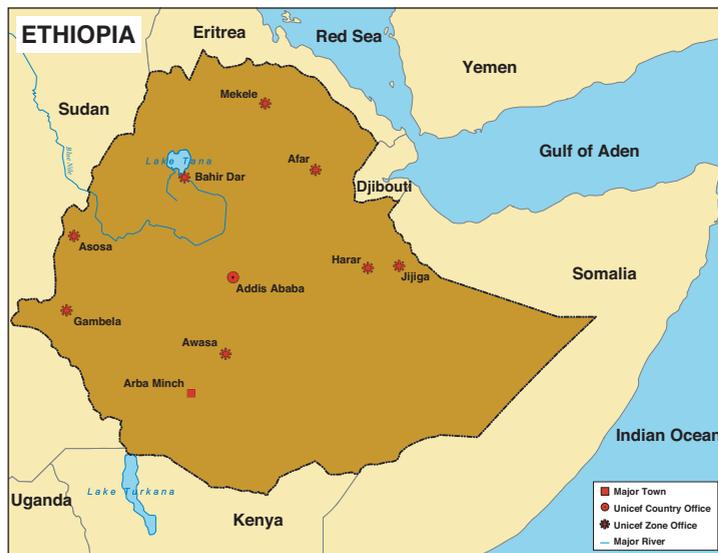
Mine-risk education (MRE) will be targeted to some 200,000 people living in high-risk areas – and 40,000 IDPs living in Gash-Barka, SRS and Debub regions, as well as children and teachers in farming and nomadic communities. Main activities include:

- Strengthening national bodies in MRE through establishing networks of community volunteers, deployment of MRE field teams, implementing MRE (with the Ministry of Education) within primary school curricula and promoting the same in secondary school curricula;
- Ensuring mass-media strategies for sensitization using radio, posters, leaflets, etc.;
- Linking MRE and mine clearance/disposal and collection of mine/UXO-related data;
- Providing psychosocial support and recreation activities for children affected by mines and unexploded ordnance.

UNICEF HUMANITARIAN ACTION

ETHIOPIA

IN 2006



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

CORE COUNTRY DATA

Child population under 18 (thousands)	39005
U5 mortality rate	166
U1 mortality rate	110
Maternal mortality ratio (1990-2004 reported)	870
Primary school enrolment ratio male/female (2000-2004, net)	55/47
% U1 fully immunized (DPT3)	80
% population using improved drinking water sources	22
HIV adult prevalence rate (15-49 years, end-2003)	4.4
% U5 suffering moderate and severe malnutrition (stunting)	52

Source: *The State of the World's Children 2006*

Summary of UNICEF financial needs for 2006

Sector	US\$
Health and nutrition	25,000,000
Water and environmental sanitation	9,600,000
Education	7,130,000
Child protection	1,500,000
HIV/AIDS prevention	2,000,000
Mine-risk education	350,000
Total*	45,580,000

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

Alarming high levels of malnutrition among children persist in several areas of Ethiopia. Nutrition surveys and screening carried out under the UNICEF-supported Enhanced Outreach Strategy (EOS)¹ show severe acute malnutrition (SAM) levels at twice the national average in many areas, with 136,000 Ethiopian children suffering from severe malnutrition and another 360,000 moderately malnourished and at risk of becoming severely malnourished. The main causes of child mortality in Ethiopia are malnutrition (the underlying cause of 57 per cent of deaths among young children), malaria, and diarrhoeal and vaccine-preventable diseases. Measles ranks as the leading cause of death with a case fatality rate of 4 per cent, one of the highest in the world. Isolated malaria epidemics occurred from June to August 2005 in many areas.

Diarrhoea-related morbidity and mortality are due largely to inadequate access to safe water and sanitation services. More than 69 per cent of the population does not have access to safe drinking water.

Areas affected by drought and floods are largely in the eastern part of the country, running through the pastoral areas of Afar and Somali, Eastern Amhara, Tigray, Oromiya and Southern Nations Nationalities and Peoples' region. These are the same areas that were hardest hit in the 2002-03 drought, and where the 2004 harvest was inadequate. This has stretched the traditional coping strategies of communities and created an ongoing humanitarian situation with pockets of malnutrition and increased food insecurity in 2005. These areas face particularly high rates of acute malnutrition ranging from 10 to 34 per cent global acute malnutrition (GAM) and 1 to 8 per cent severe acute malnutrition (SAM).

The delicate humanitarian situation in Ethiopia exacerbates the vulnerability of internally displaced persons (IDPs) by restricting their access to the already limited alternative coping mechanisms. There are about 200,000 IDPs who are increasingly exposed to food and water shortages, poor living conditions in crowded camps and lack of income-generating opportunities. The mortality rate of this group reaches as high as 5 per 10,000 deaths *per day* in the under-five population in the camps of the eastern part of the country.

As a result of HIV/AIDS-related deaths, a high number of orphans are left to fend for themselves, often becoming easy victims of exploitation and abuse.

"...if one day we get a water pump..."



"My name is Gaba Mukane. I am nine years old and this year I joined the first grade. My favourite subjects are mathematics and English. I like maths because it helps me keep track of all the sheep and goats I take care of. I want to learn English so I can speak to all the different tourists who come from far to visit our region. I want to learn how to drive a car – then I can show the tourists my country.

As a shepherd, I take my family's goats to graze and drink water. I take my goats to the irrigation canal near the road to drink. The canal does not have water all year

round, so when it dries up I have to take them down to the river – which is a four-hour walk from where I live.

If a pump is put in place we will no longer have to walk for four hours to get water. We will have all the water we need to drink, wash our clothes and keep ourselves clean. I won't have to walk very far to water the goats and will have more time to study. My dream is to be a tour operator one day."

Gaba Mukane, nine years old.

¹ Full name: Enhanced Outreach Strategy/Targeted Supplementary Feeding for Child Survival Interventions. The largest-ever partnership between UNICEF, the WFP and the Ethiopian Government targets 6.8 million children under five, as well as pregnant and lactating mothers, in 325 drought-affected districts. It provides a child survival package twice a year of vitamin A supplementation, de-worming, measles catch-up, nutritional screening, referral to supplementary or therapeutic feeding programmes and, increasingly, malaria insecticide-treated nets.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

In close collaboration with local, national and international partners, UNICEF has continued to support the response to the humanitarian needs of populations affected by a combination of slow or sudden acute shocks such as drought, floods and conflicts, as well as delayed assistance programmes. It has mainly focused on the priority areas of health and nutrition, water and sanitation, education and child protection.

In the area of health and nutrition, as part of the EOS, more than 8.9 million children have received vitamin A supplementation, some 7.2 million under-five children received de-worming tablets and about 223,091 long-lasting insecticide-treated nets have been distributed to protect pregnant and lactating mothers and children under five. Nearly 1 million pregnant and lactating mothers were screened for malnutrition and 24 per cent (260,000) were found to be eligible for supplementary feeding and referred to the Disaster Prevention and Preparedness Commission (DPPC)/WFP programme. Similarly, more than 8.5 million children were screened, of whom 7 per cent (448,000) were found to be malnourished and referred for supplementary feeding. In partnership with Ministry of Health and NGOs, UNICEF supported the establishment of 32 therapeutic feeding programmes and 53 therapeutic feeding units integrated into health facilities, providing the necessary drugs, equipment, technical assistance and therapeutic products. Some 558 tons of therapeutic food were distributed. The national capacity to treat children suffering from severe acute malnutrition has now increased to 10,000 children at any one time, up from only 2,000 in 2003. Yet the national treatment capacity required is for 20,000 children: much more investment is required to ensure that this level is reached, that the units are sustainable and that quality services are provided.

Immunization services have also been improved through increased technical support and supply assistance to the Ministry of Health and other national partners. At least 1.2 million children were immunized against measles and 1.1 million were provided with vitamin A. Three rounds of polio vaccinations were completed, each round reaching 14.5 million children. Roll Back Malaria partners, with major support from UNICEF, have distributed 3 million long-lasting insecticide-treated nets. UNICEF also provided 2.9 million treatments of the new anti-malaria drug Artemether-Lumefantrine (Coartem) to scale up the Ethiopian malaria control programme, complementing a further 3.4 million treatments being supplied through other sources.

UNICEF supported the establishment of 250 temporary schools and classroom structures to accommodate 50,000 primary schoolchildren. UNICEF has also reunified 450 street children with their families and provided homes with foster parents. During the year, some 600,000 people gained access to safe water through rehabilitation or construction of water sources and have benefited from improved hygiene through distribution of hygiene kits and awareness-raising activities. Mine action activities have targeted some 300,000 people living in border areas, through advocacy, awareness-raising and continued financial and technical support to the Ethiopian Mine Action Office.

UNICEF also actively supported the response to population displacement due to floods in Somali and Afar regions and due to conflict in Gambella. UNICEF teams also continued to visit the resettlement sites in four regions (where some 520,000 people now live), to address the most critical gaps in health and water and sanitation.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

During 2005, UNICEF consolidated its field presence within the governmental structures of the various regions – a good opportunity to develop new partnerships locally and be in a better position to develop and roll out programmes within the UN Development Assistance Framework (UNDAF).

Regular programme

The fifth Country Programme of Cooperation (2002-2006) supports national and regional efforts towards the progressive realization of the rights of children to survival, development, protection and participation. The programme supports national and regional efforts to provide comprehensive community-based primary health-care services, to increase water supply coverage to at least 40 per cent, and to increase the proportion of population who have access to appropriate sanitation facilities to 30 per cent.

Health and nutrition (US\$ 25,000,000)

In 2006, UNICEF will focus on the following key activities:

- Provision of child survival services through the EOS (with the support of DPPC and WFP) to more than 6.8 million children and more than 1.6 million pregnant and lactating women; the EOS includes vitamin A supplementation, de-worming, screening for malnutrition and referral to supplementary and therapeutic feeding programmes;
- Roll-out of two rounds of nationwide house-to-house polio vaccinations, each round targeting 15.8 million under-five children; immunization of all children under five against measles, with the exception of children living in areas covered in 2005 (Afar, Gambella, East and West Harargue);
- Distribution of 1,859 emergency health kits to support 1.8 million consultations;
- Procurement and distribution of F75 and F100 for the treatment of 20,000 targeted children for a period of 12 months (F75 and F100 are therapeutic products – milk-based – used for the treatment of severe acute malnutrition);
- Continued support to the 32 therapeutic feeding programmes and 53 therapeutic feeding units to treat more than 20,000 severely malnourished children per month;
- Doubling the treatment capacity of severe malnutrition in the country by strengthening the capacity of an additional 2,000 health professionals;
- Strengthening nutrition surveillance in Ethiopia and coordinating nutrition response;
- Provision of 100,000 long-lasting insecticide-treated nets to protect 500,000 people affected by natural and man-made emergencies;
- Procurement and distribution of 2 million Rapid Diagnostic Test (RDT) kits;
- Supply Artemether-Lumefantrine anti-malaria drugs for the treatment of 2 million malaria cases.

Water and environmental sanitation (US\$ 9,600,000)

UNICEF plans to reach 800,000 children through the following key activities:

- Provision of safe water through water tankering to 150,000 people, mainly the pastoral population of Afar and Somali regions;
- Rehabilitation and construction of 800 water supply systems to provide safe drinking water to some 600,000 individuals in drought and other hotspot areas of the country;
- Train 4,000 water/sanitation/hygiene committee members, 1,600 pump attendants and 180 government staff on scheme management, operation and maintenance;
- Promotion of appropriate household latrine construction to 500,000 community members;
- Provision of water purification treatment for 50,000 people affected by flooding and water contamination;
- Promotion of hygiene education to 800,000 local communities;
- Provision of school water and sanitation packages in 65 schools for 6,500 schoolchildren in drought-affected areas of the country;
- Provision of water and sanitation facilities in 50 health institutions.

Education (US\$ 7,130,000)

A total of 1.3 million children in seven emergency-prone regions will benefit through the following key activities:

- Advocacy, training and social mobilization on the importance of basic education in emergencies, and on psychosocial and educational needs of children in crisis situations;
- Support to alternative basic education centres/semi-permanent learning centres and training of facilitators selected from within the community;
- Provision of basic educational materials for pupils (school-in-a-box kits) seriously affected by emergency situations in seven regions;
- Provision of 500 tricycles to physically disabled children;
- Promotion of girls' education through provision of school uniforms, incentives and tutorial classes with special focus on emergency-affected feeding schools;
- Provision of technical assistance and monitoring and evaluation of the performance of anticipated emergency education interventions.

Child protection (US\$ 1,500,000)

UNICEF is working to strengthen the protective environment for children by preventing violence and exploitation, particularly gender-based, and providing psychosocial support to vulnerable and marginalized children. To achieve this, UNICEF will:

- Implement 50 child rights trainings for soldiers in border zones;
- Train 250 social workers on psychosocial techniques to support children in emergencies;
- Deliver basic social services for 2,000 victims of abuse, exploitation or trafficking;
- Strengthen the capacity of child protection police units to operate during times of political unrest, and roll out a preparedness plan related to possible resummptions of hostilities between Ethiopia and Eritrea;
- Prepare for the dissemination and implementation of UNICEF Core Commitments for Children in Emergencies by key partners;
- Establish a referral system for reporting rights violations in selected regions and conduct an in-depth assessment of rights violations;
- Strengthen the capacity of the newly-established Child Protection Network and expand its geographical coverage and objectives.

HIV/AIDS (US\$ 2,000,000)

Some 5 million children/youth and women in emergencies and at higher risk of being infected with HIV will be supported. HIV-positive children/youth and women vulnerable to deteriorating physical conditions will also be targeted through the following key activities:

- Development of training materials for peer facilitators in an emergency;
- Capacity development of secretariats and the Federal DPPC on HIV/AIDS as part of a disaster preparedness and response strategy;
- Ensuring that the Federal and Regional HIV/AIDS Prevention and Control Offices have a sufficient store of condoms, PEP kits, STI drugs and RDT kits;
- Establishment of youth committees/teams at regional, zonal and woreda levels who are equipped to respond rapidly in an emergency to support Regional AIDS Commissions;
- Capacity development of zonal and woreda officials and youth associations/clubs at woreda level to respond rapidly and effectively in an emergency;
- Development of mapping and monitoring tools to assist the identification of vulnerable groups and risk areas and high-risk behaviour in affected populations.

Mine-risk education (MRE) (US\$ 350,000)

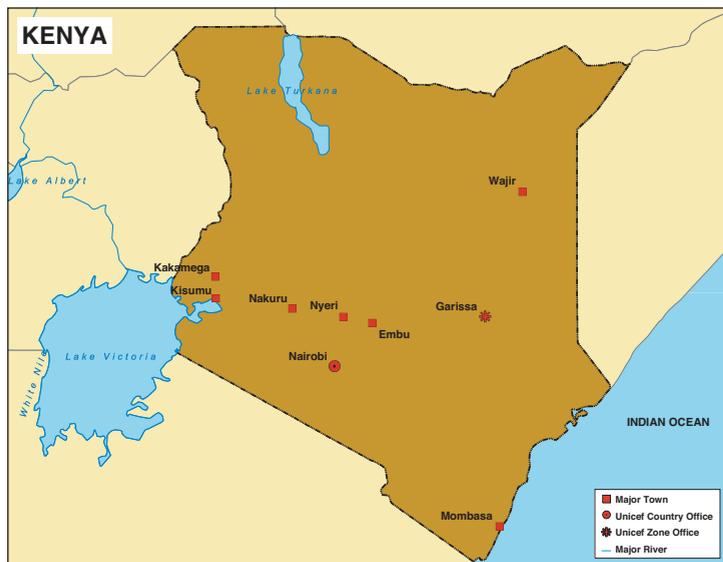
Communities living in areas contaminated with landmines will benefit from the following interventions:

- Work with all partners to develop an effective surveillance system that includes data collection on MRE activities, victims of UXO, suspected mined areas, and village profiles;
- Development of a referral system to provide the victims of war with increased access to services that exist within the region (rehabilitation clinics, etc.);
- Improvement in the coordination and management skills of MRE organizations;
- Establishment of a system within all MRE organizations so they can effectively and efficiently manage and implement MRE;
- Development of a national strategy, including emergency preparedness, so that all MRE activities are coordinated with other mine action activities and other relevant development programmes.

UNICEF HUMANITARIAN ACTION

KENYA

IN 2006



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

CORE COUNTRY DATA

Child population under 18 (thousands)	16898
U5 mortality rate	120
Infant mortality rate	79
Maternal mortality ratio (1990-2004 reported)	410
Primary school enrolment ratio male/female (2000-2004, net)	66/66
% U1 fully immunized (DPT3)	73
% population using improved drinking water sources	62
HIV prevalence adults and children (0-49 years, thousands)	1200
% U5 suffering moderate and severe malnutrition (stunting)	30

Source: *The State of the World's Children 2006*

Summary of UNICEF financial needs for 2006

Sector	US\$
Health and nutrition	2,200,000
Water and environmental sanitation	2,000,000
Education	450,000
Child protection	250,000
Total*	4,900,000

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

Data from July 2005 assessments by the Government and its partners, including UNICEF,¹ show that although the general food security situation has improved, the health and nutrition situation of children remains critical in some districts. Assessments in October 2005 showed that global acute malnutrition (GAM) rates in Wajir and Mandera districts were above 25 per cent, while in Tana River and Garissa the prevalence was around 17 per cent. These figures indicate an emergency situation, and are three to five times greater than the national prevalence of acute malnutrition. The main causal factor appears to be inadequate food, although frequent illnesses, poor infant/young child feeding practices and a dire shortage of water are major contributory factors. Some 20,000 children in these districts – as well as in parts of Turkana, Marsabit and Isiolo – are in need of targeted assistance.

The national immunization coverage rate is 59.2 per cent (fully immunized) but there are worrying disparities. While measles coverage, for example, is 73 per cent nationally in the North Eastern Province (NEP) it is only 37.4 per cent. NEP is a drought-prone area where access to health facilities is very poor due to long distances, few staff and high staff turnover: major efforts are needed to reach the population with a package of essential health services – and to regularly monitor the situation, provide logistical support and train health workers to increase capacity for preparedness and response.

In spite of a general improvement in water situation after the 2005 long rains, recent reports indicate a rapid deterioration. Some drought-affected areas in Mandera, Wajir, Marsabit, Moyale and Ijara districts are under extreme water stress: an estimated 560,000 people are in urgent need of water. Sustaining good hygiene and sanitation practices at this time remains a concern in the affected regions.

Given the low enrolment rates of children in schools and the extreme gender disparities in the areas which experience drought-related emergencies, the risk of school drop-outs due to family migration remains high as children continue to take on additional chores. Districts in the NEP are reporting an increase in school drop-outs and schools need support to accommodate children in a protective environment where education is not disrupted.

The plight of children and families displaced by tribal and clan clashes in 2005 remains a continuing protection concern, with little systematic assistance from the Government. According to initial reports received by UNICEF, an estimated 1,000 children are affected. The traumatized survivors of these events are uprooted from their schools, forced to flee their homes and abandon their family livelihoods. In some cases children have reportedly resorted to survival sex – selling sex to get money or other material support for themselves and their families. The risk of these children contracting HIV/AIDS is particularly high.

“Bad people came and shot my mother.”



“I can’t... I don’t want to remember what happened. Bad people came and shot my mother to death. Then they turned to me and shot me in the leg and my stomach – it hurt so much, I thought I was going to die. They took away all our animals – cows, goats, camels. My father took me to the hospital, and it was such a long walk, I can hardly remember. When we got there, there were so many people injured. After three days, the doctors told my father that the infection in my leg was so bad they had to amputate it for me to live. After a few days, they had to do it again, higher up as the infection had spread.”

Right now, I am with my father and my sister, Anoi. I miss my mother, Habiba. I want go to back to school next term when it reopens, if our teachers can be persuaded to stay.”

Hassan Hussein, eight years old, from Rhamu, Mandera district.

¹ Kenya Food Security Steering Group, Long Rains Assessment Report, August 2005.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

In the area of nutrition, UNICEF coordinated and/or supported more than 12 surveys at the request of the Government. More than 26,000 moderately and acutely malnourished children and pregnant and lactating mothers were treated through selective feeding programmes, provision of nutritional supplies and training of health staff. Some 310,000 people in Wajir, Mandera and Garissa benefited from primary health-care interventions through use of the basic and supplementary kits at mobile clinics and static health facilities. Some 1,500 pregnant women and women-infant pairs in the three districts also received long-lasting insecticide-treated nets.

Water and sanitation emergency assistance reached 215,000 people, mostly in Mandera, Wajir, Turkana, Moyale, Isiolo, Tana River, Garissa, Kwale, and Samburu districts. Short-term measures included tankering of water to schools and health centres in four districts, the supply of spare parts and support to rapid response maintenance teams. Longer-term interventions (which benefited 92,000 people) included the rehabilitation and installation of equipment on 39 stressed strategic boreholes in Mandera, Wajir, Tana River, Kwale, Moyale and Isiolo. Some 195 handpumps were installed in Turkana Samburu and Wajir districts. In Turkana 200 family water kits and 450 family water filtration kits were distributed and more than 50,000 people were reached through a large-scale hygiene and sanitation promotion based on the distribution of 5,000 water filters and training of 5,000 households in the use of the water kits and hygiene.

UNICEF also assisted 15,909 primary schoolchildren in the conflict-affected districts of Mandera and Marsabit and the flood-affected Isiolo district through provision of 115 education kits. The provision of supplies to 10 boarding schools and the training of Government officials resulted in more than 470 children being able to continue education.

Following the eviction of more than 9,000 families in the Mau Forest, UNICEF undertook a rapid assessment which found that the education of 3,500 children was interrupted. UNICEF also continued monitoring the effects of recent ethnic conflicts on education and schools in Marsabit and Mandera.

UNICEF supported training for 74 education managers as trainers of trainers on disaster preparedness and management, psychosocial skills and conflict resolution in order to build the capacity of national, district and community levels in disaster preparedness and management.

UNICEF is currently engaged in undertaking a wide-ranging protection assessment in Garissa and surrounding areas as evidence of impending drought gathers. Emergency preparedness plans, including the provision of child-friendly shelters and safe spaces for displaced and vulnerable youth, have been agreed locally with key Government and NGO actors. UNICEF is also developing targeted psychosocial interventions and trainings for Government and other staff to recognize and intervene appropriately where children and others have been traumatized.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

UNICEF is a key member of the Kenya Food Security Group, the Government-led emergency preparedness and response coordination forum. UNICEF co-chairs with relevant line ministries the sector working groups on health and nutrition, water and sanitation, and education. The UN Disaster Management Theme Group is where UN interventions in support of the Government are coordinated and aligned.

Regular programme

The 2004-2008 Country Programme targets the most disadvantaged districts of North and North-east Kenya, where key social indicators are among the worst in the country and where drought cycles have progressively compromised livelihoods. In line with UNICEF's Core Commitments for Children in Emergencies, the programme accelerates key life-saving interventions during times of emergency while supporting capacity development and routine service delivery at all times.

Health and nutrition (US\$ 2,200,000)

Vulnerable children and women will be reached through the following activities:

- Support for targeted feeding programmes to rehabilitate some 20,000 malnourished children and pregnant and lactating mothers;
- Train 40 health staff in treating severe malnutrition, on integrated management of childhood illnesses and provision of improved diagnostic equipment and skills;
- Train more than 300 community 'own resource' persons on key care practices;
- Undertake 10 nutritional and health surveys as requested by the Government;
- Provide cholera supplies for targeting 100,000 people;
- Support integrated outreach services in underserved and hard-to-reach locations targeting 300,000 people;
- Strengthen district capacity to provide basic health services through provision and distribution of emergency health kits to 200,000 people;
- Provide 96,000 children with long-lasting insecticide-treated nets and train community resource persons on promotion and distribution of the nets;
- Provide antimalarial treatment to 20,000 adults and 50,000 children as part of emergency response;
- Provide treatment against bilharzia to 200,000 children in the coastal region.

Water and environmental sanitation (US\$ 2,000,000)

Some 560,000 persons, particularly children and women, will be reached through the following key activities:

- Rehabilitate 60 water facilities serving 300,000 people and their livestock;
- Ensure 90 schools and 30 health institutions remain open and operational through water tankering and construction/rehabilitation of 270 latrines (for 45,000 schoolchildren);
- Rehabilitate and install 50 shallow wells with handpumps to provide safe drinking water to some 12,500 individuals in permanent settlements;
- Rehabilitate/clean 20 permanent public wells in Wajir district and Marsabit district to support 200,000 people;
- Train 150 local water user management teams;
- Promote hygiene education and hygiene awareness programmes in 90 schools and 90 local communities to complement existing water and sanitation services;
- Facilitate the work of partners by ensuring minimum standards are maintained in water and sanitation services; monitoring and coordination to ensure sufficient coverage.

Education (US\$ 450,000)

A total of 15,500 children and 2,200 teachers who have been displaced and affected by conflict will benefit through the following key activities:

- Supply basic school materials including notebooks, pencils and erasers for 15,500 primary schoolchildren;
- Procure and distribute recreational kits for 15,500 children;
- Train 2,200 primary schoolteachers, with particular attention to HIV/AIDS and peace education;
- Rehabilitate schools and build latrines in 50 localities;
- Support construction of 30 temporary school and classroom structures to accommodate 1,200 primary schoolchildren;
- Support rapid assessment of requirements in the education sector and partner NGOs to ensure service delivery to 50 schools;
- Organize and train 4,500 teachers in psychosocial care, 40 education officers in rapid response appraisals, 50 community members in sustaining schools during crises and 40 humanitarian workers in prevention of exploitation;
- Coordinate and supervise the contracting for repair of sanitation facilities in schools;
- Negotiate the development of sustainable child-friendly drop-in centres and counselling services.

Child protection (US\$ 250,000)

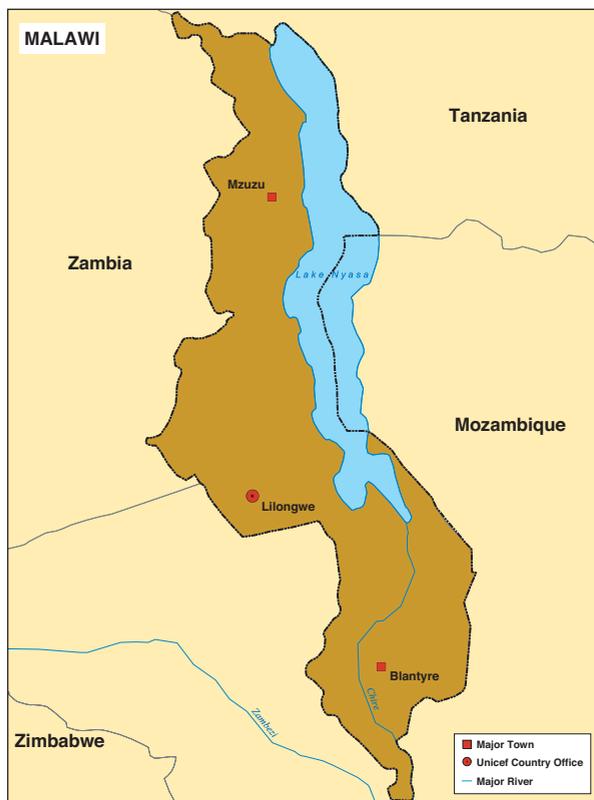
Some 2,000 children associated with emergency areas, including those adversely affected by drought and conflicts, are targeted through the following key activities:

- Develop five new child-friendly spaces across nine affected districts;
- Train 225 teachers and 60 health staff on a coherent response to violence/abuse, including provision of psychosocial training and the development of coordinated response mechanisms;
- Support the reintegration of 300 conflict-affected children through the Community Education Investment Programme;
- Coordinate the prevention, identification, documentation, tracing, care and reunification of an estimated 100 separated children.

UNICEF HUMANITARIAN ACTION

MALAWI

IN 2006



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CORE COUNTRY DATA

Child population under five (thousands)	2319
U5 mortality rate	175
Infant mortality rate	110
Maternal mortality ratio (1990-2004 reported)	1100
Primary school attendance ratio male/female (1996-2004, net)	74/77
% U1 fully immunized (DPT3)	89
% population using improved drinking water sources	67
HIV adult prevalence rate (15-49 years, end-2003)	14.2
% Global Acute Malnutrition among children under five*	6.4

Sources: *The State of the World's Children 2006*

* Monthly Food and Nutrition Surveillance Report, October 2005. Malawi 2nd integrated household survey 2004/05.

Summary of UNICEF financial needs for 2006

Sector	US\$
Health and nutrition	10,500,000
Water and environmental sanitation	1,700,000
Education	500,000
Child protection	300,000
Total*	13,000,000

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

The Malawi Vulnerability Assessment Committee (MVAC) report of June 2005 estimated that between 4.2 and 4.6 million people (more than one third of the total population) would not be able to meet their minimum food requirements until the next harvest in March 2006. On 8 November the MVAC presented the preliminary results of the second food assessment, and the total revised number of people with missing food entitlements until March 2006 amounts to 4,611,300. However, the assessment took into consideration the impact of food aid provided until 30 September and of all other existing food-related interventions (such as cash-for-work projects and NGO pipelines) thereby reducing the total number of people in need of food assistance to 4,421,500.¹ Children and women are considered the most vulnerable group to food insecurity. As food insecurity increases, women and children will be more exposed to malnutrition and infections and vice versa leaving them in a vicious circle. More than 1 million of those in need of humanitarian assistance are children under five and pregnant women.

Consequently, the admissions of severely malnourished under-five children to Nutritional Rehabilitation Units (NRUs) have increased significantly. The admission rate for September 2005 was 17 per cent higher than the same month the previous year, and is expected to triple in the coming months. Similarly, the percentage of children with global acute malnutrition (WHZ <2 – children with moderate and acute malnutrition) has gone up to 7.2 per cent nationwide (normally this figure fluctuates around 6 per cent), according to the August 2005 National Nutrition Surveillance Report.

Cholera remains a major threat in Malawi, with recurrent outbreaks during the rainy season between November and February. Food shortages and malnutrition have a direct effect on susceptibility to diseases, and thus the severity of outbreaks will be directly related to people's access to food and safe water.

A major challenge facing Malawi is the lethal 'triple threat' combination of the HIV/AIDS pandemic, food insecurity and weakened capacity for governance. Child abuse and exploitation – including child labour, sexual abuse, physical and psychological abuse – is common in Malawi, especially among orphans and other vulnerable children.



Surviving malnutrition

Temwachi was severely malnourished and was brought to a Nutrition Rehabilitation Unit at a remote rural mission hospital in Mzimba district in Northern Malawi. *"She was so malnourished when her grandmother rushed her here. Some thought she was actually dead. She is now in NRU and steadily recovering,"* says Evelyn Gama, a home-craft worker helping out in the NRU at Embangweni mission hospital.

Temwachi is one of the lucky children to survive malnutrition in Malawi, a country where rampant household poverty, HIV/AIDS, poor hygiene, inappropriate weaning practices, illiteracy and poor health care cause the deaths of many children every day. The situation today is compounded by the growing food crisis threatening the lives of even more children and women. It is estimated that nearly one third of the population is faced with food deficits until the next harvest in March 2006.

Temwachi, in Mzimba district in northern Malawi.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of the Malawi population affected by food shortages and disease outbreaks that resulted in increased malnutrition, school drop-outs and violation of child rights. In response to the food crisis, UNICEF has mainly focused on the priority areas of health, nutrition, water and sanitation, education

¹ This number corresponds to an increase of 197,100 people in need of food assistance compared to the Scenario 1 estimates of the first MVAC assessment report of June 2005.

and child protection. A Flash Appeal was launched by the UN System in Malawi on 30 August 2005 to alert the international community to the gravity of the humanitarian crisis, and to mobilize resources in support of the Government of Malawi's efforts to address immediate humanitarian needs and minimize the likelihood of another crisis in 2006.

In the area of nutrition, UNICEF supported therapeutic feeding to approximately 1,000 severely malnourished children per month through provision of therapeutic milk, supplements, drugs and essential life-saving items to 62 NRUs. In view of the deteriorating situation, UNICEF, together with WFP, has scaled up support of the supplementary feeding programme in order to reach 92,000 children under five and 42,000 pregnant women with moderate malnutrition, thereby increasing the percentage of malnourished children and women receiving supplementary feeding from 15 per cent to 64 per cent (there are an estimated 208,000 moderately malnourished under-five children and women). To treat an increased number of under-five children with severe acute malnutrition, UNICEF is also scaling up its support from the existing 62 NRUs to 94 nationwide to reach approximately 3,500 under-five children per month. Further, UNICEF will conduct a nationwide nutrition survey at the end of November 2005 and has ensured continuous nutrition surveillance using NRU data and growth monitoring information in order to complement the MVAC assessment results.

During a nationwide campaign in September 2,130,750 children were immunized against measles and 2,041,832 received vitamin A supplementation. In collaboration with partners, UNICEF undertook rehabilitation and repair of existing water and sanitation facilities at schools, NRUs and health facilities in 12 districts. Support was provided for the re-treatment of approximately 2.8 million mosquito nets (80 per cent of the total nets distributed), thereby providing increased protection against malaria during the crisis period. Preparedness for the cholera season has been undertaken in all 15 districts prone to cholera.

UNICEF has carried out school attendance surveillance in 69 schools to monitor the impact of food insecurity on school attendance. At the same time, to address the increased rate of absenteeism as a result of the food crisis, UNICEF has scaled up its support of school feeding programmes and, in partnership with WFP, has increased the number of supported schools. The numbers of children in the streets or in conflict with the law were closely monitored throughout the year, in particular during the food crisis period.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

UNICEF cooperates with the Government of Malawi, UN and NGO partners and donor agencies in all sectors. UNICEF participates in the National Humanitarian Coordination forums, the UN Country Team, UN Disaster Management Groups and various technical working groups.

Regular programme

The Country Programme focuses on eight districts in the sectors of education (especially girls' education); early childhood development; HIV/AIDS treatment, care and prevention; youth development and participation; reproductive health, women and child health; nutrition; and sanitation and hygiene promotion. Response to humanitarian needs is an integral part of all sectoral activities as per UNICEF's Core Commitments for Children in Emergencies.

Health and nutrition (US\$ 10,500,000)

The major emphasis of health and nutrition interventions will be to respond to the humanitarian consequences of food insecurity, including increased susceptibility to diseases such as cholera, measles and malaria and the increasing prevalence of severe acute and moderate malnutrition among children under five and pregnant women. UNICEF is also stepping up efforts to increase the visibility of children affected by HIV/AIDS and to mobilize resources and commitment at all levels. Key support activities will be to:

- Treat up to 3,500 severely malnourished under-five children per month in 94 NRUs nationwide;
- In partnership with WFP, treat some 92,000 moderately malnourished children under five and 42,000 pregnant and lactating women through supplementary feeding activities;

- Expand support to community-based therapeutic centres (CTCs) to 10 more districts in collaboration with partner NGOs;
- Continue the monitoring system established for NRUs and feeding centres, which allows district and national level nutritional managers to monitor trends in acute malnutrition and the quality of treatment;
- Pre-position emergency drugs, including oral rehydration salts and chloride for water treatment, and supplies to all facilities in the southern region to counter any disease outbreaks especially cholera (up to 10,000 cases);
- Procure and distribute mosquito nets and drugs for children under five and pregnant women admitted to NRUs, and intensify regular distribution of nets in all affected areas;
- Continue to work with WHO and the Ministry of Health to ensure a coordinated response to emergency interventions in the health sector;
- Undertake prevention, care and support programmes in the area of HIV/AIDS.

Water and environmental sanitation (US\$ 1,700,000)

These activities will support health efforts to prevent and reduce outbreaks of illnesses related to water and sanitation and hygiene among schoolchildren through improved water and sanitation facilities, primarily at NRUs and school feeding centres. Key activities will be to:

- Support the National Cholera Task Force in national campaigns prior to the cholera season;
- Pre-position essential drugs and chlorine at all health centres in sufficient quantities in all 15 districts prone to cholera;
- Provide jerrycans or 20-litre buckets with taps and enamel cups, with user instructions and messages in local languages on safe handling of water and disposal of excreta and solid waste; provide soap and detergents and disseminate key hygiene messages on prevention of cholera and other diseases;
- Support minor repairs if needed to water facilities at NRUs and supplementary feeding centres;
- Undertake sanitary surveys of water sources and test with H₂S strips for contamination with *E. coli*; initiate local solutions for improvement of water sources along with chlorination;
- Training and management to district health officials and workers, communities and caregivers at community-based facilities, NRUs and school feeding centres.

Education (US\$ 500,000)

UNICEF will continue to strengthen its efforts to prevent absenteeism among schoolchildren, especially among orphans and other vulnerable children, which is likely to increase as a result of increased food insecurity. Activities will be to:

- Support school feeding programmes in 499 WFP-supported schools and 93 GTZ-supported schools (including four early learning centres) through improvement of facilities and provision of instructional and recreational materials, targeting some 495,000 primary schoolchildren;
- Surveillance of school absenteeism in 69 school sites in 23 districts;
- Educational programmes to primary/secondary schoolchildren to prevent HIV and build self-esteem.

Protection (US\$ 300,000)

Approximately 250,000 people are targeted through the following interventions that aim to protect children and women from sexual and economic exploitation resulting from the desperation of children, parents and guardians during this crisis period. Further the interventions aim to provide legal and other support to children in conflict with the law, given the risk of an increased number of children in prison for theft and petty crimes. Activities will be to:

- Sensitize the general public, law enforcement bodies and commercial enterprises and farms on the increased risk of child labour and sexual exploitation of young girls and women;
- Accelerate the establishment of Child Rights Committees and training of child protection officers and orientation of community leaders;
- Expand partnerships with paralegals to monitor prisons and provide legal aid to children in conflict with the law;
- Provide care and rehabilitation to victims of rape and sexual exploitation;
- Increase support to safe environments for street children;
- Train care providers on psychosocial support nationwide;
- Strengthen monitoring and evaluation of child protection activities.

UNICEF HUMANITARIAN ACTION

MOZAMBIQUE

IN 2006



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

CORE COUNTRY DATA

Child population under 18	9.5 million
U5 mortality rate	178
Infant mortality rate	124
Maternal mortality ratio	408
% primary school net enrolment rate	69
% primary school net enrolment rate for girls	66
% U1 fully immunized against DPT	71.6
% population using improved drinking water sources	36.6
HIV prevalence rate (15-49 years)	16.2
% U5 stunting prevalence	41

Source: Mozambique National Institute of Statistics

Summary of UNICEF financial needs for 2006

Sector	US\$
Health and nutrition	3,000,000
Water and environmental sanitation	2,000,000
Education	1,100,000
Child protection	1,212,000
Total*	7,312,000

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

Mozambique's economy and infrastructure were decimated by years of civil war throughout the 1980s. Following the signing of peace accords in 1992, the country has experienced political stability but it still faces a number of challenges. Almost one in five children dies before reaching age five; about 40 per cent of children under five suffer from chronic malnutrition and one in two children does not complete primary education. In addition to malaria and acute respiratory infections, diarrhoea and vaccine-preventable diseases are the main causes of mortality particularly for children under five. Cholera also remains a threat with repeated outbreaks.

Adding to this chronic vulnerability, Mozambique is prone to a wide range of natural disasters. This vulnerability is further exacerbated by the enormous social and economic impact of the high HIV/AIDS prevalence. The AIDS pandemic has also created an orphan crisis: of the estimated 1.6 millions orphans in 2005, about 326,000 are due to AIDS.

Results from the April-May 2004 survey of the national Vulnerability Assessment Committee (VAC) indicate deterioration in the humanitarian situation in the provinces most affected by the drought (Maputo, Gaza, Inhambane, Manica, Sofala Tete and Zambézia). The crop production was undermined and – combined with the effects of HIV/AIDS – raised high concerns of increased hunger and malnutrition. The HIV/AIDS pandemic has stretched the traditional coping mechanisms of relying on the extended family which had historically provided a safety net when droughts occurred. This has created a vicious spiral of HIV/AIDS, destitution and food insecurity, which has led to increased morbidity and mortality as well as to more risky behaviours leading to higher risks of HIV infection. Results from the VAC survey in 2005 indicate that a significant number of households are in a desperate situation, with no stocks and very little harvest during the second planting season, and are having to resort to negative survival alternatives. Also, surface water sources in affected areas have almost dried up; and, with groundwater being slowly depleted, a significant number of shallow wells have dried up. The lack of water due to prolonged drought conditions, combined with existing poor hygiene practices, is resulting in people using contaminated water, as well as reducing or stopping use of water for sanitation and hygiene purposes. This could result in the spreading of water- and sanitation-related diseases such as diarrhoea, amoeba and cholera.

Child-headed households affected by HIV/AIDS



The one possession 10-year-old Marta holds with pride is a photograph of her mother on her wedding day. Marta is taken care of by Alfredo, her 15-year-old brother, who has headed the family (which also includes their 11-year-old brother Sergio) for more than three years.

The children continue to live in the family home, a crumbled mud hut, which is dark and almost bare inside except for a few rusty cooking pots.

The family receives weekly visits from activists working with KEWA, an association of people living with HIV/AIDS in the province of Zambézia. KEWA is a UNICEF-supported project that helps the children get a poverty certificate and provides them with free education materials.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

In general, emergency interventions have been successful in meeting the needs of the affected population as well as laying the ground for longer-term sustainable results, transfer of knowledge and support of existing structures. But the coverage of the target population has been uneven, due mainly to funding constraints. With only 41 per cent of requests being funded, UNICEF faces a major challenge in addressing the unfolding humanitarian situation.

UNICEF seeks to ensure that the situation is not seen purely as the result of crop failures but also as a result of the increased levels of vulnerability of individuals, households and communities, exacerbated by the HIV/AIDS pandemic. Emergency interventions are mainstreamed into regular programming, building upon existing activities and partnerships developed through the Country Programme. Activities are accelerated to respond to the emergency and linked with regular programming to ensure sustainability. Collaboration and partnerships with sister UN agencies, NGOs and the Government of Mozambique (at central/provincial/district and local levels) is a key strategy. Key achievements for 2005 included:

- UNICEF provided technical input to the comprehensive Vulnerability Assessments of drought-affected areas with high HIV/AIDS prevalence. Results have allowed for better design of response activities to reduce vulnerability and food insecurity and protect the survival of children. In October 2005, a nutrition survey in 52 drought-affected districts in all provinces was supported;
- More than 500 health workers were trained on the updated protocol for treatment of severe malnutrition in all provinces and equipment provided to health facilities;
- 65,000 insecticide-treated nets (ITNs) were distributed to children and pregnant/lactating women in drought-affected areas;
- 75 boreholes, including pumps, 20 small systems and three wells, were rehabilitated, and community activists were trained on water chlorination and hygiene-related issues;
- Orphans and vulnerable children (OVC) were identified through a quantitative assessment in vulnerable provinces; these children will be provided with access to basic services, care and protection;
- UNICEF has established a standing response capacity to meet the immediate relief needs of up to 10,000 people at any time by pre-positioning essential emergency supplies in several key locations;
- Capacity-building and steady support was given to the VAC and the National Institute for Disaster Management at national and provincial levels.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

UNICEF collaborates closely with a wide range of partners including government ministries, the National Institute for Disaster Management, the National Institute for Statistics, national and international NGOs and community-based organizations. UNICEF is active in the UN Disaster Management Team Working Group as vice-chair, works with WFP and WHO on joint programming, and has the lead role in the nutrition, OVC, and water and sanitation sectors.

Regular programme

The Country Cooperation Programme for 2002-2006 focuses on three priority areas: integrated early childhood development, girls' education and HIV/AIDS. Humanitarian activities are mainstreamed into the programme and implemented in an integrated manner in the most vulnerable areas.

Nutrition and health (US\$ 3,000,000)

Some 434,000 vulnerable people (especially children under five and pregnant and lactating women) affected by food insecurity, HIV/AIDS, weak governance and disease epidemics, will benefit from the following key interventions:

- Support the Ministry of Health and provincial directorates of health on disease and nutrition surveillance, coordinate with implementation of integrated vulnerability assessments, and provide technical assistance to the VAC on comprehensive, multisectoral vulnerability assessments/analysis;
- In conjunction with WFP, distribute vitamin A and antihelminthics; conduct participatory training on hygiene promotion and sanitation, nutrition, caring practices; support enhanced outreach to treat common communicable diseases and vaccinate children; and carry out anthropometric screening for children under five years in 'hotspot' areas;
- Procure and distribute essential emergency drugs, rehydration fluids, tents and equipment for populations living in cholera endemic and epidemic areas; support refresher training on cholera treatment; support operational costs for cholera treatment centres; and conduct participatory education and other forms of IEC (e.g., radio) on cholera prevention;

- Support the treatment of severe malnutrition in 100 referral hospitals and health centres in drought-affected districts in all provinces of the country, through provision of anthropometric equipment, training materials, training of 500 health workers, education of communities and technical support;
- With malaria being the major cause of child mortality and only 10 per cent of children sleeping under an insecticide-treated net (ITN), UNICEF will scale up distribution of ITNs to most vulnerable areas and most vulnerable groups, including OVC, pregnant women and under-five children in HIV/AIDS prevalence areas;
- Contribute to ensuring adequate capacity to conduct efficient surveillance for measles;
- Support the care and treatment – through specialized day hospitals, other health facilities and associated home-based care networks – of 10,000 children and their parents living with HIV/AIDS in worst-affected ‘hotspot’ districts, including procurement of drugs, nutritional supplements (PlumpyNut), supplies and equipment, training of health workers, operational costs, transport for home-based care and technical support. People living with HIV/AIDS associations (PLWHA) will be trained and supported to provide nutrition counselling for HIV-positive people and their families.

Key expected outcomes

- 200,000 OVC, under-five children and pregnant women to receive ITNs;
- Capacity to respond to a minimum of 20,000 cholera cases will be in place, maintaining a case fatality rate of significantly less than 1 per cent;
- At least 100 referral health facilities treating cases of severe malnutrition, achieving a mortality rate of 5 per cent or less;
- Nutrition and health interventions provided to a minimum of 50,000 under-five children and pregnant and lactating women as part of integrated supplementary feeding programmes in food-insecure areas;
- At least 10,000 children and their families living with HIV/AIDS in ‘hotspot’ areas to receive integrated package of care and support.

Water and environmental sanitation (US\$ 2,000,000)

To support actions in health, nutrition and education, priority interventions will target children and women living in affected areas where access to drinking water is limited and the risk of faecal and oral transmission of disease is high:

- Provision of emergency supplies to maintain a minimum stock of emergency water and sanitation supplies to respond to emergency needs, particularly for cholera outbreaks; institutional support to be provided for proper storage and management of emergency supplies and monitoring of emergency impact on water supply and hygiene conditions;
- Support to provision of safe water supply and sanitation facilities to communities, primary schools and health centres in most-affected locations;
- Strengthening of community capacities to maintain their water points through training of community water management committees, including the involvement of school management committees;
- Support to hygiene promotion campaigns for safe hygiene practices, linked to building knowledge of community members, particularly for the prevention of diarrhoeal diseases.

Key expected outcomes

- Minimum of 100 water points constructed/rehabilitated, including rainwater harvesting facilities;
- Minimum of 50 schools and health centres with improved sanitation facilities;
- Minimum of 100 community water-point maintenance committees trained on the operation and maintenance of their water point;
- Minimum of 10,000 affected families with improved sanitation facilities, through support for construction of 10,000 household latrines;
- Water and sanitation and hygiene promotion emergency supplies to about 50,000 affected people.

Education (US\$ 1,100,000)

To minimize the impact of the current humanitarian situation on the attendance rates of children, particularly girls, UNICEF will work through local education authorities and schools in most-affected districts to:

- Build capacities and mobilize school councils through training to identify strategic linkages in the community, particularly for identifying OVC and facilitating their access to school;
- Monitor school attendance, working with Provincial Directorates of Education (DPEs) and school committees;
- Promote child-friendly and conducive learning environments for pupils, working with DPEs and school councils; continue to provide basic learning and school materials;
- Support provision of safe water and separate sanitation facilities for boys and girls at primary schools.

Key expected outcomes

- 140,000 pupil kits and 400 school kits distributed in affected areas;
- 2,000 teachers trained on quality education, and gender equity, nutrition, HIV/AIDS prevention, etc.;
- 50 schools with improved water and separate sanitation facilities;
- 400 school councils trained (on management, nutrition, learning readiness, HIV/AIDS prevention, etc.);
- Functioning school attendance monitoring system in schools at affected districts.

Child protection (US\$ 1,212,000)

Key activities will be:

- To strengthen capacities for protection and support of most vulnerable groups in coordination with the Ministry for Women and Social Action, and community-based organizations;
- To help prevent sexual exploitation and abuse through continuing advocacy, training and support to humanitarian actors involved with these issues.

Key expected outcomes

- 30,000 vulnerable children, adolescents and women identified and linked to humanitarian assistance;
- Community networks strengthened to facilitate support to vulnerable households and children;
- Increased coordination among local authorities and with communities for monitoring humanitarian aid to most vulnerable groups to increase access to basic services (nutrition, education, health, birth registration, etc.);
- All humanitarian actors, including community members, trained on issues of sexual exploitation and abuse, and monitoring and reporting of suspected cases.

UNICEF HUMANITARIAN ACTION

SOMALIA

IN 2006



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CORE COUNTRY DATA

Child population under 18 (thousands)	4016
U5 mortality rate	225
Infant mortality rate	133
Maternal mortality ratio (2000 adjusted)	1100
Primary school enrolment ratio*	20
Primary school enrolment ratio for girls*	14.3
% U1 fully immunized (DPT)**	33
% population using improved drinking water sources**	29
% HIV prevalence***	0.9
% U5 suffering moderate and severe malnutrition**	17

Sources: *The State of the World's Children 2006*

* UNICEF Somalia Primary School Survey, 2003/2004

** MICS Survey, UNICEF Somalia, 2000

***Median sentinel site prevalence, WHO, 2005

Summary of UNICEF financial needs for 2006

Sector	US\$
Health and nutrition, and water and environmental sanitation*	10,046,330
Education	7,069,000
Protection	1,671,000
Total**	18,786,330

* In the 2006 CAP for Somalia, agencies have agreed to group the health, nutrition and water and sanitation sectors, with the overall objective to "reduce the preventable mortality, morbidity and malnutrition of the Somali people with particular attention to the vulnerable population".

** The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

The Somali children, estimated to number 4.01 million, remain vulnerable to conflict, disease and harsh environmental conditions and are among the most disadvantaged in the world. Only one in five Somali children attends primary school; 133 of every 1,000 babies will die in infancy; and malnutrition is ever-present in pockets around the country. Access to immunization and preventive health care remains difficult and preventable illnesses such as malaria continue to top the list of childhood killers. Of great concern are the estimated 370,000 to 400,000 internally displaced persons (IDPs) throughout the country, and particularly in the central and southern regions. While the move into Somalia of the Transitional Federal Government in 2005 is welcomed as the first real hope of peace and development in over a decade, national and international agencies remain necessary in supporting health, education, water and other services.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

Despite continued conflict and the absence of a functioning central government, Somali children have benefited from greater access to health care, education, clean water and an enhanced protective environment in 2005 as a result of the joint efforts of individuals, communities, local administrations and local and international agencies.

Approximately 62,800 more Somali children benefited from primary education in 2005 than in the previous year (which was achieved through CAP and other funding mechanisms). Due to the low enrolment rates and general difficulties children experience in accessing education, UNICEF and partners launched a 'Back-to-School' campaign this year to serve as an entry point for UNICEF's entire programme agenda, integrating health, nutrition, water, sanitation, HIV/AIDS and protection activities through the school structure. The campaign has already gathered considerable momentum through both donor funding and wide support from education partners and the local administrations in all zones. The campaign will be the hub for all programme activities in the next few years, with the ultimate goal of getting every Somali child into primary school. To that end, 186 tents have been supplied as temporary classrooms for 15,120 pupils, and education kits and school furniture have reached 30,000 students. Non-formal education modules have made education more accessible for out-of-school children and youth and 1,500 primary schoolteachers have been trained in pedagogy and life skills.

"Now, I can go to school !"



Nine-year-old Faduma Farah Aden always wanted to go to school but never thought she would have the chance. Like most of the girls in Hafun, a fishing village in north-east Somalia, she was resigned to spending her days looking after livestock and fetching firewood. However, that all changed the day the Indian Ocean tsunami struck the Somalia coastline in December 2004.

After the tsunami, UNICEF helped establish a temporary school in Hafun and distributed teaching, learning and recreational materials, including UNICEF's school-in-a-box kits. There was also advocacy with the community about the importance of school, particularly for girls. In the momentum caused by these activities, enrolment increased from 50 to more than 350. Girls were encouraged to attend and Faduma jumped at the opportunity. She says: *"I am very grateful to UNICEF because without them I would have been looking after goats every day."* Soon the temporary school will be replaced by a permanent structure – built by the community with UNICEF support – and Faduma will finally join her peers in gaining a quality primary education.

Faduma Farah Aden, nine years old, in Hafun.

In the first half of the year, more than 35,000 under-one children were protected against the major childhood killer diseases by receiving DPT3/measles vaccinations. An additional 1 million children aged nine months to 15 years will receive the measles vaccine throughout the country before the end of the current campaign. In the continuing fight against polio, more than 1.5 million under-five children were vaccinated against the disease and two more rounds are scheduled for the last two months of 2005 to ensure that cases of the wild virus recently confirmed in Mogadishu do not spread to other children.

More than 54,000 pregnant women have been protected against maternal and neonatal tetanus so far this year and another 200,000 will be covered in the current campaign for the vulnerable region of Lower Shabelle in southern Somalia. For all ongoing vaccination activities, data is still being analyzed and indications are that coverage numbers from the second half of the year will be much higher.

Inter-agency coordination in Mogadishu, spearheaded by UNICEF and WHO, has contributed to the prevention of the annual cholera outbreak in the city. Also, an estimated 30,000 people from internally displaced and semi-permanent urban families enjoyed improved access to water and sanitation through the creation of new water sources and hygiene and sanitation activities.

The fight against the spread of HIV/AIDS moved forward through training and support to 62 religious, political and sectoral leaders based on an advocacy toolkit within the Islamic context. An initiative to provide psychosocial care and support for vulnerable and marginalized children was launched throughout the country and 10 child protection networks were established and are functioning with the capacity to monitor and report on child rights violations.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

UNICEF is in partnership with numerous national and international NGOs, UN agencies, Somali administrations where they exist and various actors within Somali communities. In addition to the UN Country Team, UNICEF actively participates in the Somalia Aid Coordination Body (SACB) comprising UN agencies, NGOs and members of the donor community. The SACB is mandated to ensure the sound coordination of relief and rehabilitation programmes. UNICEF is the chair and/or co-chair in the coordination of education, nutrition, and water and sanitation activities through the SACB mechanisms.

Regular programme

Somalia is characterized by chronic vulnerability to both natural and man-made emergencies as reflected in the CAP mechanism. UNICEF's Somalia Country Programme (2004-2008) covers all three zones in Somalia and is comprised of six programmes: health; nutrition; water and environmental sanitation; education; planning, monitoring and evaluation; and communication, protection and participation. Humanitarian response activities are integrated into each programme.

Health, nutrition, water and sanitation (US\$ 10,046,330)

In the 2006 CAP, agencies have agreed to group the health, nutrition and water and sanitation sectors, with the overall objective to 'reduce the preventable mortality, morbidity and malnutrition of the Somali people with particular attention to the vulnerable population'. Within this context and targeting vulnerable children, women and communities affected by crisis and disaster scenarios, UNICEF has planned the following activities to:

- Provide vulnerable populations with access to essential health services, including basic reproductive health services and immunization coverage;
- Develop and strengthen emergency preparedness and response capacity;
- Strengthen and ensure integration of existing early warning systems (surveillance and response);
- Improve and increase the access of the vulnerable population to safe drinking water, basic sanitation and hygiene education;
- Treat adequately severely malnourished children among the vulnerable groups;

- Provide access to integrated voluntary counselling and testing, prevention of mother-to-child transmission and antiretroviral treatment services to 100 women and children.

Education (US\$ 7,069,000)

Projects in the education sector work to 'ensure that the rights to education of vulnerable, marginalized, women/girls and excluded groups are met as part of a prioritized, well-coordinated humanitarian response'. UNICEF will focus on formal and non-formal primary education, mainly for children and youth. These activities will be integrated into the 'Back-to-School' campaign that will cover all areas of Somalia, with particular focus on girls and hard-to-reach groups. The agencies involved have agreed that sector response will include a strong emphasis on life skills, including education and awareness-raising on HIV/AIDS. Activities will be as follows:

Formal and non-formal primary education

- Provide safe learning spaces/tents in IDP camps;
- Provide education through formal and alternative channels to children, youth and women living in vulnerable and riverine communities in the Central-South zones characterized by very poor and limited access;
- Recruit and 'crash' train schoolteachers with a special focus on female teachers;
- Provide teacher incentives for those working in selected IDP camp schools;
- Support fees for pupils from the target communities;
- Provide education kits, textbooks and teachers' guides to all targeted schools and learning centres;
- Conduct enrolment and advocacy drives in the target locations.

Youth development and participation

- Conduct youth peer education;
- Establish youth-friendly environments, such as multipurpose youth centres;
- Strengthen communication on youth programming;
- Provide leadership and organizational development training for 100 youth groups;
- Provide mentoring support to 50 youth groups;
- Foster youth participation in local governance training for eight districts in Central-South zones, in collaboration with UN Habitat.

Protection (US\$ 1,671,000)

This CAP comes at a time of potentially significant governmental transition and institutional growth. It witnesses the struggle of civil society to build itself in the absence of effective governance structures. Human rights and protection needs are great, however there is insufficient capacity to effectively gather information and to assess the scope and gravity of the violations and to practically address and redress the situation of individuals and communities.

The focus of activities in this sector is on practical steps to better understand and to improve the protective environment in Somalia, concentrating on the human rights and protection needs of the most vulnerable: women, children, IDPs, returnees, refugees, those living with HIV and AIDS, minorities and the disabled.

UNICEF will partner various UN and NGO agencies to support the Transitional Federal Government and other community structures in protecting vulnerable children, women and communities affected by humanitarian emergencies through the following activities:

Protection monitoring, reporting, capacity-building and advocacy

- Assess and map the capacities of local partners in the field of human rights, protection and monitoring/reporting;
- Establish and support the work of seven regional protection monitoring networks in areas affected by displacement and conflict, based on already established child protection network structures, and continue support to existing local networks (child protection networks);
- Design protection monitoring and reporting tools to systematically document protection abuses against civilians, in particular IDPs and returnees, as well as children and women affected by conflict;

- Build the capacities of members of the protection monitoring networks, as well as local NGOs and authorities, on: human rights and protection; the use of the monitoring tools; and support to a systematic documentation of protection abuses, in particular against women and children;
- Advocate, raise awareness and coordinate with key authorities and stakeholders on issues related to protection of vulnerable populations, in particular IDPs, women and children.

Rule of law and security – disarmament, demobilization, rehabilitation and reintegration (DDRR)

- Provide technical assistance for the integration of needs and rights of children associated with fighting forces into DDRR strategies and initiatives;
- Rehabilitate and reintegrate children formerly associated with fighting forces in South/Central Somalia;
- Conduct advocacy and community-based outreach activities for the prevention of child abuse and child recruitment and successful reintegration of child soldiers.

Rule of law and security – judiciary and human rights

- Strengthen the University of Hargeisa Legal Clinic, in particular its 'Women and Youth' clinical component, to play a greater role in the protection of vulnerable children in conflict with the law and children in prisons;
- Conduct advocacy, awareness raising and coordination with key authorities and civil society organizations on issues related to justice for children and implementation of specific initiatives (psychosocial, vocational training, etc.) for children in detention and in conflict with the law;
- Develop training modules on child rights and child protection and integrate them into training for justice officials;
- Provide technical assistance to legal review and reform processes in conformity with the Convention on the Rights of the Child and other international child rights standards.

Rule of law and security – law enforcement

- Develop training modules on child rights and child protection and integrate them into training for justice, law enforcement and customs officials;
- Establish child protection units within police stations.

HIV/AIDS prevention and community intervention

- Support women's groups to advocate and raise awareness among women on HIV/AIDS;
- Provide leadership advocacy for HIV/AIDS awareness-raising among regional and district authorities.

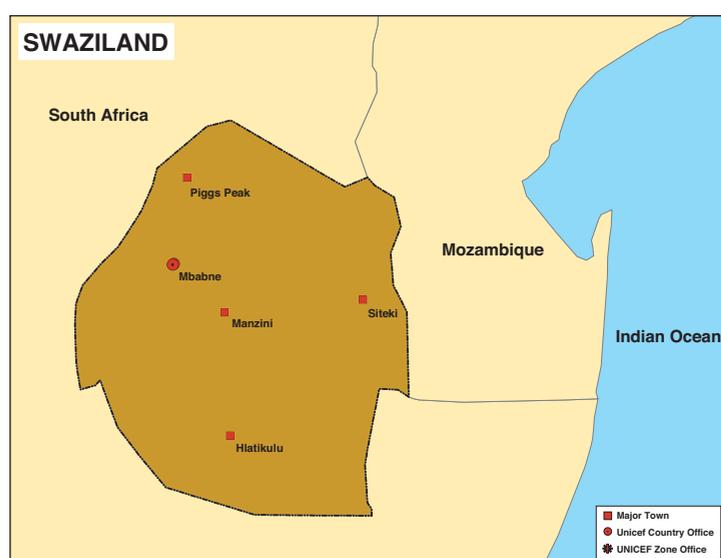
Community-based protection and psychosocial support for IDPs, returnees and urban poor populations

- Evaluate past and ongoing community-based interventions, in particular related to child protection and HIV/AIDS, with a view to quickly developing a framework for community mobilization in IDP settings;
- Train and deploy community-based child protection advocates in IDP settings and support their mobilization and awareness-raising activities;
- Provide systematic orientation and awareness-raising training for key duty-bearers in IDP settings on human rights, IDP Guiding Principles, women's rights and child rights;
- Train and deploy psychosocial workers and establish peer support mechanisms in IDP settings to prevent and respond to protection abuses, in particular sexual and gender-based violence.

UNICEF HUMANITARIAN ACTION

SWAZILAND

IN 2006



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

CORE COUNTRY DATA

Child population (2003)	530,000
U5 mortality rate (2000)	153
Infant mortality rate (2003)	106
Maternal mortality ratio (1995, per 100,000 births)	266
Primary school enrolment ratio (1997)	67
Primary school enrolment ratio for girls (1997)	67.4
% U1 fully immunized (measles) 2003	88
% population using improved drinking water sources (2000)	51
HIV/AIDS prevalence (2004)	42.6
% U5 children underweight (2000)	10

Sources: 2003 – Vulnerability Assessment Committee, 1997: Education Statistics, 2000: MICS, 2003 – SEPI Annual Review Plan (MOHSW, 2004), 2000 – MICS, 2004 – ANC Sentinel Surveillance.

Summary of UNICEF financial needs for 2006

Sector	US\$
Child protection	1,900,000
Education	1,125,000
Health and nutrition	500,000
Water and environmental sanitation	620,000
Total*	4,145,000

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

Swaziland's children face a continuing emergency. HIV and AIDS are having tremendously negative effects on families. In a country of about 1 million inhabitants, more than 200,000 are HIV-positive, and HIV prevalence among pregnant women is over 42 per cent. About 20,000 households are caring for persons ill with AIDS, and these burdens are exacerbating the poverty that affects two thirds of the Swaziland population whose income is about US\$ 20 equivalent per month or less. It is estimated that more than 17,000 people in Swaziland are dying of AIDS-related causes annually, the majority of them young and middle-aged adults, often with dependent families, contributing to the crisis of newly-orphaned children who have overwhelmed traditional extended family safety net systems. The numbers of orphans is now estimated at more than 69,000, growing by about 10,000 per year, with large numbers left to fend for themselves in child-headed households. In addition to the children who have lost one or both parents, there are more than 60,000 children who are highly vulnerable due to the extreme poverty of their caregivers, parental sicknesses or home situations of abuse and exploitation.

Four successive years of drought led the Government to declare a national emergency in 2004, and Swaziland, like much of southern Africa, has been affected again in 2005 by protracted drought. Approximately 40 per cent of children are stunted (chronic malnutrition). The 2000 Multiple Indicator Cluster Survey (before the major impacts of AIDS were felt) reported that 37 per cent of the population were below the minimum level of dietary energy consumption. The ongoing regional food crisis will exacerbate the situation, particularly if food prices again increase. This would recreate the situation in 2002 when large numbers of extended families stopped taking in orphaned children, leading to an estimated 10,000 child-headed households.

Over a 10-year period, the proportion of children completing primary and secondary school education has been declining due to increasing inability of families to pay school fees. Large-scale Government intervention in 2004 and 2005 set out to establish systems to cover the fees of orphans and other vulnerable children in public primary and secondary schools, bringing tens of thousands of children back into school. However, many of the most vulnerable and those from the poorest families remained unable to take advantage of these bursaries, for such reasons as lack of funds for school uniforms or schools not having meals programmes. The situation is worsening as the full impact of AIDS is hitting families. The orphaned and vulnerable children, especially those out of school, are also subject to increased risks of abuse and exploitation, and there has been an increase in the number of reported sexual abuse and rape cases. Swaziland is thus at risk of entering a 'second cycle' of the AIDS epidemic where, without rapid and well-focused interventions, the impact of AIDS will exacerbate poverty and the vulnerability of children, enhancing risks of further HIV infections among increasingly marginalized young people and women.

Hope lives here



This is Madadeni, the Neighbourhood Care Point in the Nkamanzi Chiefdom. These children gather here daily to receive a hot meal, participate in non-formal education and play activities, and receive basic health care and psychosocial support. Many of them are orphans. There are four caregivers who provide care and support for the children. This is an excellent example of a community which has accepted its obligations to care for orphans and vulnerable children. Hope lives here.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

Since 2000, UNICEF's regular programme has worked closely with an 'Orphans and other Vulnerable Children (OVC) Network', which has grown to include more than 100 Government and civil society partners in a 'Child Protection Network'. They have developed a community-centred model to establish

an infrastructure of volunteer protectors of OVC at neighbourhood levels, through 'Neighbourhood Care Points' (NCPs). Children who were 'invisible' in their homesteads have, through the NCPs, become visible, raising consciousness of OVC issues in communities, among service providers, for national leaders, and among donors.

Since 2003, UNICEF emergency activities have helped more than 130 communities to establish these innovative NCPs, where 'Good Samaritans' from the neighbourhoods provide daily support to more than 30,000 children. The children gather in groups of 40 to 80 and the volunteers provide them with care, hot meals, play and psychosocial support, along with pre-school and non-formal education activities. The NCPs are reaching 20 to 25 per cent of the country's most vulnerable children. However, there are large numbers of additional children, in a majority of communities, without access to NCPs or other structures for their support and protection.

There are also shortfalls in the care points, especially in water and sanitation. An earlier emergency support package for 345 NCPs included provision of 500-litre water tanks, child-size buckets and 20-litre jerrycans that children and volunteers could use to bring water from nearby water sources for purification at the NCP. Especially severe drought conditions in the low veld area, where the majority of NCPs are located, have created a new crisis for children in both the NCPs and in schools, as surface water sources and even boreholes begin to dry up. This is also affecting feeding activities, and a number of schools and NCPs are at risk of closing down if emergency water supplies cannot be delivered to the sites.

UNICEF-supported 'Education For All Community Grants' in 2003-2004 helped to document large numbers of children out of school, widespread hunger in schoolchildren, and practical actions to bring OVC back to school. Some 7,000 children in 44 of the poorest communities were brought back into school and, in 2005, the Government scaled up similar initiatives that led to the enrolment of more than 80,000 orphans and other vulnerable children in schools. From 2002, Government funding for OVC education grew from US\$ 295,000 in 2002, to US\$ 6,910,000 in 2005. The Government has also committed to begin universal primary education in 2006. However, many of the most vulnerable children are not gaining access to school and to the other services available there, including school meals, because their families or foster carers cannot provide them with the basic requirement of school uniforms.

Through the UNICEF-supported Community Integrated Management of Childhood Illness (C-IMCI) programme, services were expanded to outreach sites in 2005 and initiatives were taken for the health system to reach OVC in NCPs through Child Health Days, which provided immunization, micronutrients, growth monitoring and other preventive care. These need to be scaled up to reach all 415 existing NCPs, as well as additional ones that are established by communities.

With many OVC returning to school, the age profile of children in the NCPs has changed in 2005, with older OVC being in school. NCP caregivers thus require additional training for skills in early childhood care and development.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

UNICEF coordinates its HIV and AIDS work through the UN Country Team and an Expanded Theme Group on HIV and AIDS, and is convenor of the 'Child Protection Network' which brings together more than 25 NGOs to coordinate OVC activities. The core community activities are implemented through the Office of the Deputy Prime Minister, which is also in charge of disaster response.

Regular programme

The 2006-2010 Country Programme of Cooperation is divided into four cross-cutting areas – education and life skills, child survival and development, safety nets for child protection, and communication and advocacy for child rights. The programme is designed to allow mainstreaming of emergency response, so as to utilize existing UNICEF human resources for broader management and strategy, while using emergency resources to boost logistics and monitoring capacities in accelerated emergency initiatives.

The emergency humanitarian programme mobilizes resources to scale up OVC initiatives. In line with UNICEF's Core Commitments for Children in Emergencies, UNICEF Swaziland in 2005-06 seeks to strengthen and expand humanitarian action to protect and promote the rights of 50,000 to 60,000 OVC who are severely affected by HIV/AIDS and drought. This will include enhancing protection and early childhood development opportunities through strengthening and expanding NCPs; providing drinking/cooking water and basic hygiene; expanding access to basic health services; and providing school uniforms to the most marginalized primary school-age children to ensure they can take advantage of national OVC education programmes.

Protection (US\$ 1,900,000)

In communities that do not yet have adequately functioning NCPs, more than 25,000 vulnerable children will benefit from activities that seek to strengthen community resources for child protection and the promotion of basic rights for OVC:

- Establish 335 NCPs to reach 25,000 OVC with day-time care, feeding, shelter, protection, and psychosocial support.

Education (US\$ 1,125,000)

Some 26,000 OVC from at least 50 schools in Swaziland's poorest communities will receive assistance to help ensure their access to primary education. In addition, at least 25,000 OVC attending NCPs will receive early childhood development and life skills education. Activities will include:

- Providing school uniforms for 26,000 OVC;
- Training and equipping NCP caregivers to provide early childhood development services for 12,500 OVC.

Health and nutrition (US\$ 500,000)

At least 25,000 OVC will benefit from expanded community outreach and counselling services using community-based personnel supervised by nurses through:

- Procurement/distribution of essential emergency drugs and micronutrients for 250 outreach sites and 500 NCPs;
- Support to outreach services to NCPs and communities in the areas of logistics, supplies and monitoring.

Water and environmental sanitation (US\$ 620,000)

At least 15,000 children in drought-affected NCPs and schools will benefit from safe water for drinking and cooking, along with basic hygiene materials for more than 20,000 children. UNICEF will provide:

- Costs of emergency water provision (trucking and quality monitoring) from identified safe sources to 300 water-deficient NCPs and nearby schools/clinics;
- Soap, water purification and water storage tanks for 415 existing NCPs.

UNICEF HUMANITARIAN ACTION

UNITED REPUBLIC OF TANZANIA

IN 2006



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CORE COUNTRY DATA

Child population under 18 (thousands)	18833
U5 mortality rate (2004)	126
Infant mortality rate (2004)	78
Maternal mortality ratio (1990-2004 reported)	580
Primary school enrolment ratio male/female (2000-2004, net)	83/81
% U1 fully immunized (DPT3)	95
% population using improved drinking water sources	73
HIV prevalence adults and children (0-49 years) (thousands)	1600
% U5 suffering moderate and severe malnutrition (stunting)	38

Source: *The State of the World's Children 2006*

Note: Refugee-hosting areas are poor and remote and typically have worse indicators for children.

Summary of UNICEF financial needs for 2006

Sector	US\$
Health and nutrition	1,221,000
Water and environmental sanitation	687,000
Education	1,234,200
Child protection	227,700
HIV/AIDS	1,522,400
Total*	4,892,300

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

Although not at war, the United Republic of Tanzania continues to be plagued by a combination of neighbouring conflicts, natural disasters and political tension. Neighbouring conflicts in Burundi and the Democratic Republic of the Congo (DRC) have sparked numerous refugee influxes to Tanzania over the past decade, with peak caseloads reaching more than 600,000 in the past five years. In 2005, the peace processes in both countries have progressed and elections have been held. However, these encouraging events have not stimulated return of refugees as rapidly as envisioned. More than 350,000 refugees remain in Tanzania and a large portion are expected to remain into 2006, since many are from areas in Burundi and DRC that are still unstable or lack even the most basic services.

More than half of the refugee population are women and children who depend on international humanitarian assistance for protection and basic services. The Tanzanian communities in the refugee-hosting areas (population: 1.9 million) are among the poorest and most underdeveloped in the country. Much of their basic services and their livelihood (trading of food, casual labour, etc.) depends on the humanitarian assistance provided to refugees. Beyond this, Tanzania experiences occasional natural disasters such as floods and droughts.

In close collaboration with UN agencies, NGOs and local government partners, UNICEF has continued to respond to the humanitarian needs of refugees and the host population. UNICEF support has focused on the priority areas of health, nutrition, HIV/AIDS, water and sanitation, education and child protection. However, funding has been uneven and unpredictable. Of particular concern is the fate of funding to refugee-hosting areas, which is tied to the funding of refugee assistance. As refugees repatriate back home, the attention and funds required to support the transition from refugee-hosting to recovery have become more unpredictable and uneven. If further funding gaps emerge, acute needs could arise impacting both security (livelihood-related) and humanitarian (drop or closure of basic services) situations.

Even if refugee repatriation rates accelerate significantly, the international community is obliged to provide basic services to refugees until they are prepared to return home. Recent breaks in the food pipeline and shortages in some key areas underscore the need for continued attention in order to avoid a crisis within a crisis, such as epidemics, unrest in the camps or forced repatriation under duress.



"I am ready for peace."

"My name is Marie-Thérèse. My family fled the war in Burundi when I was a baby and I have grown up in a refugee camp in Tanzania almost my whole life.

I have been fortunate to attend school in my camp since grade one and I am now in grade three. I learn from textbooks from Burundi so that when I return home I can continue with school along with my friends. We also learn about how to tolerate others, the dangers of landmines and what life could be like after the war is over.

I am ready for peace and ready to return home to continue with my studies. I would like to be a doctor one day."

Marie-Thérèse, nine years old, in the Burundian Refugee Camp, Kasulu, Tanzania.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

The flow of funds and focused efforts of the UN system and NGOs have ensured that the basic survival and protection rights of refugee women and children have been met, but not without many challenges. Breaks in the WFP food pipeline, shortages of non-food items and restriction of movement by local authorities have placed additional stress on refugees and host families. If these stresses occur over extended periods of time, they could reverse important gains made in the past years.

Health indicators for more than 150,000 under-five refugee children and their mothers – including malnutrition rates, maternal and child mortality rates, immunization and vitamin A coverage, and insecticide-treated mosquito net coverage – have all been maintained within targeted ranges and currently exceed most national indicators due to focused interventions that are possible and measurable in camp settings. A particular achievement has been nearly 100 per cent coverage of insecticide-treated mosquito nets for pregnant women in the camps. Basic drugs, supplies and training of health staff are key interventions. Children in refugee-hosting communities continue to lag behind refugee indicators as well as national indicators in most areas of health due to weak local capacity. UNICEF has focused on extending water and sanitation coverage for schools in the camps as well as for refugee-hosting communities.

A number of achievements have been made in the area of HIV/AIDS. In the refugee camps, more than 80,000 pregnant mothers, infants, youths, community leaders, service providers and others have benefited from a package of HIV/AIDS interventions that has provided: knowledge, counselling, testing, treatment (for pregnant mothers and infants), care, as well as basic life skills and livelihood options that offer young people alternatives to high-risk behaviours.

More than 120,000 refugee children attended primary school (gross enrolment rate: 95 per cent) and are keeping pace with their peers back home. Each child receives a package of basic school supplies. Each school receives basic teaching materials, textbooks and recreation materials, as well as some basic non-food items for girls (soap, sanitary materials). Girls' gross enrolment ratio has increased from less than 50 per cent to more than 90 per cent in the past two years. Teachers are routinely trained in various education techniques including peace education, children with special needs and landmine awareness.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

UNICEF works in close partnership with UNHCR, WFP, UNDP, the Red Cross Movement, more than a dozen NGOs and local government authorities in the refugee and host area programmes. UNICEF participates in various coordination fora at camp, district and national levels as well as in joint assessments of needs in the refugee camps and host areas of Tanzania.

Regular programme

The Country Programme focuses on two broad goals based on age group: (a) improvement of early childhood (under-five) care through maternal/child health, nutrition, hygiene and psychosocial care; and (b) improving access for school-age children to quality basic education, and enhancing life skills through to adolescence and young adulthood. The humanitarian elements of the Country Programme fall under the emergency preparedness and response programme, which follows the same double-goal approach with specific strategies adapted to the refugee setting. Although Tanzania has no CAP for 2006, these projects are in the emergency programme and are implemented as part of the UNDAF and other joint UN plans.

Health and nutrition (US\$ 1,221,000)

More than 90,000 under-five children and 60,000 pregnant/lactating mothers in refugee camps, as well as 300,000 mothers and children in refugee-hosting areas, will benefit from the following key interventions:

- Providing essential drugs and medical equipment to ensure basic primary health-care services in 12 refugee camps; this includes maintenance of the cold chain to ensure safe and reliable stocks of vaccines, and providing key supplies for response to epidemics;
- Distributing insecticide-treated nets and health information to all pregnant women and to other vulnerable groups to prevent malaria;
- Providing inputs to supplementary and therapeutic feeding centres to cope with malnutrition cases and to provide information and skills to prevent malnutrition;
- Supporting training and refresher training of camp and refugee-affected area health staff in key preventive/curative health services as well as epidemic preparedness and response.

Water and environmental sanitation (US\$ 687,000)

Schools and dispensaries in the 12 camps that lack water and sanitation facilities will be equipped by:

- Extension of piped water facilities to schools and health centres and construction of latrines;
- Expansion of hygiene education messages through contacts in schools and health centres, as well as through mass media such as refugee radio stations;
- Provision of jerrycans to vulnerable children including orphans and children under foster care. In refugee-hosting areas, UNICEF will develop simple water and sanitation systems and hygiene education in those communities that have little or no coverage, and repair existing facilities where relevant and cost-effective, with emphasis on facilities for schools.

Education (US\$ 1,234,200)

More than 120,000 school-age refugee children require support for child-friendly schools. More than 300,000 children in refugee-affected communities with acute needs will also be supported. UNICEF will:

- Provide basic teaching supplies for more than 800 teachers and classrooms in 12 camps and in affected areas where there are gaps;
- Provide 120,000 refugee children of primary school age with a standard package of supplies (pens, copy books, etc.), including special hygienic requirements of girls where possible;
- Support community-initiated renovation of schools with emphasis on upgrading water and sanitation facilities and other child-friendly features (teacher skills, focus on girls, community participation, etc.); this includes complementary schooling for older children who have dropped out or missed school altogether;
- Train more than 800 teachers and administrators in camps and affected communities to improve teaching methods, to incorporate new curriculum requirements (peace education/conflict resolution, landmine awareness, HIV/AIDS, etc.) and to specifically improve the learning environment for girls; special emphasis to be placed on preparation for repatriation where appropriate.

Child protection (US\$ 227,700)

To help protect children in refugee camps, UNICEF will:

- Increase support to the 12 camp-based sexual and gender-based violence programmes, with emphasis on streamlining justice systems to make them more child friendly;
- Improve follow-up on cases of suspected former child soldiers in camps and among the 1,000 unaccompanied minors and other vulnerable groups;
- Continue to build capacity to prevent abuse and exploitation in and out of camps with emphasis on violations relating to child labour on plantations, as well as sex workers and domestic workers;
- Continue to build capacity to provide services for disabled refugee children.

HIV/AIDS (US\$ 1,522,400)

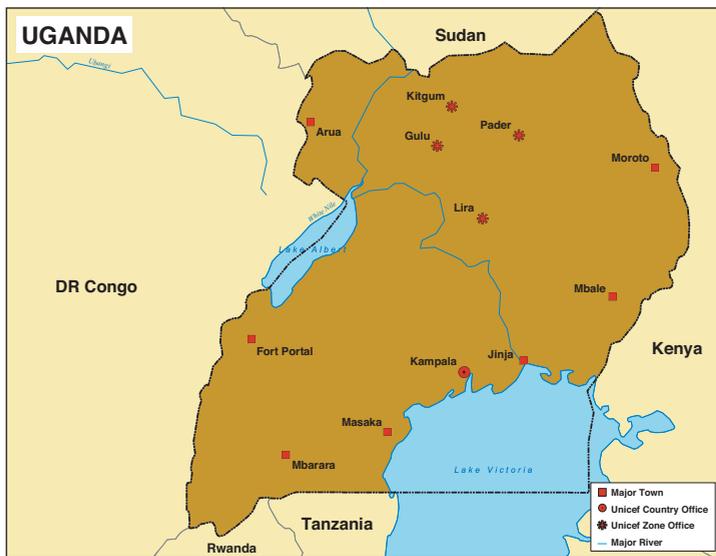
More than 20,000 pregnant mothers and their babies will benefit from prevention of mother-to-child transmission (PMTCT) and 18,000 youth will gain life skills and information on prevention of HIV/AIDS through:

- Ongoing training of health staff to maintain and further improve the quality of PMTCT programmes;
- Provision of supplies needed for HIV-testing of pregnant women as well as sourcing nevirapine;
- Provision of protective equipment, such as surgical gloves, antiseptics, delivery kits, etc.;
- Advocacy for PMTCT focusing on continued dissemination of information on PMTCT and reproductive health, as well as more targeted issues such as male involvement;
- Expanded care of HIV-affected mothers and children after delivery, including home-based care;
- HIV/AIDS counselling, testing and treatment to be provided at youth centres;
- Training at various levels to incorporate new participants, disseminating latest information as well as filling gaps for those leaving the camps due to repatriation, resettlements or other reasons. Particular emphasis will be placed on peer-to-peer education, mentoring, use of drama and income-generation skills.

UNICEF HUMANITARIAN ACTION

UGANDA

IN 2006



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CORE COUNTRY DATA

Child population under 18 (thousands)	15964
U5 mortality rate	138
Infant mortality rate	80
Maternal mortality ratio (1990-2004 reported)	510
% U1 fully immunized (DPT3)	87
% population using improved drinking water sources	56
% HIV prevalence*	7
% U5 suffering moderate and severe malnutrition	39

Source: *The State of the World's Children 2006*

* National Sero-Surveillance Survey, 2005

Summary of UNICEF financial needs for 2006

Sector	US\$
Health and nutrition	10,385,492
Education	8,450,000
HIV/AIDS	7,000,000
Water and environmental sanitation	7,000,000
Child protection	6,327,000
Family shelter and non-food items	4,680,000
Coordination, security and support services	285,804
Total*	44,128,496

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

Armed conflict between the Uganda People's Defence Force (UPDF) and the Lord's Resistance Army (LRA), now entering its 20th year, has created a severe humanitarian crisis in which the rights of children and women to access basic health, education, water and physical security remain largely unfulfilled.

Currently there are 1.4 million internally displaced persons (IDPs) – 80 per cent of them children and women – living in more than 200 camps in the districts of Gulu, Kitgum, Pader, Lira, Apac, Soroti, Katakwi and Kaberamaido.

A UNICEF/WHO survey of mortality among IDP populations in Gulu, Kitgum and Pader Districts in January-July 2005 found that both the estimated crude mortality rate and the under-five mortality rate were above their respective emergency thresholds of 1 death per 10,000 per day, and 2 deaths per 10,000 per day. Among children under five, the top causes of mortality were malaria/fever, diarrhoea and *two lango* (local term for an illness which health workers describe as malnutrition associated with oral thrush).

Of an estimated 25,000 children (including 7,500 girls) abducted by the LRA since the conflict began, approximately 1,000 are 'child mothers' who conceived during their captivity.

Each night, an estimated 35,000 children (and some adults) in Gulu, Kitgum and Kalongo towns abandon their homes for the relative safety offered by urban areas and centres of the larger IDP camps, in a striking community response to insecurity and particularly to the threat of abduction. The average journey for these 'night commuters' is about 3 km, but some children are walking up to 8 km each way.

Abducted and abused



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"I intend to send all my daughters to school because they should become learned people and not experience what I have experienced."

Abducted at age 16 by an LRA unit, this young mother [name withheld] returned to Gulu District in 2005 with three children conceived during captivity. The LRA has abducted an estimated 25,000 children since 1990, approximately 30 per cent of them girls. The children are often subjected to extreme violence not long after being abducted. Many girls are allocated to officers in a form of institutional rape. Some 1,000 so-called 'child mothers' are reported to have conceived children by LRA men.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

UNICEF and its partners provided first-line treatment drugs to 2,300 community-based health volunteers to treat malaria, pneumonia, diarrhoea and other diseases among 300,000 under-five children in 70 per cent of the IDP camps. Some 48,000 children and women in Gulu District's largest camps benefited from the provision of oral rehydration salts, water purification tablets and other supplies for cholera prevention and treatment. Therapeutic milk and biscuits were provided to 11 therapeutic feeding centres to assist more than 8,000 severely malnourished children. The 'Child Days' initiative to accelerate national vitamin A supplementation, de-worming and other routine service activities continued. UNICEF further supported the procurement of 40,000 HIV testing kits for use in 17 camps, with an emphasis on young people aged 12-24.

Early learning opportunities were provided to 21,000 children through 86 new early childhood development (ECD) centres, established with UNICEF support in 11 camps in Gulu, Kitgum and Lira. More than 200 temporary classrooms were built with UNICEF assistance for 200,000 displaced pupils, with another 160 classrooms under construction. Mobile latrines were installed in 240 temporary learning centres and

primary schools. UNICEF further supported the construction of five new motorized water supply systems to benefit more than 50,000 IDPs, and the drilling of 44 boreholes in 21 camps to serve 250,000 people.

UNICEF supported the reunification and reintegration of 550 formerly abducted children (including 195 'child mothers'). Emergency shelter and household items were provided to 40,000 'night commuter' children, 2,500 formerly abducted children and their families. UNICEF facilitated remedial response to more than 270 cases of sexual and gender-based violence, and supported the training in child protection issues for more than 300 officers of the UPDF.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

UNICEF participates in the Consolidated Appeal Process and is the lead agency in the water and environmental sanitation (WES), health and nutrition, and education sectors. Programme activities are implemented with a range of partners that include African Medical and Research Foundation (AMREF), Association of Volunteers in International Service (AVSI), CARITAS, Christian Children's Fund (CCF), Cooperazione Internazionale (COOPI), Kitgum Concerned Women's Association, Norwegian Refugee Council (NRC) and Samaritan's Purse. UNICEF collaborates with WFP on protection and nutrition, with WHO on emergency health, and shares common premises with UNOCHA in Gulu and Kitgum.

Regular programme

Due to increased insecurity, regular development activities in the conflict-affected districts have been difficult to implement since 2003. UNICEF has supported emergency interventions in all conflict-affected districts, with emergency interventions and regular programme interventions being interchanged, based on security and the needs of communities. For the conflict-affected districts, UNICEF prepares an annual plan for capacity-building activities funded by the regular budget, and humanitarian activities are integrated into this overall plan as funds become available.

Health and nutrition (US\$ 10,385,492)

The 1.4 million IDPs in the country include approximately 200,000 women and girls of reproductive age, 35,000 moderately to severely malnourished children, 1,000 people living with disabilities and 400,000 children and women in the north-eastern Karamoja sub-region. They will benefit from the following key activities:

- Fully immunizing 90 per cent of children and pregnant women in IDP camps against polio, measles and maternal and neonatal tetanus through 'Child Days' and routine immunization activities;
- Equipping and training community-based health volunteers to treat 80 per cent of under-five children in IDP camps for malaria, pneumonia and diarrhoea within 24 hours;
- Providing therapeutic milk, anthropometrical and other supplies to therapeutic feeding centres and supplementary feeding centres in conflict-affected districts;
- Supporting provision of clean delivery kits and basic construction materials for delivery rooms in underserved camps; development of community-based bathing shelters for displaced girls and women;
- Supporting distribution and regular re-treatment of insecticide-treated mosquito nets for children and pregnant women.

Education (US\$ 8,450,000)

The following key education activities will benefit 400,000 primary school-age children (6-12 years), 45,000 young children (3-5 years) and 800 displaced teachers in Gulu, Kitgum, Pader, Lira, Apac, Soroti, Katakwi and Kaberamaido Districts, as well as 200,000 primary school-age children in the Karamoja sub-region:

- Contributing to the development of Accelerated Learning Programmes to reintegrate out-of-school children into primary education system, with additional learning or skills development opportunities;
- Scaling up the Breakthrough-to-Literacy (BTL) programme in conflict-affected and post-conflict districts through the provision of 400 BTL kits and training;

- Supporting community establishment of 80 age-appropriate, block-based ECD centres and provision of learning materials;
- Supporting 'Go-to-School' campaign in Karamoja sub-region to increase access and retention.

HIV/AIDS (US\$ 7,000,000)

The 7,000 children living with HIV/AIDS, 75,000 adolescents, 225,000 women and children, and 70,000 people living in households with orphans and other vulnerable children will benefit from the following key activities:

- Scaling up testing and counselling services, including through provision of test kits and other consumables;
- Equipping and training 500 peer educators to provide updated information on reproductive health and HIV/AIDS prevention, testing, treatment and protection services;
- Strengthening prevention of mother-to-child transmission (PMTCT) services in five main hospitals in Gulu, Kitgum and Pader Districts, including provision of paediatric antiretroviral services in Gulu;
- Supporting procurement and distribution of condoms through health facilities, peer educators and other channels.

Water and environmental sanitation (US\$ 7,000,000)

The 1.4 million IDPs in Gulu, Kitgum, Pader, Lira, Apac and Katakwi Districts will be reached through the following key activities:

- Constructing 35 powered reticulated water supply systems;
- Drilling 20 new boreholes and rehabilitating 120 existing boreholes;
- Constructing 200 five-stance sanitation blocks at schools and health facilities;
- Distributing 100 plastic prefabricated mobilelets, sanitation kits and information materials to support weekly sanitation days in IDP camps (for solid/liquid waste disposal, storm water/silage disposal).

Child protection (US\$ 6,327,000)

Approximately 100,000 children and 200,000 adolescents, women and men in more than 50 IDP camps, 30,000 child 'night commuters' and 800 formerly abducted children will benefit from the following key activities:

- Support to tracing and reintegration programmes linking formerly abducted children with social and livelihood networks, ensuring gender-specific reintegration for 'child mothers', assisting follow-up counselling and facilitating access to services;
- Supporting 'night commuter' shelter sites to maintain a secure environment (provision of shelter and sanitation materials, community policing along routes used by children) with structured activities within the shelters to protect children tempted by insecure alternatives;
- Supporting community-based livelihood skills training, including basic income-generation skills;
- Building capacity of police, legal, medical, psychosocial and other service providers to prevent and respond to sexual and gender-based violence, including integration of response into service provision and work with survivors.

Family shelter and non-food items (US\$ 4,680,000)

Some 60,000 IDP households (300,000 people) and 20,000 families returning to home areas (120,000 people) will benefit from the following key activities:

- Responding to urgent needs of IDPs for shelter and household items by providing household kits (each comprising three blankets, five plates and cups, two cooking pans, two basins, two jerrycans, two bars of soap and assorted used clothing) (these needs arise from incidents of insecurity, fires or other related emergency incidents that create new, repeated or deteriorating displacement);
- Pre-positioning minimum stock of items in Gulu and Lira (to also cover Pader and Apac) to assist 5,000 households;
- Providing construction tools, tarpaulins and other materials to 20,000 IDP households returning to home areas.

UNICEF HUMANITARIAN ACTION

ZAMBIA IN 2006



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

CORE COUNTRY DATA

Child population (2003 projected)	5,600,000
Orphan population (0-18 years)	1,100,000
U5 mortality rate (2003)	182
Infant mortality rate (2003)	102
Maternal mortality ratio (2002)	729
Primary school net enrolment ratio (2003)	76.2
Primary school enrolment ratio for girls (2003)	75.3
% U1 fully immunized measles (2003)	84.0
% households using improved drinking water sources (2002)	51.3
HIV/AIDS prevalence (2003)	16.5
% U5 suffering moderate and severe malnutrition (% of U5 underweight)	28.1
% U5 with birth certificate	9.6

Source: *Population Projections Report, Central Statistics Office (CSO), November 2003; Report on the Zambia Demographic and Health Survey (DHS) 2001/2002, CSO, February 2003; Review of National Immunization Coverage 1980-2-3, WHO/UNICEF, June 2004; Education Management Information System, Ministry of Education, November 2003*

Summary of UNICEF financial needs for 2006

Sector	US\$
Health and nutrition	1,550,000
Water and environmental sanitation	890,000
Education	3,525,000
Child protection	723,000
Total*	6,688,000

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

Zambia is one of the countries most severely affected by HIV/AIDS. The food and water crisis in 2002 unmasked and exacerbated the influence of HIV/AIDS on a wide range of social and economic vulnerabilities in Zambian society. It revealed not only increasing morbidity and mortality, but also the breakdown of traditional coping mechanisms and an attending increase in abuse and violence against women and children. The Population Projection Report (2003), with data from the 2001 Demographic and Health Survey, showed an adult seroprevalence of 16.5 per cent, with an especially high incidence among women. In the same report, over 85,000 children (0-14 years) were estimated to be living with HIV, while 1.1 million children (0-18) were orphaned due to HIV/AIDS. This alarming number of AIDS orphans is one of the most significant issues in Zambia; it threatens to overwhelm available resources and the capacity of Zambian society to cope. It is predicted that the number of orphans will rise to an estimated 1.3 million by 2010, even as the number of adults capable of providing care declines. Already, 33 per cent of orphans live in households headed by grandmothers.

Along with children, women are hit hardest by the 'triple threat' of HIV/AIDS, food insecurity and weakened capacity for governance. Insufficient household security, inadequate maternal and child care, limited capacity to provide adequate health services and a lack of access to safe water and sanitation have resulted not only in high maternal mortality rates, but an increasing number of low-birth-weight babies.

Malnutrition is widespread and continues to be one of the major factors contributing to child deaths. The nutrition situation continued to deteriorate throughout the 1990s, with chronic malnutrition affecting 42 per cent of children in 2001. Two thirds of children suffer from both vitamin A deficiency and anaemia, reflecting economic deterioration as well as changes in rain cycles due to environmental factors.



Testimonies

"When I requested my aunt to pay my school fees, she shouted at me and told me to go to the cemetery to tell my parents to pay the fees."

"I was very intelligent. If I had completed school I would have been able to help my brothers and sisters."

"We do nothing because we have no money."

"Can a girl refuse sexual overtures from a man who is brandishing money in her face?"

"My children are my blood. My children are alive through me."

"It is God's wish that I look after these children. I am, therefore, not complaining."

Testimonies of orphans, widows and grandmothers interviewed in the *Orphans and Vulnerable Children in Zambia – 2004 Situation Analysis*.

Access to education is also a major concern, especially for girls. Although primary school enrolment rates have increased in recent years, they remain well short of universal, at 75 per cent for boys and only 69 per cent for girls. The quality of education is also of concern; this combination of low enrolment and low achievement means that only one in five Zambian children realize their right to a quality basic education.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

Since the onset of the food and water crisis in 2002, and in the context of HIV/AIDS and poverty, UNICEF, in collaboration with Government, civil society and other cooperating partners, has continued to respond to the humanitarian needs of the Zambian population in the priority areas of health, nutrition, water and sanitation, education and child protection. Particular attention has been paid to orphans and vulnerable children (OVC).

UNICEF supported the expansion of prevention of mother-to-child transmission (PMTCT) services in 2004 and continued its support throughout 2005. PMTCT has increased from 12 facilities in 2002 to over 90 public health facilities. Voluntary counselling and testing (VCT) is now offered at over 250 public centres in all 72 districts. UNICEF contributed to supplies of VCT HIV test kits, and efforts to strengthen laboratory capacities for managing opportunistic infections are underway. This is particularly critical in light of the antiretroviral treatment (ART) scale-up plan launched by the Government in September 2004, which aims to place 100,000 people on ART by the end of 2005.

In response to the shocking rate of sexual and gender-based violence against children and women, UNICEF continued to support the partnership of civil society and Government to raise awareness on sexual exploitation, and conducted training for community workers on psychosocial support for victims of abuse.

Care for orphans is being expended with UNICEF assistance through 31 community-based NGOs, reaching over 360,000 OVC. Programmes address needs such as education, psychosocial support and livelihood for caregivers. The National Committee for Orphans and Vulnerable Children is becoming more active, and its members have contributed to the Zambian Fifth National Development Plan by developing chapters on Social Protection.

In 2005, UNICEF's Education programmes provided non-food items for 170 schools, targeting 66,047 pupils in 17 districts. In collaboration with WFP, UNICEF has further supported urban community schools with a school feeding programme in Lusaka province. Evidence from focus group discussions among teachers, pupils and community members during monitoring visits revealed that there has been an increase in pupil attendance, enrolment and retention. UNICEF has also worked to increase access to safe water and sanitation in schools, having drilled 30 boreholes in Community and Basic Schools, and provided 250 latrines and 100 hand-washing facilities under the water, sanitation and hygiene education (WASHE) programme.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and Partnership

Effective coordination and partnership among the UN Country Team and with other cooperating partners is ensured through various mechanisms such as the Expanded HIV/AIDS Theme Group, Disaster Management Consultative Forum, National Epidemics Preparedness Committee, National OVC Steering Committee, Health Sector Committee, Education Sector Strategy Coordination Committee, and School Feeding Programme Steering Committee. UNICEF is an active member of all these planning and coordination mechanisms. In response to the HIV/AIDS pandemic, UNICEF is playing a leading role within the UN Country Team.

Regular Programme

The current Country Programme 2002-2006 has four sectoral programmes – health and nutrition, education for all, WASHE and child protection. Cross-cutting issues such as emergency preparedness and response, HIV/AIDS and integrated early childhood care and development are fully integrated into the four regular programmes.

Health and nutrition (US\$ 1,550,000)

- Establish a surveillance system to monitor the nutritional status of vulnerable populations, measure the impact of food and nutrition interventions and provide timely data for adapting programme interventions;
- Support rehabilitation of severely malnourished children through training and capacity-building in the management of severe malnutrition: provide therapeutic food (F75, F100 and Plumpy Nut) and technical assistance;
- Strengthen the existing disease surveillance, recognition and response system: provide essential drugs and equipment and ensure adequate monitoring and response capacity for the management of cholera outbreaks;
- Provide micronutrient supplements to children and pregnant and lactating women (vitamin A, iron, folic acid);

- Support malaria prevention and control through the distribution of impregnated bednets and antimalarial drugs;
- Ensure targeted measles vaccination of children under 15 years in vulnerable areas;
- Maintain and increase EPI coverage through support to the cold chain and improving injection safety.

Water and environmental sanitation (US\$ 890,000)

UNICEF will continue collaboration with Ministry of Education and WFP to expand the school feeding programme in drought-affected areas. In 2006, WFP and UNICEF will assist another 10,000 children in southern and eastern provinces. An additional 200 schools are estimated for inclusion in 2006, and will receive the following assistance from UNICEF:

- Construct and rehabilitate water sources (approximately 100 boreholes) at an estimated cost of US\$ 3,500 per school ;
- Construct and rehabilitate latrines (separate for boys and girls) and hand-washing facilities, and conduct hygiene education campaigns in 200 schools at an estimated cost of US\$ 1,500 per school;
- Procure and distribute 20-litre jerrycans for 200 schools for water storage, as well as chlorine for water treatment at an estimated cost of US\$ 500 per school;
- Procure and distribute vegetable seeds for school gardens to supplement dry rations at an estimated cost of US\$ 100 per school ;
- Support programme in 10 districts (district coordination, technical assistance, logistics, communications, etc.) at an estimated cost of US\$ 3,000 per district.

Education (US\$ 3,525,000)

The following interventions will be implemented in all severely drought-affected schools in southern, eastern, Lusaka and western provinces in collaboration with the Ministry of Education, NGOs and UN development partners, such as WFP.

- Expand the school feeding programme, benefiting approximately 120,000 pupils. To include provision of a minimum package of non-food items to 450 schools. WFP will continue to provide food aid in the same schools.
- Continue to promote sports (football, netball, volleyball and traditional games) as a medium for sending key messages related to HIV/AIDS prevention and child abuse among schoolchildren, teachers and the community. To include provision of recreation and school-in-a-box kits, as well as training of teachers and parents/community schools committee members on social mobilization and advocacy through sports.
- In order to effectively implement education in an emergency, the section will require additional national staff who will be directly responsible for managing and coordinating the implementation of these activities with education colleagues and development counterparts. The emergency situation is likely to continue for some time in Zambia.

Protection (US\$ 723,000)

In 2006, the child protection response will seek to mitigate the negative impacts of violence and sexual abuse against children, as well as to extend the coverage of interventions to provide adequate care for OVC (to be based in the family and community), through the following activities:

- Emergency Child Protection Officer;
- Conduct a rapid assessment of the situation of children and women from a child protection perspective; where an assessment is already planned, incorporate child protection issues within that assessment;
- Support community/village committees in 18 districts in southern and western province of Zambia to register orphans and vulnerable households;
- Train 40 community facilitators on international legal instruments protecting children's and women's rights and humanitarian principles to raise awareness in 100 communities in 18 districts targeting traditional leaders, teachers, social workers, relief workers and other key community members on the rights of children and women;
- Strengthen households' coping mechanisms in 18 districts, with information on their food entitlement, relief activities, provision of blankets and recreational materials;
- Training 200 members of the Community Welfare Assistance Committee (CWAC) as trainers to conduct 10 community trainings on psychosocial support to address sexual and gender-based violence;
- Train over 300 law enforcement officers of the Zambian Police on human rights instruments and the management of abuse cases.

UNICEF HUMANITARIAN ACTION

ZIMBABWE

IN 2006



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CORE COUNTRY DATA

Child population under 18 (thousands)	6289
U5 mortality rate	129
Infant mortality rate	79
Maternal mortality ratio (2000 adjusted)	1100
Primary school enrolment ratio male/female (2000-2004, net)	79/80
% U1 fully immunized (DPT3)	85
% U5 children sleeping under mosquito nets	3
% population using improved drinking water sources	83
Number of adults and children living with HIV (0-49 years, 2003, thousands)	1800
HIV prevalence rate in young pregnant women (15-24 years, capital city, 2002, median)	22.1
Total number of children 0-17 years orphaned due to all causes, 2003 (thousands)	1300
Number of children orphaned in 2004	160,000
% U5 suffering moderate and severe malnutrition (stunting)	27

Source: *The State of the World's Children 2006*

Summary of UNICEF financial needs for 2006

Sector	US\$
Health and nutrition	11,501,980
Water and environmental sanitation	4,550,000
Education	3,011,835
Child protection	2,725,000
HIV/AIDS	1,975,000
Total*	23,763,815

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

Zimbabwe is currently experiencing a complex humanitarian situation with multiple causes and consequences: the HIV/AIDS pandemic; declining economic performance; unfavourable environmental conditions (drought and other natural phenomena); policy constraints; limited donor support for development programmes; and depleted capacity in the social service sectors that have gravely worsened the well-being and livelihood of children and women throughout the country. Additionally, 'Operation Murambatsvina' – launched by the Government on 18 May 2005 – has resulted in some 650,000 to 700,000 people losing their homes and/or livelihoods, with a further 2.4 million people indirectly affected by the Operation.¹

Between 1990 and 2004, the under-five mortality rate has increased from 80 to 129 deaths per 1,000 live births. Recently, the Food and Nutrition Sentinel Site Surveillance System picked up an increase in malnutrition in 10 vulnerable districts. Underweight, a useful measure for nutritional trends, increased from 14.2 to 16.9 per cent. Wasting, a measure of acute malnutrition, in each of the 10 districts, is up to 9 per cent in the worst-affected district and approaching cut-off levels for emergency nutrition interventions.

Zimbabwe is one of the countries hardest hit by the HIV epidemic, with an adult seroprevalence rate estimated at 24.6 per cent. (An estimated 1.8 million people were living with HIV/AIDS in 2004.) More than half of all new infections occur among young people, especially girls. As a result, life expectancy has dropped from 61 years in the early 1990s to 35 years at the end of 2004. This drop in life expectancy has been devastating for children, creating a generation of orphans. Of the estimated 1.3 million orphans in Zimbabwe in 2003, about 75 per cent have been orphaned by AIDS. In 2005 alone, 180,000 children lost a parent. Orphans will account for 25 per cent of children by 2006. Furthermore, the economic situation has led to the deterioration of the health sector and reduced capacity to deliver services. The maternal mortality ratio, a measure of the robustness of the health services, deteriorated from 283 deaths per 100,000 live births in 1995 to 1,100 deaths in 2004. It has also reduced the ability of the Ministry of Health and Child Welfare to respond to epidemic-prone diseases. As a result, there has been a resurgence of epidemics of malaria, cholera, dysentery and tuberculosis.

In rural areas, the operation and maintenance systems of water and sanitation facilities have almost collapsed, resulting in 30 per cent (12,636) of water facilities not functioning. This has led to an acute shortage of safe water for drinking and other domestic purposes, affecting approximately 2.5 million people. In most urban areas, water and sewage systems have broken down, resulting in large volumes of raw sewage. This has put the entire urban population, particularly children, at very high public health risks of water and sanitation-related diseases such as diarrhoea, cholera and dysentery.

Primary school attendance levels remain above 90 per cent, which means that the majority of school-age children are in school, with no significant difference between enrolment rates for boys and girls. However, 25 per cent of primary schoolchildren do not complete school because of the unaffordable costs. The textbook-pupil ratio is high, ranging between 1:6 and 1:10 due to the high cost of production. As a result, the quality of education is rapidly deteriorating, as less than 40 per cent of pupils pass their grade 7 exams.

"...in some ways I am a little lucky, because many orphans don't go to school."



"My name is Jane, and I am one of Zimbabwe's 1.3 million orphans. As an orphan my life is a constant challenge. My grandmother does not have money to provide for my basic needs such as food and clothing. I wish my father was here to send me to school, so that the money UNICEF uses to sponsor me could be used to support other orphans. I wish my mother was here so that I could tell her about how well I am doing in school. Sometimes I have no food at home for lunch and so I avoid playing with those who have food at school, fearing that they may think I only want their food. However, in some ways I am a little lucky, because many orphans don't go to school."

¹ Report of the Fact-Finding Mission to Zimbabwe to assess the Scope and Impact of Operation Murambatsvina by the UN Special Envoy on Human Settlements Issues in Zimbabwe, Mrs. Anna Kajumulo Tibaijuka (July 2005).

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

In close collaboration with local, national and international partners, UNICEF has continued to respond to the needs of the Zimbabwean population affected by this complex humanitarian situation. It has mainly focused on the priority areas of health, nutrition, education, HIV prevention and support for orphans and other vulnerable children. However, these interventions were hindered due to limited international support.

UNICEF supported a nationwide 'Child Health Days' campaign, where all children 0-59 months were provided with immunizations as well as vitamin A supplementation. As a result, vitamin A supplementation now stands at 80 per cent and immunization coverage was raised by 30 per cent to reach 70 per cent nationwide. While awaiting a large-scale delivery of 300,000 long-lasting insecticide-treated mosquito nets, 10,000 traditional mosquito nets and re-treatment kits were procured for people who were most affected by the displacements and living in the open in malaria-endemic areas. UNICEF supported the establishment of a national nutrition surveillance system. Three rounds were completed in 2005.

UNICEF has provided intensive support in the water and sanitation sector, not only through the nationwide coordination of activities and response, but also through the ongoing distribution of safe water to populations affected by 'Operation Murambatsvina' in various 'holding camps'. UNICEF is trucking water to affected populations (approximately 230,000 litres of safe water per day) and has provided water tanks and water pumps. Additionally, UNICEF has provided direct support through its partners for the rehabilitation of 600 boreholes and construction of 1,800 latrines. Hygiene promotion was provided in five different urban areas, and integrated early childhood materials were developed and produced.

Rapid education assessments were implemented to identify the schools in need of support in areas most affected by 'Operation Murambatsvina'. These resulted in procurement and distribution of core textbooks and stationery for 20,000 children. Additionally, play materials for early childhood development (balls, dolls, crayons, paper) were distributed to children affected by the Operation. UNICEF initiated a 'Back-to-School' campaign, which aims to directly benefit 40,000 to 50,000 children in 18 districts across the country. The goal of the campaign is to identify and track children out of school and those at risk of dropping out in order to enrol and retain them, and to reach 99 per cent national enrolment in 2006.

UNICEF is currently reaching 100,000 orphans and other vulnerable children (OVC) within the framework of the National Plan of Action for Orphans and Other Vulnerable Children. As direct support relating to 'Operation Murambatsvina', UNICEF is supporting 334 children with disabilities and their caregivers through a community-based rehabilitation programme, providing emergency relief (temporary accommodation in urban areas, transportation support to rural areas, agricultural inputs and basic materials for shelter).

UNICEF is coordinating the national HIV/AIDS humanitarian response for chronically ill people. Approximately 7,000 chronically ill people have been reached or have access to home-based care (HBC) services and supplies. To date, 2,000 HBC kits and replenishment items (gloves, soap, disinfectants, etc.) have been distributed, and refresher trainings of volunteers in HBC and crisis counselling are being organized. Additionally, more than 2,000 blankets, buckets and 1,000 sets of information/education materials on HBC for people living with AIDS have been distributed nationwide.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

UNICEF works with other humanitarian partners within the UN humanitarian coordination mechanisms. UNICEF leads working groups (composed of other UN agencies, government counterparts and NGOs) on nutrition, education, child protection, and water and sanitation, and participates in the health working group chaired by WHO and the food aid group chaired by WFP.

Regular programme

Due to the current difficult environment for planning in Zimbabwe, the Country Programme is only for two years (2005-2006). The programme places orphans and other children made vulnerable by HIV/AIDS at its centre. At the community level, UNICEF supports the development of the capacity of vulnerable households and communities to reduce the vulnerability of OVC and promote their access to basic social services and sustainable livelihoods.

Health and nutrition (US\$ 11,501,980)

Some 2 million children and women will be reached through the following key activities:

- Training of 350 health workers and 200 community-based workers on immunization issues, vitamin A supplementation and cold-chain maintenance;
- Support to re-treatment of 300,000 conventional nets in the 17 high and moderate malaria transmission districts;
- Distribution of 300,000 long-lasting insecticide-treated mosquito nets to children under five, pregnant women and other vulnerable populations; this will target young children and pregnant women in 17 districts where malaria is highly and moderately prevalent;
- Distribution of vitamin A to all children under five;
- Support to Measles National Immunization Days to benefit 1,701,714 children, through procurement of vaccines, syringes and other supplies and social mobilization;
- Support to prevention of mother-to-child transmission (PMTCT) of HIV to 100,000 pregnant women through provision of drugs and training of health workers;
- Support to district-wide approaches to increase access and utilization of PMTCT and 'PMTCT plus' to 80 per cent in five districts;
- Strengthening implementation of the national therapeutic feeding programme for severely malnourished children through community- and hospital-based treatments for an estimated 5,000 children;
- Establishing linkages between therapeutic feeding programmes and access to HIV services in eight districts – this will reach 1,500 children initially, with the view of scaling up nationally;
- Support to the development of a comprehensive national food and nutrition surveillance system.

Water and environmental sanitation (US\$ 4,550,000)

Some 4 million people will be reached through the following key activities:

- Construction of 20 rain-water harvesters and 200 sanitary facilities at schools;
- Rehabilitation and drilling/sinking of 1,020 water points and installation of handpumps to provide safe drinking water to some 1.5 million people;
- Construction of 1,000 household latrines;
- Training of 600 district/community water and sanitation management committees in community-based management of community water supply and sanitation systems;
- Promotion of health and hygiene education and hygiene awareness in 100 schools and 1,500 local communities in order to complement existing water and sanitation services;
- Support to prevention and control of water and sanitation disease outbreaks such as cholera and diarrhoea;
- Support to provision of safe and adequate water supply and sanitation services to 3.5 million people in mobile vulnerable populations and other populations in urban and peri-urban areas.

Education (US\$ 3,011,835)

A total of 50,000 children, especially OVC (of which 50 per cent are girls) in 200 schools, will be reached through the following key activities:

- Provision of teaching and learning materials for 50,000 children;
- Training of 2,000 teachers, 2,000 peer educators and 400 caregivers;
- School rehabilitation with community participation;
- Provision of block grants for 50,000 children out of school; this will entail direct funding of school development plans, produced through rights-based processes aimed at keeping children in school;
- Support for psychosocial care, support and early stimulation through schools;
- 'Back-to-school' campaigns around 200 schools in order to prevent drop-outs and address issues of abuse, gender discrimination and stigmatization;
- Coordination and strengthening of local monitoring systems.

Child protection (US\$ 2,725,000)

At least 150,000 OVC will be reached and supported through the following key activities:

- Ensure that 40,000 children not registered at birth are registered;
- Strengthen 18 district-level child protection committees to coordinate and implement district-level, scaled-up responses for OVC;
- Provide psychosocial support to 25,000 vulnerable children and their families through the creation of memory boxes or similar processes;
- Rehabilitate shelter for 5,000 child- and grandparent-headed households;
- Train 4,000 adults and 4,000 young people in and out of school (half of them girls) to provide effective support and counselling to 100,000 children, young people orphaned or made vulnerable by HIV/AIDS and their family members, as well as survivors of violence and abuse.

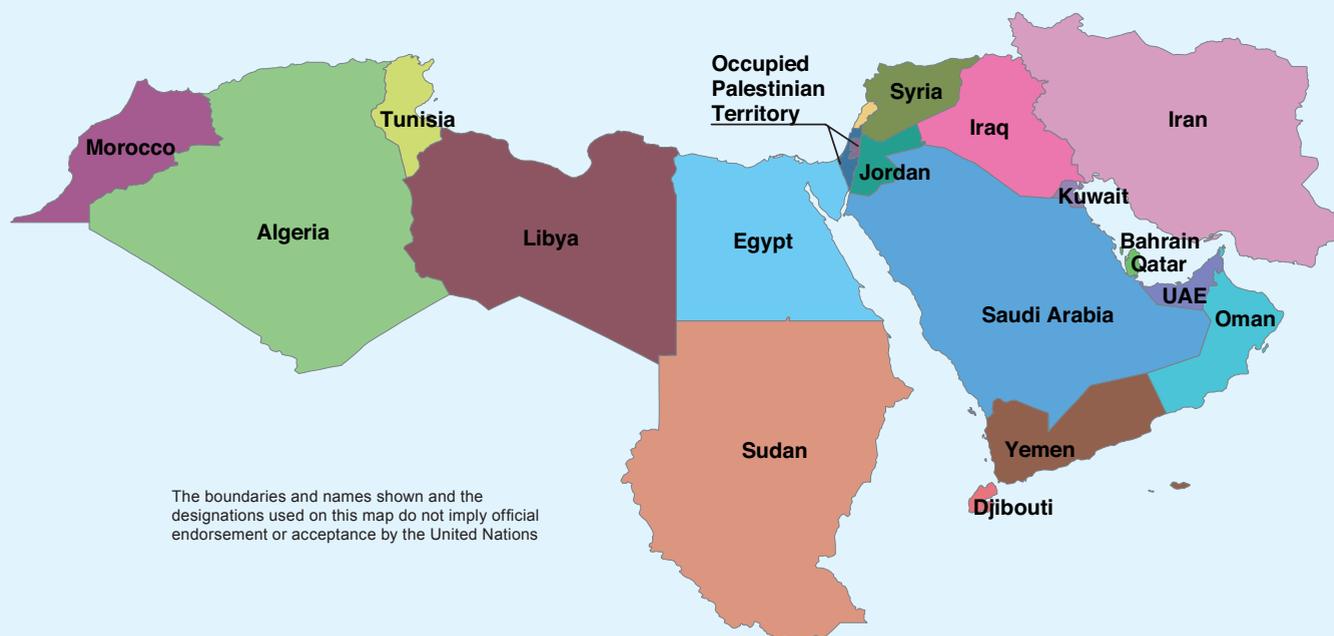
HIV/AIDS (US\$ 1,975,000)

At least 600,000 children and young people most vulnerable to HIV infection or most severely impacted by it, will be reached through the following key activities:

- Training of 5,000 in- and out-of-school young people to transfer HIV/AIDS information and skills to 100,000 of their peers;
- Training of 15,000 primary schoolteachers to teach life skills for HIV/AIDS to 600,000 pupils;
- Capacity-building of at least 5,000 girls to develop the self-esteem and leadership skills required to protect them from HIV infection;
- Technical and financial support so that all hospitals in the country offer the Government-approved minimum package of PMTCT services (to be achieved by 2006);
- Support to community groups helping mothers infected and affected by HIV/AIDS, as well as nutrition support and breastfeeding;
- Support the integration of OVC care into HBC through training of 1,000 HBC volunteers and 500 young people, to reach a minimum of 30,000 OVC and chronically ill;
- Provide technical and financial support for the coordination and implementation of HBC services through procurement of 2,000 HBC kits and their distribution.

MIDDLE EAST AND NORTH AFRICA

MENA REGION (MIDDLE EAST & NORTH AFRICA REGION)



Regional Office financial needs for 2006	
Sector	US\$
Emergency response: planning, operationalization, including supplies, Minimum Operating Security Standards (MOSS) compliance, initial emergency response, early warning system, temporary emergency staffing	950,000
Technical expertise and training: financial and human resources for undertaking capacity-building activities for staff and partners in emergencies	300,000
Advocacy for child rights: ratification and implementation of key international child protection instruments	50,000
Western Sahara: quality basic services, education as well as protection and participation issues	1,050,000
Total*	2,350,000

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

The Middle East and North Africa (MENA) region remains one that is beset by emergencies as a result of conflicts, domestic challenges and natural disasters, and where the task of providing humanitarian assistance has increasingly become more dangerous. In MENA, periods of great hope alternate sharply with times of great disillusion. The situation in Iraq, which continues to dominate the geopolitical and humanitarian agenda, is a striking example of such a schism – between the hopes borne by both the population of the country and the international community about the future of the country and the harsh reality on the ground where the violence, absence of law and order, and loss of services has had an enormous impact on children and women in terms of lives lost, health and educational opportunities missed, and psychological damage.

Developments in Lebanon and Syria as a result of the assassination of former Prime Minister Hariri, as well as the Sa'ada conflict in Yemen, increasingly cause concern. Similarly, the hopefulness prompted by the disengagement in the Gaza Strip and withdrawal of four settlements in the northern West Bank, which has reduced the exposure of children to death and injury, had led to disillusion. There has been a continued system of closures in the West Bank, which seriously affects both the economic and social fabric of Palestinian society – including the right to education, play, health and nutrition. Continued frustration over the situation in the occupied Palestinian territory (oPt) contributes to violence among young people throughout the region.

In the Sudan, the peace agreement between north and south closed an historic chapter of more than 21 years of civil war. While peace brings hope to the people, however, the humanitarian crisis in Darfur remains the biggest challenge to realizing peace and stability in the country at large, and the deplorable state of basic services in the Sudan will warrant massive humanitarian support for years to come. Special focus will need to be accorded to the large number of returning internally displaced persons (IDPs) and refugees.

Children and women are furthermore at risk as a result of natural disasters in countries such as the Islamic Republic of Iran and the Sudan, where floods, drought and earthquakes occur regularly. Each disaster leaves a humanitarian crisis in its wake, including death, injury, displacement and homelessness. Although to a lesser extent, countries such as Algeria, Djibouti, Morocco and Yemen are also prone to earthquakes, floods and drought.

Children and women are generally most vulnerable in situations of conflict and disaster. They are at greater risk of violence and abuse, and may have witnessed extreme acts of violence perpetrated against family members, factors which can affect psychosocial growth and development. Children also run the risk of becoming separated from their parents during the violence and confusion of war or disaster.

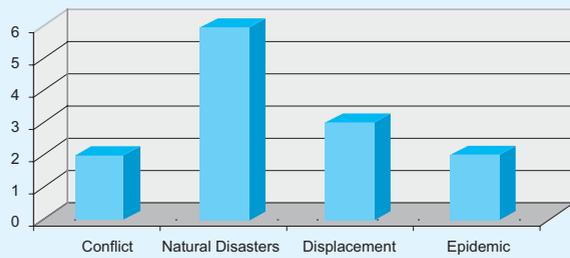
2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

The UNICEF Middle East and North Africa Regional Office (MENARO) continued to provide technical guidance to Country Offices (COs) in the region to improve emergency preparedness and response (EPR) capacity and staff security, as well as to enhance the existing knowledge base regarding children affected by conflict and natural disasters. Capacity has been built at country and sub-national levels to more effectively advise counterparts on developing advocacy strategies and policies and in assessing emergency response. This allowed for strengthened capacity in a number of countries in the region. The evaluations of UNICEF's response to the Iraq and Darfur emergencies and earthquakes have led to a review of EPR planning process and tools.

Emergency preparedness and response

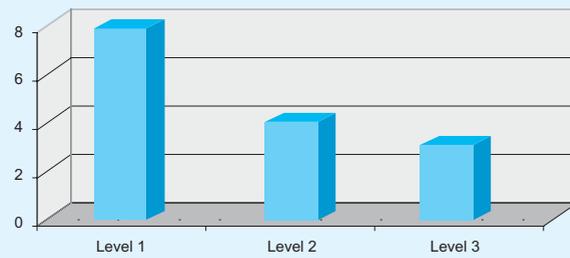
MENARO continued to provide support and guidance on EPR planning to Algeria, Iraq, Jordan, Lebanon, Morocco, oPt, Sudan, Syria and Tunisia. Preparedness planning exercises included the identification of risks and threats specific to a country situation, consultation on the capacity and ability of governments and partner agencies to react to a given emergency scenario, and decisions on UNICEF planned role and

MENA's Emergency Response by Type*



* INDICATIVE – Number of emergency incidences reported by Country Offices for year 2004.

MENA's Emergency Response by Mobilization Level*



* Mobilization Level:
 Level 1. Little or no Regional Office/Headquarters' support (funds, staff, supplies) required by the Country Office to respond.
 Level 2. Additional Regional Office/Headquarters' support (funds, staff, supplies) required by the Country Office to respond.
 Level 3. Massive UNICEF mobilization required to respond.

operations in such a context. It entailed the development of rapid assessment and response capacity, the strengthening of UNICEF capacity through training, as well as strengthening coordination and collaboration mechanisms with partner agencies and counterparts. In all countries, including at sub-national level, EPR exercises were preceded by a one-day training on basic concepts and methodologies of EPR planning, as well as on UNICEF's Core Commitments for Children in Emergencies and the fundamental humanitarian principles involved in emergency response.

MENARO supported advanced response capacity-building in oPt and the Sudan. In oPt, this was undertaken in the context of the Gaza disengagement, and consisted of strengthening response capacity in Gaza, notably in the areas of response planning, logistics, telecoms and security. In the Sudan, the Regional Office participated in Inter-Agency Standing Committee (IASC) contingency planning for the whole of Sudan. As a follow-up, MENARO facilitated response planning exercises at the sub-national level in north, south and west Darfur, Bahr El-Ghazal, western Equatoria, Lakes and Upper Nile. MENARO also led the sub-regional EPR planning exercise for Iraq and surrounding countries (Iran, Jordan, Syria) in case of a further deterioration of the Iraq crisis or an extension across its borders. In Yemen, MENARO provided guidance in response planning to the Sa'ada crisis and supported piloting of coordinated response planning with the International Federation of the Red Cross/Crescent Societies (IFRC) and the World Health Organization (WHO).

Thematic training was facilitated in the area of nutrition in emergencies for Djibouti, Sudan and Yemen, and regarding security in Egypt, Jordan, Lebanon, oPt, Sudan, Syria and Yemen. MENARO also contributed to the global consultation on adolescents in conflict situations.

Children in armed conflict

MENARO continued its work, in collaboration with the 'MENA Network to stop the use of children as soldiers', to document experiences and to share, through a website, information related to both the use of children in armed conflict and the impact of such conflict on affected children. The website provides an avenue for Arab-region NGOs to collect and share information, announce activities and events, and engage in on-line training related to protection of children in conflict zones.

Advocacy for child rights

MENARO has continued to advocate for the ratification of key international instruments relating to children affected by armed conflict. Advocacy efforts have focused on promoting the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction, and the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict.

Through sub-regional Action for the Rights of Children (ARC) activities, UNICEF and partner agencies (UNHCR, Save the Children and OHCHR) continued to convey knowledge and practices, share experiences and strengthen networks of professionals on the rights of Palestinian children among national and international NGO and government staff.

Support to emergency response in Iraq

Despite the many challenges, UNICEF developed innovative strategies to provide humanitarian assistance to children and women, and to support the recovery and rehabilitation of basic social services in education, health and nutrition, water and environmental sanitation, and child protection.

UNICEF provided emergency assistance to the conflict-affected areas of Al-Qaim, Telafar, Kadehnia and Fallujah, consisting of health kits, purification tablets, ORS and vaccines. The office also pre-positioned sufficient emergency supplies to provide assistance to at least 500,000 affected people. UNICEF supported the Ministry of Health to carry out measles/mumps/rubella and polio campaigns, which reached 95 per cent of targeted children and ensured that Iraq's polio-free status was maintained for another year. UNICEF provided cold rooms, refrigerated vans and vehicles. In addition, UNICEF will have rehabilitated 14 primary health-care centres, the Nutrition Research Institute and the Central Vaccine Store in Baghdad, and the national cold store that was damaged by fire. UNICEF provided 80 metric tons of therapeutic food for some 15,000 severely malnourished children.

UNICEF supported the Ministry of Education in providing continued learning opportunities by providing essential teaching/learning materials and school bags for 6 million students in primary and intermediate levels, as well as learning materials for 4.5 million students of the primary level (grades 1 to 6). By the end of 2005, UNICEF had rehabilitated 132 schools, and provided water and sanitation facilities to 472 schools. UNICEF supported the establishment of an accelerated learning programme for 10,000 out-of-school girls. To enhance sustainability, UNICEF supported the training of 25 master trainers, who will in turn train 440 teacher trainers in Iraq; the teacher trainers will then conduct in-service training for 50,000 teachers.

UNICEF provided safe water through water tankering to 42,000 displaced people in Falluja, Al-Qaem, Heet and Rawa, as well as 20,250 water containers, 15,872 packs of chlorine tablets and 82,200 bars of soap. Furthermore, 50 tanks of 5,000 litres each were installed to provide water storage for IDPs in Anbar. UNICEF provided 328 million litres of water for 184,000 people in Baghdad and supported the rehabilitation of two water treatment plants, 68 compact units and one water boosting station, as well as the installation of seven new compact units and one reverse osmosis unit, benefiting 1.3 million people. UNICEF provided the Government with all essential water treatment chemicals (4,000 tons of chlorine gas, 5,850 tons of aluminium sulphate and 38 tons of bleaching powder). Also, 180,000 people benefited from the rehabilitation of three sewage pumping stations, two sewage networks and the construction of one sewage treatment plant.

UNICEF supported four drop-in centres for 2,500 street children that cater to their basic hygiene, health, nutrition, education and psychosocial needs, as well as increasing their resilience and coping skills. Through the 'Child Homes' project, UNICEF provided basic services, including food, shelter, education and protection to children without primary caregivers until their reintegration into families, school and society. UNICEF also supported national partners to contribute towards the inclusion of the Convention on the Rights of the Child principles within the new Iraqi constitution.

Planned activities in Iraq for 2006

In 2006 UNICEF will continue to work towards improving antenatal and emergency obstetric care, and to strengthen immunization, especially for measles and polio control. In collaboration with WFP, UNICEF will continue to implement the Targeted Nutrition Programme, with emphasis on 36 districts (population 7.2 million) with high levels of malnutrition and poverty. Special emphasis will also be placed on capacity-building activities to enhance case management of severe malnutrition at 67 centres throughout the country (jointly with WHO). In the water and sanitation sector, efforts will be geared towards the further increase of water supply and sanitation coverage, the development of sustainable urban waste disposal systems, the promotion of beneficiary participation to improve hygiene and the enhancement of Government capacity to manage sustainable water and sanitation systems. In education, UNICEF will focus on the implementation of early stimulation and learning activities, improvement of the quality

of primary/intermediate education, supporting catch-up opportunities for out-of-school children and youth, the rehabilitation of primary schools, and the improvement of school water/sanitation services and school hygiene. The promotion of rights and participation of children will continue, as will efforts to build and strengthen a protective environment for children through community-based strategic approaches; effective mine-risk education will be implemented to reduce casualties.

Beginning with a participatory Mid-Term Review of the current 2005-2006 Country Programme at the end of 2005, UNICEF will also progressively develop the next Country Programme, scheduled to begin in 2007, throughout 2006. The Iraq Country Programme will be implemented with funds made available through UNICEF regular resources (US\$ 3,872,000) and other resources (US\$ 196,700,000) including amounts expected to be managed by UNICEF via the International Fund Facility for Iraq (IRFFI).

3. PLANNED HUMANITARIAN ACTION FOR 2006

During 2006, UNICEF MENARO will continue to work on increasing EPR capacity in the region, but with emphasis on response planning, thereby prioritizing countries facing ongoing and/or potential (new) emergencies, especially Iraq, oPt, Sudan and Yemen, but also Algeria, Djibouti, Egypt, the Islamic Republic of Iran, Lebanon and Syria. The overall objective remains effective, dependable, timely humanitarian response to the needs of children and women in emergency situations, stimulating where possible prevention and mitigation actions and ensuring that humanitarian assistance contributes to recovery efforts. The continued efforts to enhance response capacity include the following activities:

Emergency response (US\$ 950,000)

Early warning

- In support of ongoing UN system-wide efforts to enhance early warning systems, MENARO will continue to pilot the early warning system that was introduced in 2005 and is eventually to be shared with partner agencies for developing common indicators and mechanisms.

Response planning

- Support Iraq, oPt, Sudan and Yemen COs to a) develop and update, b) operationalize and c) practise advanced response planning, including at sub-regional and sub-national levels and within an inter-agency context.
- In the above-mentioned countries, support enhancement of the capacity of national partners and NGOs to better respond to emergencies.
- Support COs from other at-risk countries, such as Algeria, Djibouti, Egypt, the Islamic Republic of Iran, Lebanon and Syria, to a) develop and update, b) operationalize and c) practise response planning within an inter-agency context.

Emergency trust fund

To help mitigate the impact of crisis situations on children and women, (limited) pre-positioning of supplies and immediate availability of additional human resources are critical. Should funding be available, MENARO will set up a regional emergency trust fund to:

- Ensure that at-risk countries can respond rapidly to assist at least 10,000 to 20,000 affected people at the onset of any crisis, with a possible total beneficiary figure of 40,000 to 50,000; pre-position limited supplies in high-risk countries to enable COs to respond quickly, safely and comprehensively to the needs of children and women;
- Strengthen the 'surge capacity' mechanism for the MENA region to allow fast deployment of experienced staff; expansion of the MENA roster, providing opportunities to national staff on the roster to gain experience in an emergency country; secure targeted standby agreements with seconding agencies;
- Increase capacity to implement emergency operations in a safe and secure manner, protecting the well-being of staff and their families. UNICEF programmes will adhere to UN/UNICEF security policy guidelines and instructions, operate within the framework of the United Nations Security Management System and coordinate fully with UN field security and designated officials.

Technical expertise and training (US\$ 300,000)

Skills in response planning and operationalization need to be strengthened by training staff (and working with partners), helping to secure technical expertise and funds and maintaining response capacity in the following critical areas:

- Programme – nutrition, adolescents in emergencies, sexual and gender-based violence, psychosocial support;
- Cross-sectoral – Sphere project standards, use of DevInfo in emergencies, PATH;
- Operations – supply/logistics, telecoms, security including civil-military coordination and MOSS compliance.

Advocacy for child rights (US\$ 50,000)

Advocacy for ratification and implementation of key international child protection instruments, including continued support to a new website on children in armed conflict and the impact of conflict on children.

Support to emergency response in Western Sahara (US\$ 1,050,000)

The Saharawi are defined as the group of people from the western Sahara who are living in camps in Tindouf, Algeria, in Moroccan-Administered Southern Provinces and in northern Mauritania, who all speak the same form of Arabic (Hassaniya) and share a common cultural history. Also included are the nomadic Saharawi, who roam in the 'no man's land' between the Mauritanian and Algerian borders. The total Saharawi population is believed to number approximately 355,000 to 390,000. Of these, some 165,000 to 200,000 are believed to be living in refugee camps in Tindouf, Algeria; 75,000 in Morocco; 95,000 in Mauritania; and 20,000 living as nomads. However, it is difficult to obtain accurate information, since some Saharawis are not registered at birth and therefore do not have a nationality. The majority of Saharawi in the Moroccan-administered areas of western Sahara have Moroccan nationality, while those living in the Saharawi Arab Democratic Republic-controlled areas may have Algerian and/or Mauritanian citizenship, or neither. If they hold an Algerian passport, it specifies their Saharawi origin.

Many Saharawi children and women are particularly at risk due to deteriorating living conditions, armed conflict and natural disasters, which translate into the interruption of food supplies, disintegration of families and communities, and the displacement of populations. Quality and access to basic health services are limited and water is generally of poor quality. As a result, common childhood diseases and infections such as measles, diarrhoeal diseases and acute respiratory infections occur frequently, while in some areas chronic malnutrition is above 40 per cent and acute malnutrition is around 10 per cent. Infant mortality is estimated to range between 40 and 65 per cent, while maternal mortality rates can reach 1,000 deaths per 100,000 live births in some areas, notably Mauritania. Access to quality primary education is limited. In addition, Saharawi children and women are insufficiently protected against violence, exploitation, discrimination, abuse, neglect and unexploded ordnance. They also have few opportunities to have their voices heard by decision makers.

UNICEF is in the process of developing a three-year programme for Saharawi children and women through an inter-country approach involving Algeria, Mauritania and Morocco. Interventions will focus on the quality of basic services such as a) health – immunization services including vitamin A distribution, control and prevention of diarrhoeal diseases, management and control of acute respiratory infections; b) nutrition – prevention of malnutrition and severe case management; c) HIV/AIDS prevention and treatment; d) water and sanitation; e) quality education; and f) protection and participation issues.

The programme will be implemented in close collaboration with national authorities and other partners such as UNHCR, WFP and Department of Peacekeeping Operations (DPKO). Pending availability of funds, UNICEF interventions in 2006 will prioritize EPI, HIV/AIDS, nutrition, education and child protection.

UNICEF HUMANITARIAN ACTION OCCUPIED PALESTINIAN TERRITORY IN 2006



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

CORE COUNTRY DATA

Child population under 18 (thousands)	1885
U5 mortality rate (2004)	28.3
Infant mortality rate (2004)	24.2
Maternal mortality ratio (1990-2004 reported)	n/a
Primary school enrolment ratio (2003/2004)	89.9
Primary school enrolment ratio for girls	89.7
% U1 fully immunized (DPT) (2002)	96.5
% population using improved drinking water sources (2004)	81.6
HIV/AIDS prevalence (per 100,000) (2002)	1.75
% U5 suffering moderate and severe malnutrition	n/a

Sources: Country Office database and Demographic and Health Survey 2004 by PCBS.

Summary of UNICEF financial needs for 2006

Sector	US\$
Health and nutrition	3,360,000
Education	3,000,000
Child protection	2,000,454
Total*	8,360,454

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

Some of the most significant changes in the five-year-long conflict in the occupied Palestinian territory (oPt) have occurred over the last nine months. Aside from the disengagement in the Gaza Strip and the withdrawal of four settlements in the northern West Bank which has reduced the exposure of children to death and injury, there has been a continued system of closures in the West Bank which seriously affects both the economic and social fabric of the Palestinian society – including the right to education, play, health and nutrition. The number of Palestinian children in Israeli detention remains the same as early in 2004, with some 285 children detained as at September 2005. Amid all this, children are still living with distress and continue to be vulnerable. Chronic anxiety undermines self-esteem, and feelings of loss of control due to the erosion of households' coping mechanisms adversely affect family relationships. Violence in homes and schools is of increasing concern and closely linked with the surrounding pressures from the external environment. The situation in West Bank and Gaza remains volatile.

Chronic malnutrition among under-five children has increased to almost 10 per cent, with children in the Gaza strip most affected (50,000 of them are malnourished). Basic equipment for maternal and newborn health is lacking and families and communities are not sufficiently equipped with the knowledge and practices needed to prevent and manage the most common childhood diseases. Current practices in clinics and hospitals do not use enough cost-effective interventions for mothers and newborns, in order to increase their chances for survival and growth.

Due to the many difficulties faced by schools, the quality of education is showing signs of decline and, in the worst affected areas, the learning achievements for students are deteriorating. Lack of policy framework for teachers' professional development has contributed significantly to poor school achievements. Few children have the opportunity to experience a child-friendly learning environment with safe spaces and opportunities for sports and recreation. The children also lack educational materials and their schools lack good teaching aids.

Nearly one third of families in Gaza and the West Bank have a child suffering from at least one symptom of psychosocial distress, such as anxiety, phobia or depression.¹ One quarter of families report that their children have behavioural problems, such as an inability to concentrate in school. One fifth of children have experienced violence perpetrated by family members.² Psychosocial well-being remains an issue of major concern.

Happy to be going back to school



For Sahl, riding his bicycle to school is a dream come true. Sahl lives in Aba'a, a small picturesque village near Jenin. The vast majority of the 400 or so residents are kids below the age of 18.

Ordinarily, the drive to Aba'a from Jenin would take less than five minutes. However, to avoid the Israeli checkpoints, villagers have to travel more than 35 km. Poverty is pervasive in a community where most families depend on farming.

Sahl is one of the 1.2 million school-age children who went back to school in September 2005. He is now in sixth grade attending Aba'a co-educational basic school.

For Sahl, school provides a safe haven – a place where he can forget the hardships that he and his family have had to endure as a result of the conflict. *"I am so happy that school is back,"* said Sahl. *"I love to meet up with my friends – mostly my best friend Jaber."*

Sahl, 12 years old, in Aba'a, a small village near Jenin.

¹ Palestinian Central Bureau of Statistics/National Plan of Action, study on the psychosocial well-being of children, 2005 analysis.

² Ibid.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

In close collaboration with local, national and international partners, UNICEF has responded to the humanitarian needs by focusing on health, nutrition, water and sanitation, education and child protection.

In health and nutrition, routine immunization services were improved through increased technical and supply assistance to the Ministry of Health, UNRWA and other national partners. More than 650,000 children were immunized in the West Bank in a major campaign in June 2005 against measles, mumps and rubella. Another 650,000 children from Gaza will be immunized before the end of 2005. UNICEF provided emergency health, midwifery and obstetric kits to 1.2 million people in Gaza and northern West Bank to upgrade health facilities and ensure continued medical care in the enclaves and other affected populations during disengagement. Staff of the MOH in former enclaves were given training to provide quality health services despite the isolation of the population. Some 6,000 family water kits were pre-positioned or distributed. Major outbreaks and fatalities have been prevented during the Gaza disengagement period.

Through the Ministry of Education and Higher Education, UNICEF assisted some 90,000 students from Grade 1 to Grade 6 in 13 districts in the West Bank and Gaza with remedial worksheets as well as 4,800 CD-ROMs for teachers and district education officers. The worksheets are one of the most effective approaches to meeting learning needs in emergency situations. UNICEF also provided 907 school-in-a-box sets for both West Bank and Gaza, benefiting about 70,000 primary schoolchildren, who could continue learning when they could not reach the school, then catch up when access was regained. As part of a child-friendly school initiative, Sport for Development activities were initiated for 19,200 Grade 5 to 7 students in 65 schools. This helped reduce the impact of prolonged conflict and ongoing violence by providing children with much needed opportunities to participate, learn new skills, and get more involved in sports as a means for development and participation. To encourage the students to continue their learning and to ensure that children start school (an estimated 15,000 children miss out on the school start), a 'Back-to-School' campaign was held at the beginning of the school year.

Nine existing psychosocial teams have been maintained through 2005 and three new ones established, covering 12 out of 14 districts in the West Bank and Gaza. As of September 2005, 31,693 children had participated in activities aimed at reinforcing their capacity to protect themselves and cope with violence. Children identified during these activities as needing further support have been referred to specialized agencies. In parallel, 18,499 caregivers have been equipped with skills to support children in distress, to promote a harmonious family environment, and to deal with their own stress. Each team has been provided with five recreational kits, with both indoor and outdoor materials for activities with the children. In preparation for the disengagement, all teams have been reinforced with a total of 70 volunteers (graduate students). In Gaza, 30 adolescents have been trained in peer support, as a back-up to the teams. Teams have been increasingly addressing issues of violence at home and in schools.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

The CAP is a common analysis and assessment of the emergency needs of the Palestinian population in 2006. Participating organizations in the CAP include UN agencies, other international organizations and international and local NGO partners. Overall coordination is ensured through the UN Coordination Team, the Local Aid Coordination Committee (LACC) – comprising all donors, UN agencies and Palestinian Authority – as well as OCG West Bank and Gaza.

Regular programme

The 2006-2007 programme has a four-pronged approach to achieving its goal of contributing towards the realization of the rights of Palestinian children to survival, development, protection and participation. The programme is representing a significant shift towards more strategic and scaled-up interventions in support of development activities within five main areas: Health and Nutrition, Education, Child Protection, Development and Participation of Adolescents, and Social Policy support. The programme is designed to build the capacity of local and national duty-bearers to develop policies and to deliver required services as well as to strengthen the capacity of rights-holders to enjoy their rights.

The programme supports national-level interventions as well as selected specific-area interventions where serious disparities have been identified. The programme is designed to be flexible and adaptable to the prevailing operational conditions but a clear distinction has been made between the regular programme and the humanitarian programme.

Health and nutrition (US\$ 3,360,000)

The health needs of populations in both the Gaza strip and the West Bank will be addressed through:

- Needs assessment and participatory emergency preparedness planning;
- Procurement and pre-positioning of medical supplies and support commodities;
- Training and orientation of health staff, including medical doctors, nurses and community health workers, in emergency maternal and child health care, in growth monitoring and promotion, management and referral malnutrition;
- Advocacy and social mobilization;
- Upgrading health facilities through provision of equipment and supplies to meet the additional needs imposed by the closures, including logistic support for outreach activities;
- Identification and setting up of a monitoring system for children's health status, using sensible and easy-to-measure indicators, as part of monitoring key indicators for children with OCHA and other agencies;
- Provision of iron, folic acid and vitamin A supplements;
- Development and multiplication of nutrition education materials for caregivers, to promote breastfeeding and appropriate child feeding practices;
- Logistic and operational support.

Education (US\$ 3,000,000)

Education needs in both the Gaza strip and the West bank will be addressed through:

- Equipping 500 primary schools with laboratory equipment and teaching kits to facilitate teaching and learning processes in the classroom;
- Providing library books or reading packages to generate supplementary learning opportunities and improve learning performance;
- Orienting 5,000 teachers on the use of teaching kits and related teaching methodologies, including psychosocial counselling in emergency situations;
- Training 300 school administrators on school management and required EMIS techniques;
- Mobilizing the communities, parents and religious leaders, to provide support to school education through media and relevant advocacy programmes;
- Monitoring and evaluating the quality of the activities taking place at different stages and providing technical assistance and supervision through field visits and preparation of reports.

Child protection (US\$ 2,000,454)

Some 100,000 children and 60,000 caregivers affected by violence and conflict are targeted through:

- Maintaining 12 psychosocial teams to address child protection needs in both emergency and transition contexts;
- Through the teams, providing psychosocial support to 100,000 children affected by violence, conflict-related or not, and their families;
- Through the teams, training 60,000 caregivers to better protect children against violence and promote their psychosocial well-being;
- Training 60 adolescents for peer support, as a back-up to the psychosocial teams;
- Providing each psychosocial team with 20 recreational kits;
- Training 205 professionals (100 social workers, 20 police officers, 50 judiciary staff, 15 probation officers, 20 lawyers, 50 community leaders) in prevention and management of cases of abuse and violence against children as a transition measure towards setting up sustainable social protection and juvenile justice systems;
- Conducting a child-centred awareness campaign to support mine-risk education for 30,000 children and their families.

UNICEF HUMANITARIAN ACTION

SUDAN

IN 2006



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CORE COUNTRY DATA

Child population under five (thousands)	5180
U5 mortality rate	91
Infant mortality rate	63
Maternal mortality ratio (2000 adjusted)	590
Primary school enrolment ratio boys (2000-2004 gross)	64
Primary school enrolment ratio for girls (2000-2004 gross)	56
% U1 fully immunized (DPT3)	55
% population using improved drinking water sources (total)	69
HIV prevalence adults and children, 0-49 years (thousands)	400
% U5 suffering moderate and severe malnutrition	17

Source: *The State of the World's Children 2006*

Note: Official statistics generally exclude Southern Sudan

Summary of UNICEF financial needs for 2006 (US\$)

Sector	Northern Sudan including Darfur	Southern Sudan	Total
Cross-sector support for return and reintegration	1,934,400	438,600	2,418,000
Disarmament, demobilization, reintegration	5,500,000	16,500,000	22,000,000
Education and vocational training	17,723,700	66,732,800	84,456,500
Governance and rule of law	1,536,000	0	1,536,000
Health	35,263,000	25,320,000	60,583,000
Mine action	2,135,000	2,135,000	4,270,000
Non-food items, common services and coordination	44,431,182	12,184,820	56,616,002
Nutrition	8,850,000	12,522,600	21,372,600
Protection and human rights	10,620,000	8,050,000	18,670,000
Water and environmental sanitation	38,826,000	20,319,000	59,145,000
Total*	166,819,282	164,202,820	331,067,102

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board decision 2003/9 of 5 June 2003

1. CRITICAL ISSUES FOR CHILDREN

The north-south Sudan peace agreement, signed in January 2005, includes provisions for power and wealth sharing, a formal ceasefire and military disengagement, and broad-ranging autonomy for the south pending a referendum on self-determination for southern Sudan in 2011. UN Security Council resolution 1590 established a UN Chapter VI mission consisting of up to 10,000 monitors and force protection troops to support the parties in implementing the agreement. The mission will include provision of support to civilian police, human rights monitoring and the process of demobilization, disarmament and reintegration of combatants and those associated with them.

Implementation of the Comprehensive Peace Agreement (CPA) and deployment of the UN mission have both proceeded slowly, thereby delaying the implementation of key programmes such as the wide-scale demobilization of an estimated 17,000 children associated with various armed forces. Bilateral and multilateral donors pledged support of more than US\$ 4 billion for recovery, reconstruction and poverty reduction at a donor conference in Oslo, in April 2005. Disbursement of these funds remains slow, however, in part because major milestones in the CPA implementation process were not passed by mid-2005. A national interim constitution was adopted in July and the executive of the Government of National Unity (GNU) was named in September. In the south, the interim assembly was, as of late October, completing the draft southern constitution and had named a caretaker cabinet and state governors of the Government of Southern Sudan (GOSS).

These political developments provide an historic opportunity to turn around the desperate situation of children and women in southern Sudan. Expanded access and improved funding have allowed UNICEF and other agencies to provide humanitarian assistance and recovery programming to more people in more areas than ever before. The redrawing of the political map and formation of new institutions has enabled children's and women's rights to be given priority in key new legal and policy developments. These include the endorsement of a GOSS policy on child demobilization, the inclusion of children's and mothers' rights in the new draft southern constitution, and the development of a draft Children's Act.

The north-south peace agreement and the period leading up to its signature led to the return of hundreds of thousands of internally displaced persons (IDPs), typically from very poor IDP camps around Khartoum to very under-developed areas of southern Sudan and transitional areas. A further 680,000 refugees and IDPs (the majority women and children) are expected to return in the 2005-2006 dry season (up to May 2006). At present, returnees do not receive assistance with transport. Inter-agency efforts have so far concentrated on building services and safety nets in receiving communities, but way stations will be set up on key routes of return to provide short-term medical, water and sanitation, protection and nutritional assistance. Increased service provision in the form of schools and safe water is only just keeping pace with the influx of population. Per capita access to these services has not improved.

In Darfur, the fragile peace of early 2005 has unravelled and conflict and insecurity continue to cause a major humanitarian crisis affecting about 1.4 million children, some 500,000 of them under five. Despite a fitful negotiation process facilitated by the African Union (AU) and the deployment of AU monitors, the region continues to be volatile with renewed fighting, escalating banditry and attacks against civilians and IDP camps. The affected population is estimated (September 2005) to be close to 3.4 million, including 1.8 million IDPs and 1.6 million residents. For much of the year, insecurity has prevented organizations from reaching children and women living in remote areas under the Sudan Liberation Movement/Army (SLM/A) control, who are considered to be one of the most vulnerable groups in the war-torn region. As well as suffering displacement, destitution and disruption of normal life, some children in Darfur have been direct victims of violence while others have been psychologically affected by the brutal acts they have witnessed. Although the findings of the WHO-UNICEF mortality survey conducted in June 2005 show a crude mortality rate of 0.8 per 10,000 deaths per day in Darfur (below the international crisis threshold), there is dependency on the humanitarian mission – and little hope for returns and meaningful restoration of livelihoods in the near future. Meanwhile, more than 1.5 million children in rural communities live beyond the reach of current international relief efforts, across both government and rebel-controlled areas, leaving them exposed to malnutrition, illness and violence.

While the south emerges from conflict and Darfur remains mired in it, concern continues to mount for opposition- and rebel-controlled areas of the east where another insurgency brews, calling for inclusion in the power- and wealth-sharing mechanisms of the CPA, which may claim to be comprehensive but does not include or represent all marginalized groups in the country. Representation also remains an issue

in transitional areas such as Abyei, where the status of communities between north and south remains under debate.

On balance, the health and well-being of children and women throughout the country has not improved in the past year. A massive humanitarian effort is keeping the worst at bay in Darfur, while decades of conflict and under-development have led to dismal social indicators for southern Sudan, which official national statistics fail so far to reflect. A rapid assessment of emergency obstetric care services in selected facilities in southern Sudan indicate that the maternal mortality ratio may be even higher than the 2003 estimates of 1,700 per 100,000 births. In northern Sudan, the widespread practice of female genital mutilation/cutting (FGM/C) contributes to the health risks faced by women.

Malaria, diarrhoea and acute respiratory infections continue to claim the lives of more than 100,000 Sudanese children under five each year. Measles is somewhat under control outside southern Sudan, following mass vaccination campaigns in 2004/05 which have been effective in reducing cases from 400,000 in 2003 to 1,200 in 2005. Gaps remain, however, with measles immunization coverage reported at 69 per cent in Darfur. A blanket measles immunization campaign to cover all of southern Sudan by end-2006 will kick off in November 2005. Current measles coverage rates are estimated at only 20 per cent. Polio eradication campaigns have been effective in controlling the outbreak which began in 2004, with 26 confirmed wild polio cases in 2005 compared to 125 in 2004. Iodine deficiency disorders are high, with a national goitre rate of 22 per cent and less than 1 per cent of households using iodized salt.

Inter-agency assessments in early 2005 confirmed a poor food security situation in many parts of southern, central and eastern Sudan while nutrition surveys indicate unacceptably high rates of global acute malnutrition (more than 20 per cent) in multiple locations. Therapeutic and supplementary feeding programmes in southern Sudan were established in the most severely-affected areas. The multiple causes of chronically high malnutrition rates in southern Sudan (including agricultural, hygiene and health-related factors) require a multisectoral response, while nutritional therapy should ideally be handled by local health services in future. In Darfur, the global acute malnutrition rate has dropped from 21.8 per cent to 11.9 per cent over the last year, due to multisectoral interventions in health, food, water and sanitation, as well as therapeutic feeding. This improvement, however, is balanced by the fact that more than 2.5 million people remain dependent on humanitarian food distribution as conflict and insecurity continue to prevent any meaningful restoration of livelihoods.

HIV seroprevalence figures from recent general population surveillance are not yet available in southern Sudan, but increased access to HIV testing has confirmed fears that the disease is about to explode, partly due to massive population movements and social upheaval. Rates of over 20 per cent are being recorded at some voluntary and confidential counselling and testing (VCCT) sites in southern Sudan. Rates from the testing of pregnant women at a limited number of sites confirm that the southern Equatoria states may be the worst affected. In Darfur, the disruption of family and community life through trauma and close living conditions, particularly among IDPs, is breaking down social norms governing sexual behaviour, increasing the risk of HIV transmission. Alarming rates of sexual violence also increase the risk of transmission for individuals, especially girls and women. The lack of victim assistance in Darfur, combined with the social stigma and danger women face even if they can secure post-rape treatment, may also prevent diagnosis. No baseline studies or situation analysis of the HIV situation currently exist for Darfur.

It is estimated that some 17 million people (12 million in the north, 5 million in the south) still have no access to safe drinking water and more than 20 million do not have sanitary means of excreta disposal (north: 15 million, south: 6 million). In Darfur, an assessment in September 2005 showed that while 62 per cent of the affected population has safe water supply and 58 per cent has sanitation facilities, IDPs are ironically better off: 80 per cent of IDPs have a safe water supply compared to 42 per cent of the resident population. The prevalence of diarrhoea among children 6-59 months of age is 43 per cent. Guinea worm is still endemic in about 3,400 villages with more than 6,800 cases reported (up from 5,199 in 2004), mainly from southern Sudan.

Of the 744,000 children 6- to 13-year-olds in Darfur who have been affected by the conflict, only 315,614 were enrolled in school in 2004/2005, leaving some 58 per cent still out of school. Only about 25 per cent of school-age children in southern Sudan are in school and less than 1 per cent of girls complete primary school. Students and teachers – who, like almost all health workers and local officials, are so far unpaid

volunteers – continue to depend on UNICEF and other development partners for the provision of all materials, from textbooks down to the simplest items such as chalk and exercise books. The biggest constraints to providing access to education for primary school-age children in Darfur are the shortages of teachers and money for salaries.

Some 17,000 children are estimated to be associated with various regular and irregular fighting forces – approximately 4,500 children are part of the southern Sudan People's Liberation Army (SPLA) units. Adolescent boys have been found in regular armed forces as well as militia and the opposition groups of the Sudan Liberation Army (SLA), the Justice and Equality Movement (JEM) and the National Movement for Reforms and Development (NMRD) in Darfur. Abduction of children from one community by another and the very early marriage of young girls motivated by bride price continue in southern Sudan. Children coping with the effects of conflict, displacement and continued insecurity may suffer from trauma and developmental problems. One study of 230 incident reports of sexual violence in Darfur found that 30 per cent of victims were under 18. Unmarried girls who have survived rape/sexual violence are at a much greater risk of suffering health, psychosocial and economic consequences. The development of programmes providing referral services and elements of psychosocial support are considered an essential part of the humanitarian relief in Darfur.

The UN classifies Sudan among the 10 worst-affected countries worldwide in terms of landmines and unexploded ordnance. Contaminated areas include southern Sudan, southern Blue Nile, south Kordofan and eastern Sudan along the Eritrean border. Children, farmers, pastoralists and people on the move in unfamiliar areas are most at risk.

"I'm really happy now that I can go on to secondary school"



"I'm really happy now that I can go on to secondary school like my friends in the rest of Sudan. I wish to become a doctor in my village. Maths is really difficult for me. Despite that, I will continue my studies in this camp. These days I miss my father so much. If he was here, he would support me to succeed. We lost my father at the start of the conflict. We still don't know if he has survived or died."

Osman, aged 14, after taking his exams in Kalma IDP Camp in south Darfur. Osman left school for a year because of the conflict. He was only able to resume his education at a UNICEF-supported school when he came to the Kalma camp.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

In collaboration with local, national and international partners in 2005, UNICEF continued to respond to the humanitarian needs of the Sudanese population with interventions in health, nutrition, water and sanitation, education, child protection, HIV/AIDS and family shelter and relief. Attention was focused on responding to the needs of large numbers of returnees (up to September) and preparations for the expected return during the 2005/2006 dry season of more than 680,000 more displaced people to their original homes – mainly in the south and transitional areas. Reliable statistics on returnees are lacking, as are general statistics in southern Sudan. During the year, UNICEF procured and delivered through the common pipeline non-food items (NFIs) for some 1,230,000 people in Darfur and for more than 8,500 returnee and IDP households in crisis in GoS-controlled areas, and pre-positioned shelter and NFIs to support up to 23,300 returnee and vulnerable host community families in the south during the upcoming dry season. Emergency supplies were also delivered to newly-displaced people affected by conflict within the south. In mid-2005, UNICEF undertook the coordination of a major Sudan Information Campaign for Returns, in partnership with IOM, all the UN agencies, and local and international NGOs.

Geographical coverage of child protection activities increased in southern Sudan and south Kordofan in 2005 as part of a major push to develop community-based networks for the protection and reintegration of returnee, demobilized and other vulnerable children. In both the north and south, UNICEF worked with the interim structures for disarmament, demobilization and reintegration (DDR) to develop policies and plans for the removal of children from fighting forces. UNICEF partnered with NGOs to establish a family tracing database for the south. Some 200 children had been removed from the SPLA by October 2005; full demobilization is expected to start in November. UNICEF has also supported the demobilization of 513 child soldiers from the Sudan Liberation Army (SLA) fighting forces in Darfur, of which 213 are currently enrolled in school.

Social mobilization and training on childhood immunization was boosted in the north as NGOs, state and federal Ministries of Health and the private sector came together to raise immunization rates. Coverage for DPT3 in under-one children has increased from 70 per cent in August 2004 to 77.5 per cent in August 2005. The defining achievement of health programmes in 2005 is the interruption of wild polio virus transmission in Darfur after a major outbreak in 2004. Six rounds of National Immunization Days (NIDs) protected 1.4 million children under five from polio in Darfur (with another two rounds planned for November and December 2005 for 1.3 million children) and 5.4 million in the north (with 98 per cent and 95 per cent coverage respectively). In partnership with WHO, UNICEF reached 2.1 million children in southern Sudan during four rounds of NIDs and distributed vitamin A supplements to an equal number of children. The latest reported case of wild polio in 2005 was in June.

Measles vaccination coverage is one of the major success stories of 2005. More than 9.9 million (97 per cent) children under 15 were vaccinated in measles campaigns conducted in 15 northern states in 2004 and 2005. More than 3 million children under five received vitamin A supplementation during these campaigns. A measles campaign in south Darfur in August vaccinated 840,000 children (91 per cent), bringing the total coverage for measles in Darfur in 2004/2005 to more than 3.1 million children. There has been no major measles outbreak in 2005 in Darfur. In southern Sudan, a mass measles campaign will be launched in November and the first phase is expected to reach 1.4 million children by the end of 2005.

Since the start of UNICEF and partner interventions in 2004, the child mortality rate has been reduced by 32 per cent in north Darfur, 70 per cent in west Darfur and 64 per cent in south Darfur. The crude mortality rate for Darfur is now below the emergency threshold at an average of 0.8 per 10,000 deaths per day. UNICEF supports both fixed primary health facilities and mobile teams in Darfur, providing services to more than 2 million people (including 200,000 in SLA areas) or 80 per cent of the affected population. Child global acute malnutrition (GAM) rates in Darfur dropped significantly from 21.8 per cent GAM in 2004 to 11.9 per cent by 2005. UNICEF's support to therapeutic and supplementary feeding centres has resulted in a 60 per cent recovery rate.

Through the distribution of essential medicine kits and training of health-care workers, UNICEF provided access to primary health-care services for 200,000 returnees to the south and 1.2 million people in southern host communities. To combat malaria and diarrhoea, UNICEF distributed 182,000 ORS sachets and nearly 60,000 mosquito nets for young children and pregnant or breastfeeding mothers. Between April and October 2005, UNICEF's Safe Motherhood Initiative reached 8,000 pregnant women with improved antenatal care and has introduced the first prevention of mother-to-child transmission (PMTCT) of HIV/AIDS services in southern Sudan. Response to HIV/AIDS was scaled up in 2005, with expanded peer education activities targeting youth. More than 70,000 northern young people were oriented on HIV/AIDS during their National Service Training. Access to HIV testing leapt forward in southern Sudan, with UNICEF providing 32,000 rapid test kits to voluntary and confidential counselling and testing (VCCT) centres in 2005 (compared to 2,000 in 2004). Agencies are still struggling to keep pace with demand.

More than 985,000 children and women in the north received access to safe water through the installation or rehabilitation of handpumps and water yard schemes. Household and school latrine construction benefited more than 53,000 people; hygiene and sanitation messages reached 260,000 people. In Darfur, UNICEF and the National Water Corporation have provided access to safe water for more than 900,000 people and improved sanitation facilities for 700,000 people. Preliminary results of the UNICEF-led camp assessment have indicated that, in terms of quality and quantity, services provided exceed the Sphere project standards in many cases.

Major strides were made to assist the new GOSS to develop sound policies for the water and sanitation sector and standardized approaches. Thanks to UNICEF's successful coordination of the sector and

generous donor funding, the number of new water points created has doubled in the past year. Despite major logistical constraints and long supply lines, the sector as a whole is expected to create 800 new water points by the end of 2005 (at least 230 by UNICEF), benefiting well over 400,000 people.

Some 150,000 additional children in Blue Nile, south and north Kordofan, Abyei and Khartoum IDP camps were able to attend school through support for construction/rehabilitation of schools and provision of school supplies and girls' uniforms. An additional 25,674 nomadic children were enrolled in grades 1 to 4 (a 31 per cent increase from 2004) through the establishment of 148 new schools. By the end of August, in Darfur, UNICEF enabled the enrolment of more than 316,000 pupils (46 per cent girls) by constructing 2,589 temporary classrooms, training 4,550 teachers and distributing school supplies, textbooks and girls' uniforms. Of this number, 48,011 children are in previously inaccessible areas of Darfur. This is the highest enrolment rate that Darfur has ever had – which is a remarkable achievement, considering the constraints of the conflict. In southern Sudan, basic school supplies were distributed to benefit approximately 300,000 schoolchildren and their teachers in the formal primary school system. To increase girls' access to education, UNICEF has assisted 123 communities to establish new Community Girls' Schools (CGSs) in their villages. Combined with enrolment at existing CGSs supported by UNICEF, the project now provides first-time access to education for more than 12,450 girls.

In collaboration with the United Nations Mine Action Office (UNMAO), the United Nations Mine Action Service (UNMAS), UNDP and UNHCR, UNICEF supported mine-risk education (MRE) for more than 70,000 people in at-risk groups, including schoolchildren, returnees and IDPs, road construction crews and returns monitors in south Kordofan, southern Sudan, Darfur and IDP camps around Khartoum. More than 200 community volunteers and a total of 200 teachers were trained on delivery of MRE to their respective communities/schools in these areas.

To promote childhood development in the midst of conflict, some 166,000 out-of-school children currently spend time at 355 Children's Spaces in Darfur, where they can play free from violence and conflict. UNICEF supported the training of 240 humanitarian workers and 250 AU civilian forces on child rights, child protection, international and legal instruments protecting children in armed conflict, codes of conduct pertaining to prevention of sexual exploitation and abuse against children and women, and on sexual and gender-based violence. More than 700 humanitarian workers in southern Sudan were sensitized on the prevention of sexual abuse and exploitation of beneficiaries.

The community radio listening group project provides a link between communities and programme makers to develop programming that has a real impact on problems in the community and on positive behaviour change. So far, more than 400 radio listening groups have produced and broadcast programmes in 36 languages or dialects, covering topics such as HIV/AIDS, child immunization, girls' education and MRE.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

The UN in Sudan maintains parallel 'Country Teams' in the north and south, reflecting the 'one country, two systems' formula of the peace agreement. Inter-agency sectoral coordination mechanisms in southern Sudan – including UN agencies and local and international NGOs established during Operation Lifeline Sudan (OLS) – are evolving under the lead of relevant GOSS bodies. The United Nations Mission in the Sudan (UNMIS) is taking an integrated UN approach to major policy issues. UNICEF acts as a coordinating agency in water and sanitation, nutrition, and education, supports WHO in coordination of the health sector and works with UNMAS in protection issues.

Regular programme

UNICEF seeks to contribute to reducing child and maternal morbidity, mortality and malnutrition; reducing water-borne diseases; improving hygiene and other behavioural practices among communities (including the eradication of guinea worm); increasing access to quality basic education; promoting grass-roots peace-building and respect for children's rights and humanitarian laws protecting children and women; and continuous monitoring of the situation of children and women. The programme includes preparedness for emergencies such as conflict-related displacement, drought, floods and epidemics. The programme for southern Sudan has traditionally been completely funded through other resources (non-core UNICEF funding). In a two-pronged programme approach in southern Sudan, UNICEF will increase coverage of basic social services and simultaneously build institutional capacity and policy frameworks of the new GOSS. From September 2005, planning and programme delivery for the 10 states of southern Sudan includes both Sudan People's Liberation Movement (SPLM) areas and former GoS-controlled towns in a single programme.

UNICEF programmes in 2006 will continue to promote the survival, protection and well-being of children and women in conflict- and disaster-affected areas. In Darfur, UNICEF plans to reach vulnerable families living in rural communities – where food is scarce and services almost non-existent – that are only now becoming accessible to the humanitarian community. Support to the return and reintegration of displaced families, especially children and women, will be pursued as part of a wider effort to meet the basic survival and protection needs of vulnerable children and boost essential service provision in host communities. These efforts should also consolidate the peace process and prevent conflict over already scarce resources. Programmes will reach around 10 million people, including 6 million under-five children. As outlined in the 2006 UN and Partners Work Plan for Sudan, key interventions will include:

Cross-sector support for return and reintegration (US\$ 2,418,000)

- Continue the Sudan Information Campaign for Returns to allow IDPs/returnees, Sudanese refugees and other civil society communities in at least 26 locations (including Khartoum state) to make informed decisions about their movement, protection and well-being, through printed, broadcasted and traditional oral formats of information on topics such as public health and hygiene, landmine and UXO risk, and more.

Disarmament, demobilization and reintegration (US\$ 22,000,000)

- Ensure the disarmament, demobilization and reintegration of some 4,500 children remaining in the SPLA; up to 12,500 children associated with the Sudan Armed Forces and other armed forces in southern Sudan, south Kordofan, Abyei and southern Blue Nile; and at least 500 children from regular and militia forces in Darfur as part of an inclusive community-based reintegration programme for vulnerable children.

Education and vocational training (US\$ 84,456,500)

- Launch a 'Go-to-School' campaign to massively expand access to child-friendly primary school education for 900,000 children in all areas of southern Sudan through the construction/rehabilitation of schools, provision of temporary classroom tents, distribution of teaching-learning materials/ textbooks, training of 9,000 teachers, curriculum development and capacity-building of the GOSS Ministry of Education, Science and Technology.
- Restore or expand learning opportunities to 250,000 primary school-age children in eastern Sudan, Blue Nile, north and south Kordofan, Abyei and Khartoum IDP camps (including 10,000 nomadic children) through the establishment/expansion of school facilities, provision of teaching-learning materials and recreation kits, training of teachers, and strengthening of community planning and management of basic education.

- Ensure quality basic education for 375,000 war-affected school-age children (50 per cent girls) in Darfur (including 45,000 nomadic children) through construction/rehabilitation of classrooms, training of volunteers and teachers, distribution of education kits and textbooks, provision of uniforms for girls, and support to food-for-education activities.
- Introduce the Accelerated Primary Education curriculum for out-of-school adolescents in the north and increase literacy and numeracy skills for 45,000 out-of-school children and adolescents in Darfur; provide vocational training and literacy opportunities for 5,000 at-risk youth in southern Sudan.

Governance and rule of law (US\$ 1,536,000)

- Provide institutional support to mass media for improved coverage of children's and adolescents' issues, through training on the Convention on the Rights of the Child and rights-based reporting on children's issues.

Health (US\$ 60,583,000)

- Support polio vaccination coverage for 100 per cent of under-five children in Darfur and southern Sudan, and more than 90 per cent of under-five children in focus states in the north; reach all under-five children with vitamin A supplements alongside campaigns in southern Sudan.
- Complete a mass measles immunization campaign in southern Sudan, targeting about 5 million children between 6 months and 15 years; support smaller/mop-up measles campaigns in areas of displacement targeting 95 per cent of children 9 months to 15 years; conduct meningitis immunization campaigns in at-risk areas.
- Increase routine immunization coverage to 80 per cent in the north (including Darfur); expand routine immunization coverage in southern Sudan to at least 80,000 children.
- Provide comprehensive safe motherhood services, including emergency obstetric care, to 70 per cent of pregnant women in focus areas in the north and in 80 per cent of primary health care (PHC) centres in Darfur; expand the Safe Motherhood Initiative in southern Sudan to strengthen antenatal care/emergency obstetric care and provide PMTCT services at 120 health facilities, targeting at least 25,000 pregnant women.
- Deliver an essential package of PHC services to more than 5.75 million IDPs, returnees and host community residents (650,000 in the north, 2.5 million in the south, and 2.6 million in Darfur, including those in rural and non-GoS areas) through the rehabilitation of health facilities; provision of essential drugs to PHC facilities, including artemisinin-based combination therapies for malaria treatment; distribution of insecticide-treated nets to 865,000 households; and training of health workers, in the areas of reproductive health, correct case management of common diseases (including the Integrated Management of Childhood Illness initiative), routine immunization and vaccine management.
- Enhance response and preparedness to outbreaks, such as malaria and cholera in Darfur, through training of health workers and provision of drugs and related equipment.
- Promote increased HIV/AIDS awareness and prevention in all areas of Sudan with a particular emphasis on peer education among 2 million Sudanese youth and expanded access to VCCT services.
- Capacity-building of the Federal Ministry of Health and the Government of southern Sudan (GOSS).

Mine action (US\$ 4,270,000)

- Provide emergency MRE to 700,000 IDPs/refugees and community-based MRE to 500 mine/UXO-affected communities, and train 500 teachers and 100 health workers as MRE trainers.
- Integrate MRE into the Life Skills programme for southern Sudan targeting 200,000 children and youth both in and out of school; and provide MRE along return routes through partner NGOs.

Non-food items, common services and coordination (US\$ 56,616,002)

- Support policy and planning capacity, ensure inclusion of children's and women's rights at all levels of policy-making and provide an information base for effective programme planning in all UNICEF sector interventions including emergency preparedness, IDPs/returnees protection and peace-building.

- Support the GOSS to undertake the Multiple Indicator Cluster Survey/Family Health Survey as a vital step towards determining accurate baseline indicators for all stakeholders in southern Sudan and building capacity for a full census.
- Contribute to the provision of security coverage for humanitarian workers throughout southern Sudan.
- Provide on- and off-line searchable archive of the literature of the OLS period.
- Provide basic shelter, essential health and hygiene supplies for 173,000 families (IDPs, returnees and host communities) in eastern Sudan, Blue Nile, south Kordofan, Abyei and Khartoum IDP camps; and, for at least 80,000 vulnerable returnee and host community families in southern Sudan and in Darfur, procure and deliver through the common pipeline NFI kits to 470,500 families.
- Maintain capacity to restore basic shelter and survival supplies for up to 28,000 vulnerable families displaced or affected by conflict/drought/flood in southern Sudan (20,000) and eastern Sudan, Blue Nile, south Kordofan, Abyei and Khartoum IDP camps.

Nutrition (US\$ 21,372,600)

- Support growth monitoring at the health facility level and coordinate nutrition surveys/surveillance and assessments to monitor the nutrition status of children and women in IDP populations and in vulnerable or conflict-affected areas; support therapeutic feeding centres run by partners and home-based therapeutic care for severely malnourished children; train nutrition personnel on nutrition surveillance and management of severe acute malnutrition (SAM), and on community-based approaches to tackle micronutrient deficiencies.
- Procure and pre-position supplies for the treatment of 10,000 severely malnourished children and up to 50,000 moderately malnourished children in southern Sudan; rehabilitate at least 60 per cent of malnourished children in the north to contribute to the reduction in global acute malnutrition (GAM) rate to not more than 15 per cent.
- Ensure that at least 476,000 (90 per cent) of all children 6 to 59 months old in high-risk areas of Darfur receive adequate vitamin A supplementation and at least 616,000 (80 per cent) pregnant women and lactating mothers receive micronutrient supplements.
- Revitalize salt iodization plant in south Darfur and advocate for use of iodized salt in Darfur.

Protection and human rights (US\$ 18,670,000)

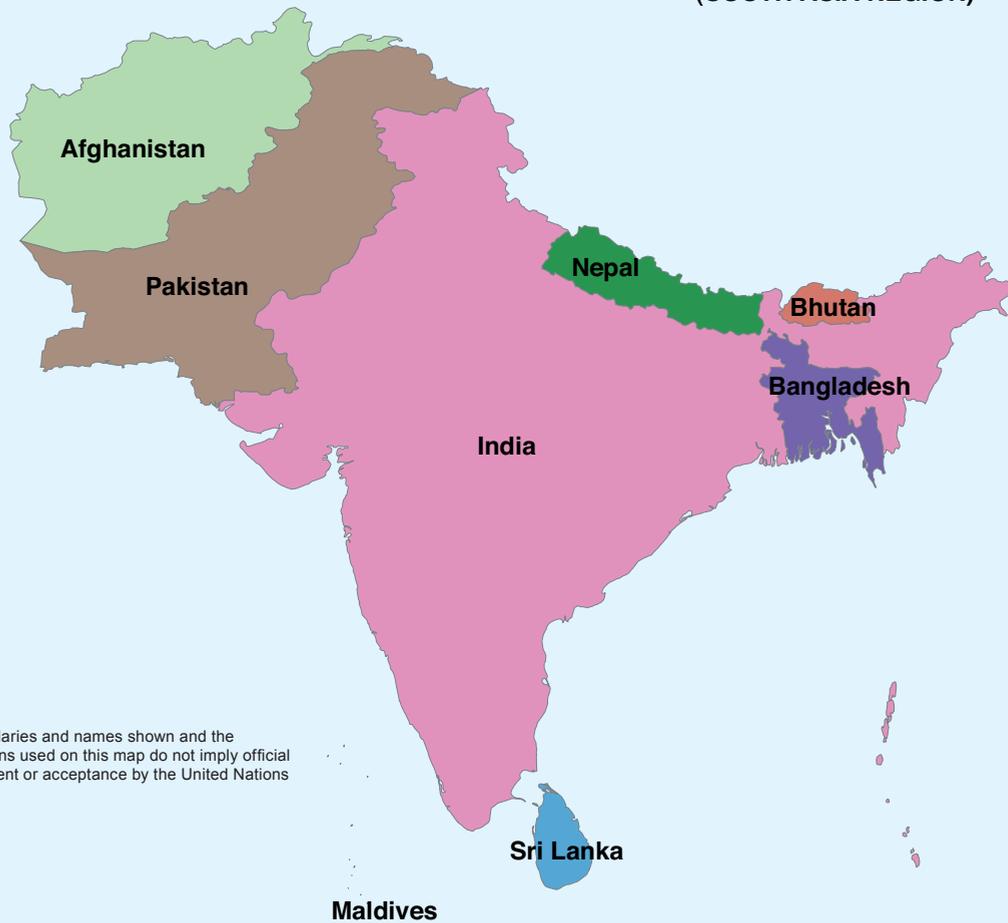
- Continue advocacy for the protection of children in IDP settings and on return routes, and for protection and family tracing services in the south and transitional areas with particular attention to the needs of girls; expand coverage of family tracing to Upper Nile, eastern Equatoria, south Kordofan and Abyei.
- In Darfur, conduct rolling situation analysis on child protection; sensitize 500 African Union Missions in Sudan (AMIS), GoS and humanitarian personnel on child protection issues; provide 150,000 children and 15,000 girls and women (victims of sexual abuse) with access to psychosocial support; train 2,000 teachers on child protection and psychosocial support for children; train 50 social workers and community members to provide alternative community/family-based care services for vulnerable children and women.
- Ensure government decisions are influenced by awareness of child rights and improved data and analysis on child protection; ensure effective legislative and enforcement systems and improved protection and response capacity to protect children from violence, exploitation and abuse, including exploitative child labour; support development of social welfare/protection structures within the new GOSS and policy development and community capacity-building for care and protection of children affected by HIV/AIDS.
- Provide 800 children deprived of their primary caregivers and currently placed in orphanages in Khartoum state with safe family placement; reunify 300 ex-camel jockeys in the United Arab Emirates with their families; repatriate ex-Lord's Resistance Army children to Uganda; promote non-institutional services for street children; use community-based child protection networks in towns in the south to actively engage 7,500 young people in youth participation activities; and support policy development for universal birth registration.
- Establish effective community-based structures for collective abandonment of FGM/C in Kassala, Gedaref, north and south Kordofan and south Darfur; ensure that FGM/C is included in national curriculum by end of 2006; support advocacy, awareness-raising and communication to prevent/address FGM/C.

Water and environmental sanitation (US\$ 59,145,000)

- Create new access or ensure continuous availability of safe water supply to more than 3.3 million IDPs, returnees, host communities and vulnerable populations (1,820,000 in Darfur, 1,082,750 in the north and 1,470,000 in the south).
- Ensure continuous availability of improved sanitation facilities for more than 2.2 million IDPs, returnees and vulnerable community members throughout Sudan.
- Conduct hygiene promotion and awareness activities among 3.9 million people (1,500,000 in Darfur, 470,000 in the south and 1,997,500 in the north) and distribute soap to IDPs in camps and at way stations.
- Train local communities and water and sanitation counterparts in target areas to build technical and administrative capacities and empower communities' operation, maintenance and management capabilities.
- Control the spread of diseases transmitted through mosquitoes and other vectors for 600,000 IDPs in camps in Darfur through spraying of camps and solid waste management.

SOUTH ASIA

ROSA REGION (SOUTH ASIA REGION)



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

SOUTH ASIA

Regional Office financial needs for 2006

Sector	US\$
Pre-positioning of emergency supplies	660,800
Technical support for emergency preparedness and response	160,000
Training for regional and country office capacity-building	120,000
Total *	940,800

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

South Asia is home to 585 million children and young people, constituting more than 25 per cent of the world's children. The region has the highest rate of absolute child poverty, after sub-Saharan Africa, with 330 million children suffering from two or more forms of severe deprivation (shelter, sanitation, information, water, food, health or education). Although data are sparse, estimates suggest a dramatic increase in trafficking of children, primarily for commercial sexual exploitation.

Nearly half of the world's undernourished children live in South Asia; this is shockingly disproportionate to the region's much smaller share of the global child population. Among South Asian children under five years old, 46 per cent are underweight (low weight for age), 44 per cent are stunted (low height for age), and 15 per cent are wasted (low weight for height). One third of annual global child deaths occur in South Asia, and the region has almost two thirds of the global burden of malnutrition and the world's second highest rate of maternal mortality, at a regional average of 560 deaths per 100,000 live births. More than 5 million people are estimated to be living with HIV in South Asia, an overwhelming number of whom are in India.

An estimated 164 million children of primary school age live in South Asia, but only 75 per cent of girls and 88 per cent of boys are enrolled in school. The region has the highest difference between adult male and female literacy rate, a 24 per cent gap, and the adult literacy rate for men is 66 per cent – for women as low as 42 per cent.

This is one of the most emergency-prone regions in the world. Natural disasters directly affect tens of millions of people perennially. Bangladesh and India are regularly affected by monsoon floods. Three countries in the region were severely affected by the December 2004 tsunami. More than 38,000 people were killed in Sri Lanka and the tsunami affected 80 per cent of the Maldivian population. As always, children were among the first casualties of this devastating disaster. Pakistan and India were severely affected by the October 2005 earthquake. In Pakistan, half of the earthquake victims were children, many of whom were in school at the time of the quake.

In addition to natural disasters, several countries in the region experience political crises and civil strife, posing severe challenges for human rights, rights of the child and child protection.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

Coordination and partnership

Much of the UNICEF's Regional Office for South Asia (ROSA) support to Country Offices in the first half of 2005 was devoted to the tsunami relief effort. ROSA technical advisers in both programme and operational clusters were deployed to assist country teams in India, Sri Lanka and the Maldives. The results of the combined regional and country-level effort were analyzed by an independent team commissioned by ROSA to document major events and draw up lessons learned. The team's findings were reviewed in September 2005 at a validation workshop attended by UNICEF staff from headquarters locations, ROSA and the Regional Office for East Asia and the Pacific (EAPRO), and the affected countries themselves. This exercise constituted a regional contribution to the UN system-wide evaluative process established for the tsunami relief and recovery effort.

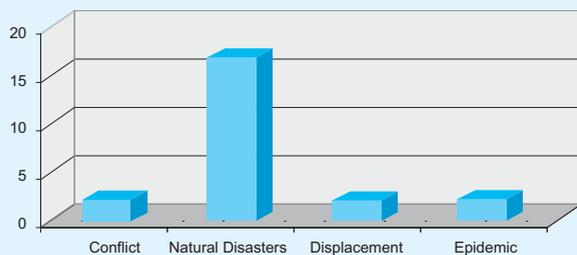
The overall 2005 workplan for the ROSA Emergency Planning Cluster was conditioned in major part by global organizational emergency preparedness and response projects established with the UK Department for International Development (DFID) and the European Commission Humanitarian Aid department (ECHO). The ECHO project's focus countries in the South Asia region included Nepal and Afghanistan. A two-year regional capacity-building project with AusAID was concluded in 2005: the focus countries for this project were Nepal, Pakistan and Sri Lanka.

Cooperation with EAPRO was maintained throughout all phases of the tsunami relief and recovery effort in 2005, given the convergence of priorities, issues and experiences that marked UNICEF's involvement in both affected regions. Joint regional planning and participation also occurred through four major emergency programme-related training workshops held during 2005.

Within days after the 7.6 magnitude earthquake devastated areas of northern Pakistan and affected adjacent areas of Afghanistan and India on 8 October 2005, ROSA staff were deployed to the UNICEF Pakistan Country Office, including ROSA emergency planning, water and sanitation and child protection advisers, along with a regional stress counsellor.

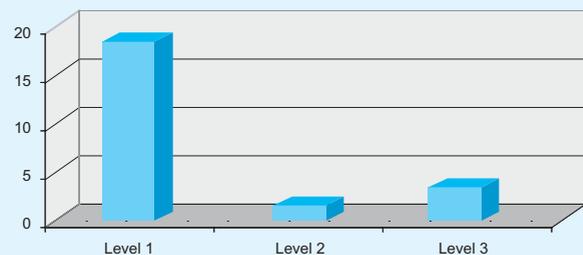
Actions and achievements

ROSA's Emergency Response by Type*



* INDICATIVE – Number of emergency incidences reported by Country Offices for year 2004.

ROSA's Emergency Response by Mobilization Level*



* Mobilization Level:
 Level 1. Little or no Regional Office/Headquarters' support (funds, staff, supplies) required by the Country Office to respond.
 Level 2. Additional Regional Office/Headquarters' support (funds, staff, supplies) required by the Country Office to respond.
 Level 3. Massive UNICEF mobilization required to respond.

For 2005, UNICEF ROSA emergency preparedness and response support activities were constructed around the following strategic priorities:

- *Value-added technical support* (preparedness, operations, learning, staff security);
- *Database management* (including deployment of human resources for rapid assessment and programme monitoring); the establishment of stand-by rosters; data collection;
- *Lessons learned for emergency preparedness and response* (evaluation of tsunami response; monitoring and evaluation in emergencies);
- *Networking and partnerships* (centred on advocacy for children affected by armed conflict and related technical support);
- *Tsunami and other emergency response* (including major support measures for sectoral programming, operational support and emergency planning).

Key actions and achievements in 2005 included:

Emergency supply pre-positioning

Through a regional capacity-building initiative funded in 2004 by the Australian Government (AusAID), the equivalent of just over US\$ 340,000 was allocated for the purchase of emergency contingency supplies for Nepal, Pakistan and Sri Lanka. These offices were selected in consultation with the UNICEF Supply Division following a review of comparative needs and response capacities among the eight Country Offices in the region.

In Sri Lanka, emergency household, water and sanitation, shelter and health-care items were entirely used by the Office within two weeks following the start-up of UNICEF's tsunami response.

In Nepal, emergency supplies procured are pre-positioned in UNICEF sub-offices and are available for rapid distribution to affected populations in the event of any emergency. These supplies also serve as a buffer stock under the conflict contingency plan formulated by the office in April-May 2005. In mid-August

an AusAID representative visited one of the storage sites in the company of ROSA and Nepal Country Office staff.

In Pakistan, supplies procured during the second half of 2005 were originally earmarked to replenish stocks used during UNICEF's response to the severe cold wave that affected populations in Pakistan's western provinces in January-February 2005. They were, however, used to bolster UNICEF-Pakistan's early action plan in response to the October earthquake.

Technical support

Apart from training activities, UNICEF ROSA technical support encompassed:

- Direct technical support to tsunami (India, Sri Lanka, the Maldives) and earthquake (Pakistan) affected countries during the immediate response and ensuing relief phases. This support entailed the deployment to affected offices of a majority of ROSA's regional programme advisers and operations officers.
- Participation with EAPRO staff in the formulation of a workplan for the adaptation to emergency situations of DevInfo, the common tool of UN agencies for monitoring the Millennium Development Goals.
- Technical review of newly-updated emergency programming tools (for rapid assessment as well as monitoring of office performance in implementing UNICEF's Core Commitments for Children in Emergencies accountabilities).

ROSA emergency and child protection staff also worked closely with the Nepal Country Office in their preparation of a conflict contingency plan. The overall planning assumptions contained in this plan were incorporated into a UN-Nepal Country Team complex emergency contingency plan issued in draft form in late May. The UN Country Team plan constituted a framework for developing the Consolidated Humanitarian Action Plan of the United Nations Consolidated Inter-Agency Appeal for Nepal that was due to be issued in November 2005.

ROSA staff members also attended several training courses and workshops on emergency preparedness and response capacity-building.

3. PLANNED HUMANITARIAN ACTION FOR 2006

South Asia is home to roughly one fifth of the global population and is the most natural disaster-prone region of the world. In 2005 major natural disasters – including one of unprecedented scale – impacted on all but three of the eight countries of the region. ROSA will thus continue to increase its emergency preparedness and response support to the eight Country Offices to which it provides guidance and assistance.

Coordination and partnership

ROSA's support to Country Offices for emergency preparedness and response will continue in 2006 within the framework of the organizational-wide projects in this field supported by DFID and ECHO. The goals set for these partnerships relate to: fully operationalizing UNICEF's Core Commitments for Children in Emergencies; strengthening the UN inter-agency response system; early warning and preparedness capacity; improving emergency response, performance and monitoring; monitoring and reporting for children affected by armed conflict/violation of child rights. In the specific area of child protection in emergencies, ROSA will continue to work within the inter-agency consortium on Action for the Rights of Children (ARC) constituted by, in addition to UNICEF, UNHCR, OHCHR and the Save the Children Alliance.

Planned activities

Pre-positioning of emergency supplies (US\$ 660,800)

The justification for the pre-positioning of emergency supplies was abundantly illustrated in the aftermath of both the December 2004 tsunami emergency and the October 2005 South Asia earthquake emergency: UNICEF offices in Sri Lanka and Pakistan had earlier received supplies procured under the AusAID grant for 2004. The Nepal Country Office was the third beneficiary of the AusAID grant and pre-positioned water and sanitation (watsan), shelter and basic health-care items in field offices – as a valuable contingency measure should there be a further deterioration of the situation in the country. For 2006, UNICEF ROSA considers it necessary to provide a minimum of four or five Country Offices with similar support, given the perennial risk of natural disasters and unabated concerns with respect to ongoing and possibly emerging conflict situations in the region. This increase in support is further justified by the priority given to the South Asia region for the piloting of UNICEF's new supply tracking system and the requirements placed on ROSA for assisting in the monitoring and review of its implementation.

Technical support for emergency preparedness and response (US\$160,000)

UNICEF ROSA staff will work with colleagues at country level to ensure that emergency preparedness and response plans are updated on an annual basis. Additional preparedness mechanisms developed in 2005 by UNICEF Headquarters will also be made available at country level through ROSA support. These mechanisms include a global early warning/early action system that links headquarters, regional and country offices, as well as simulation exercises that encompass conflict, drought, flood and earthquake-specific scenarios. A fourth technical support component in 2006 – emergency telecommunications – builds on the positive results registered in 2005, when additional funding for telecommunications support proved invaluable in enabling ROSA to strengthen emergency early response efforts in tsunami-affected countries as well as those impacted by the October 2005 earthquake.

Training for regional and country office capacity-building (US\$ 120,000)

Training and capacity-building activities in 2006 will complement elements of ROSA technical support. In some Country Offices, specialized training will be required to upgrade office capacities with respect to existing preparedness mechanisms or to introduce new ones. Along with other UNICEF regional offices, ROSA will be responsible for extending organizational knowledge through regional and country staff training in areas of rights-based programming that interface with emergency preparedness and response. ROSA will also support the Nepal Country Office in its monitoring and reporting on children affected by armed conflict.

UNICEF HUMANITARIAN ACTION

AFGHANISTAN

IN 2006



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

CORE COUNTRY DATA

Child population under five (thousands)	5329
U5 mortality rate	257
Infant mortality rate	165
Maternal mortality ratio (1990-2004 reported)	1600
Primary school enrolment ratio male/female (net, 2000-2004)	n.a.
% U1 fully immunized (DPT3)	66
% population using improved drinking water sources	13
HIV prevalence	n.a.
% U5 suffering moderate and severe malnutrition (stunting)	54

Source: *The State of the World's Children 2006*

Summary of UNICEF financial needs for 2006

Sector	US\$
Health and nutrition	676,918
Water and environmental sanitation	2,831,451
Education	13,813,383
Child protection	273,459
Humanitarian response activities	4,033,799
Emergency coordination, assessment and monitoring	225,782
Total*	21,854,792

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

More than 20 years of conflict in Afghanistan have gravely affected the well-being and livelihood of children and women throughout the country. The total population is approximately 24 million, with 5.4 million children under five, and a similar number of women of childbearing age. Seventeen per cent of children will not survive to their first birthday, while two women die every hour due to complications in childbirth or pregnancy. Under-five mortality means that one in four children die before their fifth birthday. More than 50 per cent of children suffer from moderate and severe stunting.

Access to health services is limited with an estimated 10 doctors for every 100,000 people.¹ Routine immunization coverage of children is estimated at 66 per cent, with preventable or easily-treated diseases remaining the main killers of Afghan children and women. Malaria, measles, respiratory infections, chronic malnutrition and poor child feeding practices are responsible for the majority of deaths. Only 13 per cent of the entire population has access to potable water. Access to safe sanitation facilities is similarly low, at 12 per cent. Tuberculosis, neglected since the beginning of the conflict, is a serious public health threat throughout the country.

Half of primary school-age children are out of the education system and drop-out rates remain high. An estimated 2 million children of primary school age, including 1 million girls, receive no education.² Landmines and unexploded ordnance affect all regions of the country.

In addition to the challenging human development context, Afghanistan has an annual cycle of small-to medium-scale disasters. Extremely cold winters, combined with lack of appropriate housing, heating amenities and winter clothes, can cause a significant number of children to suffer from acute respiratory infections (ARI). Harsh winters are followed by floods due to melting snow and rains, with contamination of the already poor water supplies resulting in diarrhoeal disease outbreaks and destruction or damage to livestock, houses, crops and other infrastructure such as schools and clinics. The dry and hot summers can negatively affect the water supply and cause shortages of safe drinking water, especially in those areas still recovering from a seven-year drought. Other sporadic emergencies are caused by seasonal drought, locusts, avalanches, landslides and earthquakes.

“I want to become a doctor.”



Najila, a 10-year-old girl from Kamari village in Bagrami district, near the Afghan capital Kabul, has bitter experience of the lack of trained health workers in her community. *“Three years ago, my brother got very sick. My father took him from one doctor to another because he didn’t get well. I wish I could study chemistry, because I want to become a doctor.”* Lack of formal school houses in many communities creates an obstacle to girls’ enrolment, and UNICEF has been supporting the development of non-formal education for more than 250,000 children in these communities – providing tents, school materials and training for local literate women to act as schoolteachers. The community-based schools are monitored by local education officials, and follow the national curriculum so that girls can move to formal schools later, when they are constructed. Najila and her friends Binafsha and Spujmai now study alongside 140 other children from the village in their community-based school.

¹ Best Estimates of Social Indicators for Children in Afghanistan 1990-2005. Islamic Republic of Afghanistan/UNICEF, 2005.

² Ibid.

Security in some parts of the country remains volatile, with humanitarian staff forced to rely on armed escorts in a number of provinces, and enhanced security measures in many parts of the country. This places considerable constraints on programme delivery.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

Significant progress has been made against the humanitarian action objectives set for 2005; mass polio immunization campaigns have reached an estimated 5 million children throughout the country, while vitamin A distribution reached a similar number of under-five children. UNICEF supported the establishment of five salt iodization plants to help further progress towards reduction in iodine deficiency disorders, as well as therapeutic feeding programmes in 20 hospitals. Five regional comprehensive emergency obstetric care hospitals and one provincial hospital received comprehensive supply, salary and training support. More than 90 health workers were trained in emergency obstetric care, and 250 blood technicians were trained on safe blood supply. By the end of the year, three regional hospitals were scheduled to benefit from having an international clinical mentor to provide long-term training and management support. More than 250,000 children benefited from community-based schools established in areas with no formal schoolhouse, while learning materials were provided to 4.87 million children through the formal education sector. Some 27,000 teachers received in-service training on improved classroom techniques and 3,700 teachers were trained in hygiene promotion, in an effort to reduce incidences of diarrhoeal diseases and other water-related illnesses. More than 8,000 children – including street working children, children of IDPs and returnees – received vocational training support, while 263 children living in orphanages were assisted to return to family-based care. More than 950,000 people benefited from mine-risk education programmes, and more than 670 professionals received training on prevention of child trafficking.

UNICEF was an active member of the Combined Disaster Management Team (CDMT) at all national and sub-national levels. During 2005, UNICEF assisted approximately 290,000 individuals affected by emergencies such as extreme cold weather, floods, acute respiratory infections and diarrhoeal disease outbreaks.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

Emergency response is coordinated by the Government of Afghanistan, through its Emergency Response Commission, incorporating eight line Ministries. UN system support is provided through this Commission, along with NGO inputs. A Combined Disaster Management Team (CDMT), consisting of UN agencies, NGOs and local authorities, is tasked with practical implementation of emergency response and reports to the Commission. Depending on the nature of the emergency, UNICEF may be requested to lead coordination in a specific sector or geographical region.

Regular programme

Emergency preparedness and response activities are fully integrated into the main programme sectors of the UNICEF Country Programme 2006-2008. In addition to mainstream support to national and area-based capacity-building, each programme sector is also responsible for ensuring that a humanitarian response element is included in its annual work plan to support the development of emergency response capacity and management among government counterparts.

Health and nutrition (US\$ 676,918)

UNICEF has a dual approach in the health and nutrition programme: on one hand, the Ministry of Public Health is supported to develop an effective response mechanism in case of emergencies or disease outbreaks, in close collaboration with WHO; on the other hand, UNICEF will be prepared to assist the national system to respond when medical emergency situations occur in 2006. The preparedness plan

covers 200,000 individuals and 40,000 children under five years for vaccination campaigns, if so required. Key activities include:

- Contribute to developing a standard protocol and tools for emergency response;
- Assist in establishing one Emergency and Epidemic Preparedness and Response team in each targeted province;
- Assist in establishing an early warning system;
- Strengthen the communication mechanism for information-sharing with stakeholders and the community;
- Pre-position basic emergency supplies at national and regional levels;
- Conduct a rapid immunization response to prevent outbreaks;
- Prepare for rapid response in other disease outbreaks, such as diarrhoeal diseases or ARI.

Water and environmental sanitation (US\$ 2,831,451)

As demand for sustainable water and sanitation in communities and schools is high, especially in emergency situations, the provision of water and sanitation (and especially hygiene education) are decisive in avoiding diarrhoea, the main cause of death among under-five children in Afghanistan. This emergency programme targets 40,000 families possibly affected by floods, landslide or water shortages at the end of summer. An integrated package of water and environmental sanitation interventions, covering safe water supply and adequate sanitation facilities and hygiene education, includes these key activities:

- Providing water purifying tablets for safe water conservation in households;
- Providing clean water by tankers to affected areas, as needed;
- Chlorination of wells in the communities;
- Providing 1,000 water points to affected communities;
- Assisting the affected communities in constructing 20,000 family latrines.

Education (US\$ 13,813,383)

Net attendance rates in primary education have increased in recent years, especially for girls; 66 per cent of boys and 40 per cent of primary school-age girls are in school, compared to 41 per cent for boys and 13 per cent for girls in 2002. However, 2 million children are not yet enrolled. A large gender disparity continues in net attendance across provinces. In nine provinces, girls' non-enrolment is especially alarming and stands at more than 80 per cent, and is even 99 per cent in two provinces. The girls' non-enrolment in those particular provinces is an emergency and demands urgent interventions. Insufficient numbers of female teachers and lack of facilities are key causes of low enrolment.

UNICEF will address the lack of teachers by supporting a special initiative to identify 10,000 educated women inside and outside the country and to provide them with accelerated pre-service teacher training. To address the pressing need for more learning spaces UNICEF will assist communities to construct classrooms through their own efforts, by providing construction materials and technical support.

To keep its core commitments on education in emergencies, UNICEF will also ensure availability of 2,000 sets of classroom tents, floor mats and blackboards to be used in the event of natural disasters. A total of 400,000 children deprived of access to education, 10,000 female teachers and 40,000 children affected by emergency situations will benefit from these education programmes.

Child protection, including mine-risk education (US\$ 273,459)

Some 110,000 children under 18 are estimated to be involved in small-scale emergencies in Afghanistan each year. UNICEF will assist the Ministry of Labour and Social Affairs to conduct an appropriate rapid assessment in case of such emergencies and to create child-friendly spaces and interim care centres if required; to establish child rights monitoring committees with women's participation; to contribute to effective tracing of separated children; to sensitize communities on child abuse, violence and exploitation; and to conduct mine-risk awareness campaigns in affected communities.

Emergency relief items (US\$ 4,033,799)

In coordination with the combined Government/UN emergency preparedness and response mechanism, UNICEF will pre-position relevant supplies in its sub-offices and other strategic places. This will cover 40,000 families with a standard package of tarpaulins, blankets, warm clothing for women and children, jerrycans and family kits. This intervention is in line with the Shelter and Humanitarian Assistance part of the Government of Afghanistan's 2005 Winterization and Post-Floods Workplan. UNICEF's support in terms of physical assets is likely to be reduced in coming years.

Coordination, joint rapid assessment and monitoring (US\$ 225,782)

Monitoring of emergency activities will be undertaken through various government counterparts, joint UN missions, NGO partners and UNICEF staff based in the Country Office, Zonal Offices and provinces. Under the new Country Programme 2006-2008, UNICEF will expand its presence in the provinces with 14 outposts in the poorly-served provinces with the worst social indicators, where harsh winter and limited access have always posed problems. Joint monitoring missions will be sent to different locations to regularly monitor the distribution and implementation of emergency assistance.

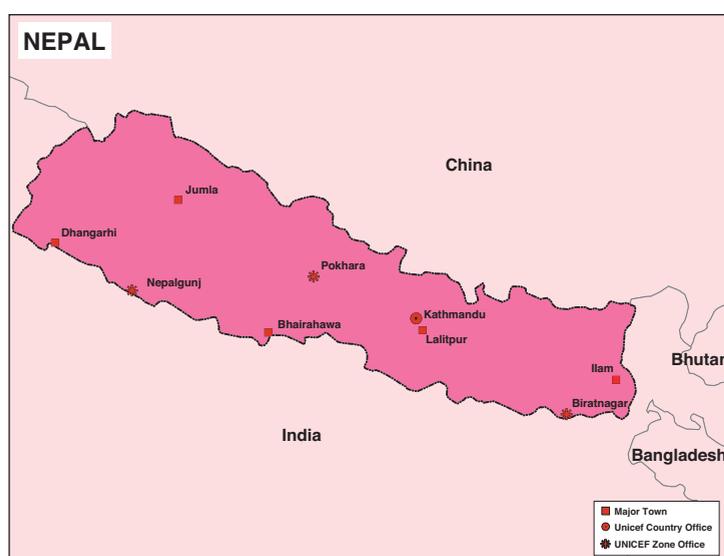
To enhance timely, appropriate and effective emergency response at the provincial level, UNICEF will embark on the following measures, in consultation with government authorities and other stakeholders at different levels:

- Conduct training for the CDMT on emergency preparedness, response and rapid assessment;
- Conduct joint assessment and monitoring in affected areas.

UNICEF HUMANITARIAN ACTION

NEPAL

IN 2006



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CORE COUNTRY DATA

Child population under 18 (thousands)	12260
Child population under 5 (thousands)	3638
U5 mortality rate	76
Infant mortality rate	59
Maternal mortality ratio (1990-2004 adjusted)	740
Primary school enrolment ratio male/female (2000-2004, net)	75/66
% U1 fully immunized (DPT3)	80
% population using improved drinking water sources	84
HIV prevalence (adults and children, thousands)	61
% U5 suffering moderate and severe malnutrition	51

Source: *The State of the World's Children 2006*

Summary of UNICEF financial needs for 2006

Sector	US\$
Health and nutrition	1,465,620
Water and environmental sanitation	731,800
Education	1,598,000
Child protection	1,031,819
Mine action	159,000
Multisectoral	1,170,234
Earthquake and other natural disaster preparedness	856,250
NGO and inter-agency coordination and management	275,000
Total*	7,287,723

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

As a result of the Maoist insurgency that has affected Nepal since 1996, children and women are affected by a decrease in quality and availability of health services and education.

It is estimated that the Maoists can control access to the population in up to 80 per cent of the country. Schoolchildren, teachers and women are frequently abducted for indoctrination purposes, but most, if not recruited into Maoist ranks, return safely to their village. A growing number of under-age children are serving as child soldiers, mostly as informants, cooks, helpers, but increasingly, it is believed, in armed roles. The conflict also manifests itself in numerous school closures, deliberate destruction of administrative buildings at district level, and increasingly frequent human rights violations by both Government security forces and Maoists. All this occurs against a background of impunity and growing lawlessness, as is now regularly being highlighted in reports by international human rights organizations.

Families have had to leave their homes as a result of being unable to sustain their livelihoods because of the conflict and the threats from the warring parties – and in particular by the Communist Party of Nepal/ Maoists' drive to recruit 'one full time member from each family'. These often poor and marginalized people have settled in slum areas around district headquarter towns, or in Kathmandu, or have continued to India. In some highland villages up to 80 per cent of the population has left. This has resulted in a breakdown of village social structures where only vulnerable groups (mothers, children, senior citizens) are left behind.

Nepal is also highly prone to earthquakes and other natural disasters, such as floods and landslides.

Leaving home in search of safety



"My home is in the hills of Bhojpur in Eastern Nepal, but for the past two years I have been living in the relative safety of a city in the plains. My parents urged me to leave the village because the Maoists rebels were pressurising every family in the village to 'give' an adolescent child to join their militia. Anyone who was able to – or had the means to – was leaving the village due to this threat. In the city I am working as a domestic help in the house of a judge. I am also getting to study here in the urban out-of-school programme. At home, my family did not have enough to send me to school. My parents, grandmother and my four younger sisters and brothers are still back in the village. I think I should call my brother to the city too. It is much safer here."

Uddhab Bhujel, 15 years old, in Eastern Nepal.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

UNICEF has been working closely with other UN agencies, local and international NGOs and bilateral agencies to respond to the needs of the Nepalese children and women affected by the conflict. There are several coordination mechanisms, either based on specific projects or on thematic areas, e.g. child protection, education for all. National and local human rights organizations have played an indispensable role in facilitating access to populations in the conflict-affected areas. Two measles control campaigns were conducted in January and April in 40 of Nepal's 75 districts. Preliminary estimates show that more than 95 per cent of children aged 9 months to 14 years were reached, irrespective of the degree of conflict prevailing locally. The same success was reported for the nationwide campaigns for distribution of vitamin A in April and October.

The area-based component of UNICEF's programme allowed concrete actions in health, education, water, sanitation, protection and HIV/AIDS, mostly in conflict-affected areas, to continue in 2005. In the education sector, UNICEF focused on lower caste, out-of-school children and enrolled them in special courses. Upon completion, many moved on to the regular school system. Following a successful pilot in 2004,

the Ministry of Education – in partnership with UN agencies, NGOs and community-based organizations – implemented a ‘Welcome to School’ drive in 60 of Nepal’s 75 districts. Initial results suggest that, in more than one third of the districts, enrolment in grade one increased by 25 to 30 per cent. Sanitation and hygiene promotion was conducted in 1,000 schools. Separate toilets for girls and boys were installed in 280 schools. In an estimated 10,500 households, toilets were installed and 54,000 tube wells were tested for arsenic. A hand-washing-with-soap campaign was launched through local FM radio and intensive house-to-house visits.

In 210 villages in 15 districts, paralegal committees were set up and trained on defending children’s and women’s rights. The paralegal committees are of particular importance to disadvantaged groups and, as such, also help to mitigate the root causes of the conflict and facilitate the long-term process of reconciliation and healing for victims and their communities. HIV/AIDS is an emerging problem and UNICEF supported primary prevention activities among young people as well as programmes to prevent mother-to-child transmission of HIV. Conflict-induced migration and lawlessness is increasing the risk of HIV/AIDS and community communicators were used to mitigate this in selected districts. UNICEF is also about to start a paediatric care and support programme.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

UNICEF collaborates closely with the UN Country Team, local and international NGOs and bilateral agencies. The decentralized character of UNICEF’s implementation requires continued close coordination with district authorities and national and local human rights organizations.

Regular programme:

The Country Programme (2002-2006) focuses on community initiatives in 23 districts to improve the lives of children and women. Nationwide interventions include support to the national immunization and vitamin A programmes. The Country Programme has been adapting its implementation modalities to allow it to operate effectively in the conflict. Humanitarian activities are woven into the regular programme and UNICEF is targeting additional areas particularly affected by the conflict.

Health and nutrition (US\$ 1,465,620)

Some 420,000 children and women in highland village communities and in displaced urban communities will benefit from the following key activities:

- Training 5,000 health facility staff and community health volunteers on emergency health and nutrition;
- Strengthening monitoring systems for immunization coverage in conflict-affected areas to provide timely information on bottlenecks which need to be addressed;
- Procuring therapeutic foods, anthropometric equipment and supplies for feeding centres;
- Nutrition surveys;
- Training in nutrition assessment and awareness raising;
- Providing essentials drugs and basic equipment to health posts and sub-health posts to alleviate shortages;
- Procuring post-rape care and post-exposure prophylaxis (PEP) kits for 370 reported victims;
- Technical assistance and project support.

Water and environmental sanitation (US\$ 731,800)

Existing services for water supply and sanitation and management capacity have to be upgraded for a quick response to needs that may be occasioned by a sudden increase in vulnerable internally displaced persons (IDPs). Some 35,000 displaced children and 15,000 displaced women will benefit from the following key activities:

- Assessing and, where necessary, upgrading existing water supply schemes in 40 district headquarters;
- Preparing response plans in districts and regional centres;
- Training local partners to provide emergency assistance and relevant information;
- Developing and printing IEC materials on water supply, sanitation and hygiene tailored to camp situations;
- Pre-positioning basic emergency supplies in two regional centres and Kathmandu.

Education (US\$ 1,598,000)

A total of 335,000 children in conflict-affected communities, including urban communities of displaced families, will benefit through the following key activities:

- Providing temporary classrooms to the most affected schools;
- Hiring and training temporary or para-teachers to provide a quality basic education;
- Repairing and replacing damaged school infrastructure, including furniture;
- Supplying basic educational and recreational materials – including stationery, textbooks, library books and other teaching-learning materials – to children and teachers;
- Expanding access to early childhood development centres with a special focus on children of IDP families;
- Training School Management Committees and Parent Teacher Associations to support school improvement and other child-friendly initiatives;
- Providing basic education to over-age children with alternative schooling when appropriate;
- Increasing emergency preparedness by developing education contingency plans with key partners;
- Developing rapid assessment tools;
- Pre-positioning stocks of basic emergency supplies and equipment.

Child protection (US\$ 1,031,819)

UNICEF will target children associated with armed groups (CAAGs) as well as those at risk of recruitment through the following key activities:

- Strengthening in 28 districts – and expanding to 20 new districts – the monitoring and reporting system on children's rights violations in armed conflict, including the use of children as soldiers;
- Developing a common national framework for recovery and reintegration of child victims of violence and exploitation, including CAAGs;
- Training at least 500 staff of partner NGOs and government child protection agencies in basic social work and case management, psychosocial interventions, child protection principles and interaction with the media;
- Piloting a new framework for recovery and integration of CAAGs, benefiting at least 250 children and their families.

Mine action (US\$ 159,000)

Some 50,000 children and 25,000 women will benefit from mine-risk education (MRE) through the following key activities:

- Developing a comprehensive surveillance system for incidents and casualties;
- Expanding initial mapping of incidents involving explosions;
- Baseline research about understanding the risks of explosive devices;
- Research on best mechanisms for reaching populations most at risk;
- Developing and producing MRE emergency kits for pre-positioning;
- Social mobilization campaigns.

Multisectoral (US\$ 1,170,234)

In nine heavily conflict-affected highland districts, UNICEF will implement (jointly with WFP) a multisectoral programme benefiting 35,000 children and 20,000 women through the following key activities:

- Rehabilitating primary schools (including installation of water and sanitation facilities), health posts and sub-health posts;
- Training education and health staff, including female community health volunteers and traditional birth attendants;
- Providing alternative learning opportunities for out-of-school children.

Earthquake and other natural disaster preparedness (US\$ 856,250)

A coordinated disaster response plan and mechanism will be developed, potentially benefiting 600,000 people, including 300,000 children and 180,000 women, through the following key activities:

- Preparing sector response plans linked to municipal disaster risk management plans of the three municipalities in Kathmandu valley;
- Developing rapid assessment tools, followed by training of sector professionals, NGOs and other partners;
- Pre-positioning basic emergency supplies and equipment;
- Training municipal official and ward leaders, schoolteachers, scouts, block health promoters, Red Cross volunteers, in communicating message on oral rehydration therapy (ORT), hygiene and sanitation, nutrition and protection of separated children.

NGO and inter-agency coordination and management (US\$ 275,000)

Coordination with local and international NGOs and bilateral agencies will require frequent internal and externals consultations.

- Emergency Officer (L-4), 12 months;
- Humanitarian coordination with OCHA, CAP partners and donor agencies;
- Monitoring and assessment of the humanitarian situation of children and women;
- Continuous assessment and analysis of UNICEF capacity and that of its partners to effectively reach populations in need of humanitarian assistance;
- Ensuring humanitarian situation reporting and preparation of donor reports;
- Financial monitoring and reporting of donor contributions.

THE AMERICAS AND CARIBBEAN



Regional Office financial needs for 2006

Sector	US\$
Support to preparedness of Country Offices	500,000
Regional preparedness measures	600,000
Protection and psychosocial support of children in emergencies	250,000
Education for disaster preparedness	580,000
Humanitarian advocacy on children's issues	100,000
Total*	2,030,000

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

In 2005 children and women were once again the main victims of ongoing complex emergencies in Colombia and Haiti, which provide a major focus of attention for humanitarian activities in the region of Latin America and the Caribbean. The region was also hit this past year by a number of large natural disasters which left thousands dead and affected hundreds of thousands across Latin America and the Caribbean.

This section reviews the major emergency situations in the region in 2005 and their humanitarian impact on children and women and seeks support for urgent measures to be adopted in 2006 to enhance emergency preparedness and provide emergency relief assistance.

Complex emergencies in Colombia and Haiti

Complex emergencies in Colombia and Haiti must be highlighted because of their humanitarian impact on children and women. The conflict in Colombia is in its fifth decade and continues to generate grave human rights violations and to have a deep impact on the humanitarian situation of a large portion of the Colombian population. Even if the figure of those internally displaced every year by the conflict has gone down from its peak in 2002, it still ranged this past year in the hundreds of thousands, thus creating huge humanitarian needs which stretch the coping mechanisms of communities and the response capacities of State and other humanitarian actors. Other direct impacts of the conflict on children are the continued recruitment of child soldiers by rebel armed groups and the severe humanitarian threat to children posed by the continued use of landmines, which has increased in recent years.

In Haiti, the poorest country of the western hemisphere, children and women continue to evolve in an environment characterized by troubled institutions, disintegrated infrastructure and reduced access to basic social services in parts of the country. Whereas efforts by the UN peacekeeping mission to bring safety and security to allow humanitarian activities were successful in most parts of the country, some neighbourhoods in the capital of Port au Prince remain violent, with basic services shut down. In addition, its location renders Haiti particularly prone to natural disasters and poverty renders the population particularly vulnerable to their effects. Even though in 2005 the country was spared devastation on the scale brought about by the tropical storm that hit the island in September 2004; two hurricanes and a number of floods still created localized emergencies.

Large-scale disasters in Central America

Every year between July and December, tropical storms form and evolve in the Caribbean Sea, often impacting on countries of the Caribbean, Central America and the south and eastern coasts of the United States. The 2005 Caribbean hurricane season went down in history for its record number of named tropical storms. Of these, 13 were hurricanes, many of which had devastating effects on the lives of children and women in several countries of the region.

In September, the devastating hurricane Katrina hit Louisiana, in the USA. Many children and young people who survived the hurricane lost their homes and schools and found themselves living in temporary shelters far from their communities and loved ones. In early October, the passage of hurricane Stan provoked the worst disaster to hit Central America this decade when heavy rains caused massive flooding and hundreds of landslides across the region. The effects of Stan on Central America were compounded in the following weeks by rains unleashed by the passage of hurricane Wilma and, to a lesser extent, Beta. Across Central America, close to 2,000 people died or disappeared (most of them in Guatemala), hundreds of thousands were moved to temporary shelters, thousands of homes were lost and damage to infrastructure was extensive. Guatemala, in particular, and El Salvador were hit hardest, but the disaster also had grave consequences on children and women in other countries of the region. Widespread destruction was caused in southern Mexico. In Nicaragua, the rains of this season further deteriorated conditions for indigenous communities, which are highly vulnerable due to isolation and limited access to services. Severe damage was also sustained in Honduras and Costa Rica.

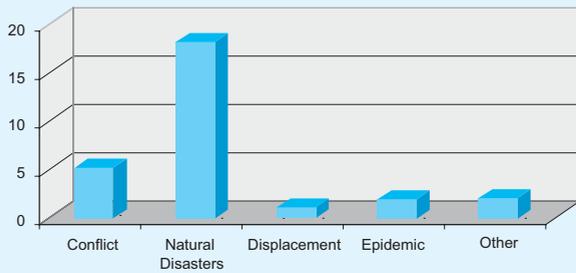
In all of these large-scale sudden emergency situations, children and women are particularly at risk. Humanitarian relief operations, led by national authorities and supported by UNICEF and other humanitarian actors, were established to meet most basic needs in the immediate aftermath of the disasters. Yet, the scale of devastation in some countries – such as Guatemala and El Salvador where thousands are still in shelters and hundreds of thousands have returned to devastated communities where their livelihoods have been destroyed – requires continued relief assistance. This is also true for some communities in Nicaragua where the government declared a state of emergency and appealed for humanitarian relief assistance.

Other emergencies throughout the region

Hurricanes also caused emergency situations in several Caribbean states in 2005. Hurricanes Dennis and Emily in July, and Wilma in October, caused considerable damage to parts of Jamaica, Haiti, Grenada (which is still recovering from the devastation caused by hurricanes in 2004), Cuba and the Bahamas. In a separate event that occurred in the middle of the dry season, torrential rains in Guyana in January 2005 caused massive flooding that affected around 290,000 people and forced 5,000 to move to shelters. Damage to private property and social infrastructures was extensive.

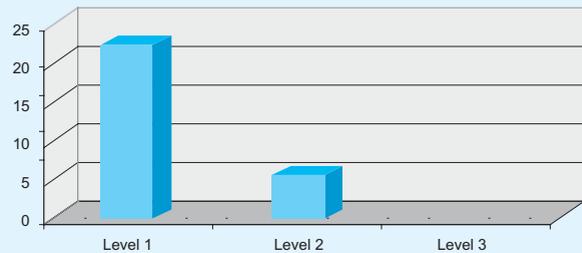
Other seasonal emergencies included the effects of continued drought in the eastern Cuba, in north-eastern Brazil and in the Chaco region of Argentina, Bolivia and Paraguay. Extreme cold affected Andean children and women in Bolivia and Peru, provoking dozens of deaths among the most vulnerable.

TACRO's Emergency Response by Type*



* INDICATIVE – Number of emergency incidences reported by Country Offices for year 2004.

TACRO's Emergency Response by Mobilization Level*



* Mobilization Level:
 Level 1. Little or no Regional Office/Headquarters' support (funds, staff, supplies) required by the Country Office to respond.
 Level 2. Additional Regional Office/Headquarters' support (funds, staff, supplies) required by the Country Office to respond.
 Level 3. Massive UNICEF mobilization required to respond.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

Coordination and partnerships

Preparedness and response activities in Latin America and the Caribbean are coordinated through the work of the Risk, Disaster and Emergency Task Force of the Inter-Agency Standing Committee, in which UNICEF plays a very active role. In 2006 the UNICEF Regional Office for Latin America and the Caribbean (TACRO) will pursue work already initiated to strengthen partnerships with sub-regional organizations that coordinate preparedness and response activities in the Caribbean (CDERA), in Central America (CEPREDENAC) and in the Andes (CAPRADE). Partnerships with sub-regional institutions dealing with education are also pursued to facilitate disaster preparedness initiatives. Advocacy work on children in armed conflict is pursued in cooperation with the Coalition to Prevent the Use of Child Soldiers and research work involves a number of institutes in the region.

Key achievements

- Technical support to Country Offices completing their emergency preparedness and response plans;
- Simulation exercises in Country Offices to test readiness and draw lessons;
- Emergency Preparedness and Response training of all emergency focal points in the region;
- Early warning of potential emergency situations to countries in the region;
- Provision of relief items from regional stock to meet needs in emergencies in Jamaica, Venezuela, El Salvador and Guatemala;
- Technical support to Country Offices in response to emergencies;
- Support to resource mobilization and donor relations at regional level;
- Instrumental role played in the strengthening of coordination through the IASC Task Force.

3. PLANNED HUMANITARIAN ACTION FOR 2006

TACRO provides the first line of support to the 24 UNICEF Country Offices through which the region is covered. In 2006 humanitarian work at a regional level will focus on the following five main areas: 1) technical support to Country Offices for emergency preparedness, including support for capacity-building of national relief institutions; 2) preparedness measures at regional level, including the maintenance of a regional surge capacity for emergency response; 3) protection and psychosocial support to children in emergencies; 4) support to disaster reduction initiatives, particularly through education; and 5) humanitarian advocacy on children's issues.

Support to preparedness of Country Offices; training and capacity-building of national partners (US\$ 500,000)

In 2006, TACRO will continue technical support to Country Offices to ensure that their emergency preparedness and response plans (EPRPs) are up to date. Priority will be given to countries in complex emergencies and to countries with highly vulnerable populations resulting from a combination of exposure to natural disasters and poverty.

Expected results

- Enhanced vulnerability analysis to trigger and direct relief response in selected countries;
- Updated EPRPs identifying gaps in national capacities to guarantee Core Commitments for Children in Emergencies;
- Increased partnerships in preparedness phase for rapid intervention;
- Simulation exercises conducted in countries with updated EPRPs;
- Roll-out of staff training in key emergency areas, including mainstreaming of emergency response training in other sector training and workshops;
- United Nations Disaster Assessment and Coordination (UNDAC) training for Country Offices' emergency focal points;
- Establish capacity for sustained support to Country Offices for training national civil defence institutions.

Regional preparedness measures (US\$ 600,000)

TACRO will enhance early warning mechanisms to identify threats of a regional or sub-regional nature, based on analysis conducted with other UN agencies and regional institutions.

Expected results

- Early warning mechanism to alert of regional or sub-regional threats;
- Emergency stock of relief items available and regularly replenished and made available;
- Major suppliers of relief items identified and arrangements approved at regional or sub-regional level;
- Maintenance of a surge capacity roster, including specialists in all sectors relevant to the Core Commitments for Children in Emergencies;
- Rapid deployment of staff in emergency situations and participation in inter-agency missions;
- Enhanced early warning systems at regional levels, integrated with those of other UN agencies.

Protection and psychosocial support of children in emergencies (US\$ 250,000)

TACRO will support the development of materials for protection and psychosocial support of vulnerable children, and the identification and training of partner organizations to implement interventions at community level in selected countries. Adolescents will be involved in these programmes, as they are good communicators with children and their participation also contributes to their own recovery.

Expected results

- Development of materials for protection and psychosocial support adapted to national contexts;
- Training of partner organizations for programme implementation in selected countries.

Education for disaster preparedness (US\$ 580,000)

TACRO will carry out advocacy for prevention and mitigation activities and will provide technical and material support to Country Offices for the design and implementation of programmes for disaster preparedness through formal education and community-based activities.

Expected results

- Advocacy for disaster prevention and mitigation;
- Development of education materials for disaster preparedness;
- Advocacy for inclusion of education for preparedness in curricula and in community initiatives;
- Training of educators and community workers in disaster preparedness;
- Support to enhancement of education infrastructures to withstand disasters.

Humanitarian advocacy on children's issues (US\$ 100,000)

TACRO will provide guidance to Country Offices on policy regarding humanitarian issues and will support advocacy activities on humanitarian issues pertaining to children that have a regional or sub-regional dimension.

Expected results

- Research on new forms of conflict that threaten the rights of children – e.g., drug trafficking, use of children by criminal gangs – and advocacy on these issues;
- Increased advocacy against the use of children by illegal armed groups in Colombia;
- Research and advocacy on child trafficking and forced migration of children;
- Support a campaign to reduce the impact of conflict on children in Colombia and in its border regions.

UNICEF HUMANITARIAN ACTION

COLOMBIA

IN 2006



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

CORE COUNTRY DATA

Child population under 18 (thousands, 2004)	16685
U5 mortality rate (2004)	21
Infant mortality rate (2004)	18
Maternal mortality ratio (2000, adjusted)	130
Primary school enrolment ratio for boys (2000-2004)	88
Primary school enrolment ratio for girls (2000-2004)	87
% U1 fully immunized (DPT3, 2004)	89
% population using improved drinking water sources (2002)	Urban 99 Rural 71
HIV adult prevalence rate (15-49 years, end-2003)	0.7
% U5 suffering moderate and severe wasting (1996-2004)	1
% U5 suffering moderate and severe stunting (1996-2004)	14

Source: *The State of the World's Children 2006*

Summary of UNICEF financial needs for 2006

Sector	US\$
Protection of child soldiers and prevention of recruitment	1,876,000
Humanitarian action for internally displaced children	1,150,000
Humanitarian mine action	650,000
Total*	3,676,000

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

As a consequence of 40 years of armed conflict, Colombia is facing a devastating humanitarian crisis. The impact of the sustained armed conflict on children and women is enormous, resulting in grave human rights violations and threats to children's and women's survival and well-being.

The recruitment of children by armed groups remains a serious concern. While recruitment of those under 18 by the National Army was discontinued in 1999 and is prohibited by law, it was estimated in 2004 that between 6,000 and 7,000 children remain enrolled in non-State armed groups and a similar number are involved as collaborators in urban militias. Additionally, even though massive displacement has somewhat decreased over the last two years, the cumulative number of internally displaced persons (IDPs) continues to grow. According to official figures, 3 million people have been displaced over the past 15 years, resulting in an increase in the number of bordered communities and a heightening of the 'under-registration' phenomenon. During 2004, 287,581 people were displaced from their communities, including 82,000 children and adolescents.

The production and use of landmines continues to pose a severe humanitarian threat to the civilian population and is a growing problem. Over recent years, the armed conflict's intensification has contributed to an increase in local fabrication and use of anti-personnel mines by illegal armed groups – placing children, adolescents and women at highest risk. The number of victims and affected municipalities is also in evident increase. Today it is estimated that there are at least three victims every day.

Other issues of grave concern, primarily among the displaced populations, are poor access to potable water and to basic health and educational services, and an increase in HIV/AIDS cases. In addition, access to education for Indigenous and Afro-Colombian children living in rural areas is significantly lower than the national average.

"Just six of us survived."



"I was 9 or 10 when I started to hear about 'revolution' from an armed group. I decided to join them but they didn't accept me because I was too young. But after insisting a lot they let me join the group. The first thing I was asked was to watch my neighbour, who hadn't paid the levy for 'the struggle'. When I took the off-road vehicle they gave me a .22 pistol. I was so excited, thinking I had the world in my hands.

In the following days I wanted to die. They put me to doing things as never before – digging trenches, latrines, cutting wood... or being six hours a day on guard duty. I spent more than eight months counting every day. Suddenly, we started hearing 60-millimetre machine guns and all of us dived to the floor. There were plenty of paramilitaries and we kept fighting for two days. Six of my companions were killed. Just six of us survived."

A 16-year-old former FARC combatant in Colombia

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

Humanitarian action for IDPs. UNICEF has implemented an integrated approach to addressing the needs of internally displaced persons, consisting of education, health, water and sanitation, and psychological assistance components. In 2005, activities were realized to increase education coverage, facilitate accessibility and improve the quality of education with a rights perspective, transferring the Child-Friendly Schools strategy to six educative communities in Middle and Lower Atrato (Chocó), two in Quibdó (Chocó), five in Urabá, six in eastern Antioquia, four in Córdoba, one in western Antioquia and four in Cauca. In health services, special attention is given to pregnant women and children under five, as their status

needs to be monitored. In addition, universal preventive measures, such as vaccination, are supported and promoted along with relevant basic education to reduce health risks. Access to public services, especially for the most vulnerable populations, is a crucial component of this preventive strategy.

UNICEF trained 1,674 youths as recreational therapists and provided training to 404 teachers and 45 support groups, who assisted psychologists in caring for a total of 15,768 children and 8,961 families affected by conflict in the areas of Chocó, Antioquia, Cauca and Córdoba. Support is also being provided for the referral of cases needing professional and specialized care.

Protection of child soldiers and prevention of recruitment. UNICEF has been supporting and promoting actions aimed at preventing the recruitment of children and adolescents into armed groups, as well as supporting strategies for their demobilization, protection and social reintegration. With respect to voluntary recruitment prevention, UNICEF has supported the innovative national project 'El Golombiao: Playing for Peace,' which seeks to promote sports, education for peace and systems of social coexistence among vulnerable adolescents. This project was developed in municipalities with high rates of recruitment: by February 2005 it had directly benefited 19,000 children and youths.

In addition to recruitment prevention, UNICEF has supported programmes which offer demobilized children and adolescents integrated assistance, including shelter, vocational training, formal education, preparation for social and family reintegration, health care, psychosocial care and legal protection. From November 1999 to June 2005, 2,299 children aged 10 to 18 received assistance from the National Programme for Assistance of Violence Victims (Colombian Institute for Family Welfare) and another 440 indigenous children were assisted under the IOM Special Programme for Indigenous Children.

Humanitarian mine action. UNICEF focused on mine-risk education (MRE) activities, composed of community-based programmes, school- and culture-based programmes and social mobilization programmes, all of which seek to develop strategies to reduce risk and establish communication mechanisms. UNICEF has also been developing and implementing advocacy and awareness strategies for the socio-economic reintegration of mine survivors and their families. Together with its counterparts in the departments of Antioquia (Corporación Paz y Democracia), Bolívar (Colombian Campaign Against Landmines) and Cauca (FUNDEMOS), UNICEF has developed a training programme for local authorities and landmine survivors on the rights of the victims of armed conflict.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

The UN Country Team has two main working groups for humanitarian affairs: one for displacement and other matters led by OCHA with active UNICEF participation, and the other devoted to anti-personnel mines led by UNICEF. UNICEF has also been strengthening its partnership with other UN agencies, national, international and local organizations, governmental agencies, the Catholic Church and communication organizations.

Regular programme

The Country Programme has the following components: basic policies, monitoring and evaluation, communications, protection and humanitarian affairs. These are then divided into sub-projects according to age groups (A Good Start in Life, Solid Bases for Citizenship, Adolescent Citizenship and Participation, and Special Protection). The programme for 2002-2007 has two overall objectives: the promotion and defence of children's, adolescents' and women's rights; and the promotion of equity and social inclusion. Humanitarian action is focused on areas most affected by armed conflict, namely Chocó, Urabá, Antioquia, Córdoba, Sucre, Cauca and Nariño. Strategic adjustments and changes to the programme are being implemented after the mid-term review in 2005.

The purpose of the humanitarian programme for 2006 is to directly benefit approximately 40,000 people under 18 and 6,000 families and to reach more than 15 million people through social mobilization activities focusing on the prevention of child recruitment, demobilization and anti-personnel mines.

Protection of child soldiers and prevention of recruitment (US\$ 1,876,000)

In order to assist vulnerable children and their families, UNICEF will:

- Support and promote actions aimed at preventing the recruitment of children and adolescents into non-state armed entities, by continuing and expanding the execution of existing projects (i.e. El Golombiao) and initiating new preventive projects in the regions of Montes de María (Bolívar and Sucre Provinces), Sierra Nevada de Santa Marta (La Guajira, Cesar and Magdalena Provinces), Catatumbo (Norte de Santander Province), Macizo Colombiano and Alto Patía (Cauca and Nariño Provinces), etc., which will benefit children and adolescents, indigenous children and adolescents, local authorities, and civil society; and in the departments of Oriente Antioqueño and Córdoba, which will assist 1,500 children and adolescents;
- Lead information campaigns in mass media to advocate against children's recruitment and promote their demobilization;
- Support reintegration and rehabilitation of more than 2,000 demobilized children and adolescents through partnership with the Colombian Institute for Family Welfare (ICBF), and of more than 50 adolescents in Specialized Assistance Centres;
- Create two new Specialized Assistance Centres for demobilized children and adolescents;
- Contribute technical assistance for Colombia's comprehensive legislative reform, as well as strengthen public policies with respect to children's rights protection and humanitarian action;
- Develop and strengthen Adolescents Network Organizations through radio stations and productive adolescents' initiatives, benefiting 3,000 adolescents in Oriente Antioqueño;
- Publish 'Guidelines for the Attention of the Colombian State to Girls, Boys, and Adolescents Demobilized from Armed Conflict' to strengthen institutions so that resources can be optimally used to benefit children affected by armed conflict.

Humanitarian action for internally displaced children (US\$ 1,150,000)

Subject to funds, UNICEF will:

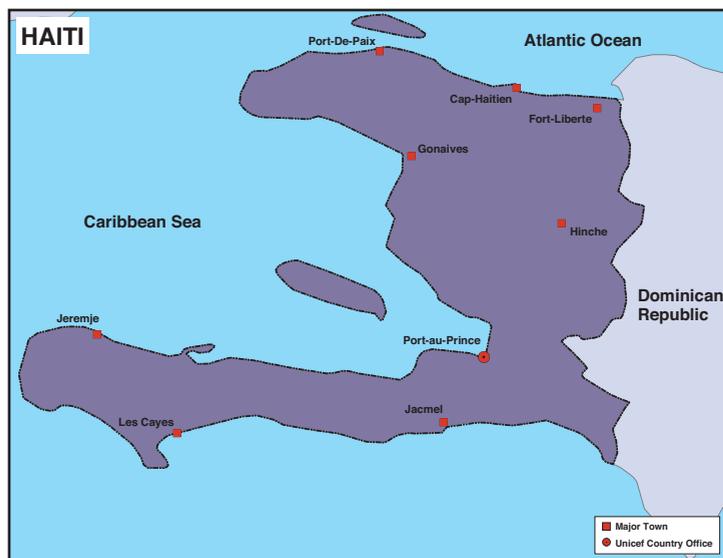
- Continue to provide integral assistance to displaced children and families and those affected by armed conflict, including psychological recovery, education, health and water and environmental sanitation;
- Support the provision of health and education to children and adolescents in vulnerable communities such as Chocó, Córdoba, and Antioquia;
- Initiate ethno-education in Cauca, where other humanitarian actions will also be undertaken;
- Develop child-friendly schools in regions affected by armed conflict and train education managers, teachers and students in this strategy, placing emphasis on vulnerable, displaced children;
- Mobilize local authorities and leaders to facilitate prompt integration of displaced children into local schools;
- Distribute recreational kits and school supplies to support educational work in Antioquia;
- Implement primary health-care programmes, including nutritional education, food supplementation and vaccination activities in new departments, such as Sucre and Bolívar, and strengthen current actions in Chocó, Antioquia and Córdoba, benefiting around 1,500 children and 900 women;
- Provide technical assistance to health secretariats, and local and regional functionaries who are in charge of executing preventive/assistance programmes for displaced communities, training approximately 200 functionaries per year;
- Provide nutritional assistance primarily to HIV-infected, displaced children and women;
- Strengthen communities to develop activities in reproductive and sexual health benefiting around 200 adults per year;
- Assist in the supply of water and provision of sanitation for excrement disposal and appropriate technologies in setting up emergency shelters;
- Establish special, simplified water and sanitation systems in areas where people are temporarily located (regions to be determined);
- Rehabilitate existing water and sanitation systems.

Humanitarian mine action (US\$ 650,000)

- UNICEF will continue to give the highest priority to an accident prevention strategy. This is based on the creation of mass awareness through the media and localized intensive support for planning and management of risk reduction to municipalities directly affected. These actions will benefit populations in about 30 municipalities who are vulnerable to accidents/incidents caused by anti-personnel mines and unexploded ordnance.

UNICEF HUMANITARIAN ACTION

HAITI IN 2006



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

CORE COUNTRY DATA

Child population under five (thousands)	1137
U5 mortality rate	117
Infant mortality rate	74
Maternal mortality ratio (1990-2004 reported)	520
Primary school attendance ratio male/female (1996-2004, net)	52/57
% U1 fully immunized (DPT3)	43
% population using improved drinking water sources	71
HIV prevalence (children 0-14 years, thousands)	19
% U5 suffering moderate and severe malnutrition (stunting)	23

Source: *The State of the World's Children 2006*

Summary of UNICEF financial needs for 2006

Sector	US\$
Health and nutrition	2,121,330
Water and environmental sanitation	876,600
Education	1,021,400
Child protection	821,340
Security	376,630
Preparedness	743,340
Total*	5,960,640

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

Living conditions of children and their families throughout the country have suffered from the climate of political instability, which has plagued Haiti for the last few years. Three out of the four million children under 18 years were affected by the political crisis and remain vulnerable. Violence and insecurity continued after the installation of a new Cabinet in April 2004 with severe humanitarian consequences. The efforts of the Government, with support from the UN military and police (present since June 2004), have not completely managed to create a safe and secure environment in the poorest country of the Western Hemisphere. Some areas, especially in the capital's most populated slums, have remained violent – preventing basic services to function and humanitarian assistance to reach more than 800,000 people. Schools and health facilities have been closed for a year, although considerable efforts by the international community have resulted in some opening over the last few months. Social workers and medical staff could not go to work because of growing levels of kidnappings for ransom, and often with associated rape, sexual violence, killings and robberies.

Natural disasters – mostly floods, torrential rains and mudslides – have worsened the livelihood of children and their families in most parts of Haiti. The high population density (280 inhabitants per square kilometre), chaotic urbanization and institutions poorly equipped to manage disasters are other reasons for the high vulnerability among the Haitian population. The already poor physical infrastructure of health, education and child protection mechanisms are constantly threatened by natural disasters.

“...in no time it was like an ocean invading us.”



“That night it was raining when we went to sleep. We were woken up in the middle of the night by water in our beds, and in no time it was like an ocean invading us. I heard my father calling for help from his room, because he was handicapped. When I managed to get to his bedroom, he was already gone. He was lying under water. I tried to pull myself out of the room running for my life. The water threw me to a tree outside the house. My sister was already holding it. She grabbed my T-shirt and we managed to climb to the top. My two sisters who had been sleeping in another room never made it outside the house. They

were screaming for help, together with my niece and my nephew from another room until we couldn't hear anything. A few days later, when I went back to what remained of our house, their bodies were under the debris. Today our uncle gives us a little money to survive and we live in a shanty house he is renting for us.”

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of the population affected by the September 2004 tropical storm in the city of Gonaïves, as well as to the children affected by the ongoing political crisis. UNICEF has mainly focused on the priority areas of health, nutrition, water and sanitation in schools, education and child protection. However, some interventions were not possible due to the ongoing insecurity and lack of access in some parts of Port-au-Prince where a number of major slums remained no go zones.

In health and nutrition, routine immunization services have been improved through increased technical and supply assistance to the Ministry of Health and other national partners. Some 824,000 children were vaccinated against polio in a major immunization campaign organized during the Vaccination Week of the Americas, and through routine vaccination services in most areas of the country. Some health facilities

were reopened after a year of no services. Medical equipment, nutritional supplies and logistic means were provided. Medical staff was trained in immunization services and in emergency obstetrical care.

In education, assistance was also extended to local communities to establish 55 schools, ensuring access for another 20,000 children. A major 'Back-to-School' campaign returned 19,077 children and 350 teachers to school. As part of this initiative, UNICEF provided water and sanitation supplies to 75 schools in the country. Hygiene awareness and health education activities were also conducted in those schools. Some 50 young people from the national scout association were trained in first aid and as facilitators for affected children's groups and 50 schools received recreation kits. More than 350 teachers were trained in psychosocial methodology.

In child protection, 170 legal and medical professionals were trained in care and assistance to girls and women victims of sexual violence in partnership with Médecins du Monde; 8,000 children affected by the September 2004 flood received new identification cards; and 10,000 vulnerable children affected by the political crisis received psychosocial support, basic health care and HIV/AIDS testing, counselling and treatment. In cooperation with the UN Mission, Terre des Hommes and Caritas, sensitization and income-generating activities were carried out and resulted in 30 former child soldiers to lay down their arms and integrate into vocational training. A 'youth-friendly' facility was opened and has been offering recreational kits and various activities to former child soldiers.

A preparedness programme has been implemented with the aim of reinforcing the response capacity of UNICEF staff and partners. Emergency response plans were updated within each sector of activity. An emergency stock has been largely put in place according to the minimum level of permanent operational capacity to respond. A three-day in-house workshop trained 75 per cent of UNICEF staff in emergency response. Fifty people from NGOs were trained in emergency response and UNICEF's Core Commitments for Children in Emergencies. A GIS database was developed to allow information-sharing and coordination with partners.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

UNICEF will stay active in the existing humanitarian group coordinated by the humanitarian unit of the UN Mission. Along with other UN agencies and donor representatives, UNICEF participated in management and implementation mechanisms put in place in support of the Interim Cooperation Framework (ICF) adopted by the Interim Government. The ICF will run until September 2006 to allow the new Government to settle down and launch a programming process based on new priorities. Implementation of projects within the ICF has been made possible thanks to strengthened partnerships with local and international NGOs during the emergencies since 2003.

Regular programme

Regular programme implementation will be pursued within the framework of a post-electoral strategy agreed by both international agencies and the interim Government. Even though 2006 is the last year for the UN System five-year Programme of Cooperation, the programme will be extended for one year in order to adjust to priorities of the Government to be installed next year. Focus will be on health, education and child protection through quick impact and participatory projects.

Health and nutrition (US\$ 2,121,330)

Health and nutrition activities will focus on children and mothers rendered vulnerable by recurrent political crises, as well as those affected by natural disasters:

- Purchase essentials drugs for 50,000 affected people;
- Procure and distribute essential emergency drugs, and health kits and equipment for 10 health centres;
- Train 25 health workers at medical district levels in immunization services, including monitoring, and in cold-chain maintenance;

- Vaccinate up to 50,000 children against measles;
- Provide essential drug supplies to 100,000 people in affected areas;
- Open and support four therapeutic feeding centres for at least 500 severely malnourished children;
- Train 10 health staff in care of severe malnourished children;
- Procure and distribute vitamin A and worm treatment medicines to all under-14 children in and out of school;
- Procure nutritional supplements for 30,000 children.

Water and environmental sanitation (US\$ 876,600)

Focusing particularly on children and women, some 200,000 persons (of whom 10,000 are displaced) will be reached through the following key activities:

- Train 100 personnel from national water institutions in water pumps mechanism and water distribution management;
- Train national/local water authorities in sanitation assessments, rehabilitation planning, water testing and water supply systems monitoring and repair;
- Rehabilitate or construct water stations in two departments;
- Construct or rehabilitate adequate sanitary facilities in nine hospitals;
- Rehabilitate and construct water supplies and wells and improve sanitation in 50 schools;
- Promote hygiene education and hygiene awareness in 50 schools and 50 local communities;
- Finance a policy development expert for one year.

Education (US\$ 1,021,400)

A total of 30,000 displaced and conflict-affected children and 500 teachers will benefit through the following key activities:

- Supply basic scholastic material for 30,000 primary schoolchildren;
- Procure and distribute recreational kits and school supplies for 30,000 children;
- Train 500 primary schoolteachers, with particular attention to HIV/AIDS and peace education;
- Rehabilitate schools and build latrines in two localities;
- Support construction of 50 temporary school and classroom structures to accommodate 15,000 primary schoolchildren;
- Purchase 200 school-in-a-box and 100 recreation kits;
- Publish results of a survey on the impact of psychosocial support, as well as an evaluation of the impact of trauma on mental and school performance of children.

Protection (US\$ 821,340)

At least 10,000 children and youths at risk of recruitment by armed gangs in Port-au-Prince, Gonaïves and Montrouis, and 100 child soldiers are targeted through the following key activities:

- Community psychosocial activities including art, culture and sports;
- summer activities, day trips and picnics for 800 street children and others at risk, in partnership with local NGOs and the Ministry of Social Affairs;
- Medical care to 1,500 street children – including HIV/AIDS prevention, testing, treatment and counselling, in partnership with NGOs;
- Training of 100 social workers and facilitators for vulnerable children from NGOs;
- Support of a mobile clinic, in partnership with Aide Médicale Internationale, for basic medical assistance (surgeries and hospitalization included) to 1,500 street children, also in HIV/AIDS prevention and peer education sessions for behaviour change;
- Setting up of youth associations targeting about 200 children in Port-au-Prince;
- Supporting reintegration through schooling for 1,100 children/youths at risk of violence;
- Organizing social activities for 1,500 children in peace-building, including information, education and sensitization sessions on child rights, conflict resolution, self-esteem, and prevention of sexually transmitted infections and HIV/AIDS;

- Support prevention, identification, documentation, tracing, care and reunification of an estimated 10,000 separated children;
- Train 50 legal assistants to victims of rape and sexual attacks;
- Purchase 3,000 hygiene kits and 3,000 kitchen kits for affected families.

Security (US\$ 376,630)

Given the continued insecurity, the UNICEF office requires a full-time security officer to link with the overall UN security services and to advise staff on a continuing basis:

- Armoured vehicle for access to insecure areas;
- Cost of an international field security officer for one year.

Preparedness (US\$ 743,340)

Given the continued threat of natural disasters and the volatile political landscape, UNICEF needs to be prepared to respond at all times, with short notice, through a thorough and dynamic preparedness plan of action,¹ for which activities include:

- Purchase of 80 tents, 200 rolls of plastic sheeting;
- Training of partners;
- Emergency officer salary and other costs for one year;
- Logistic officer for one year;
- GIS officer for one year.

¹ Requirements for preparedness activities in protection, health and education are covered under the respective budgets in those sectors.

WEST AND CENTRAL AFRICA

WCARO REGION (WEST & CENTRAL AFRICA REGION)



Regional Office financial needs for 2006

Sector	US\$	
	Country Office projects	Regional Office projects
Coordination and support services	0	660,800
Health and nutrition	310,200	5,372,640
Water and environmental sanitation	460,400	447,552
Education	1,086,400	460,000
Child protection	838,326	593,600
Sub-totals	2,695,326	7,534,592
Total*	10,229,918	

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

During 2005, women and children living in several countries of the Sahel region (Burkina Faso, Mali, Mauritania and Niger) continued to suffer the combined effects of a drought and locust invasion which had occurred in 2004. The consequent exacerbation of pre-existing levels of chronic food insecurity led to a nutrition crisis in Niger where around 3.6 million people suffered acute food insecurity and 800,000 children were estimated as malnourished.

The vulnerability of women and children worsened in a number of other countries due to the continuation of political and military crises. Côte d'Ivoire and its neighbouring countries have been suffering the impact of the crisis for the third successive year. Around half a million internally displaced persons (IDPs) and 450,000 refugees and returnees have fled the country, the majority to Burkina Faso and Mali, exhausting by now the resilience capacity of host communities. During 2005, in the Mano River Union countries (Guinea, Liberia and Sierra Leone), the protection of women and children continued to be challenged by displacement, sexual violence, forced recruitment and separation. Civil unrest in Togo in the first half of 2005 resulted in 30,000 Togolese refugees living in Benin and Ghana and an unestimated number in host communities, most of whom are women and children. A further 10,000 Togolese children are either internally displaced or have been affected in host communities.

Basic social services in conflict-affected countries, already overstretched, have reached breaking point. These crises are having a devastating impact on education systems with consequent negative effects on the well-being and healthy development of children and youth. In Côte d'Ivoire, the examinations for 2003/4 and 2004/5 school year have still not been organized. In Togo, children fled the country three months prior to their exams. In Benin, Togolese parents are unable to pay the school fees due to the financial burden brought about by property damage and costs incurred for migration. Infrastructure damage in conflict areas and continuous population influxes in countries of refuge have severely constrained accessibility to and the technical and financial capacities of health services providing primary health care and referrals for women and children. As immunization coverage becomes weaker, children are at higher risk of diseases, such as polio and measles. Conflicts also continue to contribute to the spread of HIV infection through gender-based violence, lack of access to information and availability of health-care services. Côte d'Ivoire is the country most affected by HIV in West Africa, and one of the 15 most-affected countries in the world. The infected populations are increasingly young and there is an increasing proportion of women.

Cholera outbreaks were registered in Burkina Faso, Guinea, Guinea Bissau, Liberia, Mali, Mauritania, Niger, Sao Tomé and Senegal over the second and third quarters of 2005. A total of 31,000 cases with some 517 deaths have been reported. Flooding occurred in Central African Republic, Guinea, Mauritania, Nigeria, Senegal and Sierra Leone. More than 100,000 people were affected, drastically raising the risk of new contaminations and spread of cholera, especially in congested/populated urban areas.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

Coordination and partnerships

In 2005 inter-agency coordination with OCHA and WFP acquired new dynamism compared to previous years with joint Regional Office missions to Country Offices and the elaboration of a common methodology for contingency planning. In anticipation of the Togo crisis, the inter-agency contingency planning process and rapid assessments were undertaken collaboratively in Benin, Ghana and Togo immediately after the death of the Togolese president. UN Country Teams in Central African Republic and Guinea Bissau also benefited from an inter-agency contingency planning process supported by OCHA, UNICEF and WFP Regional Offices.

As for Côte d'Ivoire, following a coordination meeting in Dakar at the beginning of October 2005, a task force (co-chaired by UNICEF and WFP Regional Directors) was created to accelerate the sub-regional contingency planning process. Inter-agency assessments at the border areas as well as cross-border missions were organized in Burkina Faso and Mali and a joint UN presence was established in key areas

to monitor population movements. A joint WFP/UNICEF regional office telecommunication assessment in the sub-region affected by the Côte d'Ivoire crisis was also carried out.

Following the food and nutrition crisis in Niger which affected thousands of children, a regional inter-agency meeting on the Sahel was held in Dakar in November 2005 to discuss the root causes of malnutrition in the sub-region and possible solutions.

Coordination with WHO was reinforced and a joint appeal for mitigating the effects of cholera outbreaks in the sub-region was prepared and launched. A consultation on sexual and gender-based violence (SGBV), which regrouped UN and NGO partners, was also organized by the UNICEF West and Central Africa Regional Office (WCARO).

Support to emergency response in Côte d'Ivoire and Niger

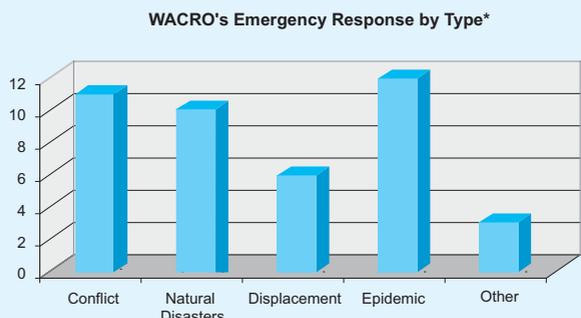
In addition to countries such as Chad, Democratic Republic of the Congo (DRC) Liberia and Republic of Congo, which have been receiving support in the last few years, Côte d'Ivoire and Niger received priority attention in 2005 from the UNICEF Regional Office. In Côte d'Ivoire, WCARO provided technical assistance for emergency programme planning and implementation, advocacy and resource mobilization. Sub-offices in most-affected zones were reinforced in terms of human resources and pre-positioning of supplies for ensuring immediate response. In Niger, through Regional Office support, UNICEF provided guidance and leadership in nutrition among the humanitarian community responding to the nutrition crisis. A national protocol for supplementary and therapeutic feeding was agreed by all partners and more than 70 health workers were trained on the case management of severe malnutrition. WCARO also supported a nutrition survey in Niger and other Sahel countries in order to evaluate the magnitude of the problem and identify main causes. Results of the survey were presented at the November inter-agency meeting in Dakar.

Emergency preparedness and response process and humanitarian principles

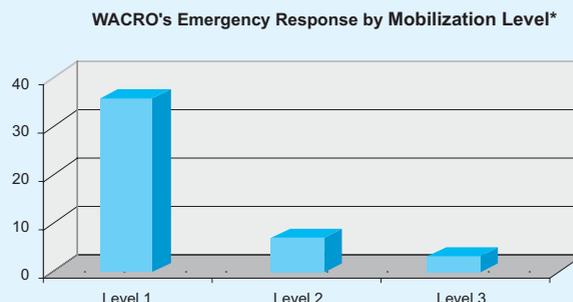
The early warning system designed by EMOPS was rolled out in eight countries as an experimental phase during 2005 and is now ready to be implemented in the whole region starting in 2006. The system allows UNICEF's field, regional and headquarters levels to agree on possible threats and magnitudes of the humanitarian response. Contingency planning for countries at high risk of an imminent threat was also supported, often through an inter-agency process. A simulation exercise was tested in some selected Country Offices this year (Cameroon, Equatorial Guinea, Gabon, Mali, and Sao Tomé) and will be one of the main training activities in 2006. Training on humanitarian principles was conducted in Côte d'Ivoire.

Cross-border coordination in the Mano River Union and Côte d'Ivoire for children affected by armed conflict

Due to increased support and attention to protection in this sub-region, UNICEF's border presence in Guinea, Côte d'Ivoire and Liberia has been reinforced with human resources committed to coordinating partners for cross-border monitoring. A sub-regional emergency protection coordinator has linked UNICEF and partners in border areas to provide guidance on strategies for preventing recruitment of children to armed groups, facilitating repatriation of separated and unaccompanied children and mobilizing community protection committees to monitor and report on child rights' violations in border areas. Best practices for disarmament, demobilization and rehabilitation (DDR) have been documented, published and distributed for the processes in Liberia and Sierra Leone. Three sub-regional inter-agency coordination meetings took place to build consensus in key areas across child protection agencies and relevant line ministries. A platform for further work in 2006 has been built, supported by two consultants who provided recommendations for improving regional data collection and inter-agency strategies for capacity-building for staff. Institutional partnerships have been strengthened by this initiative and Memoranda of Understanding (MOUs) are now being developed between the key agencies at national level.



* INDICATIVE – Number of emergency incidences reported by Country Offices for year 2004.



* Mobilization Level:
 Level 1. Little or no Regional Office/Headquarters' support (funds, staff, supplies) required by the Country Office to respond.
 Level 2. Additional Regional Office/Headquarters' support (funds, staff, supplies) required by the Country Office to respond.
 Level 3. Massive UNICEF mobilization required to respond.

3. PLANNED HUMANITARIAN ACTION FOR 2006

REGIONAL OFFICE PROJECTS

As part of its regional humanitarian programme, UNICEF WACRO will focus its efforts on continuing to strengthen country capacities to respond to conflicts and natural disasters. The following projects will be submitted to support this objective:

Coordination and support services (US\$ 660,800) **Regional emergency rapid response project (US\$ 660,800)**

- Preparedness capacity-building, technical support to Country Offices and partners, and reinforcement of our human resources surge capacity.
- Establishment of a Regional Emergency Rapid Response Fund (RERRF).

Health and nutrition (US\$ 5,372,640) **Reducing nutrition vulnerability in infants and young children through effective early childhood nutrition policies and programmes (US\$ 952,000)**

Through this project, UNICEF aims to assist 10 million children under three years of age throughout West Africa. Activities include:

- Supporting the development and implementation of national policies and protocols to protect, promote and support improved feeding and nutrition practices, and early childhood nutrition for survival and development;
- Strengthening the capacity of national nutrition surveillance and monitoring systems.

Preventing and mitigating acute malnutrition crises among young children in the Sahel: understanding and responding (US\$ 1,400,000)

Through this project, UNICEF aims to assist 980,000 under-five-year-olds in the Sahel region. Activities include:

- Development and implementation of national policies and protocols for the control of acute malnutrition in children;
- Strengthening national early warning systems and inter-agency coordination and accountability in preparedness and response;
- Strengthening the capacity of countries to ensure an uninterrupted supply for the management of malnutrition.

Strengthening regional national health response in emergencies (US\$ 1,232,000)

This project aims to assist 200,000 children and women (IDPs, refugees, returnees and other vulnerable groups, including host communities). Activities include:

- Training of health officers in emergency response;
- Technical support missions to Country Offices for the elimination of polio;
- Regional mother and child meetings for Country Office focal points;
- Rapid assessment missions and monitoring, micro-planning.

Preparedness for effective cholera prevention and control (US\$ 1,442,560)

This project aims to assist 2,500 people and will focus on the following activities:

- Awareness-raising of the need to pre-position resources for seasonal cholera outbreaks;
- Preparation of water and sanitation kits, drugs (especially intravenous fluids) and associated health supplies to quicken emergency responses and related activities across the region.

Improving prevention and response to sexual and gender-based violence and HIV/AIDS among conflict-affected populations (US\$ 346,080)

This includes the following activities:

- Provide training on assessment, programme design, monitoring and evaluation, based on 'Caring for Survivors' (validated UNICEF manual); IASC Guidelines for HIV/AIDS Interventions in Emergency Settings; and IASC Guidelines for Gender-Based Violence Interventions in Humanitarian Settings.
- Ensure quality of prevention and response interventions; provide rapid response on HIV/AIDS and gender-based violence in emergencies (consultant roster); update and disseminate list of key policy documents and resource materials; produce and disseminate tools and integrated early childhood materials.
- Adopt and implement protocols for data collection; identify and disseminate tools for baseline data collection and analysis; consolidate, analyse and use existing data; identify good/best practices and lessons learned; map out HIV/AIDS and gender-based activities and outcomes to create a regional overview.
- Ensure that regional working groups include HIV/AIDS and gender-based violence in their humanitarian response plans and actions; support Country Offices in lobbying national governments to adopt IASC Guidelines and to integrate displaced populations into national HIV/AIDS programmes.

Water and Environmental sanitation : (US\$ 447,552)**Develop regional response capacity on water/sanitation emergencies and epidemics (US\$ 447,552)**

Capacity-building of Country Offices in the water and sanitation sector will focus on the following:

- A regional mapping of WES emergency/epidemic human resources/organizations; establishment of a regional roster of WES specialists for rapid field deployment, survey of recent WES responses/outcomes; identification of good practices; production of 15 to 20 case studies; establishment of effective information production and dissemination strategy.
- Development and implementation of training packages to improve technical capacity in implementing UNICEF Core Commitments for Children in Emergencies, emergency WES resource kit and hygiene education.

Education (US\$ 460,000)**Education in emergencies and for peace-building (US\$ 460,000)**

- National and sub-regional workshops on standards for education in emergencies.
- Harmonization of Accelerated Learning methodologies in West Africa emergency countries and their documentation.
- Development of a regional programme and network of interveners for peace and civic education and related life skills-based education materials.

Child protection (US\$ 593,600)**Strengthen sub-regional coordination for children affected by armed conflict (US\$ 593,600)**

Activities include:

- Development of data collection systems for separated and unaccompanied children and guidance on monitoring and reporting on child rights' violations in relation to Security Council Resolution 1612;
- Mobilization of community-based child protection committees in border areas and cross-border coordination and communication between INGOs and partners in sensitive border areas;
- Sub-regional inter-agency child protection coordination meetings to address policy and training needs;
- Accelerated and targeted responses for cross-border 'caseloads', i.e., Sierra Leone children in need of durable solutions in Guinea; children demobilized in Liberia returning to neighbouring countries; all separated and unaccompanied children currently not in country of origin.

COUNTRY-SPECIFIC PROJECTS WITH REGIONAL IMPLICATIONS**Health and nutrition (US\$ 310,200)**

- **Emergency health and nutrition services to returnees, refugees and host communities affected by the Ivorian crises in Burkina Faso and Mali (Sikasso Region) (US\$ 285,200).** This project will target 478,000 beneficiaries.
- **Prevention of common childhood illnesses and nutritional surveillance and rehabilitation in Benin (US\$ 25,000).** This project aims to assist 3,589 children in Comè and Agamé camps plus children in host communities as needed.

Water and environmental sanitation (US\$ 460,400)

- **Emergency water supply and sanitation for returned and displaced population from Côte d'Ivoire (US\$ 330,400).** This project will provide safe drinking water and adequate sanitation facilities to host communities (Burkina Faso and Mali) and to reception and transit camps (Mali) (180,000 beneficiaries).
- **Water supply and sanitation for Togolese refugees in Benin (US\$ 130,000).** This project aims to assist around 10,000 refugees in Comè and Agamé camps and an estimated 3,000 in host communities.

Education (US\$ 1,086,400)

- **Education for Ivorian refugee children and Malian and Burkina returnees (US\$ 571,200).** This project will target 91,165 children in Burkina Faso and Mali.
- **Education for Togolese refugee children in Benin (US\$ 310,000).** This project will assist 4,600 children in camps and 2,500 in host communities.
- **Back-to-School activities for displaced and affected pupils in Togo (US\$ 205,200).** This project will target 10,000 children and 750 school inspectors, teachers, parent association and NGO representatives.

Child protection (US\$ 838,326)

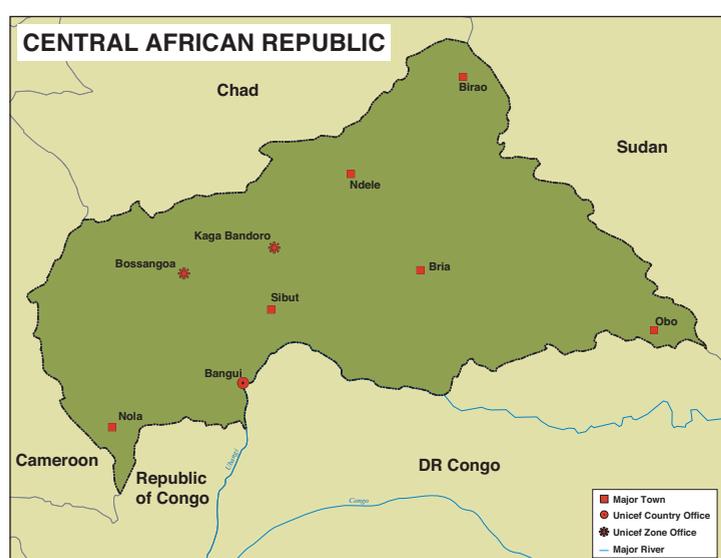
- **Protection of vulnerable groups affected by the Ivorian crisis in Burkina Faso and Mali (US\$ 403,200).** This project aims to prevent family separation, to establish registering systems, to provide immediate care, to ensure tracing and reunification of separated children, to increase awareness amongst displaced on the risk of HIV and gender-based violence (GBV) and to provide medical care and psychosocial support to women and children who have experienced sexual violence.
- **Unaccompanied minors and separated children in Benin (US\$ 170,000).** This projects aims to ensure that all identified unaccompanied minors and separated children continue to benefit from the services provided until they are able to be reunited with their families.
- **Psychosocial support and life skills education for displaced and other affected children (US\$ 265,126).** The project will address the psychological and emotional impacts of violence experienced by children during the recent crisis in Togo.

UNICEF HUMANITARIAN ACTION

CENTRAL AFRICAN

REPUBLIC

IN 2006



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

CORE COUNTRY DATA

Child population (2003)	1,889,134
U5 mortality rate (2003)	220
Infant mortality rate (2003)	132
Maternal mortality ratio (2003)	1355
Net primary school enrolment ratio (2003)	40.7
Primary school enrolment ratio for girls	36.9
% U1 fully immunized (DPT) (2003)	25.7
% population using improved drinking water sources	47
HIV/AIDS prevalence (2002)	15
% U5 suffering moderate and severe chronic malnutrition	33.9/16.1
% U5 suffering moderate and severe acute malnutrition	13.0/3.0

Sources: *line Ministries, RGPH 2003; 2005 Nutritional Survey*

Summary of UNICEF financial needs for 2006

Sector	US\$
Health and nutrition	4,720,800
Water and environmental sanitation	376,320
Education	1,085,280
HIV/AIDS	426,560
Child protection	433,640
Reopening of two UNICEF Sub-Offices in the ex-conflict zone	348,000
Total*	7,390,600

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

Results from the latest assessments (including the 2003 Census and the 2005 post-conflict nutritional survey) and sector surveys indicate a continuous degradation of basic social indicators to well below 2000 values. More than one child in every five dies before its fifth birthday. Only 37 per cent of primary school-age girls attend school. Less than 30 per cent of children are immunized against vaccine preventable diseases. Moreover, 13 per cent of children below the age of five are suffering from nutritional marasmus, the most frequent form of protein-energy malnutrition in conditions of severe food shortage. HIV prevalence rate is estimated at more than 15 per cent, the highest in the region, resulting in increasing numbers of orphans and vulnerable children in great part affected by AIDS – among who are 110,000 orphans and 6,000 children living on the streets in three major towns (3,000 in Bangui alone).

During the transition period, an apparent restoration of peace and security and the acceptance by all parties of the results of recent presidential and legislative elections raised hope. But shortly after the installation of the new government, conflicts have resumed in the country's north-west region, forcing some 30,000 people (the majority women and children) to flee into neighbouring Chad. While facing what many now consider as new rebellion in the North-West, the Government has not been able to resume the payment of salaries, including those of the military. Some salaries have not been paid for 42 months. Hence, the situation remains very fragile and robberies by armed bandits or unpaid soldiers are frequent.

“Claiming my rights...”



“I am Harb, born in the year... er, actually I don't know exactly when because I have not been registered at birth. My mother told me I was born during a mutiny. My parents were not married when I was born but I was informally recognized by my father. At present I am living with my mother in my father's house. My father was killed during the armed conflict in 2002. At the end of the conflict, my half brother officially put me out of the house because he believed he was the only one entitled to the property.

To obtain the right to claim my father's properties after his death, I sought help through legal procedures. First, I filed a request and obtained a certificate of probable age for late registration.

Having this official document, I filed a complaint to the court of justice to obtain eligibility to inherit. I'm very glad and grateful that the court has finally restored my right to inherit.”

Harb, 11 years old, Bimbo II.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

In 2005, UNICEF has continued to respond to the humanitarian needs of the population affected by consequences of the 2002 and 2003 crises. Actions have been focused mainly on the priority areas of health, nutrition, HIV/AIDS, water and sanitation, education and child protection, sectors in which the response of the Government continues to be hampered by extremely low financial resources. Persisting insecurity, particularly in the northern part of the country, the election period and the limited international response to the CAP in the post-conflict period, have hampered programme implementation.

To restore activities of the expanded programme on immunization (EPI), UNICEF intensified actions to eradicate polio and control measles. Since November 2004, WHO declared the Central African Republic free of poliovirus transmission. At the same time, the monitoring system of the poliovirus improved from the red stage to the green stage. These results have been achieved through the collaboration of WHO, Rotary International, UNICEF and the Ministry of Health. UNICEF contributed to (i) the full restoration of the cold chain at all levels required; (ii) social mobilization during the National Immunization Day campaigns; and

(iii) the reinforcement of capacities in the various sectors (operations, logistics and human resources). The measles control programme is being prepared in close collaboration with WHO: two measles campaigns are planned before the end of 2005.

To revitalize primary health care, UNICEF contributed to malaria prevention and treatment through the provision of generic essential drugs. Essential drugs for the treatment of diarrhoea including cholera have also been provided. In water and sanitation, UNICEF helped improve access to safe drinking water by rehabilitating 324 handpumps and developing educational materials on sanitation (200 image boxes) for 20 schools, together with training programmes for 120 teachers and 60 members of parents' associations.

UNICEF, in close collaboration with WHO and the NGO Foyer de Charité, supported a nutrition survey in the former conflict zone, Bangui and Lobaye to assess the nutritional status of under-five children. Nutritional data are now available to develop new programmes. To improve education in the former conflict zone, 5,000 school benches were provided to continue replacing the 55,000 benches destroyed or stolen during the conflict. Construction materials and technical advice were provided for community school construction projects (in 11 villages to date), along with basic didactic manuals and school kits to 154,000 pupils and 2,500 teachers. The technical and operational capacity of the Ministry of Education was strengthened by rehabilitation of the statistics unit, training of all district inspectors in statistics and provision of 6 vehicles and 14 motorcycles to the districts.

UNICEF continued to support government efforts to counter the AIDS crisis. Increased technical and supply assistance was provided to the Ministry of Health and other national partners to support HIV/AIDS antenatal clinics and voluntary counselling and testing (VCT) for preventing HIV transmission from mother/parents to children. A youth-friendly centre of information, education and counselling is also being developed. Young people in Bangui are being involved in activities to reduce their vulnerability to HIV/AIDS and other sexually transmitted infections (STIs).

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

As a member of the UN Coordination Country Team, UNICEF leads the Education and HIV/AIDS Groups and contributes to other groups on health and nutrition, and child protection. UNICEF participates in the Inter-Agency Coordination Group with other UN agencies, NGOs and bilateral agencies and also attends other national coordination meetings in the areas of health, education and child protection.

Regular programme

UNICEF's Country Programme has the following priorities: girls' education, child survival and development, HIV/AIDS, and child protection. The Government and UNICEF have agreed to add a fifth priority area, reduction of maternal and neonatal mortality, given that the maternal mortality ratio has increased tremendously, from 948 deaths per 100,000 live births in 2002 to more than 1,300 in 2003, one of the highest ratios in the world.

UNICEF will focus its efforts on continuing to meet the immediate humanitarian needs of the most vulnerable segments of the population, primarily children and women, particularly those living in the four districts where basic social services were most affected by the conflict – Ouham, Ouham Pende, Nana-Gribizi and Kemo. Assistance will be extended to all children and women affected by the conflict.

Health and nutrition (US\$ 4,720,800)

Some 1 million children and women, including 695,328 children under five and 40,000 pregnant women and mothers, will be reached through the following three key programmes:

Management of IMCI and prevention of child and mother illness

- Preventing illnesses among pregnant women and children under five (for malaria, through promotion of impregnated mosquito nets, for anaemia, through provision of folic acid to pregnant women and de-worming campaigns in schools);
- Providing medical treatment to children under five for malaria, pneumonia and diarrhoea.

Re-launch of the expanded programme on immunization (EPI)

- Re-launching routine immunization activities;
- Strengthening capacities to stimulate demand for vaccination services in the areas where the DPT immunization rate is below 50 per cent through training, supervision, monitoring and social mobilization;
- Providing support to organize polio supplementary vaccination activities (two rounds) through provision of oral polio vaccines and social mobilization.

Management of acute malnutrition

- Providing support for the creation and management of six therapeutic feeding centres for medical and nutritional treatment of acute and severe malnutrition cases;
- Continue supporting the 35 secondary feeding centres previously established and run by partners for 6,000 severely malnourished children;
- Supporting implementation of a community-based growth monitoring system in affected areas in partnership with FAO.

Water and environmental sanitation (US\$ 376,320)

Approximately 90,000 people, including 14,490 children under five and women, will be reached through the following key activities:

- Providing financial support for rapid assessment of water and sanitation systems;
- Rehabilitating all wells and boreholes and installing handpumps to provide safe drinking water to some 90,000 individuals in the district of Ouham Pende;
- Providing technical and material support to communities for the rehabilitation/construction of latrines and water points in schools and health centres;
- Training local water management committees (repairmen and local committee members) in water and sanitation assessment and water point management, repair and maintenance;
- Promoting hygiene education/awareness programmes in 2,000 households and 20 schools through production and distribution of image boxes, training of 120 teachers and 60 members of parents' associations.

Education (US\$ 1,085,280)

A total of 650,043 children, including 320,678 girls, will benefit from the following key activities:

- Mobilizing communities in favour of school;
- Rehabilitating and equipping 900 classrooms;
- Training 900 schoolteachers in 13 districts with the lowest enrolment rates;
- Providing school stationery, teaching manuals and equipment;
- Supporting supervision.

HIV/AIDS (US\$ 426,560)

An estimated 1.1 million people will be targeted through the following key activities:

- Providing technical and financial support for strengthening social communication and mobilization to reduce HIV/AIDS-related stigma;
- Rebuilding 20 youth-friendly spaces at sub-district level for youth information, education and counselling;
- Organizing five trainings for 30 health workers supervisors in IEC and VCT;
- Identifying and training 30 peer educator supervisors and 6,600 peer educators;
- Producing/disseminating IEC materials on STI/HIV/AIDS;
- Provide supplies to 20 youth-friendly spaces and 63 health centres;
- Training 60 health workers in planning and management, VCT, laboratory, clinic and treatment, social communication and mobilization;
- Producing and distributing life skills kits and provide school supplies for 25,000 children in secondary schools;
- Training 500 secondary schoolteachers, in the area of HIV/AIDS and peace;
- Working with partners to undertake HIV/AIDS risk mapping and behaviour analysis in 100 secondary schools, in five selected prefectures.

Child protection (US\$ 433,640)

- Providing technical and financial support for a child registration system needs assessment in the districts of Kemo, Ouham and Ouham Pende;
- Providing material and financial support to reconstitute civil registration records destroyed during the conflicts;
- Providing equipment and materials (birth registration forms and registers) to rehabilitate minimum operational capacities of 51 registrars' offices looted during the conflicts;
- Providing financial and material support to tribunals issuing certificates of probable age for late registration;
- Training 300 civil agents, civil officers and birth attendants on birth registration rules and regulations;
- Providing financial support for free registration of orphans and other vulnerable children (newborn or children who were not registered at birth).

Reopening of two UNICEF Sub-Offices in the ex-conflict zone (US\$ 348,000)

- Reopening two sub-offices at Kaga Bandoro and Bossangoa;
- Providing assistance to communities living in the neighbourhood of the two sub-offices.

UNICEF HUMANITARIAN ACTION

CHAD IN 2006



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

CORE COUNTRY DATA

Important disparities exist between national averages and actual indicators in eastern Chad, which has been for many years an underdeveloped region of resource-scarce Chad.

Child population under 18 (thousands)	5087
U5 mortality rate (2004)	200
Infant mortality rate (2004)	117
Maternal mortality ratio (1990-2004 reported)	830
Primary school enrolment ratio male/female (2000-2004, net)	75/51
% U1 fully immunized (DPT3)	50
% population using improved drinking water sources	34
HIV prevalence (children 0-14 years, thousands)	18
% U5 suffering moderate and severe malnutrition (stunting)	29

Source: *The State of the World's Children 2006*

Summary of UNICEF financial needs for 2006

Sector	US\$
Health and nutrition in eastern Chad	2,543,900
Health and nutrition in southern Chad	285,600
Water and environmental sanitation	2,503,225
Education in eastern Chad	5,600,000
Education in southern Chad	621,600
Child protection	1,962,000
Total*	13,516,325

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

The refugee crisis that started in eastern Chad in 2003 had stabilized at the end of 2004, when the number of refugees peaked at 200,000. The majority of refugees have been relocated into 12 refugee camps, and few remained in spontaneous settlements along the border or integrated with the local population. It is estimated that some 85 per cent of the Darfur refugees are children and women, many of whom were victims of the worst atrocities and abuses in Sudan.

Even though significant assistance has been directed to Sudanese refugees in camps during the past one-and-a-half years, their coping mechanisms remain extremely fragile in the hostile environment of eastern Chad. Education opportunities are still insufficient for the number of children, especially for adolescents, some of whom never attended school before and risk getting involved in harmful activities. During the first school year in the camps (2004/2005), approximately 15,000 children (of the estimated total of 60,000) did not attend school.

The risks of child-killer diseases, such as measles and polio, remain high in the stricken area, due to the recent rapid and large movements of population. Acute respiratory infections, diarrhoeal diseases and malaria are among the main risk factors for excess mortality among refugees in general and refugee children in particular. According to a recent WFP survey, despite a significant decrease of malnutrition rates among refugees, the nutritional situation of both refugees and host communities remains extremely fragile.

The arrival of 200,000 Sudanese refugees in the arid region of eastern Chad put an immense strain on scarce water resources. An average of 12.6 litres per person per day is available currently in camps, below Sphere project standards. Moreover, the situation in the water and sanitation sector remains a main concern of humanitarian actors, especially because of the extremely low access to water and sanitation services of host communities, which creates tensions between the two populations. Firewood and pastures are also scarce, and during the past year incidents of refugee women being attacked while collecting firewood were constantly reported.

In the south of Chad, resources available for Central African refugees have been extremely scarce, and the schools in the old camps will need increased attention.

"It's a very bad memory."



"I remember it was a Friday when we left," says Amina. "First the plane came to bomb my village, then the soldiers came. If they found anyone alive, they would kill them." Amina covers part of her face with her veil as she adds "It's a very bad memory."

Amina and her family fled Sudan's Darfur region and now live at one of 12 refugee camps in Eastern Chad. Sixty per cent of the 200,000 refugees here are children – and too many of them have memories like Amina's. At 30 child-friendly spaces in the camps in Eastern Chad, refugee children have the chance to play, to sing, to learn, to make friends and – slowly –

to heal. For children like Amina, now a smiling member of a volleyball team at one of the spaces, they can mean a change in perspective.

"The girls especially are hooked on volleyball," says Martin Mbaikouma of CCF, a UNICEF partner in running the spaces. "They've found something in their lives here to really be excited about. There's trust there, people to trust. And they gain confidence." But perhaps most important of all: "Sharing laughter helps release some of the bad memories."

Amina, 15 years old, Iridimi Refugee Camp.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

In close collaboration with Chadian governmental authorities, international and national NGOs and other UN agencies, UNICEF continued to respond to the humanitarian needs of the Sudanese refugees in eastern Chad. It has mainly focused on the priority areas of health, nutrition, water and sanitation, education and child protection. From June to September, access to refugee camps was hindered by heavy rains. The fact that the 12 refugee camps are scattered in a 500 km-long border area, more than 800 km east of the capital, N'djamena, had been a major hindrance in 2004. However, UNICEF Chad overcame this constraint by opening in late 2004 and early 2005 a sub-office in Abeche and two field offices in Iriba and Goz Beida, in eastern Chad. In May 2005, humanitarian activities in five camps were disrupted because of violence.

In health and nutrition, a measles vaccination campaign was conducted in February and March, together with three regular polio vaccination campaigns and one vaccination campaign in response to a polio case reported in eastern Chad in June 2005. Routine vaccination activities started in a number of camps and in host communities, reaching 94 per cent of children under one. More than 45,000 impregnated mosquito nets were distributed in 2005 to vulnerable children and mothers from refugee camps and host communities. In the camps, 30 child-friendly spaces, set up by UNICEF's implementing partners, have provided educational, recreational, and counselling services to more than 27,000 Sudanese refugee children. In host communities, UNICEF has financed the set-up and functioning of two child-friendly spaces, each hosting an average of 150 children per week. In education, 170 school tents were installed in early 2005, to complement the 180 installed in late 2004. However, it proved that in the harsh climatic conditions of eastern Chad, tents could not be a viable solution. UNICEF, together with UNHCR and other humanitarian agencies present in the camps, decided to build semi-permanent structures. UNICEF financed the construction of 256 semi-permanent classrooms, each capable of taking 80 students in two shifts. More than 600 school-in-a-box kits and other school materials helped refugee children to learn in an appropriate environment. During 2004/2005, which was the first school year in refugee camps, approximately 45,000 Sudanese children attended school, some for the first time, under the guidance of around 800 teachers. During the year, UNICEF complemented UNHCR's water and sanitation activities in the camps. In host communities, UNICEF has been the main agency supporting water and sanitation activities. More than 100,000 refugees and locals benefited from improved hygiene through distribution of soap, and family water kits and through water chlorination, done in response to hepatitis E outbreaks. More than 9,500 moderately and acutely malnourished children were admitted to therapeutic feeding centres (TFCs), supported by UNICEF with anthropometric materials, nutritional supplies and training of health staff.

In a context where the resources available for the refugee crisis in southern Chad were scarce, UNICEF also helped 12,000 newly-arrived Central African refugees from southern Chad by donating 1,000 cartons of high energy biscuits, 6,500 impregnated mosquito nets, 3,000 blankets, 100 water family kits and 10 school tents, as well as 1,000 measles vaccines and vitamin A supplements, with the needed vaccination materials.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

Several coordination mechanisms have been established since the beginning of the Sudanese refugee crisis in eastern Chad. UNICEF chairs the education and water and sanitation meetings, and co-chairs the health and nutrition and child protection meetings.

Regular programme

In 2006-2010, UNICEF's regular programme will focus on health and nutrition, primary education, HIV/AIDS, and child protection, targeting Chadian populations. However, as long as host populations from Ouaddai and Wadi-Fira regions face increased vulnerabilities due to the presence of Sudanese refugees, actions targeting them are to be financed with emergency funds.

EASTERN CHAD – SUDANESE REFUGEES FROM DARFUR

Health and nutrition (US\$ 2,543,900)

Some 100,000 Sudanese refugee children, 80,000 refugee women of childbearing age, nearly 200,000 children from host communities and 115,000 women of childbearing age from host communities will benefit from the following key activities:

- Procurement of vaccines and vaccination materials, essential drugs, vitamin A, blankets and impregnated mosquito nets;
- Training of health personnel;
- Organization of catch-up vaccination campaigns and outreach vaccination activities;
- Purchase and distribution of micronutrients and nutritional supplements, of anthropometric materials and of management tools for nutritional surveys on target groups;
- Mass sensitization campaigns for informing populations in eastern Chad on measures aimed to prevent and fight malnutrition;
- Training of health workers and community workers in nutrition issues;
- Nutritional surveys;
- Support to TFCs in camps and host communities;
- Support to the functioning of sensitization centres and to HIV/AIDS activities in general;
- Refresher trainings of peer educators;
- Support to the functioning of adolescent centres;
- Support to medical care of sexually transmitted diseases.

Water and environmental sanitation (US\$ 2,503,225)

A total of 200,000 Sudanese refugees (including 120,000 children) and 30,000 people in Chadian host populations (including 11,000 children), will be reached through the following key activities:

- Operation/maintenance of existing water supply infrastructures in 12 refugee camps;
- Construction/rehabilitation of water points in 40 selected schools from host communities directly affected by the Sudanese refugee influx;
- Construction/rehabilitation of approximately 1,500 family latrines;
- Hygiene promotion and training on proper use and maintenance of latrines and water points;
- Procurement and distribution of basic family water and hygiene kits for 15,000 households in refugee camps and host communities, when needed;
- Set-up of a surveillance system and promotion of vector control interventions.

Education (US\$ 5,600,000)

A total of 60,000 refugee children of primary school age, 25,000 refugee children of pre-school age, 800 refugee teachers and 11,000 local children of primary school age will benefit through the following key activities:

- Advocacy for increased school attendance, with focus on girls' enrolment;
- Set-up and maintenance of physical structures appropriate for teaching and learning, and ensuring the provision of sufficient teaching and learning materials in refugee camps;
- Training and monitoring of teachers in refugee camps and host communities, including training in gender-sensitive approaches to teaching, HIV/AIDS prevention and child development;
- Within the framework of the integrated package for 40 schools in host communities, provision of water points and latrines, as well as school materials, furniture and training for children and teachers in host communities.

Child protection (US\$ 1,962,000)

Some 85,000 refugee children, 20,000 refugee adolescents, 20,000 local children and adolescents and 80,000 refugee and local women are targeted through the following key activities:

- Set up (where still needed) and manage a total of 72 child-friendly spaces in the camps and 12 child-friendly spaces in the nearby host communities;
- Provide recreational materials to child-friendly spaces;
- Train security personnel, NGO staff, child-friendly spaces animators and community leaders on children's rights, prevention of and response to abuse;
- Provide life skills training and relevant materials/equipment to adolescents;
- Prevent and respond to sexual and gender-based violence through sensitization, training and psychosocial support;
- Provide basic materials to vulnerable children;
- Provide parental education.

SOUTHERN CHAD – CENTRAL AFRICAN REFUGEES

Health and nutrition (US\$ 285,600)

Approximately 22,000 Central African refugee children (of whom 8,000 arrived in 2005) and 10,000 women of childbearing age will benefit through the following key activities:

- Purchase and distribute 2,500 impregnated mosquito nets to vulnerable children under five and pregnant women;
- Create a buffer stock of 5,000 impregnated mosquito nets in the event of new arrivals of refugees from the Central African Republic;
- Provide cold chain equipment for the two existing refugee camps in southern Chad and the new camp to be opened by the end of 2005;
- Provide support to TFCs in camps;
- Conduct a maternal and neonatal tetanus vaccination campaign in camps;
- Conduct a measles vaccination campaign (with vitamin A supplementation) in southern Chad, for the benefit of Central African refugees;
- Train staff of health centres serving camps.

Education (US\$ 621,600)

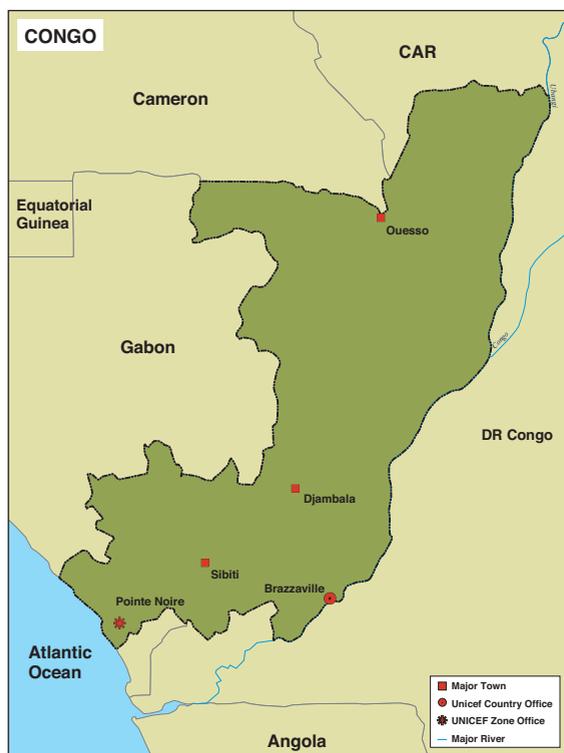
Some 3,600 newly arrived Central African refugee children, together with 8,000 Central African schoolchildren from the old caseload and 2,000 Chadian school-age children are targeted for the following key activities:

- Support the construction of water points in schools in the new refugee camp, to serve the schools and the populations around them;
- Support the construction of separate school latrines for girls and boys in the new camp;
- Provide school furniture and teaching materials to the targeted schools for all Central African refugee children in southern Chad;
- Provide support for fencing the schools and planting trees and gardens in the new camp;
- Train teachers and parent-teacher associations in all camps;
- Provide treatment for intestinal worms and nutritional supplements in all camps in southern Chad.

UNICEF HUMANITARIAN ACTION

CONGO

IN 2006



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

CORE COUNTRY DATA

Child population under 18 (thousands)	2085
U5 mortality rate	108
Infant mortality rate	81
Maternal mortality ratio*	1100
Primary school enrolment ratio, male/female (2000-2004, net)	55/53
% U1 fully immunized (DPT3)**	60.5
% population using improved drinking water sources	46
HIV adult prevalence rate (15-49 years, end 2003)	4.9
% U5 suffering moderate and severe malnutrition (stunting)	19

Source: *The State of the World's Children 2006*

* Estimate from government sources.

** National EPI Programme, cumulated data from District reports, September 2005.

Summary of UNICEF financial needs for 2006

Sector	US\$
Health and nutrition	920,000
Water and environmental sanitation	784,000
Education	480,000
Child protection	1,321,600
HIV/AIDS	296,800
Total*	3,802,400

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

The Republic of the Congo is still suffering from the consequences of 10 years of armed conflict (1993-2003) that ruined its economy and brought massive suffering and population displacements. Despite the progressive return to peace and the restoration of some security, the health and social situation remains worrying, particularly in the Pool Department.

Despite the fact that, in the Pool Department, 69 health centres out of 96 have reopened, the majority are very poorly equipped, lack qualified staff and essential drugs, and are not in a position to offer basic health care of acceptable standard. As a consequence, EPI coverage remains weak, with DPT3 coverage at 52.27 per cent in September 2005. Less than half of all mothers in 2005 had antenatal consultations. The lack of check-ups and poor equipment and care in pregnancies result in high rates of maternal mortality. The HIV prevalence in the general Congolese population – estimated at 4.9 per cent – conceals the reality of the crisis in the Pool Department, where pervasive poverty, unemployment, the high presence of armed groups and sexual violence puts young people at particular risk – girls especially.

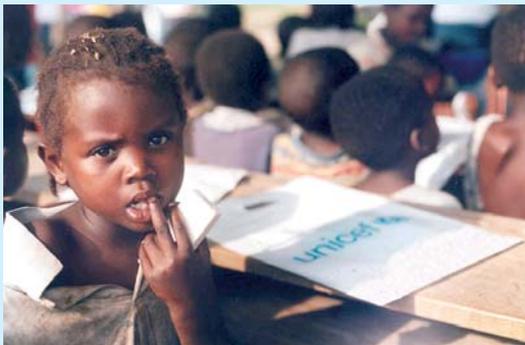
Market gardening and farming are only timidly restarting due to limited security, lack of tools and seeds, and the absence of basic conditions for economic recovery (roads, means of transport, credit). This situation continues to affect the nutritional status of children and women.

Less than 8 per cent of the population in the Pool region has access to clean water, and only about 2 per cent has access to modern latrines. Most health centres and primary schools do not have access to clean water and sanitation. The consequence is a high degree of water-borne, parasitic and skin diseases.

On the education front, the destruction of almost 80 per cent of the infrastructure, the shortage of furniture and school supplies, as well as the lack of trained teachers, have meant a drop in teaching quality and the closure of many schools, and a low schooling rate. Many children are therefore two, sometimes three, years behind in their schooling, girls being most affected, mainly because of sexual violence. Most school buildings have yet to be rehabilitated.

Among the most vulnerable children are around 1,500 child soldiers,¹ young girls with babies from unknown fathers,² children without birth certificates³ and many idle youths who live in extremely poor conditions and are victims of psychosocial trauma linked to the violence they have experienced. The demobilization,

“Back to school”



“When war broke out again in the Pool region, my parents and I remained near Matoumbou, where we thought we would be safe. Many people fled. My father died, and we lived through hell. The nurse’s wife was raped by armed men. During the war, we stayed in hiding in the forest to flee the fighting. That’s how I spent three years without going to school.

This year, school has reopened. There are some teachers, but no tables with benches. I am in the third year at primary school (CE2) and many of my school friends are orphans, like me. We have no exercise-books, no slates, no pencils. Other children my age dare not come to school because they have no birth certificate and their parents have no money to send them to school. The health centre has been looted and destroyed.”

Margueritte Malonga, 10 years old, in the third year of primary school at Matoumbou, Pool Department.

¹ Evaluation Mission Report, GoC/BIT/UNICEF, March 2005.

² Ibid.

³ During 2005, 4,171 children without birth certificate were identified in only 10 localities of the Pool.

disarmament, rehabilitation and reintegration (DDRR) process has not yet effectively started, preventing effective rehabilitation of child soldiers and maintaining a situation of widespread violence.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

In 2005, UNICEF rehabilitated two health centres and provided drugs and equipment (especially for deliveries) to six health centres. Three centres were provided with cold-chain equipment and motorbikes. HIV/AIDS prevention activities started among youth in 10 localities and HIV/AIDS youth clubs have been established.

UNICEF also constructed 57 wells and 60 ventilated improved pit (VIP) latrines in health centres, primary schools and market places. Two springs have been protected and 57 wells management committees have been organized.

In education, rehabilitation has started of three schools and two kindergartens. Educational kits, recreation kits and tables/benches have been ordered and will be distributed as soon as they arrive.

On child protection, UNICEF has conducted evaluation and sensitization missions for child soldiers. Late birth registrations are in process in 10 localities, trauma counselling has started in 10 localities, and support is being provided to HCR on trauma counselling for refugees.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

UNICEF has actively participated in humanitarian coordination meetings and development of the 2006 Inter-Agency Consolidated Appeal, in collaboration with all UN agencies present in the country.

Regular programme

The Country Programme of Cooperation has four sectoral programmes (integrated survival and development of the young child, basic education, protection of children and women, HIV/AIDS) and two cross-sectoral programmes (communication and planning of social policies). These programmes are implemented at national level, but all include an emergency component to deal with the humanitarian needs.

UNICEF intends to focus its humanitarian assistance in 2006 on meeting the needs of the most vulnerable populations of Pool Department – in health and nutrition, water and sanitation, prevention of HIV/AIDS, education and protection.

Health and nutrition (US\$ 920,000)

Health services (general) (US\$ 235,000)

UNICEF will contribute to the provision of health services to the populations of Pool (120,000 people including 24,000 under-five children) through the following activities:

- Rehabilitation of five health infrastructures in three districts (Goma Tsé-tsé, Loumou, Ngabe);
- Provision of drugs and medical equipment in five health infrastructures rehabilitated in the three districts;
- Training/recycling of 50 health workers in the selected districts and the remaining part of the department;
- Formative supervision;
- Community-based communication in the three districts.

Immunization (US\$ 425,000)

- Provision of two freezers and 10 fridges;
- Provision of vaccines for 11,000 under-one children and 11,000 women;

- Recycling and training of 100 health workers;
- Organization of polio immunization campaigns;
- Provision of five motorbikes for outreach strategies;
- EPI communication activities (support and training of 200 community networks).

Integrated survival and development of the young child (US\$ 260,000)

- Rehabilitation of five health centres and 20 kindergartens;
- Training of 80 per cent of health workers and 300 non-health staff;
- Provision of drugs, equipment, and transport – 100 bicycles for community leaders, five motorbikes for health workers in Mayama, Kimba, Vindza, Mandombe and Boko communities, one four-wheel-drive car for supervision activities;
- Organization of community networks;
- Formative supervision.

Water and environmental sanitation (US\$ 784,000)

- Equipment of 130 water points (springs, drilling and wells equipped with a handpump);
- Promotion of 500 family latrines;
- Hygiene education for 20,000 people;
- Establishment of 130 water point management committees.

Education (US\$ 480,000)

- Needs assessment (data collection, IEC campaigns, etc.);
- Rehabilitation, equipment and sanitation of 20 damaged schools;
- Provision of education kits and other pedagogic material for 45,000 children;
- Provision of support to 100 voluntary teachers;
- Training of 1,000 teachers.

Child Protection (US\$ 1,321,600)

Reintegration of child soldiers (US\$ 677,600)

- Identification of an estimated 1,500 child soldiers in the Pool Department;
- Strengthening of capacities of 20 social workers;
- Medical and psychosocial care to war-affected children and women;
- Support to reintegration within the family environment;
- Prevention activities – including development of the judicial code.

Prevention of sexual violence (US\$ 291,200)

- Activities of sensitization and prevention;
- Strengthening of capacities of 50 social workers;
- Psychosocial and medical care of victims (5,000 children and women);
- Reintegration of victims within families and communities;
- Consolidation of the protection judicial framework.

Late registration of births (US\$ 352,800)

- Sensitization of populations;
- Strengthening capacities of 500 social actors involved in birth registrations;
- Creation of 100 registration centres;
- Registration campaigns for the free registration of 20,000 births.

HIV/AIDS prevention among young people (US\$ 296,800)

- Training of youth leaders on peer communication;
- Workshops on risk mapping and elaboration of micro-communication plans with all stakeholders, including soldiers;
- Establishment of youth communication clubs;
- Support to peer educators communication activities;
- Supervision, monitoring and evaluation.

UNICEF HUMANITARIAN ACTION

CÔTE D'IVOIRE

IN 2006



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

CORE COUNTRY DATA

These core data should be commented upon in relation to humanitarian crisis and regional or other disparities.

Child population under 18 (thousands)	8829
U5 mortality rate	194
Infant mortality rate	117
Maternal mortality ratio (1990-2004 reported)	600
Primary school enrolment ratio male/female (2000-2004, net)	67/54
% U1 fully immunized (DPT3)	50
% population using improved drinking water sources	84
HIV adult prevalence rate (15-49 years, end-2003)	7.0
% U5 suffering moderate and severe malnutrition (stunting)	21

Source: *The State of the World's Children 2006*

Summary of UNICEF financial needs for 2006

Sector	US\$
Health and nutrition	6,364,480
Water and environmental sanitation	2,445,600
Education	4,347,598
Child protection	1,898,400
HIV/AIDS	1,108,800
Total*	16,164,878

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

The political-military crisis in Côte d'Ivoire has persisted for the past three years. The country is still divided with the north controlled by the Forces Nouvelles and the south by the Government, and a 'Zone of Confidence' where UN Peacekeeping forces and French soldiers of the Licorne are responsible for maintaining peace. The Zone of Confidence is, in effect, a buffer zone between both warring belligerents. Indeed, the State is absent in areas controlled by the Forces Nouvelles, which represent about 60 per cent of the country. The security situation remains tense and the ceasefire is not fully respected. International organizations and other partners have reported that since the outbreak of the conflict numerous violations of human rights and breaches of international humanitarian law have been committed, while there are obstacles to law enforcement in all three parts of the country. This human rights situation is detrimental to the protection of individuals and limits the scope and impact of the humanitarian response. In the northern part of the country, weak presence of public administration and basic social services has led to a growing vulnerability. In the south, health and education systems are overburdened due to the massive influx of displaced populations early in the crisis. Meanwhile, in Abidjan, despite fewer street demonstrations than the previous year, the situation is still tense while the peace process is stalled.

Latest statistics indicate not only a rise in maternal and infant mortality rates in the country but also an increase in acute malnutrition among children, especially those aged under five. Preventable or easily-treated diseases remain the main killers of Ivorian children and women, with malaria, measles, respiratory infections and malnutrition responsible for the vast majority of deaths. In the northern zone, some districts interrupted their vaccination services completely while others maintained a very low level. It is estimated that only 16 per cent of children have been protected against diphtheria, tetanus, pertussis and hepatitis B. HIV/AIDS and tuberculosis, neglected since the beginning of the war, now run rampant throughout the country. Recent reports estimate that approximately 10 per cent of the population are HIV-positive. An estimated 54,000 HIV-positive women will give birth in Côte d'Ivoire in 2005.

The war has left more than 56 per cent of the children of primary school age out of the education system and the drop-out rate remains higher than 3 per cent. Between 700,000 and 1 million children, mainly living in the zone under the control of the Forces Nouvelles, receive no education. Despite the new peace accords, the recruitment of children by armed groups continues. It is estimated that more than 3,000 children are associated with armed groups, the most concerning situation being in districts of the western part of the country. Girls are also vulnerable to sexual abuse due to lawlessness and general economic decline.

The central-western region is suffering from frequent inter-ethnic tensions and clashes, provoking internal displacements of civilians. In the north, the divisions and violence among rebel factions cause the population to lack most basic services, including access to education and information.

Due to the conflict, the traditional seasonal migration practice of men from the Sahelian countries to Côte d'Ivoire to work in cocoa, coffee and palm oil plantations is partly disrupted, aggravating the economic situation of millions of their dependents. Trade routes have also been modified and sub-regional trading and transport have been affected by roadblocks, insecurity, extortions and trafficking.



UNICEF assistance to displaced children and women

After the events at Guitrozon and Petit-Duokoué, approximately 10,000 people were displaced and found shelter in the catholic church of Duokoué. Many of the displaced are vulnerable children and women in need of emergency assistance. UNICEF has been responding to their needs by providing water, medication and non-food items.

There are widespread fears of renewed conflict or violent demonstrations in the capital. In the event of a 'worst case scenario' – the breakdown of the peace process and a return to war – UN contingency plans estimate the massive movement of more than 1.6 million people. This humanitarian crisis would include 750,000 internally displaced persons (IDPs) and another 935,000 fleeing to neighbouring countries, which

are already facing other emergencies or are in the process of a fragile recovery, including reintegration of refugees and IDPs in Liberia, rehabilitation of the refugee-hosting zones in Guinea, and reintegration of nationals evacuated in 2002-2003 from Côte d'Ivoire and returning to Mali and Burkina Faso. The potential military implication of some neighbouring countries, under popular pressure, gives a sub-regional dimension to the conflict which indirectly affects the whole of West Africa. Moreover, some of these countries are currently undergoing critical changes in the fields of security and politics, such as elections, succession and reintegration of ex-combatants, which might contribute to problems in receiving refugees from Côte d'Ivoire.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of the Ivorian population affected by the war. It has focused on the priority areas of health, nutrition, water and sanitation, education and child protection.

In health and nutrition, routine immunization services have been improved through increased technical and supply assistance to the Ministry of Health and other national partners. Some 5 million children were immunized in a major campaign between July and November 2005. UNICEF restored and reopened 86 per cent of the health centres in the north after almost all were closed due to the departure of most qualified staff. Assistance was also extended to local communities to rebuild and rehabilitate schools damaged during the fighting and 350,000 school kits were provided. UNICEF also initiated activities for the disarmament, demobilization and reintegration of former child soldiers. Awareness campaigns were conducted about the protection of children with both Government and Forces Nouvelles armed forces. During the year, more than 100 water supplies in villages in the north have been maintained and rehabilitated. More than 700 children living with HIV receive, through UNICEF support, medical treatment in a paediatric treatment programme.

With other UN agencies and local partners, UNICEF has made plans should the situation deteriorate. Relief supplies to assist 100,000 people for two weeks have been pre-positioned in the event of mass movements of the people due to conflict.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

UNICEF is working in close collaboration with other UN agencies through the UN Country Team. Sectoral meetings coordinate relief efforts between all UN agencies and NGOs. UNICEF is coordinating the sectors of education, nutrition, and water and sanitation.

Regular programme

UNICEF is currently implementing its 2003-2007 Country Programme with the Government of the Republic of Côte d'Ivoire. The activities proposed in the emergency appeal fall within the framework of the Country Programme but highlight specific areas where the rights of children are especially endangered due to the current situation in the country.

Health and nutrition (US\$ 6,364,480)

Some 5.2 million displaced persons, host communities and impoverished persons will benefit from the following key activities:

- Procure and distribute new malaria treatment medicines to 32 conflict-affected health districts;
- Procure and distribute intermittent preventive malaria treatment for 250,000 pregnant women;
- Train 500 qualified health staff, 900 auxiliary health personnel, 1,300 community health workers, 1,300 auxiliary midwives and 200 health committees on the new treatment protocol for malaria;

- Support insecticide-treated mosquito net promotion through the training of 1,300 community-based health workers and distribute 300,000 insecticide-treated mosquito nets to 150,000 households;
- Train 2,000 district staff and 1,000 village-level staff in immunization services;
- Procure a buffer stock of three months' vaccine supply for the four main vaccines (BCG, measles, tetanus toxoid and yellow fever) in the 32 conflict-affected districts;
- Vaccinate 5.2 million children under five against polio during two rounds of National Immunization Days;
- Procure and distribute vitamin A to 4.5 million children aged between six months and five years;
- Organize a tetanus campaign in 13 health districts in high-risk zones;
- Organize two national days for micronutrient supplementation;
- Strengthen capacity of health workers;
- Strengthen communication for development (Advocacy/Core Commitments for Children in Emergencies);
- Monitoring and evaluation;
- Epidemiologic surveillance.

Water and environmental sanitation (US\$ 2,445,600)

Some 600,000 displaced persons, particularly children and women, will be reached through the following key activities:

- Procure and pre-position emergency water and sanitation equipment for 100,000 displaced persons;
- Construct/rehabilitate wells and adequate sanitary facilities in schools;
- Rehabilitate 1,500 handpumps to provide safe drinking water to some 600,000 individuals in permanent and return areas;
- Train 1,500 village water committees;
- Drill five wells to provide clean water to some 200,000 people;
- Facilitate the work of partners by ensuring minimum standards and by monitoring and coordinating WES activities.

Education (US\$ 4,347,598)

A total of 1.5 million displaced and war-affected children and 50,000 teachers will benefit through the following key activities:

- Supply basic scholastic materials (including notebooks, pencils and erasers) and recreational kits for 1 million primary schoolchildren;
- Rehabilitate 200 schools to serve 60,000 children 6 to 11 years old;
- Organize peace education for 1.5 million children;
- Print and distribute copies of the peace education curriculum and training guidelines to 50,000 teachers;
- Train 1,500 trainers of trainers in peace education;
- Procure and distribute peace education and life skills equipment to 650 primary schools and 100 non-formal education centres;
- Procure and distribute didactic materials to 50,000 teachers;
- Train 500 trainers of trainers in gender education to ensure better protection of girls;
- Mobilize parents and communities to ensure sustainable support for the education of their children.

Protection (US\$ 1,898,400)

Some 30,000 war-affected children, including those formerly associated with armed groups as well as those at risk of recruitment, will be targeted through the following key activities:

- Support reintegration through schooling for 30,000 war-affected children and the Community Education Investment Programme;
- Coordinate prevention, identification, documentation, tracing, care and reunification of an estimated 3,000 separated children;
- Support seven transit and orientation centres for child soldiers;
- Sensitize armed groups and elected community representatives on the use of children as soldiers in armed conflict;

- Put in place a specific programme for medical and psychological care for victims of gender-based violence;
- Organize psychosocial support and medical care for 3,000 children at risk.

HIV/AIDS (US\$ 1,108,800)

Some 54,000 HIV-positive pregnant women and their husbands and children will be supported through the following key activities:

- Provide supplies, equipment and drugs for antenatal prevention of mother-to-child transmission (PMTCT) of HIV, and obstetric care to 63 locations;
- Train care providers and community health workers on information dissemination for treatment of HIV/AIDS;
- Organize an information campaign for young women and men;
- Reinforce coordination of the national AIDS and PMTCT programme;
- Involve NGOs and communities in PMTCT activities;
- Implement the PMTCT plan of communication;
- Contribute to the elaboration of a national plan of training, including ongoing training;
- Ensure the management of drugs in PMTCT centres.

Some 100,000 young people and adolescents in and out of school will have access to HIV/AIDS information in 10 districts through the following key activities:

- Provide 50,000 orphaned and other vulnerable children (OVC) and host families with psychosocial and medical support;
- Train 100 youths and child-headed households as apprentices to cater for their basic needs;
- Ensure that 50,000 OVC in 10 districts attend school, have better nutrition, have access to health, water and hygiene, and have access to judicial assistance;
- Provide 100,000 young people and adolescents in and out of school with HIV/AIDS information in 10 districts.

UNICEF HUMANITARIAN ACTION DEMOCRATIC REPUBLIC OF THE CONGO IN 2006



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

CORE COUNTRY DATA

Child population under 18 (thousands)	30127
U5 mortality rate	205
Underweight (% moderate and severe) (1996-2004)	31
Maternal mortality ratio (1990-2004 reported)	1300
Primary school enrolment (% net, male/female (2001, 1998/1999))	55/49, 35/34
% primary schoolchildren reaching grade 5 (1997-2004)	54
% use of improved drinking water sources (2002)	46
% HIV prevalence among adults (end-2003)	4.2
Child labour (% total) (5-14 years, 1999-2004)	28
% one-year-olds immunized against DPT3	64
% one-year-olds immunized against measles	63

Sources: *The State of the World's Children 2006* and *MICS2 /2001*.

Summary of UNICEF financial needs for 2006

Sector	US\$
Component 1: Saving lives: Humanitarian actions to address immediate life-threatening needs	48,421,240
Health and nutrition	34,789,000
Protection: survivors of sexual and gender-based violence	3,136,000
Mine-risk awareness and education	1,030,000
Water and environmental sanitation	6,675,200
HIV/AIDS	2,791,040
Component 2 : Building a protective environment for communities: Humanitarian actions designed to minimize the impact of life-threatening situations by improving the coping capacities of vulnerable populations	43,249,872
Assistance to internally displaced and vulnerable children and women	15,382,080
Education	4,088,000
Vulnerable orphans and children	1,232,000
Child protection: Unaccompanied/separated children	5,812,800
Reintegration of refugees	15,156,992
Cluster leadership and coordination	1,578,000
Total*	91,671,112

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

The Common Country Assessment for 2005 calls attention to the recurring armed conflicts, the problems caused by political instability and poor governance, the extreme prevalence of poverty and inequality, the high levels of infant/child and maternal mortality, the spread of HIV/AIDS and the insufficient access to basic social services, employment and social protection.

Following the peace accords and the reunification of the country in 2003, the process of political transition is under way. However, pockets of instability and insecurity persist, chiefly in the east of the country. In 2005, about 20,000 children were estimated to be associated with armed forces and groups. Incidents of sexual violence are becoming more frequent. Malnutrition and micronutrient deficiencies are involved in almost half the deaths occurring among children below the age of five. The maternal mortality ratio remains very high, at 1,300 deaths per 100,000 live births. Only 46 per cent of the population (83 per cent in towns and 29 per cent in rural areas) and 29 per cent (43 per cent in towns, and 23 per cent in rural areas) have access to safe drinking water and to improved water supply and sanitation, respectively.

Recent studies estimate the prevalence rate of HIV/AIDS at 4.5 per cent, with significant local disparities (Lubumbashi 7 per cent; Kinshasa 3.8 per cent; Mikalayi 1.8 per cent), and prevalence peaks are estimated to be much higher in certain areas affected by conflict and by gender-based violence resulting from conflict. In 2004, the estimated prevalence among the 14-25 age group was 3.8 per cent. Only 32 per cent of girls aged from 15 to 19 years know three methods of protecting themselves against HIV/AIDS, and an estimated 9 per cent of children are orphans, approximately 40 per cent due to HIV/AIDS.

The net school enrolment ratio fell from 59 per cent in 1995 to 52 per cent in 2001 (boys 55 per cent and girls 49 per cent; 72 per cent in urban areas and 53 per cent in rural areas). The school drop-out rate remains in excess of 10 per cent. More than 4.4 million children of school age, including 2.5 million girls and 400,000 displaced children, are not enrolled in school. The quality of schooling is affected by the low rates of pay for teachers, crumbling infrastructure and shortages of educational material, which result in an inefficient school system, with only 25 per cent of pupils reaching grade 5.

Several of the recommendations made by the Committee on the Rights of the Child are still valid, including those on strengthening social policies and improving access to basic social services and the equality of these services, preparing a children's code and improving the situation of especially vulnerable groups (children associated with armed forces and groups, children without parental support and child survivors of violence and sexual abuse). A National Council for Children has been set up, as recommended, and is playing an important role in strengthening the protections available to children.

"I like being in school. "



"I live in Masina, but I go to school in N'djili, which is a 40-minute drive away. When my grandpa has some money I take the taxi-bus to get to school, but most of the time I need to walk. I often arrive late at school, but my teacher, Christine Masia, is very nice and she understands. I like being in school. My best friend is called Atimisi and we always try to sit next to each other in class. During recreation time we get to play together with our other friends. At home I don't get much time to play, because I need to wash the dishes and help my mom."

Sisteke, nine years old, Bunia district.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

UNICEF has continued to build on its emergency response capacity during 2005, through the implementation of dozens of projects in collaboration with key NGOs in affected zones. Response has been focused on the sectors of shelter and non-food items, health and nutrition, education, protection and water and sanitation. More than 100,000 families affected by conflict or natural disaster have been assisted with life-saving shelter and household items, and some 200,000 people have access to safe water and sanitation services as a result of UNICEF interventions. In health, routine immunization services have been improved through increased technical and supply assistance to the Ministry of Health and other partners. Some 7.8 million children were immunized in a major measles campaign. More than 45,000 children have received life-saving emergency nutrition assistance in some 86 therapeutic feeding centres. UNICEF has supported schools through the distribution of educational supplies and rehabilitation of classrooms, distribution of school supplies to 200,000 internally displaced children; and training of teachers and 'non-formal' educators in the alternative education curriculum. UNICEF, in cooperation with different actors, has also initiated activities for the disarmament, demobilization and reintegration of 2,845 former child soldiers; 1,746 unaccompanied minors were identified and reunified with their families; 15,765 children and women survivors of sexual violence were provided with medical care and/or psychosocial support; and 24,466 street children and children who work in mines were provided with psychosocial care and assistance for education.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

UNICEF works in close collaboration with other UN agencies in the framework of the newly-developed Plan of Action covering not only humanitarian issues but also transition and development issues, as well as with local and international NGOs, state authorities and religious entities throughout DR Congo. UNICEF will continue to play a significant role in the coordination of several technical sectors in humanitarian response, such as nutrition, water and sanitation, protection, shelter and non-food items, primary education as well as emergency epidemic control and vaccination activities in isolated or conflict-affected zones.

Regular programme

UNICEF is in the final year of the current Country Programme of Cooperation. The programme addresses the needs of the child through activities in primary education and early childhood development, maternal and child health, vaccination, nutrition, legal and social protection of the child, community mobilization as well as HIV/AIDS in 58 health zones throughout the country. UNICEF's emergency activities are integrated into the programme structure and are developed and implemented by technical experts.

As part of its humanitarian programme in the country, UNICEF will focus its efforts to continue meeting the immediate humanitarian needs of the most vulnerable segment of the population. The primary recipients of this assistance will be approximately 13 million vulnerable persons living in conflict-affected zones.

Component 1: Saving lives

Humanitarian actions to address immediate life-threatening needs

Health, nutrition, immunization and malaria control (US\$ 34,789,000)

Some 12 million displaced persons, host communities and impoverished persons will benefit from key activities:

- Procure and distribute essential emergency drugs and equipment to 250 health centres;
- Provide vaccines, materials and support for the vaccination of 13 million children against measles, polio and all other antigens;

- Provide medicines and operational support in response to cholera epidemics;
- Support promotion of insecticide-treated bednets through the training of community-based health workers;
- Distribute insecticide-treated bednets to 1,520,000 children and pregnant women;
- Continue supporting feeding centres previously established and run by partners for 300,000 malnourished children, in partnership with WFP and FAO.

Protection: Survivors of sexual and gender-based violence (US\$ 3,136,000)

A total of 10,000 women and children who have been subjected to sexual violence will benefit through the following activities:

- Identifying and providing an appropriate response (medical and psychosocial) to ensure the reintegration of 10,000 women and children subjected to sexual violence;
- Reinforcing community-based rapid response mechanisms, through training for the prevention of and response to sexual violence.

Mine risk awareness and education (US\$ 1,030,000)

Approximately 3 million persons, living in six provinces, and 200,000 refugees affected by mines and unexploded ordnance will benefit from the following key activities:

- Training of 1,000 trainers in mine-risk education (MRE);
- Reinforcing the capacities of international and national NGOs in MRE;
- Making MRE available to affected communities in the provinces via schools, churches, and other community structures;
- Providing technical assistance to the Government and governmental partners.

Water and environmental sanitation (US\$ 6,675,200)

Focusing particularly on children and women, some 800,000 displaced persons and host communities will be reached through the following key activities:

- Rehabilitate and construct wells and boreholes and install handpumps to provide safe drinking water to some 800,000 individuals in areas of return;
- Construct latrines, showers and water evacuation systems to serve 60,000 vulnerable families in conflict-affected zones;
- Distribute water containers to 60,000 vulnerable families, as well as hygiene kits for an additional 25,000 vulnerable or displaced families;
- Rehabilitate and construct wells and boreholes and install handpumps to provide safe drinking water to some 800,000 individuals in areas of return;
- Train 1,600 local water authority management teams in sanitation assessments, strategic options, rehabilitation planning, leak detection, water testing, repair and maintenance of mini-water supply systems;
- Promote hygiene education and hygiene awareness programmes in communities for 360,000 vulnerable persons in order to complement existing water and sanitation services.

HIV/AIDS (US\$ 2,791,040)

UNICEF aims to:

- Reduce by 50 per cent vertical HIV/AIDS transmission in prevention of mother-to-child transmission (PMTCT) centres;
- Train 3,800 peer educators, teachers and community workers in life skills and HIV/AIDS education, and promote knowledge of the disease and preventive measures to limit its spread among young people and vulnerable groups;

- Strengthen and expand provincial and community-level AIDS prevention networks in targeting the most vulnerable young people;
- Construct 188 incinerators and train 940 health actors in their management.

Component 2: Building a protective environment for communities

Humanitarian actions designed to minimize the impact of life-threatening situations by improving the coping capacities of vulnerable populations

Assistance to internally displaced and vulnerable children and women (US\$ 15,382,080)

The Rapid Response Mechanism (RRM) is a concept implemented by UNICEF in collaboration with OCHA; its goal was to enhance the capacity of the country's humanitarian community to respond rapidly to acute, life-threatening crises. Funds are currently being channelled through OCHA (logistics) and UNICEF (operational costs, supplies and security materials) to pre-position stocks of relief items, as well as support operational partners (focal points) with the capacity to deploy within 48 hours of an identified humanitarian crisis. A contingency fund is also reserved to allow other partners to engage in interventions beyond the capacity of the focal point to respond (due to breadth of crisis or specialized need).

The main activities are to assess humanitarian needs resulting from acute, rapid-onset crises within 48 hours of identification (security permitting); to respond to the needs of eligible beneficiaries in the sectors of shelter and non-food items, water and sanitation, and emergency education via NGO partners (which are pre-positioned with appropriate supply and logistical capacity); and to coordinate assessment and response, to monitor the utilization of supplies and/or services delivered, and to evaluate the impact of interventions. Key activities will include:

- Ensuring the capacity to respond to emergency humanitarian needs of acutely-affected vulnerable Congolese families, saving lives and reducing future vulnerability; communities will be encouraged to participate in the assessment, response and monitoring and evaluation processes wherever possible; it is expected that 100,000 Congolese families will be assisted.
- When humanitarian crises cannot be responded to by the RRM – due to the scale of a crisis, or in cases where the RRM is not mandated to respond – UNICEF will provide emergency family relief kits and clothes to 120,000 families, with special emphasis on children and women-headed households.

Education (US\$ 4,088,000)

A total of 250,000 displaced and war-affected children and 5,000 teachers will benefit through the following key activities:

- Supply basic scholastic materials, including notebooks, pencils and erasers, for 250,000 primary schoolchildren;
- Procure and distribute recreational kits and school supplies for 25,000 children;
- Train 5,000 primary schoolteachers and 800 school heads on HIV/AIDS prevention, gender and equity issues and peace education;
- Rehabilitate 50 schools and build latrines;
- Social mobilization and communication activities towards host communities.

Vulnerable orphans and children (US\$ 1,232,000)

- Some 100,000 orphans and other vulnerable children in AIDS-affected communities to be enrolled in school free of charge;
- Some 100,000 orphans and other vulnerable children in AIDS-affected communities and caregivers to benefit from free access to health care;
- Strengthen operational monitoring mechanisms at community level.

Child protection: Unaccompanied/separated children (US\$ 5,812,800)

A total of 15,000 unaccompanied children will benefit from the following key activities:

- Support prevention, identification, documentation, tracing, mediation, transit care and reunification of an estimated 15,000 separated children;
- Benefit 7,500 children and their families through actions to prevent separation by strengthening or developing local community protection mechanisms and sensitization.

Reintegration of refugees (US\$ 15,156,992)

To facilitate the return of an estimated 125,000 repatriating refugees, UNICEF proposes – when and where possible and in collaboration with UNHCR, FAO and WFP – the following key activities:

- Promote key family practices and nutritional rehabilitation;
- Supply the Minimum Package of Activities for primary health care;
- Improve care and promotion of insecticide-treated bednets against malaria;
- Accelerate vaccination;
- Prevent mother-to-child transmission of HIV, and supply post-exposure services, particularly for the survivors of sexual violence and orphans;
- Train teachers and provide basic school stationery.

Cluster leadership and coordination (US\$ 1,578,000)

UNICEF will contribute to the strengthening of the effective, timely and well-coordinated inter-agency response to humanitarian crisis by assuming leadership in five out of the ten identified clusters for DRC: 1) water and sanitation, 2) education, 3) emergency shelter/non-food items 4) nutrition, 5) emergency telecommunications. It will do so through improved and coordinated planning and strategy development, identification of key partners, standard setting, monitoring and reporting, advocacy, training and capacity-building.

UNICEF HUMANITARIAN ACTION

GUINEA IN 2006



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

CORE COUNTRY DATA

Child population under 18 (thousands)	4625
U5 mortality rate	155
Infant mortality rate	101
Maternal mortality ratio (1990-2004 reported)	530
Primary school enrolment ratio male/female (2000-2004, net)	73/58
% U1 fully immunized (DPT3)	69
% population using improved drinking water sources	51
HIV prevalence (children 0-14 years, thousands)	9.2
% U5 suffering moderate and severe malnutrition (stunting)	33

Source: *The State of the World's Children 2006*

Summary of UNICEF financial needs for 2006

Sector	US\$
Health and nutrition	3,305,760
Water and environmental sanitation	2,300,000
Education	864,773
Child protection	2,250,000
Total*	8,720,533

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

Despite the humanitarian assistance provided, vulnerable populations in Forest Guinea and Haute Guinea remain threatened by disease, hunger, lack of potable water, teachers, didactic materials and equipment. Access to health services remains a concern due to the limited capacity of health centres, health posts and other facilities in most areas. Lack of medicine and other medical supplies is very common, partly because medical services have not been subsidized by the government since 2004.

A nutrition survey by Action Contre la Faim (ACF) in Guéckédou indicated that 10.1 per cent of under-five children in the general population were malnourished, compared to only 2.1 per cent in refugee camps. For children aged 6 to 29 months, the malnutrition rate was 15.4 per cent.

Cholera outbreaks affected 2,500 people between April and October 2005 with 85 deaths. Yellow fever cases have also been recorded. A socio-economic impact study of HIV/AIDS in Guinea confirmed a worrying HIV prevalence among war-affected persons. The average seroprevalence among pregnant women in urban areas increased and was approaching the national average of 6.5 per cent.

Women and children (including refugees and host communities) continue to bear the burden of sexual and gender-based exploitation and violence, despite the UNICEF/UNHCR/ARC project providing free legal clinics. The situation of orphans and other vulnerable children is an increasing concern: a recent survey reported that more than 85 per cent of them have to work to contribute to family economic survival. While the family unit has been weakened by the impact of the crises, Guinea has been a centre for human trafficking – as a receiving country, country of origin and transit country.

"It's never too late, is it?"



Photo: Kent Page, UNICEF

Jonathan, aged 15, was traumatized by the war in Liberia.

"One night, I heard cannon fire. I fled to Sanukelie where I stayed for two years. There, I learned how to catch fish with my brother-in-law John. I helped him but I was not being paid. I was living this quiet life when the war started up again. Sanulelie was attacked by the armed forces, so, in distress, we walked on foot and headed for Yomou in Guinea.

"I have no contact with my family in Liberia. In Guinea I stayed with my uncle and had to work in the mines. But I wanted to be successful so I decided to go back to school, rack my brains and try to make something for my family and myself – because during all the years I have been digging, I didn't find what I was looking for. I want to be a doctor. It's never too late, is it? Learning is very important."

Jonathan, 15 years old, Forest Guinea.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

In close collaboration with the Guinean Government and its partners, UN agencies, civil society and beneficiaries, UNICEF has provided assistance to counter the cholera epidemic affecting more than 2,500 people (with 85 deaths) and for yellow fever campaigns (achieving 96 per cent coverage) targeting 600,000 children, including all refugees and host communities in Forest Guinea, which also benefited from two tetanus campaigns. A communication strategy helped immunize 2,257,963 under-five children during the third round of national polio eradication campaigns.

UNICEF also provided essential drugs to 69 health centres in Forest Guinea and country programme areas of convergence, insecticide to impregnate 175,000 mosquito nets, 200,000 doses of measles vaccine to protect 160,000 Liberian children before their repatriation, therapeutic milk to five therapeutic centres

in Forest Guinea, along with training of the centres' staffs. High-energy biscuits were given, through UNHCR, to all children repatriated in 2005.

To reduce the incidence of diarrhoea among children, 500 family latrines were constructed (targeting 11,000 people, mainly children) and 20 functional wells were equipped with pumps in Forest Guinea, benefiting a further 7,000 people.

In education, 33 classrooms in refugee camps were constructed and equipped with latrines, drinking water and playground facilities for 1,320 children, who all successfully completed the 2004-2005 academic year. Some 150 teachers were trained and can now provide psychosocial support to war-affected children and promote peace education. More than 4,450 packages of didactic materials were distributed to children and teachers.

On child protection, under the auspices of the Minister of Social Affairs and with UNHCR, UNICEF supported the National Child Protection Committee to monitor the situation of children in need of special protection. The 'Durable Solutions Committee' meets monthly to discuss issues related to unaccompanied children, with special focus on those with a negative tracing (i.e., no parents found). The Government of Guinea finally signed a Memorandum of Understanding with neighbouring Mali and Côte d'Ivoire to prevent child trafficking and improve border control. As part of a reunification exercise, 60 separated refugee children were reunited with their families in Sierra Leone. Some 50 social workers from Government, UN agencies, NGOs and community-based organizations were trained in emergency preparedness and response planning. A pilot project on orphans and other vulnerable children – providing psychosocial support, access to education and health to these vulnerable groups – was launched in mid-year in N'Zerekore and Conakry.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

The year 2005 was marked by improvements to inter-agency coordination mechanisms addressing the needs of most vulnerable populations. UNICEF is the lead agency for coordination in nutrition, water and sanitation, and common data services.

Regular programme

The UNICEF-Guinea Programme of Cooperation for 2002-2006 focuses on child survival, girls' education, child protection and child growth and development. The programme is tailored to provide assistance and protection to all people affected by humanitarian crises. UNICEF projects in Forest and Upper Guinea benefit from the UNICEF zonal offices in Kissidougou and N'Zerekore.

Health and nutrition (US\$ 3,305,760)

A total of 71,000 refugees and 2,090,160 other vulnerable persons, mainly children and women, will be reached in Forest Guinea through the following activities:

- Supporting primary health-care services by ensuring provision of basic health kits, ORS, essential drugs and vaccines for health centres and by promoting the use of these services;
- Providing polio and yellow fever vaccines and immunization materials for supplementary campaigns;
- Supporting planning, training, monitoring and evaluation of the October-November 2006 National Immunization Day throughout the country;
- Strengthening surveillance and rehabilitation care for severely malnourished children by supplying growth monitoring equipment, nutritional rehabilitation materials and therapeutic feeding;
- Supporting operational costs of two rounds of vitamin A distribution for children (6-59 months) and one post-partum dose in Forest Guinea, as well as routine immunization;
- Providing long-lasting impregnated mosquito nets and sulfadoxine pyrimethamin to support the newly-introduced strategy of intermittent presumptive treatment against malaria and treatment of malaria cases among under-five children.

For **HIV/AIDS**, 441,624 people in N'Zerekore district and Macenta town will benefit from the following activities:

- Providing equipment to health structures to deliver voluntary counselling and testing (VCT), and related services;
- Strengthening health staff capacity in three health centres and the hospital in N'Zerekore, and the health centre and hospital in Macenta town, to provide services and care for people living with HIV/AIDS;
- Ensuring counselling, testing and care of pregnant women and their infants;
- Developing sensitization activities with youths, adults, community leaders and members of youth and women associations on STI/HIV/AIDS and VCT/PMTCT services;
- Supporting children infected and affected by HIV/AIDS and their families (through psychological support, access to care and nutritional counselling) in collaboration with local and international NGOs;
- Providing technical assistance and support for the government's national-level project monitoring.

Water and environmental sanitation (US\$ 2,300,000)

In water and sanitation, a total of 45,000 persons (displaced persons and host communities), mainly children and women, are targeted through the following key activities:

- Constructing 150 new modern water points for 25,000 persons in N'Zerekore, Lola and Yomou;
- Extending the water supply network and constructing 50 public water stand posts in overcrowded urban areas;
- Constructing/distributing 5,000 SanPlat household latrines slabs and constructing 200 public latrines;
- Providing and promoting the use of 15,000 impregnated mosquito nets;
- Promoting hygiene education/awareness and organizing mosquito elimination campaigns.

Education (US\$ 864,773)

A total of 10,000 people (refugees, displaced persons, those in host communities, 300 returnee war-affected children and 220 teachers) will benefit from the following activities:

- Constructing/rehabilitating schools and providing scholastic equipment;
- Supplying basic school materials and recreational kits for 7,000 children – mainly refugees and internally displaced persons (IDPs);
- Training primary schoolteachers (refugees, IDPs and host communities) and animators for non-formal education;
- Supporting professional training/life skills (non-formal education) for adolescents, including refugees and IDPs;
- Advocacy and social mobilization for health in schools, with particular attention to HIV/AIDS;
- Supervising/monitoring/evaluating field activities.

Child protection (US\$ 2,250,000)

The direct target for the following key activities is 15,000 children and women affected and associated with armed groups as well as those at risk of trafficking, exploitation and HIV/AIDS. The community members of 40 villages, victims of rebel attacks, are the indirect target. Activities to counter trafficking and exploitation of children and women are:

- Reinforcing and extending local child protection committees along the conflict-affected borders with Côte d'Ivoire and Liberia;
- Setting up a joint patrol group composed of security forces, community members and social affairs representatives;
- Providing victims of maltreatment, abuse and exploitation, with social services and law enforcement;
- Pursuing sensitization campaigns for local authorities and communities about trafficking and exploitation;
- Setting up a national child protection data base within the Ministries of Social Affairs and Security.

For **children associated with fighting forces (CAFF)**, activities include:

- Reintegrating demobilized children associated with fighting forces;
- Providing formal education and/or skills training for reintegrated CAFF and other children at risk;
- Organizing community awareness campaigns in relation to CAFF;
- Promoting social work for CAFF and providing them with basic services.

For the protection of **orphans and other vulnerable children (OVC)**, activities include:

- Awareness campaigns for the entire community and schools against OVC discrimination and stigmatization;
- Training social workers from youth centres, health-care staff, teachers, community leaders on psychosocial support for OVC and families;
- Providing support to some 2,500 children affected and infected by HIV/AIDS and their families (counselling, psychological support, access to services, income generation for affected persons);
- Supporting child-to-child activities.

For the **rehabilitation of women deported from the Macenta area**, activities include:

- Establishing a multidisciplinary mobile team to make regular visits to villages in Macenta, Forest Guinea, to provide psychosocial support, mediation, income-generating activities and professional education;
- Organizing awareness campaigns for national and community leaders on cross-border and in-country child trafficking;
- Providing psychosocial support to victims based on therapeutic and self-help groups.

UNICEF HUMANITARIAN ACTION

LIBERIA

IN 2006



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

CORE COUNTRY DATA

Child population under 18 (thousands)	1744
U5 mortality rate	235
Infant mortality rate	157
Maternal mortality ratio (1990-2004 reported)	580
Primary school enrolment ratio male/female (gross, 2000-2004)	122/89
Primary school enrolment ratio male/female (2000-2004, net)	79/61
% U1 fully immunized (DPT3)	31
% population using improved drinking water sources	62
HIV prevalence (children 0-14 years, thousands)	8.9
% U5 suffering moderate and severe malnutrition (stunting)	39

Source: *The State of the World's Children 2006*

Summary of UNICEF financial needs for 2006

Sector	US\$
Health and nutrition	7,614,600
Water and environmental sanitation	4,670,025
Education	4,510,000
Child protection	4,050,400
Total*	20,845,025

* The total includes a maximum recovery rate of 12 per cent. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. CRITICAL ISSUES FOR CHILDREN

The decade-and-a-half-long conflict in Liberia has gravely worsened the well-being and livelihood of children and women throughout the country. Current estimates indicate not only one of the highest maternal and infant mortality rates in the world but also an increase in acute malnutrition among children, especially those under five. Some 26,000 under-five children suffer from some form of acute malnutrition. Less than 85 per cent of children reach their first birthday and 1 in 16 mothers has a lifetime risk of death due to childbirth. Less than 60 per cent of the population has access to basic health services, and preventable or easily-treated diseases remain the main killers of Liberian children and women, with malaria, measles, respiratory infections and malnutrition responsible for the significant majority of deaths. Only 31 per cent of the entire population has access to potable water. Access to safe sanitation facilities is even lower at less than 25 per cent. HIV/AIDS and tuberculosis, neglected since the beginning of the war, are now rampant throughout the country. It is conservatively estimated that 8.2 per cent of the population are seropositive.

The war has left more than 500,000 children of primary school level out of the education system and the drop-out rate from primary to secondary levels remains greater than 65 per cent. Approximately 10,000 children are still internally displaced. Despite the demobilization of 11,780 children formerly associated with fighting forces, only about half of these children are currently accessing or have benefited from the reintegration programmes. Moreover, reports of recruitment of children by armed groups continue, particularly along the Liberia/Guinea and Liberia/Côte d'Ivoire borders. Despite the end of the armed conflict, sexual exploitation and abuse of girls and women has continued, mainly due to continuing social and economic hardships in the post-conflict era.

A real chance to a new life



"I enjoy my days here," says Joseph, aged 15, who lives in Toe Town and is actively involved in the skills training programme implemented by UNICEF's partner agency. "For the first time I have a chance to use my hands productively. I can make things that are useful to others."

After being involved with the fighting forces for several years, this opportunity means the world to Joseph.

With high unemployment levels and entrenched poverty throughout Liberia, it won't be easy for Joseph to earn a sustainable livelihood. But with a community full of destroyed houses

and buildings, his new trade is in demand. With these new skills, Joseph – along with thousands of demobilized children now in reintegration programmes – has a real chance of a new life.

Joseph, 15 years old, in Toe Town.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2005

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of war-affected children and women in health, nutrition, water and sanitation, education and child protection. However, poor governance and inadequately resourced public institutions continue to undermine effective implementation of these interventions.

To date, UNICEF has helped to reactivate 27 health clinics. A measles vaccination campaign was conducted for all under-five children in three counties. UNICEF continues to reinforce national EPI activities, with an additional 79 health facilities now performing routine EPI, bringing the total to 185 facilities. Routine

immunization coverage for under-five children is: DPT3 (36 per cent), polio (106 per cent), BCG (43 per cent) and measles (50 per cent). A total of 900,000 children received vitamin A supplementation.

With the World Food Programme, national treatment protocols and strategies to address moderate malnutrition have been developed and implemented. More than 100,000 people, mostly women and children in camps for internally displaced persons (IDPs), benefited from this service in 2005.

UNICEF provided water and sanitation facilities to 1,100 schools and 90 health facilities benefiting approximately 220,000 students. Separate latrine blocks were built for girls and boys in schools. UNICEF and its partners have developed and are implementing a community-based hygiene promotion campaign. The programme supports the use of Participatory Hygiene and Sanitation Transformation (PHAST) to promote hygiene practices. A total of 6,429 hygiene promoters were trained in the seven counties of focus. At national level, a 48-member cholera and diarrhoeal disease rapid response team has been established, with the Ministry of Health and Social Welfare, the Ministry of Education and NGOs.

A total of 347,903 children received school supplies while 1,171 schools received school kits. Support was provided to the Ministry of Education for almost 1,000 teachers to complete their primary school teaching credential, including more than 600 women. A total of 20,000 over-aged children, whose education was disrupted by the conflict, accessed the accelerated learning programme (ALP). UNICEF assisted the Ministry of Education in the renovation and provision of supplies to the Kakata Rural Teaching Training Institute, Weebo Teacher Training Institute and the University of Liberia. Life skills training is being offered at the teacher training sessions, with an emphasis on HIV/AIDS prevention, reproductive health and gender-related issues.

Having assisted 11,780 children formerly associated with fighting forces (CAFF) through the demobilization process, so far this year, UNICEF and its partners have followed up with 6,130 of the children to ensure that they are receiving the services they need. A key to the success of this process is education and skills training. To date, 3,700 children are going to school through the Community Education Investment Programme (CEIP). An additional 2,100 (700 with UNICEF funding) are receiving skills training. More than 1,200 teachers have been trained to provide psychosocial services to CAFF through creative and recreational activities.

UNICEF is collaborating with the UN Civilian Police to train the new Liberian National Police on child rights and child protection. To date, UNICEF has supported the training of 1,580 newly-recruited police officers.

3. PLANNED HUMANITARIAN ACTION FOR 2006

Coordination and partnership

The Humanitarian Coordination Section of the UN Mission (UNMIL) acts as the main coordination mechanism for the UN and NGOs. The principle humanitarian issues, such as IDPs and refugees, have individual coordination bodies, as do the basic services sectors.

Regular programme

UNICEF Liberia's Country Programme seeks to re-establish basic social services; reintegrate children associated with former fighting forces (CAFF); support the resettlement of IDPs and refugees; and continue support of social services in IDP camps pending resettlement. Implementation of the programmes is focused on Bomi, Bong, Grand Gedeh, Lofa, Margibi, Maryland, Montserrado and Nimba counties, which suffered most destruction to basic services and have the majority of CAFF needing reintegration and returning refugees and IDPs.

Health and nutrition (US\$ 7,614,600)

Some 1 million children under five, 110,000 women and 350 health workers in seven counties of return will benefit from the following key activities:

- Procure bundled vaccines for 1 million children and ensure reliable supply of the vaccines;

- Strengthen and extend cold-chain system to 350 health facilities;
- Support service delivery of all EPI activities including vaccine and supplies transportation, coordination, training, social mobilization, supervision, monitoring, evaluation and reporting;
- Conduct in-service training of 300 health professionals on the prevention and management of common illnesses, particularly of children and women and on improving basic health-care delivery;
- Renovate 40 health facilities and provide essential drugs, basic equipment, medical and non-medical supplies, transport and fuel;
- Mobilize communities in the immediate catchment of reactivated clinics and conduct behaviour change communication on the issues of community health and well-being, particularly of children;
- Provide access to basic health care for the remaining 50,000 children and women in IDP camps;
- Train health workers of implementing partners in life-saving skills and referrals to reduce maternal mortality;
- Develop nutritional surveillance, especially in areas prone to population displacement;
- Develop a national nutrition policy and implementation plan;
- Promote exclusive breastfeeding practices and complementary feeding of children under five;
- De-worm 600,000 children twice a year;
- Provide twice yearly supplementation of high dose vitamin A for children 6-59 months nationwide;
- Support supplementary and therapeutic feeding services as and when required;
- Conduct support supervision, monitoring and evaluation at clinics.

Water and environmental sanitation (US\$ 4,670,025)

Some 1 million returnees, focusing particularly on children and women, will be reached through implementation of the following activities:

- Develop 750 safe water sources for 400 schools and 25 health facilities;
- Support community-based handpump operation and management of maintenance in 500 communities;
- Construct latrines at 400 schools, 25 health centres and 1,500 households for demonstration purposes;
- Conduct community and school-based hygiene education and promotion;
- Conduct environmental hygiene maintenance and water quality monitoring and control;
- Develop and disseminate a national sanitation and hygiene policy and guidelines;
- Capacitate the Ministry of Health and Social Welfare to effectively coordinate and monitor hygiene promotion in the seven counties of focus.

Education (US\$ 4,510,000)

A total of 450,000 war-affected children and 360 teachers will benefit through the following key activities:

- Construct/renovate and provide furniture to 50 ALP schools identified from Bomi, Bong, Grand Gedeh, Lofa, Maryland, Montserrado and Nimba counties;
- Train 360 ALP teachers from the additional 50 ALP schools;
- Deliver school supplies for 450,000 children in 2,000 schools in 15 counties;
- Provide school supply (one replenishment kit per school) to 2,000 schools;
- Procure and distribute recreation kits to 400 public schools;
- Commission a study on girls' enrolment and retention patterns and conduct girls' enrolment campaigns based on the results of the study;
- Initiate interventions at 400 public schools that will improve enrolment and retention of girls;
- Train 500 and 100 teachers to 'C' and 'B' certificate level respectively to improve their teaching skills;
- Mobilize 2,000 parent-teacher associations to support enrolment and retention of schoolchildren in Bomi, Bong, Grand Gedeh, Lofa, Maryland, Montserrado and Nimba counties;
- Include life skills education in the curriculum of 500 schools;
- Train and provide logistic support to 15 county education offices in data management, monitoring and support supervision.

Child protection (US\$ 4,050,400)

Some 11,780 CAFF, 2,000 children in orphanages and 500 children in conflict with the law are targeted through the following key activities:

- Establish a follow-up system for 11,780 demobilized children and 1,000 other formerly separated children and train 150 social workers in systematic follow-up of children who have returned to their families or those in foster care arrangements;
- Provide access to education for 4,900 demobilized children who request enrolment for the Community Education Investment Programme;
- Provide access to 1,145 demobilized children who register for skills training, apprenticeship and business development skills;
- Develop community-based support structures to facilitate the reintegration of demobilized children in seven counties of return;
- Improve the quality of care and protection of children in orphanages;
- Establish systems for the protection of children in conflict with the law with focus on diversion programme;
- Establish 10 Women and Children's Units in the Liberian National Police for the handling and management of sexual and gender-based violence, exploitation and abuse cases;
- Train 16 judges and 34 magistrates in handling and prosecution of reported cases of sexual and gender-based violence, exploitation and abuse;
- Establish three centres for the care and rehabilitation of women and children victims of sexual and gender-based violence (SGBV) whose cases are being handled by the Women and Children Protection Section;
- Provide psychosocial care to 500 women and children victims of SGBV.

GLOSSARY AND ABBREVIATIONS

ACTs	artemisinin-based combination therapies
ALP	accelerated learning programme
ARC	Action for the Rights of Children
ART	antiretroviral therapy
AusAID	Australian International Development Aid Bureau
AIDS	acquired immune deficiency syndrome
ARI	acute respiratory infection
ASEAN	Association of Southeast Asian Nations
AU	African Union (replaced the Organization of African Unity – OAU)
BP5/100	high energy food supplement (biscuit)
CAAG	children associated with armed groups
CAFF	children associated with fighting forces
CAP	United Nations Inter-Agency Consolidated Appeal Process
CBO	community-based organization
CCCs	Core Commitments for Children in Emergencies (UNICEF)
CEE	Central and Eastern Europe
CIS	Commonwealth of Independent States
CRC	Convention on the Rights of the Child
CDMT	Combined Disaster Management Team
DDRR	disarmament, demobilization, rehabilitation and reintegration
Devinfo	software tool to assist countries in monitoring the MDGs and advocate their achievement through policy measures, multisectoral strategies and the development of appropriate interventions
DfID	Department for International Development (United Kingdom)
DHS	Demographic and Health Surveys
DPT3	3 doses of combined diphtheria/pertussis/tetanus vaccine
ECHO	European Community Humanitarian Aid department
EAPRO	East Asia and Pacific Regional Office (UNICEF)
EMIS	Education Management Information System
EMOPS	Office of Emergency Programmes (UNICEF)
EPI	expanded programme on immunization
EPR	emergency preparedness and response
ERW	explosive remnants of war
ESARO	Eastern and Southern Africa Regional Office (UNICEF)
F75	Milk-based product designed for initial treatment of severely malnourished children
F100	Milk-based product designed for rehabilitation of severely malnourished children
FAO	Food and Agricultural Organization of the United Nations
FGM/C	female genital mutilation/cutting
GAM	global acute malnutrition: includes children with low weight-for-height (z-score less than -2) and children with oedema
GDP	gross domestic product
GIS	geographic information system (UNICEF and WHO)
GTZ	German Agency for Technical Cooperation
Habitat	United Nations Centre for Human Settlements
HIV	human immunodeficiency virus
IASC	Inter-Agency Standing Committee (United Nations)
ICRC	International Committee of the Red Cross
IDP	internally displaced person
IEC	Information, Education and Communication (campaign/material)
IMCI	Integrated Management of Childhood Illness (initiative)

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IMR	infant mortality rate
INGO	international non-governmental organization
IOM	International Organization for Migration
MCH	maternal and child health
MDGs	Millennium Development Goals
MENARO	Middle East and North Africa Regional Office (UNICEF)
MICS	multiple indicator cluster surveys
MMR	maternal mortality ratio
MRE	mine-risk education
NGO	non-governmental organization
NID	National Immunization Day
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the United Nations High Commissioner for Human Rights
OLS	Operation Lifeline Sudan
ORS	oral rehydration salts
ORT	oral rehydration therapy
OVC	orphans and other vulnerable children
PATH	Program for Appropriate Technology in Health
PHC	primary health care
PMTCT	prevention of mother-to-child transmission (of HIV)
PMTCT Plus	provides treatment and care to mothers, partners and their children
SAM	severe acute malnutrition: includes children with severely low weight-for-height (z-score less than -3) and children with oedema
SGBV	sexual and gender-based violence
STI	sexually transmitted infection
TACRO	The Americas and Caribbean Regional Office (UNICEF)
TFC	therapeutic feeding centre
Tsunami	(Indian Ocean tsunami of 26 December 2004): very large ocean wave caused by an underwater earthquake
U5M	under-five mortality rate
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Coordination Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNIFEM	United Nations Development Fund for Women
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
UXO	unexploded ordnance
VCT	voluntary counselling and testing
VCCT	voluntary and confidential counselling and testing
VIP	ventilated improved pit (latrine)
WCARO	West and Central Africa Regional Office (UNICEF)
WES	water and environmental sanitation (UNICEF)
WFP	World Food Programme
WHO	World Health Organization
WHZ	weight-for-height z-scores

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